







Service mapping for HIV key populations in five oblasts of Ukraine: Dnipropetrovsk, Lviv, Mykolayiv, Odesa and Chernihiv

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Table of contents

List of abbreviations and acronyms	5
Introduction	6
Methodology	8
Definition of service packages and service check-lists	8
Data collection process	9
Data validation	10
Data processing in ArcGIS	10
Mapping results by regions, types of maps	11
Limitations to mapping	14
Section 1. Dnipropetrovsk oblast	16
Background	16
Epidemiological situation	16
Maps of geographical representation of services by types of facilities/service providers	17
HIV and STI rapid testing services	17
Availability of ART, OST and Trust office services	17
Services by key populations	27
Conclusions	39
Section 2. Lviv oblast	40
Background	40
Epidemiological situation	40
Maps of geographical representation of services by types of facilities/service providers	40
HIV and STI rapid testing services	41
Availability of ART, OST and Trust office services	41
Services by key populations	45
Conclusions	55
Section 3. Mykolayiv oblast	56
Background	56
Epidemiological situation	56
Maps of geographical representation of services by types of facilities/service providers	57
HIV and STI rapid testing services	57
Availability of ART, OST and Trust office services	57
Services by key populations	61
Conclusions	71

Section 4. Odesa oblast	72
Background	72
Epidemiological situation	72
Maps of geographical representation of services by types of facilities/service providers	73
HIV/STI rapid testing services	73
Availability of ART, OST and Trust office services	73
Services by key populations	77
Conclusions	87
Section 5. Chernihiv oblast	88
Background	88
Epidemiological situation	88
Maps of geographical representation of services by types of facilities/service providers	89
HIV/STI rapid testing services	89
Availability of ART, OST and Trust office services	89
Services by key populations	93
Conclusions	101
Maps of availability of ART, OST and HCT services at Trust offices in five oblasts	102
General Conclusions and Further Steps	106
List of references	107
Annex 1. Basic/recommended services by key population and guiding documents	109
Annex 2. List of services for collecting information from providers	111
Annex 3. General information about service provider	119

List of abbreviations and acronyms

AIDS Acquired Immunodeficiency Syndrome

Alliance ICF "International HIV/AIDS Alliance in Ukraine"

ArcGIS ESRI software

ART Antiretroviral therapy/treatment

CDC US Centers for Disease Control and Prevention

ESRI Producer of Geographical Informational Systems (GIS)

Geographical Information Systems

Global Fund Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria

HCT HIV Counseling and Testing

HIV Human Immunodeficiency Virus

HR Harm reduction

IEM Informational and educational materials

MARA Most at-risk adolescents

MSM Men who have sex with men

OI Opportunistic Infection
OST Opioid substitution therapy

PEPFAR US President's Emergency Plan for AIDS Relief

PI Penitentiary institutions

PLHIV Network CF "All-Ukrainian Network of People Living with HIV"

PLHIV People living with HIV
PWID People who inject drugs

STI Sexually Transmitted Infection

SW Sex workers TB Tuberculosis

UCDC Ukrainian Center for Socially Dangerous Diseases Control of the MOH

of Ukraine

UN United Nations Organizations

UNAIDS Joint United Nations Programme on HIV/AIDS
USAID United States Agency for International Development

WHO World Health Organization

Introduction

Ukraine is a country with concentrated HIV epidemic. In Ukraine HIV most at-risk populations include: 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 men¹. According to the data of biobehevioral studies in 2013, HIV prevalence is 19.7% among PWID, 7.3% among SW and 5.9% among MSM. Prisoners are not defined as a key population by regulatory documents but according to official data HIV prevalence among prisoners has been 12-13% in recent years, providing the reason for implementing preventive activities and providing care and support services for this group.

Prevention programs being implemented in Ukraine prove to be an effective HIV response and have an impact on HIV prevalence among most at-risk populations, particularly among people under age of 25².

Prevention programs are implemented in almost all oblasts of Ukraine but coverage is inconsistent both among key populations and in regions. Thus, according to the data of ICF "International HIV/AIDS Alliance in Ukraine" in 2013 preventive services covered 63.4% of PWID, 46.9% of SW and 12.5% of MSM, and the percentage varies significantly within oblasts. Prevention programs implemented in Ukraine are mostly funded by the Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis (GFATM). Information regarding key populations covered by preventive services provided by sub-grantees of key GF recipients (ICF "International HIV/AIDS Alliance in Ukraine" [Alliance], "All-Ukrainian Network of PLWH" [Network]) is available in the reports of these organizations. At the same time, information regarding services provided for key populations by other donors is not as readily available however their contribution to the HIV/AIDS response is important.

While statistical data on service coverage and information regarding service delivery points is available, there is no single repository for this data at the regional or national levels. A comprehensive mapping of available services would provide the necessary information to help policy makers and program implementers critically analyze and identify potential gaps in coverage and availability, use data for policy and program planning, and monitor efforts to scale up services.

To address this need, a service mapping was conducted by the "RESPOND" project, funded by the U.S. Agency for International Development (USAID), and implemented by PACT Inc. in cooperation with Family Health International (FHI 360) in Dnipropetrovsk, Lviv, Mykolayiv and Chernihiv oblasts.

This report contains information on the methodology of data collection; processing and aggregation; creation of a database and its adaptation to geographic information software (GIS); types of maps; summary of information presented; and limitations with map analysis.



¹ Order of MoH of Ukraine «On approval of List and Criteria for defining HIV most at-risk populations" dated 08.02.2013 No 104.

² Abdul-Quader A., Dumchev, K., Kruglov Y. et al. Ukraine HIV Data Synthesis Project. Final Report. September 13, 2012.

Service maps and discussion of what those maps suggest is provided separately for each oblast and its capital city. The only exception is the Dnipropetrovsk oblast, where services are additionally presented for the city of Kryvyi Rih, which is the center of service provision for key populations. Each oblast is discussed in a separate section, presented in Ukrainian alphabetical order, with oblast-specific analysis and conclusions. A general mapping summary is also provided at the end of the report.

This report can be used in planning HIV response activities, assessing prevention activities, advocacy, etc. Mapping results will be useful for HIV service implementers including civil society and governmental agencies, M&E specialists, and decision-makers in the HIV/AIDS field.

METHODOLOGY

The service mapping activity is aimed at identifying and confirming the physical presence or geographic availability of services for key populations in each oblast. When combined with other data, mapping makes it possible to conduct an analysis of the availability of services compared with the epidemiologic situation in regions as well as HIV/AIDS service needs.

The services mapped are based on guidance of basic/recommended services for key populations from the President's Emergency Plan for AIDS Relief (PEPFAR), World Health Organization (WHO) and UNAIDS, as well as basic services packages supported by Global Fund in Ukraine. Detailed service packages for each key population were discussed during meetings with stakeholders on February 15, 2013, where opinions and suggestions regarding the service mapping data collection tools were solicited.

The service mapping activity was based on the existing information available on service locations, directories, and databases (please see the "List of References"). After reviewing these resources and conducting conference calls and personal meetings with the organizations who prepared them, the Project developed a database with comprehensive data including type of services, key population served, addresses of service sites, and type of facility or organization. The database content and preliminary results of mapping HIV services were verified with key partners at a working meeting on March 28, 2013, and next steps for maps, the combinations of services for the mapping, further use of maps were discussed.

Definition of service packages and service check-lists

Based on the results of a secondary data review conducted by the Project, a list of recommended services was identified for each key population. The following key populations were prioritized for service mapping: people who inject drugs (PWID); female sex workers (FSW); men who have sex with men (MSM); most-at-risk adolescents (MARA); prisoners and detainees (fruther referred to as prisoners); and people living with HIV (PLHIV). In Ukraine, all medical services related to HIV, tuberculosis (TB), and sexually transmitted snfections (STIs) are available for the general population. In addition, there is also a range of public sector based social services available for population in difficult life circumstances. Therefore, the general population was also considered as a separate group for the purpose of mapping HIV-related services available for everyone. The lists of services, as well as references to the documents that provide guidelines for these lists, are presented in Annex 1.

After the basic/recommended services listed in by international groups were identified, these served as the basis for further service grouping. Sub-services for key populations are presented in the basic service packages funded by the Global Fund. All matching services were grouped under the relevant categories of basic/recommended services. Additionally, services provided by healthcare, law enforcement facilities, and social services were added as separate sub-services for the general population and populations in difficult life circumstances as they relate to HIV/AIDS activities (see Annex 2).

The total number of sub-services for all considered population groups was 231 as presented in Table 1.

Table 1. Number of services and sub-services for each key population group

Key population	Number of core/recommended services	Number of sub-services
PWID	9	47
SW	6	29
MSM	6	23
MARA	5	16
Prisoners	13	39
PLHIV	10	38
All populations	11	39
Total	60	231

All services and sub-services were organized in a check-list form for mapping (see Annex 2).

The following information was captured about service providers: information about the service provider (type of organization), contact details, key populations served, list of all addresses where services are provided, and mobile ambulatory and outreach spots if outside the oblast capital (see Annex 3)³.

Data collection process

Data collection took place in two stages and included an analysis of reference literature and data about service providers available from partners, and individual data collection from service providers operating in Project regions. Secondary data sources included the Alliance program data on the coverage of key services for populations, Network's data on treatment, care and support programs, and program data and oblast epidemiology data received from UCDC. Additional information on service providers was collected through individual meetings and phone interviews.

The majority of HIV service providers in Odesa were contacted by phone, except for two service providers who were interviewed in person. Almost all service providers in other regions were interviewed through in-person meetings.

Data on services was collected from 88 service providers, including 32 in the Odesa region, 15 in the Lviv region, 14 in the Mykolayiv region, 17 in the Dnipropetrovsk region and 10 providers in the Chernihiv region (see Table 2).

³ Data on mobile clinics activity and outreach were placed on maps only for services out of the central oblast city; details about this limitation is found in the chapter "Limitations to mapping".

Region	Period of data collection	Number of organizations (locations)	NGOs	Health facilities	Social services
Odesa region	14-24 March	32 (180)	83 locations	45 locations	52 locations
Lviv region	19-26 March	15 (133)	27 locations	65 locations	41 locations
Mykolayiv region	1-10 July	14 (163)	85 locations	50 locations	28 locations
Dnipropetrovsk region	10-22 July	17 (237)	80 locations	107 locations	50 locations
Chernihiv region	17-22 July	10 (78)	18 locations	32 locations	28 locations

Data validation

To assure the quality of data, a three-stage validation was conducted:

- 1) verifying information with service providers;
- 2) comparing collected data to the reference data and program data of the Alliance and Network; and,
- 3) discussing draft maps with representatives of the Project regions during regional meetings in October—December 2013.

During the first stage, to avoid data capture errors on information received from service providers, further consultations with service providers were organized and information collected was verified with the relevant organization.

At the second stage, the information collected by service type (such as HIV and STI rapid testing) and work with key populations was compared to the program data of the Alliance and the Network.

At the third stage, draft maps generated for each region were discussed with representatives of service providers during regional meetings in September 2012—March, 2013. Comments from regional representatives were considered.

Processing of data in ArcGIS

To map the data, all collected data was organized in a database listing all HIV services, with a unique identification code for each location where services are provided. Accurate addresses of service providers were collected for five regions of Ukraine, and each address was identified in Google/Earth⁴ or Google/Maps⁵. Latitude and longitude were taken for each location to generate their geographical coordinates. For service providers located in smaller cities and towns, address information could not be found in Google/Earth. For these service locations, the center of the town in each raion was used to acquire the coordinate, while all services at raion level were grouped and linked to the central point of raion capitals. The coordinates were then joined with the HIV Service Database in ArcGIS so that maps could be generated. The mapping process is presented in Figure 1.

⁴ Google Earth is a free Google product, a virtual globe, for more details see http://www.google.com/intl/uk/earth/

⁵ Google Maps is a free application that provides maps and satellite images of the whole world. For more details see maps.google.com

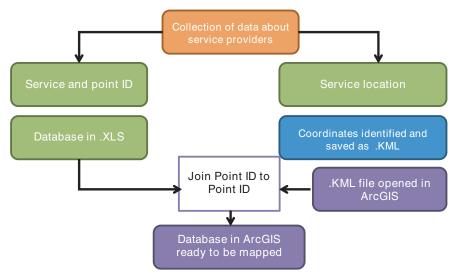


Figure 1. ArcGIS Database Creation for Mapping

Mapping results by regions, types of maps

Based on the results of mapping for project regions, basic map kits were developed, including:

- maps of geographical location of service provision by types of facilities/service providers;
- maps of STI and HIV rapid testing;
- service maps for each key population (distribution of condoms, needles, information and education materials, counseling, medical services at NGOs, referral services, OST);
- maps with calculation of travel time to OST, ART and HIV testing sites (Trust offices); and,
- general maps of accessible OST, ART and C&T services (Trust offices) for five regions.

Maps of geographical representation of service providers by types

These maps visualize the location of key service providers in the oblast by their types: medical, social facilities, and NGOs. First and foremost, they are reference maps and help understand which service providers are in the region, how many providers exist, what services are provided and in what locations. The number of service providers in each area is presented through pie charts.

Maps of access to STI and HIV rapid testing

STI services maps show STI rapid testing locations and STI clinics with whom NGOs are collaborating to serve their clients. The maps do not show STI diagnosis and treatment services provided in raion and city hospitals, which would be more relevant to general population universal access to STI services as key populations do not seek such services in the general hospital network. HIV rapid testing maps reflect only services offered by NGOs to key populations.

Service maps for key populations

To better visualize services available to representatives of the various key populations, a series of maps were developed that show in enlarged form where key populations can receive prevention, care and support services. Such maps are primarily intended to show the sites offering counseling on various issues related to HIV, harm reduction services (needle exchange points for PWID, condom distribution programs for all key populations), consultation by medical specialists (mainly those working under contracts with NGOs), as well as referrals to other services related to HIV (medical, legal, social etc.).

Service maps for PWIDs show the sites where this key population can receive services throughout the oblast and in the oblast capital. This visualization of services contributes to a better understanding of the geographic availability of counseling services (drug use counseling, psycho-social interventions, pretest counseling, individual and group counseling to change risk behavior, counseling for sexual partners of PWIDs, peer-to-peer counseling, contraception counseling, planning pregnancy for female PWIDs legal consultation), OST services, needle exchange services (including needle exchange through pharmacies, structured secondary needle exchange and distribution of alcohol tissues / antiseptics), medical services and services of medical specialists at NGOs (overdose prevention, detox, STI, Hepatitis B and C, TB medical counseling and distribution of common medicines), as well as referral to medical services.

Service maps for SWs show the sites where this key population can receive comprehensive counseling services (peer-to-peer counseling, online counseling, training programs on how to use femidoms (female condoms), prevention of violence against SWs services, pretest counseling, legal and social consultation), programs of distribution of condoms/femidoms and lubricants, medical services and services of medical specialists at NGOs (consultation of a gynecologist, drug rehabilitation specialist, TB doctor, STI doctor, psychologist, distribution of pregnancy tests, antiseptics, common medicines), as well as referral to medical and legal services.

Service maps for MSM show the sites where this key population can receive various counseling services (peer-to-peer counseling; individual and group counseling by a psychologist; mentorship; pretest counseling; counseling on safe sexual practices; information, communication, education including parties aimed at promotion of safe sexual behavior among MSM; online counseling [through social networking] and legal consultation), condoms distribution sites, medical services and services of medical specialists at NGOs (consultation of a urologist and proctologist, on Hepatitis B and C, STI, distribution of common medicines), as well as referral to medical services.

Service maps for prisoners show counseling services including: HIV/AIDS/STI risk reduction, HIV/STI testing motivation, information and education trainings on HIV/STI/Hepatitis/TB prevention, building condom negotiation skills, peer-to-peer counseling through support groups, prevention of sexual violence, training staff on HIV transmission during medical and dentist procedures and skin injures, prison release preparation counseling by psychologist and lawyer focusing on service referral and re-socialization and six month post release counseling. They also display condom distribution programs, medical services and services of medical specialists at NGOs (providing consultation of an infectious diseases specialist, ART adherence and monitoring, consultation of a TB specialist, TB treatment adherence and monitoring, substance use treatment, distribution of antiseptics, Hepatitis B and C prevention, diagnosis and treatment, syringe sterilization equipment).

In some oblasts, providers of services for this key population mentioned both 1) locations of penitentiary institutions where services are offered since prison populations cannot leave the prison facilities and 2) locations of the organization's office where other services are available



but not for prison populations. This should be taken into account when analyzing prisoner maps. Services for prisoners are only available in prisons. The NGO sites on the maps represent offices of organizations offering services for prisoners (in prisons) but not actual service provision sites.

Service maps for MARA show services provided by NGOs and social service agencies. They help visualize the location of counseling services provided to MARA (raising awareness of HIV and counseling through peer-to-peer programs, outreach counseling at schools, social services for MARA and their families, legal support), condom distribution programs, medical services (STI diagnostics and treatment, Hepatitis vaccination, diagnostics and treatment, TB prevention, diagnostics and treatment), referral to medical and other services for MARA.

Service maps for PLHIV represent the services provided for this population including counseling services (counseling to assess client needs and risk behavior, prevention of HIV re-infection for drug users, consultation by a drug rehabilitation specialist, counseling for HIV-affected families, counseling on HIV status disclosure, consultation of a gynecologist for discordant couples, contraception, family planning for discordant couples, counseling of medical specialists on ART, support groups, consultation of a psychologist), distribution of condoms and lubricants, medical services provided by NGOs or healthcare facilities with support of NGOs (consultation of a TB specialist, TB diagnostics and preventive treatment, TB treatment adherence and support, regular medical check-up, treatment adverse effects control and management, STI and OI preventive counseling, diagnostics and treatment, consultation of a gynecologist for pregnant PLHIV, HIV diagnostics and monitoring, home-based care, distribution of sanitary packages and health products), referral to medical specialists, programs of non-medical care and other specialists.

Maps with calculation of travel time to OST, ART, HIV testing sites and Trust offices

Knowing the spatial access to healthcare services is essential to understanding their utilization and availability. Measuring spatial access using travel time data is quite helpful to measure the geographic and logistical availability of services for populations.

Spatial access was modeled based on GIS data for each service: OST, ART and Trust offices. It was assumed that the best spatial access is ensured within a travel time interval of 60 minutes. However, such assumption can be adjusted, if needed.

To understand the availability of services, spatial access to OST, ART services and Trust offices was modeled in ArcGIS within two time intervals: 30 and 60 minutes. For each road, required travel time was calculated by dividing the distance by estimated travel speed. Travel speed was established based on the type of road: 20 km/h for central streets, 40 km/h for local roads, 60 km/h for highways and major and minor roads. The length of each road section is calculated in the GIS.

OST, ART sites and Trust office addresses were then mapped and an area was delineated for each service site, providing access to service sites within 30 and 60 minutes. After potential catchment areas were defined, the size of the total population living in each of these areas was calculated.

The report includes the maps and calculation of time of travel to OST, ART sites and Trust offices at the country level, including detailed data in Project regions. The sections on individual regions contain a more detailed analysis and calculation of the population living in the area within 0-60 minutes of time of travel to such service sites.

The maps and calculation of time of travel to OST, ART, HCT sites and Trust offices, presented against the map of Ukraine for all Project raions covered under this report, are attached at the end of the report.

It is worth mentioning that the maps should be considered and analyzed with an understanding of the limitations described in the "Limitations to mapping" section. The data collected helps generate detailed maps for analysis to meet the Project and partners' needs.

Limitations to mapping

The service mapping is a useful tool for analysis of the existing HIV service infrastructure and capacities, and can also be informative for decision makers in the planning of services. However, there are a number of limitations that should be acknowledged before using maps produced for each territory. These limitations are discussed below:

- Completeness of information about services and service providers. Information collected about service providers was based on the best knowledge of key informants about existing services offered at each location. There could be biases, such as recall bias resulting in not mentioning all services that are provided, as well as misattribution, where services suggested by a questioner were mistakenly recalled as available. To correct such mistakes, data were validated by re-questioning respondents or comparing data to the program monitoring of the Alliance and Network.
- Physical location of a service provider by availability of service. Information collected from service providers was only reflecting whether the service was at all available at a particular location. It did not capture information on utilization of services, number of clients receiving services, quality of services, client friendliness, etc. However, the review of secondary data provides analysis on the scope and utilization of services of various HIV servicing organizations.
- Snapshot (time slice as of March October 2013). All data mapped represent the situation for particular point of time, and do not explain the dynamics of service infrastructure development. One should note, however, that changes at the level of service providers and services as such, provided by various organizations, are not dynamic in Ukraine, so data received by a certain date could remain reliable during long period of time.
- Need to unite locations of service providers at the level of towns and rural raions. 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 raion capitals, even with the help of Google resources. Thus, the maps present services with a detailed and 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 raions were grouped and presented on the map as one location (coordinates of main streets of raion capitals). This helps avoid oversaturation of the maps and standardize the presentation of information.
- Partial mapping of raion and city hospital services in the regions. Although most raion and city hospitals offer services of infectious diseases cabinets, consultation by TB specialists, STI specialists and gynecologists as well as other specialists, such facilities were plotted on the maps only when they were mentioned by respondents as sites to where clients are referred or if NGOs were operating directly at these facilities.
- Random mapping of outreach and mobile ambulatory routes at the level of oblast capitals. When interviewing service providers in Lviv and Odesa oblasts, data on outreach and mobile ambulatory routes were collected separately. However, many outreach route stops have turned out to be coded or loosely linked to accurate addresses, which could be identified

with the help of geographical coordinates. In addition, organizations providing outreach and mobile ambulatory visits insisted on the confidentiality of such data. So, data on outreach and mobile ambulatory routes were then collected only to see if such activities are implemented outside the city where the organization is operating (mobile ambulatory visits to raion capitals or outreach in other raion capitals of the oblast).

- *Incomplete mapping of STI treatment locations*. Despite the fact that potentially key populations can receive STI treatment in any city or raion healthcare facility, such facilities were plotted on the maps only when they were mentioned as client referral sites or if NGOs were operating directly at these facilities.
- Calculation of availability of services on maps and calculation of time to reach the ART and OST provision sites was performed based on total oblast population, not the population size of specific key population groups (e.g. PWID and PLHIV). To calculate spatial availability of ART and OST services, a calculation was performed based on the total oblast population, not the number of PWID and PLHIV, as maps are intended to show the availability of services, despite where the users of such services live or congregate.

Section 1. Dnipropetrovsk oblast

Background

As of January 1, 2014, the oblast population was 3,292,400.

In 2014, the urban population accounted for 2,751,800 (78.1%), and the rural population 540,600 (21.9%).

The administrative structure includes 22 raions and 13 oblast cities.



Epidemiological situation

As of January 1, 2014, 22,962 PLHIV were under surveillance in the Dnipropetrovsk oblast (prevalence is 697.8 per 100,000 population, highest in Ukraine), including 5,073 people with AIDS (prevalence is 154.2 per 100,000 population)⁶.

In 2013, there was an increase in the number of infections in the oblast (3,450 new infections, 1.3% increase).

In 2013, reported cases of HIV infection included 53.4% males and 46.6% females. In recent years, there has been a steady upward trend in the number of registered infections among those aged over 30 and a decrease among those aged 15-24 (from 10.4% in 2008 to 4.7% in 2013).

In 2010, the primary mode of transmission changed to sexual transmission. In 2013, intravenous HIV transmission was still high (31.4%) while sexual HIV transmission accounted for more than half of all new cases (52.3%).

In 2013, the level of infection as a result of primary screening among candidates for blood donors was 0.28% and infection among pregnant women was 0.77%; one of the highest among all regions of Ukraine.

As of January 1, 2014, 7,090 individuals in the oblast received ART and the number of ART program clients increased by almost a quarter in 2013. Also in January 2014, 1,138 PWIDs were on OST, of whom 56.8% were PLHIV; 23.6% of all OST clients are in ART.

Estimated numbers of key populations in the Dnipropetrovsk oblast⁷ are as follows: 35,050 PWIDs (10,300 in Dnipropetrovsk city), 6,400 SWs (2,300 in Dnipropetrovsk city) and 17,600 MSM (6,300 in Dnipropetrovsk city) [14].

⁶ Hereinafter, data from newsletter #41 "HIV in Ukraine", Kyiv, 2013 are used 4.

⁷ Estimated numbers of key populations were approved by the Oblast TB and HIV council (resolution #1 as of 04.17.2012).

Maps of geographical representation of services by types of facilities/ service providers

Based on the results of the field data collection phase for mapping in the oblast, interviews were conducted with 17 service providers in the city of Dnipropetrovsk and other administrative units of the oblast in September 2013, and 237 service delivery sites were identified in the oblast as a whole.

Maps 1, 2 show service delivery sites by service provider type: health facilities (107 sites), social services (50 sites) and NGOs (80 sites). The Dnipropetrovsk oblast has multiple health and social facilities, however, NGOs are active only in certain raions of the oblast. While there are some sites where NGO services and health facilities are co-located in Dnipropretrovsk city and Kryvyi Rih, there are no sites where social services are co-located with either NGO services or health facilities in either city.

HIV and STI rapid testing services

Maps 3, 4 show the location of STI services where rapid tests are available for diagnosing STIs and STI clinics mentioned by NGOs as client referral partners. There is only one service site in the city of Dnipropetrovsk that offers rapid STI testing and this site targets MSM and PWID. This site is not co-located with treatment services. In Kryvyi Rih, there are four sites offering rapid STI testing services, two of which are co-located with treatment services. Treatment services are available in most parts of the oblast. In service sites that provide testing for PWID and SWs it is necessary to analyze the results of coverage with such services.

HIV rapid testing services (maps 5, 6) are available for most of the key populations, in Dnipropretovsk city and Kryvyi Rih. Some raions outside the urban centers of Dnipropretrovsk city and Kryvyi Rih have HIV rapid testing services targeting PWID and prisoners, but no raions outside the urban centers have HIV testing services targeting SW, MSM, or MARA and some raions do not have any HIV rapid testing services at all.

Availability of ART, OST and Trust office services

Availability of ART, OST and Trust office services was analyzed using data on time of travel to ART, OST sites and Trust offices in the Dnipropetrovsk oblast.

According to the data entered into the GIS model for the Dnipropetrovsk oblast, calculations were based on the total oblast population of 3,305,200 as of 2011.

The results of spatial modeling suggest that, as of October 2013, 16 OST sites (map 7) can be reached by almost the entire population of the Dnipropetrovsk oblast (91%).

Thanks to 22 ART sites in the oblast, spatial access is high (map 8). Almost the entire population of the oblast (92%) lives in areas from where these ART sites can be reached within 60 minutes.

Availability of Trust offices is presented on map 9. Almost the entire population of the oblast (97%) can reach these offices within 60 minutes, which suggest continuous spatial access to HCT services provided by these facilities.

Locations NGOs, Medical, and Social Institutions

Dnipropetrovs'k Region and Kryvyi Rih

Service Providers

Sum of Fields

16

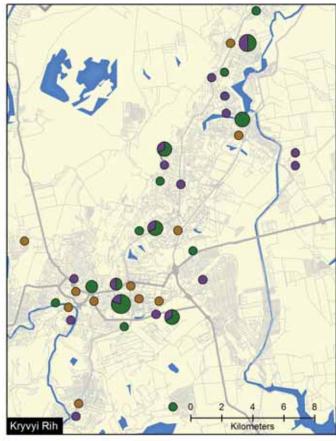
Providers are totaled per city and the number of providers are indicated by the width of the pie chart. This example shows the size of the pie chart representing 16 providers.

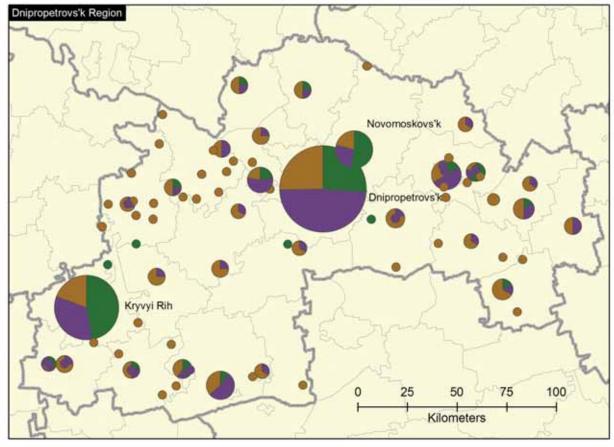
NGO

Medical Social

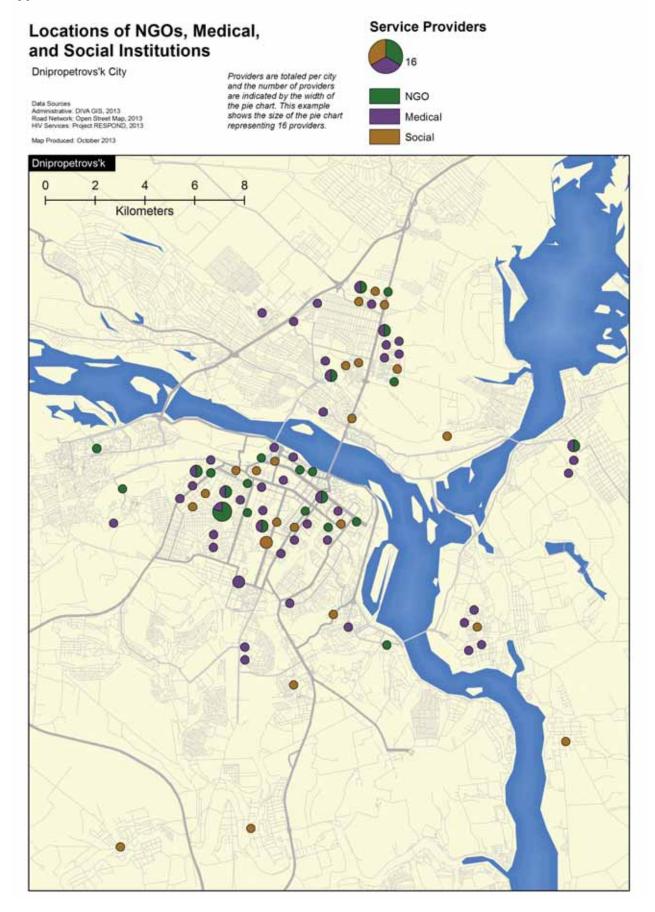
Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013

Map Produced: October 2013





Map 2. Location of service delivery sites in the city of Dnipropetrovsk by provider type



Locations Where STI Rapid Tests are Offered by MARP

Dnipropetrovs'k Region and Kryvyi Rih

Service Providers

Sum of Fields

16

Providers are totaled per city and the number of providers are indicated by the width of the pie chart. This example shows the size of the pie chart representing 16 providers.

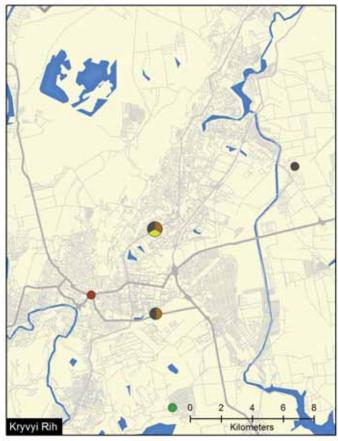
MSM CSW PWID

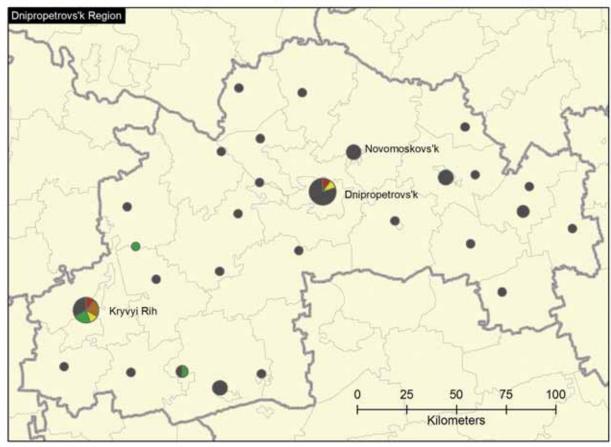
Prisoners MARA

STI Treatment

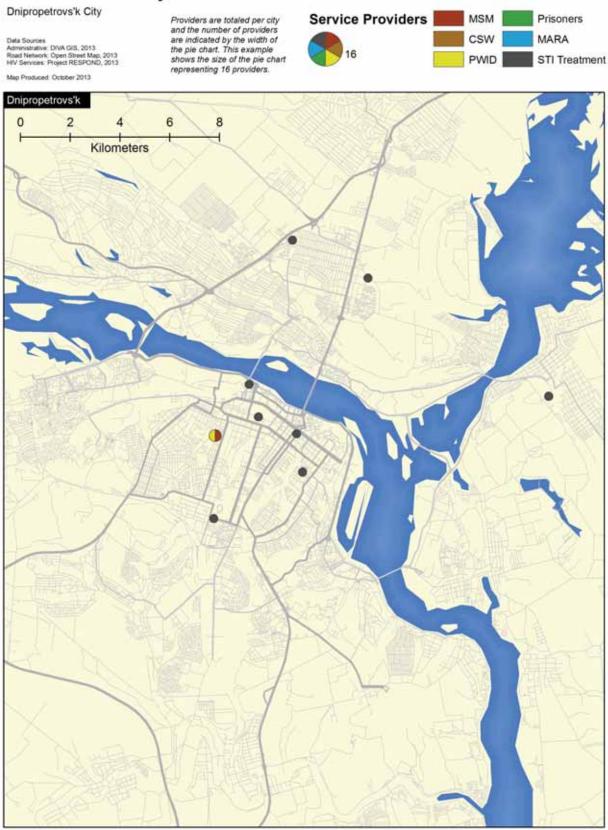
Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013

Map Produced: October 2013.





Locations Where STI Rapid Tests are Offered by MARP



Locations Where HIV Rapid Tests are Offered by Key **Population Group**

Dnipropetrovs'k Region and Kryvyi Rih

Service Providers Sum of Fields



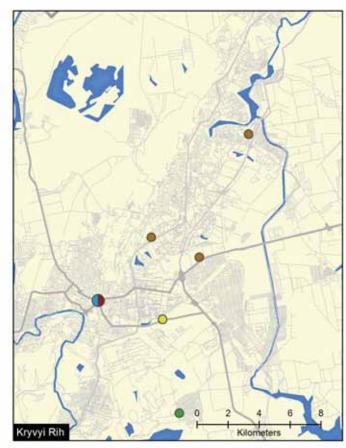
Providers are totaled per city and the number of providers are indicated by the width of the pie chart. This example shows the size of the pie chart representing 16 providers.

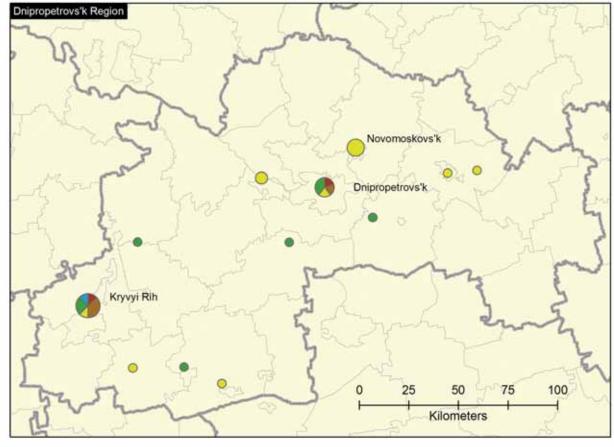
CSW

PWID Prisoners MARA

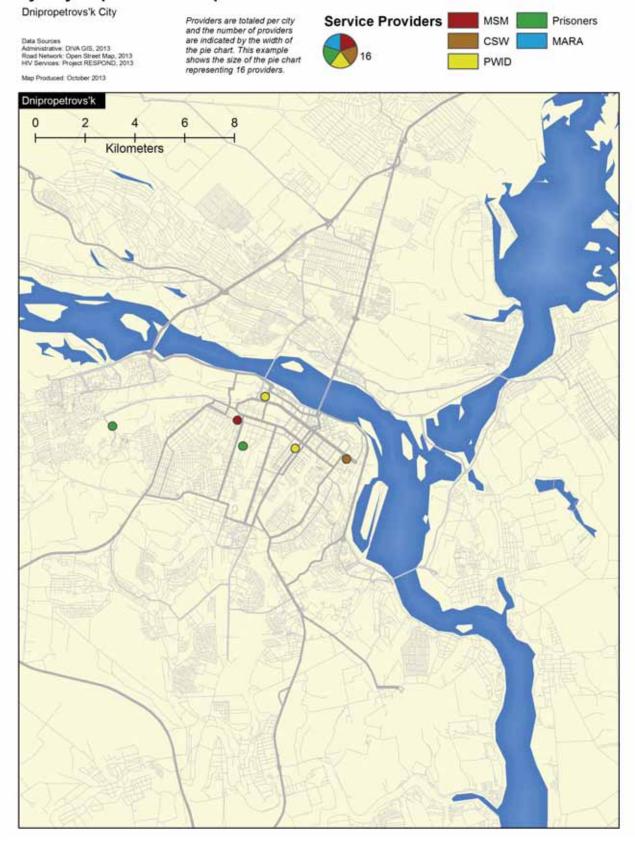
Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013

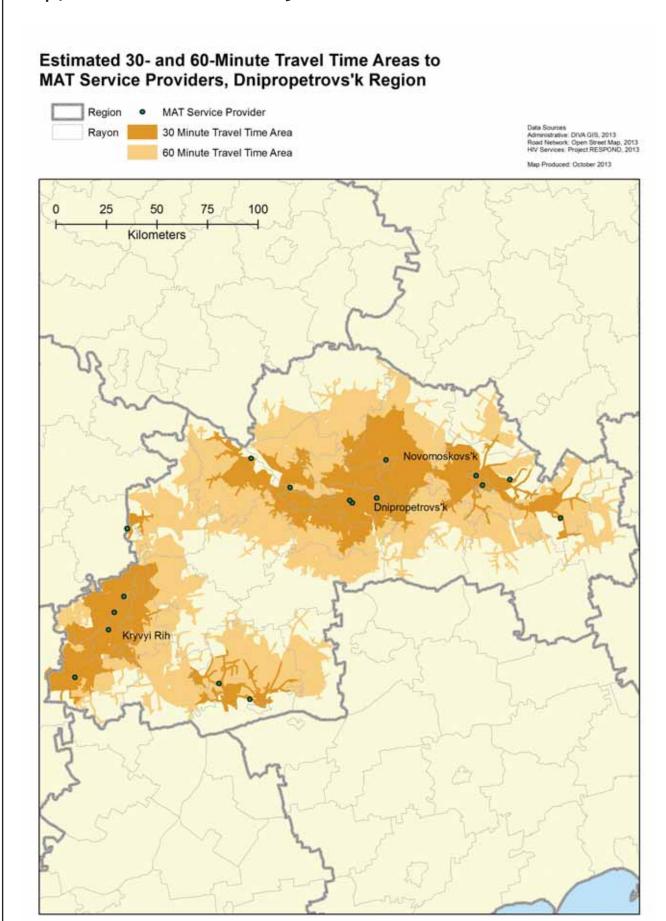
Map Produced: October 2013



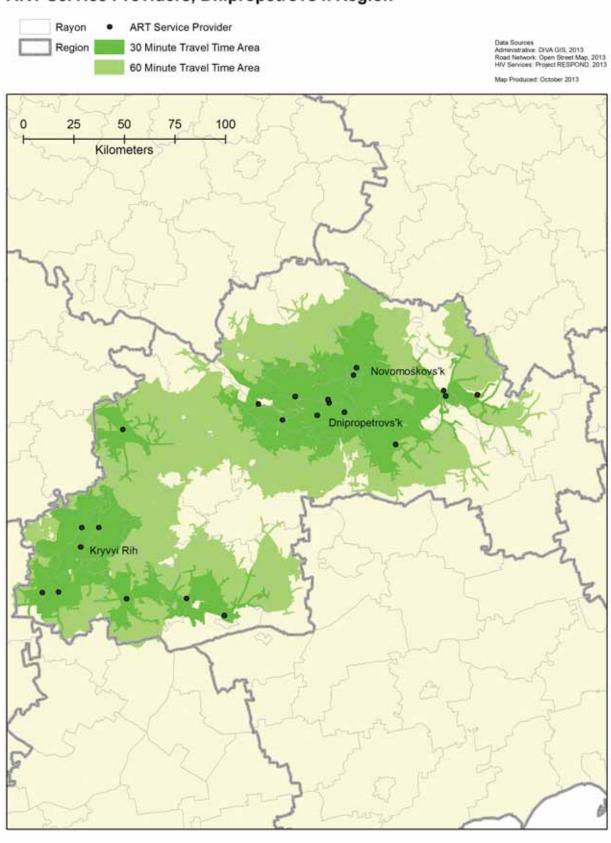


Locations Where HIV Rapid Tests are Offered by Key Population Group





Estimated 30- and 60-Minute Travel Time Areas to ART Service Providers, Dnipropetrovs'k Region



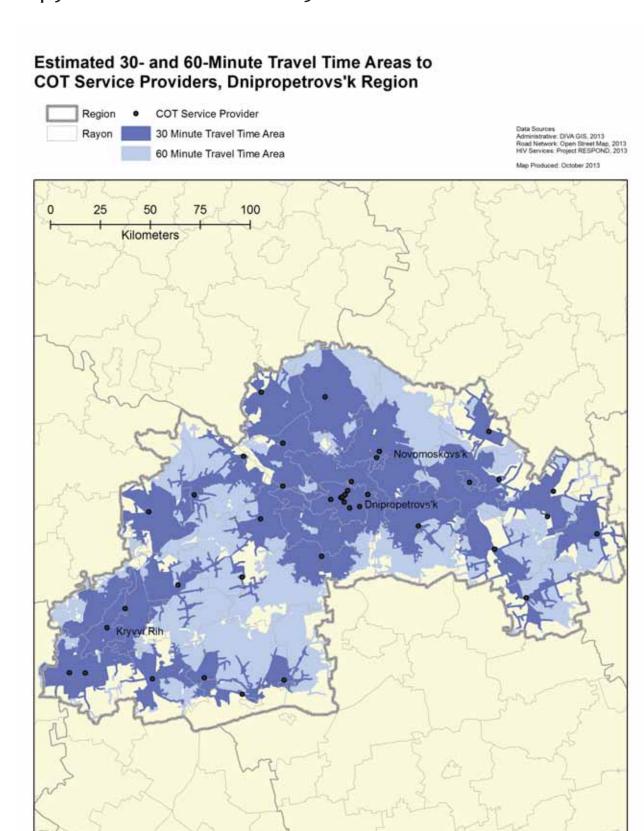


Table 3. Calculation of population size covered with OST, ART and Trust office services in the Dnipropetrovsk oblast

Travel time to services	Population	% of the total population
OST 0-30 min.	2,567,055	78%
OST 30–60 min.	456,293	14%
Total for OST in the range of 0–60 min.	3,023,348	91%
ART 0–30 min.	2,645,353	80%
ART 30–60 min.	405,500	12%
Total for ART in the range of 0–60 min.	3,050,853	92%
Trust offices 0–30 min.	2,948,355	89%
Trust offices 30–60 min.	325,728	8%
Total for Trust offices in the range of 0-60 min.	3,222,304	97%
Oblast total population	3,305,169	100%

Services by key populations

To understand how HIV/AIDS treatment and prevention services are delivered to key populations, the following maps show services grouped by specific populations and packages of harm reduction program services, condom distribution programs, and medical services provided by NGOs or based on referrals from NGOs, as well as counseling services on various issues and referrals.

Maps 10 and 11 present services for PWID in Dnipropetrovsk, Kryvyi Rih and the Dnipropetrovsk oblast. One can see that syringe exchange services, counseling and condom distribution services for PWID are geographically accessible at multiple sites in Dnipropetrovsk and Kryviy Rih. However, such services are only partially accessibly in other raions of the oblast. According to Alliance 2013 data, 28,756 PWID were covered with prevention programs, 82% of the estimated number of PWID, including 19,467 males and 9,289 females. In addition, 689 sexual partners of PWID were covered with services. This suggests a high coverage of PWID with prevention services.

Maps 12 and 13 show services provided for SW. It should be noted that such services are accessible only in the cities of Dnipropetrovsk and Kryvyi Rih, with Dnipropetrovsk providing such services only partially. According to Alliance data, 2,724 SWs received services (43% of the estimated total number). Given these data and lack of services in the oblast, there is a need for expanding the network of service providers for SW in the oblast, and for increasing quality and acceptance of existing HIV services for SW.

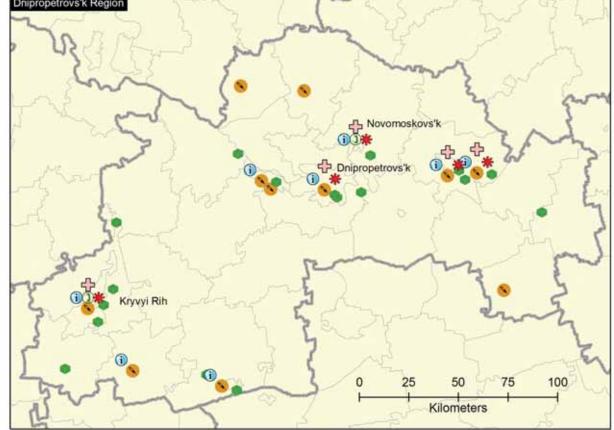
Maps 14 and 15 represent services provided to MSM. Such services are available only at the oblast capital and in the city of Kryvyi Rih, with only two condom distribution points active. In 2013, only 1,638 MSM received such services, which is 9% of the total estimated number of MSM.

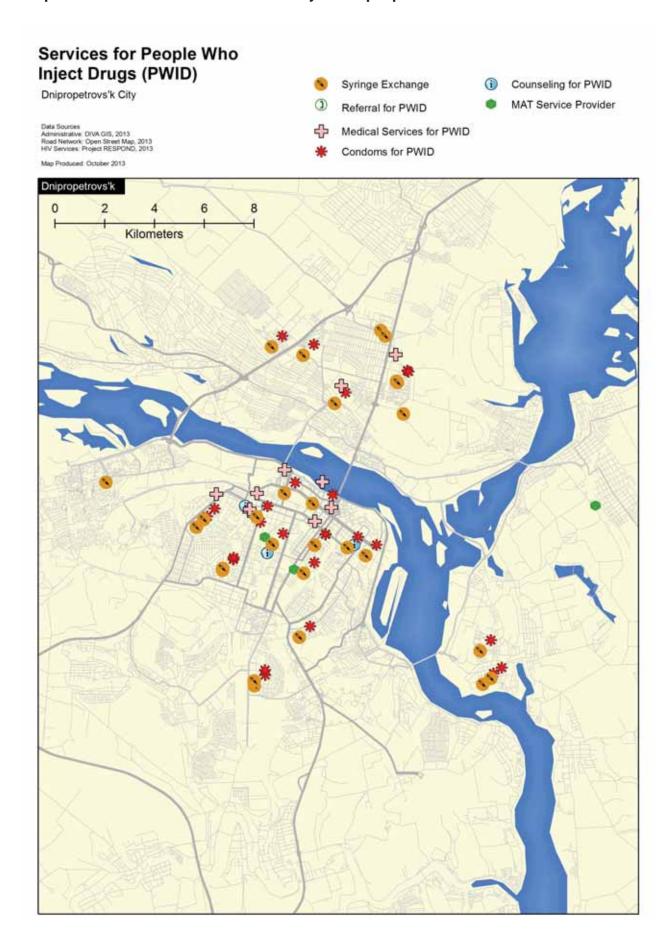
Services for People Who Inject Drugs (PWID)

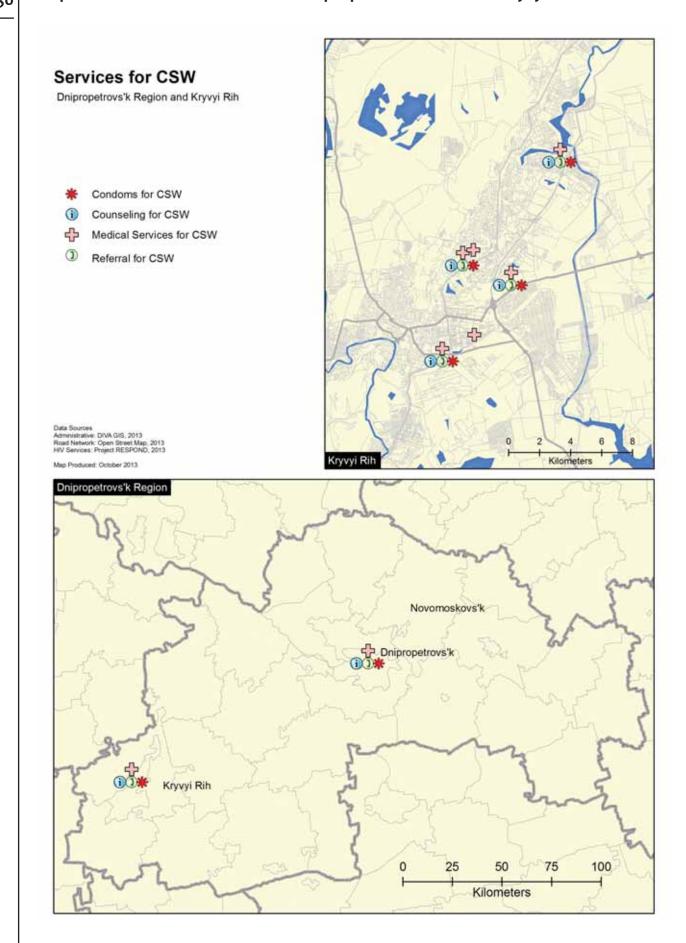
Dnipropetrovs'k Region and Kryvyi Rih

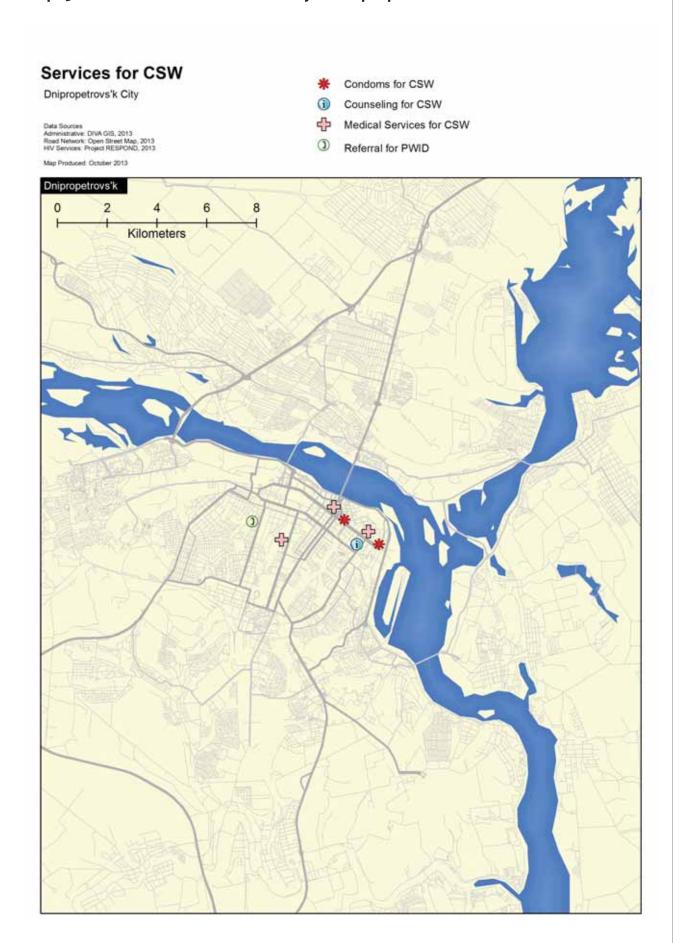


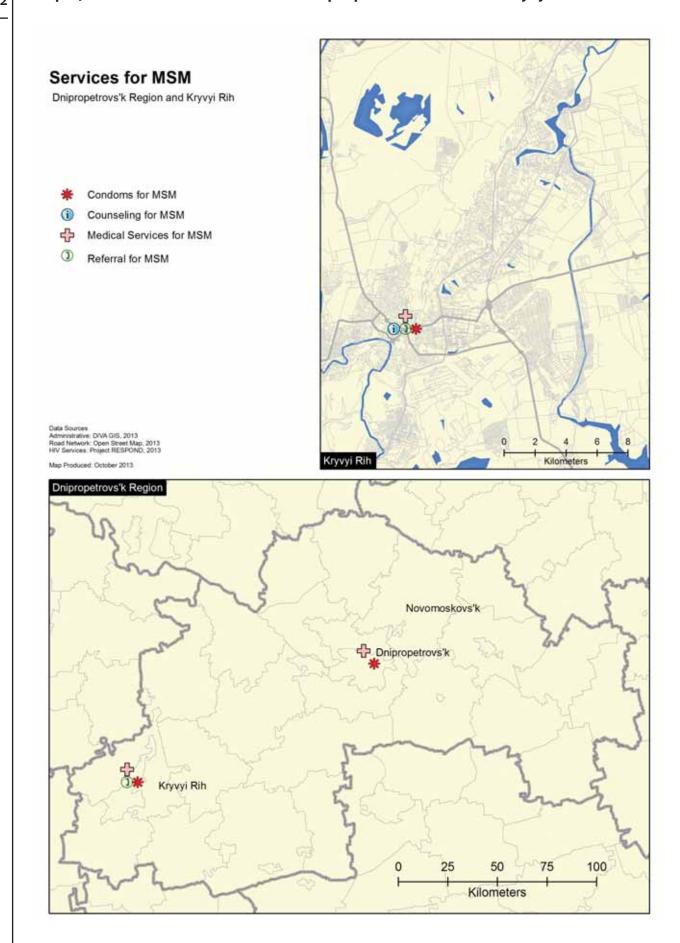
Condoms for PWID Counseling for PWID Medical Services for PWID Referral for PWID Syringe Exchange 4 MAT Service Provider Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013 Kryvyi Rih Kilometers Dnipropetrovs'k Region

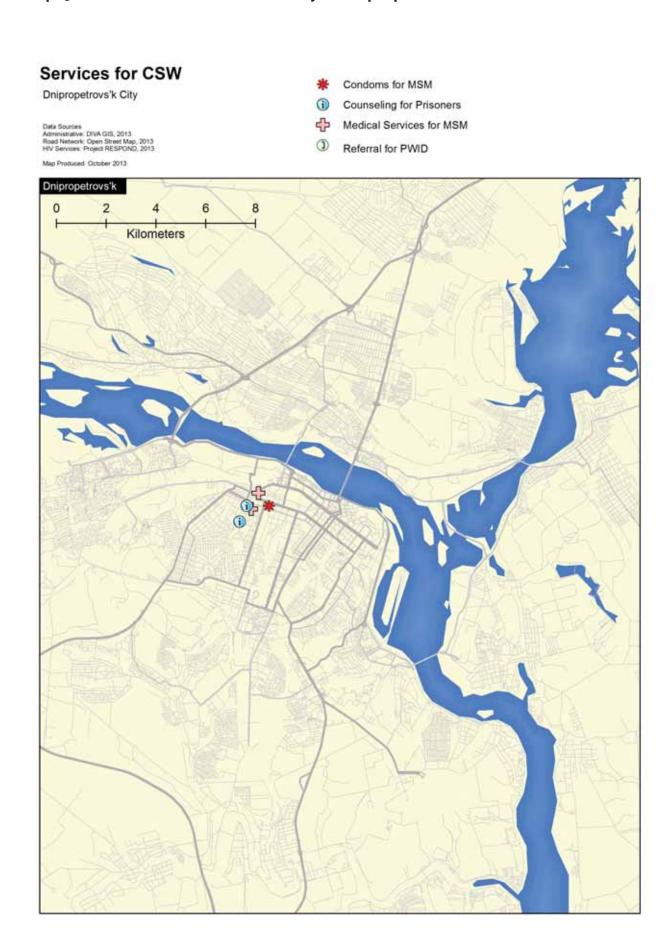


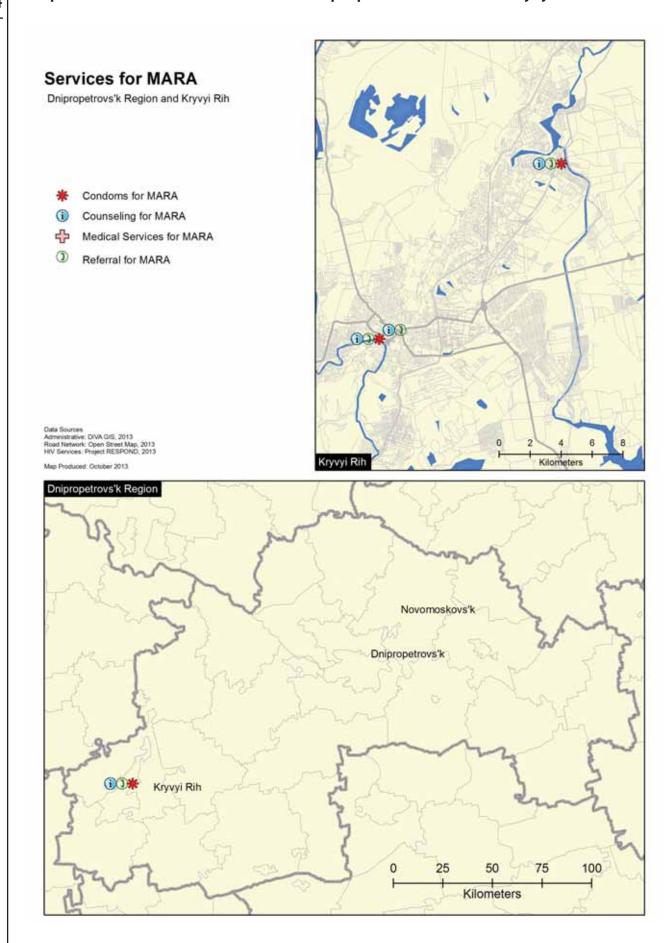












Services for Prisoners

Dnipropetrovs'k Region and Kryvyi Rih

Prison

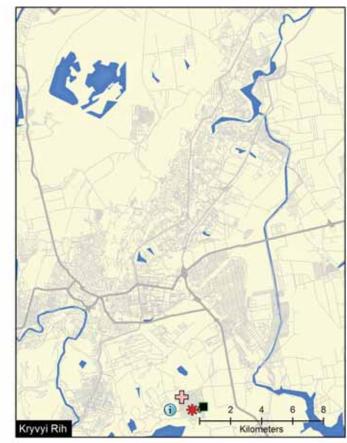
Condoms for Prisoners

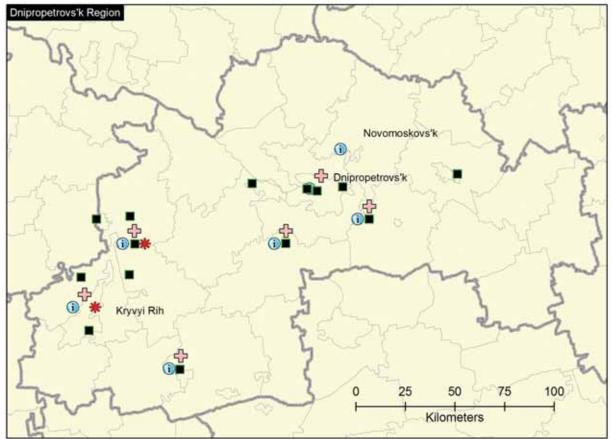
(i) Counseling for Prisoners

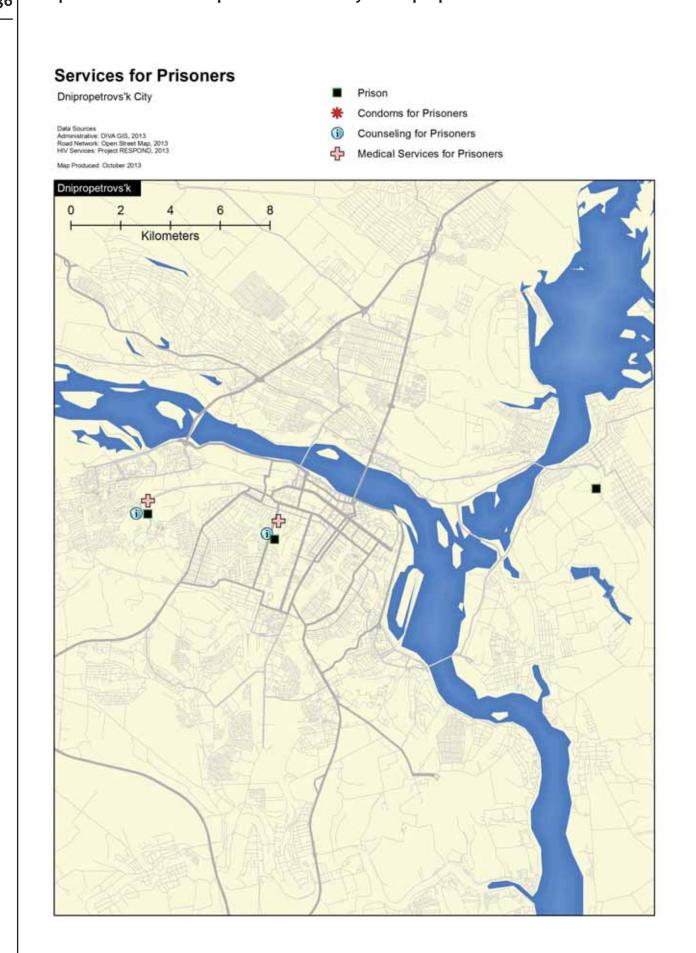
Medical Services for Prisoners

Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013

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Services for PLH

Dnipropetrovs'k Region and Kryvyi Rih

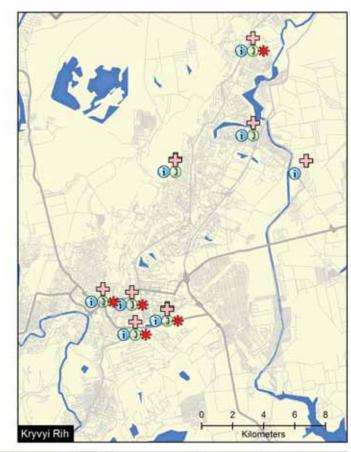
* Condoms for PLH

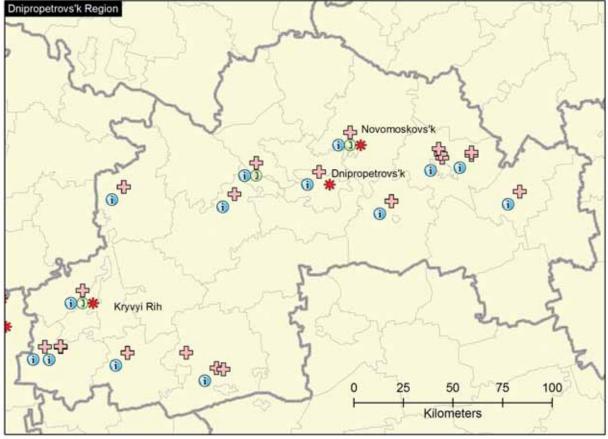
Counseling for PLH

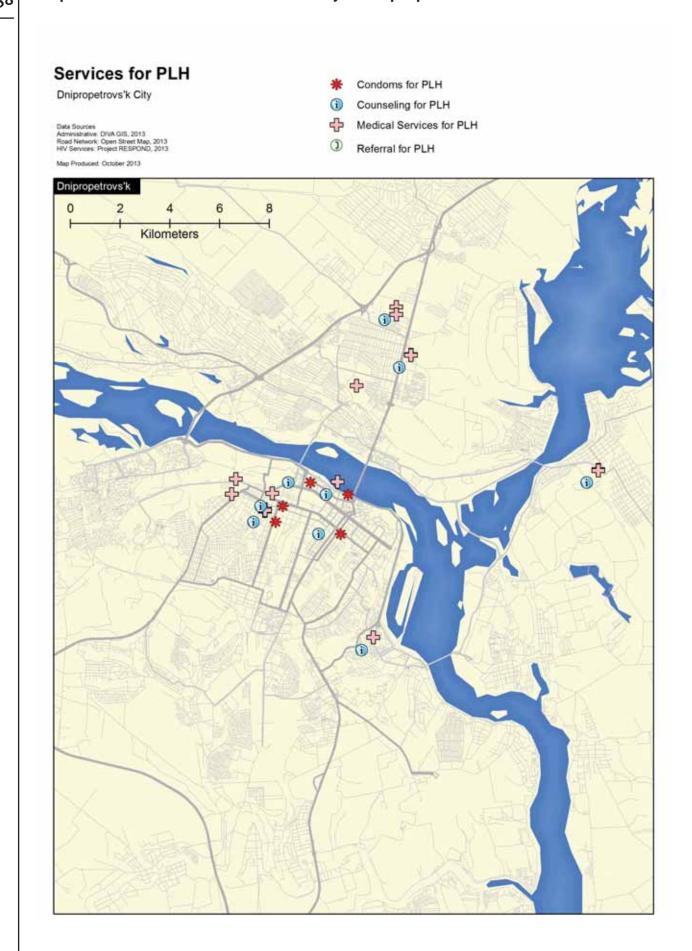
Medical Services for PLH

Referral for PLH

Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 Int Services: Project RESPOND, 2013







There are no active NGOs providing services to MARA⁸ in the oblast capital. Counseling and referral services for MARA as well as condom distribution services are available at two sites in the city of Kryviy Rih (map 16).

Prisoners can only get services in the prison or detention center, thus the mapping is only of prisons. Dniropetrovsk oblast has one of the highest densities of penitentiary institutions located within one oblast. At the same time, the number of service points is limited. According to maps 17 and 18, services for prisoners are available at the oblast capital, as well as in a large number of raions. However, condom distribution sites for this key population exist only in Kryviy Rih city and Piatykhatky raion.

Services for PLHIV (maps 19 and 20) are available in the central part of the Dnipropetrovsk city, in Kryvyi Rih and in most raions of the oblast. It should be noted that condoms for PLHIV are not widely available outside of the urban centers. According to the Network data, in 2013 care and support services were provided to 10,684 PLHIV, which is 46.5% of all registered PLHIV.

Conclusions

According to the mapping results, one can estimate that most HIV prevention services for key populations need to be made more accessible in the Dnipropetrovsk oblast, particularly for SWs, MSM, MARA, prisoners and PLHIV. Currently services are primarily concentrated in Dnipropetrovsk city and and Kryvyi Rih and cover some raions and cities of oblast, while a majority of the oblast remains uncovered with prevention services. Also, few services are colocated and therefore people who need more than one service may have to travel to several locations to obtain the services they need.

The oblast has quite a few organizations providing general HIV services to key populations or those with the potential to offer HIV services. However, access to HIV and STI rapid testing services is limited in the oblast.

It should be noted that three types of services (ART, OST and HCT services provided by Trust offices) are spatially accessible in the Dnipropetrovsk oblast. Not only can 90% of the population reach any of these services within 60 minutes, but more than 75% of the population can reach them within 30 minutes. One should also note that these data are estimated and do not take into account the logistical issues such as public transport schedule and road condition, which affects the travel speed.

Thanks to organizations operating in the oblast; 82% of PWID are covered with prevention services. It is advisable to expand services for SWs and MSM, which today are available mainly at the oblast capital level and the city of Kryvyi Rih. Coverage of these key populations is low, with only 43% of SWs and 9% of MSM reached with prevention services in 2013. Services targeting MARA and prisoners should also be expanded.

⁸ Unlike other oblasts from this report, maps for the Dnipropetrovsk oblast and the city of Dnipropetrovsk do not show social services which potentially care of and provide services to MARA.

Section 2. Lviv oblast

Background

As of January 1, 2014, the oblast population was 2,538,400 people.

The urban population is 1,545,800 (60.9%), and the rural population is 992,600 (39.1%).

The administrative structure includes 20 raions and 9 oblast cities.



Epidemiological situation

As of January 1, 2014, 2,493 PLHIV were under surveillance in the Lviv oblast (prevalence is 98.4 per 100,000 population), including 710 people with AIDS (prevalence is 28.2 per 100,000 population)⁹.

In 2013, the number of reported infections in the oblast was higher than in the previous years (418 cases, rate of increase was 6.4%).

In recent years, there has been a steady upward trend in the number of infections among those aged over 30 and a decrease among those aged 15-24 (from 12% in 2008 to 11% in 2013). Beginning in 2012, sexual transmission became the predominant mode of HIV transmission. In 2013, intravenous HIV transmission is accounted for 45% of all new registered cases, while sexual HIV transmission was the reason of acquiring HIV in 39.5% of all newly registered cases.

As of 2013, the level of infection as a result of primary screening among candidates for blood donors was 0.09% and the infection level among pregnant women was 0.26%.

As of January 1, 2014, 861 individuals in the oblast received ART and the number of ART program clients more than doubled in 2012-2013. As of January 1, 2014, 210 PWID were on OST, of whom 50.5% are PLHIV, and 18.6% of PLHIV on OST receive ART.

Estimated numbers of key populations in the Lviv oblast¹⁰ are as follows: 11,000 PWID (5,500 in Lviv city), 1,600 SWs and 10,100 MSM (4,900 in Lviv city) [14].

Maps of geographical representation of services by types of facilities/ service providers

Based on the results of the field data collection phase in the oblast, interviews were conducted with 15 service providers operating in the city of Lviv and other administrative units of the oblast in March 2013, and 133 service delivery sites were identified in the oblast as a whole.

⁹ Hereinafter, data from newsletter #41 "HIV in Ukraine", Kyiv, 2014 are used.

 $^{^{10}}$ Estimated numbers of key populations were approved by the Oblast TB and HIV Council (resolution #1 as of 04.17.2012).

Map 21 shows service delivery sites by service provider type: healthcare facilities (65 sites), social services (41 sites) and NGOs (27 sites). It should be noted that health and social service facilities exist in all raions of the oblast, however, NGOs are mostly concentrated in Lviv city and in Drohobych raion.

HIV and STI rapid testing services

Map 22 shows the location of STI services where rapid tests are available for diagnosing STIs and STI clinics mentioned by NGOs as client referral partners. Most of these services are available in the city of Lviv, and for prisoners STI services were also available in Drohobych and Mykolayiv raions. STI services with rapid tests are not available in any other raion in the oblast. In service sites that provide testing for PWID and SW, it is necessary to analyze the results of coverage with such services throughout the year.

Map 23 shows HIV rapid testing sites where testing is provided by NGOs for key populations, suggesting that all key populations can receive HIV rapid testing at the oblast capital level, and for prisoners STI services were also available in Drohobych and Mykolayiv raions. HIV rapid testing is not available in other raions in the oblast.

Availability of ART, OST and Trust office services

Availability of ART, OST and Trust office services was analyzed using data on travel time to ART, OST sites and Trust offices in the Lviv oblast.

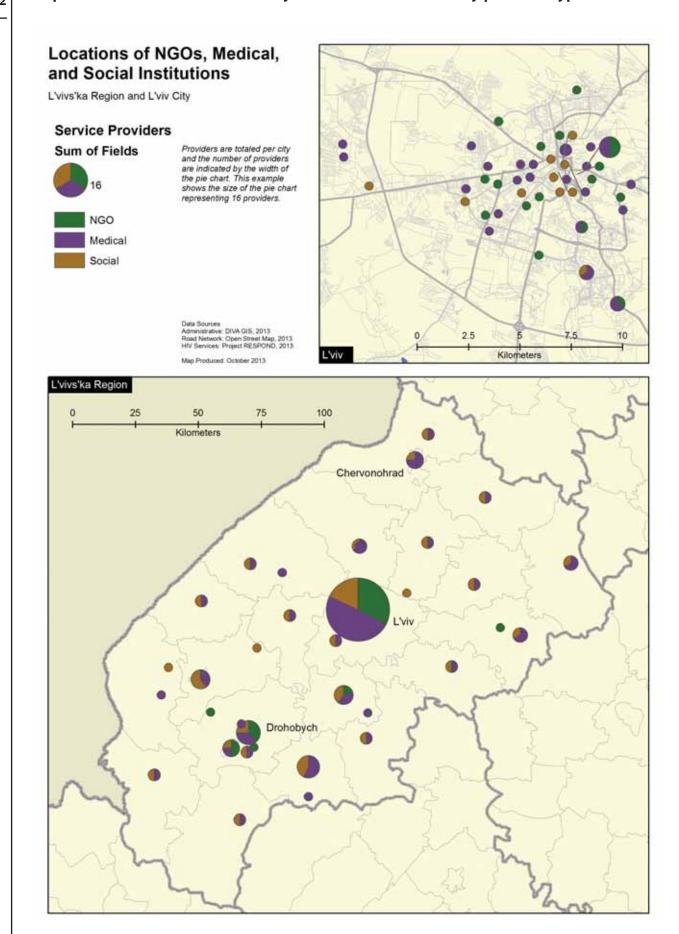
According to the data entered into the GIS model for the Lviv oblast, calculations were based on the total oblast population of 2,435,000 (2011 data).

Based on the results of spatial modeling, one can estimate that as of October 2013, thanks to the operation of 7 OST sites (map 24), a considerable number (85%) of the Lviv oblast population, who have spatial access to OST services, were reached.

With only 2 ART sites in the Lviv oblast, spatial access to treatment is more limited (map 25). Slightly more than half of the population (56%) lives in areas from which these ART sites can be reached within 60 minutes.

Trust office services are most common in the Lviv oblast (map 26). Almost the entire population of the oblast (98%) can reach these offices within 60 minutes, which suggests continuous spatial access to HCT services (see Table 4).

Since estimates do not include limitations related to the public transport schedule and road condition, the actual accessibility of services could be lower.



Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013

Map Produced: October 2013

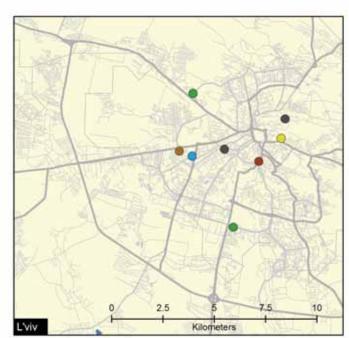
Locations Where STI Rapid Tests are Offered by Key Population Group

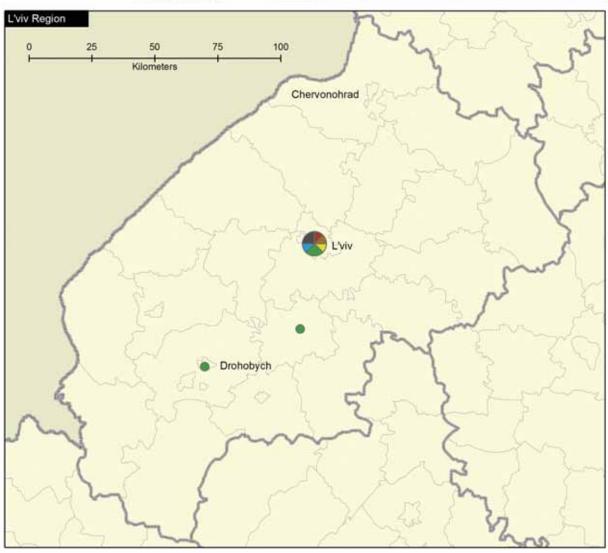
L'viv Region and L'viv City

MARA

STI Treatment

Service Providers Sum of Fields Providers are totaled per city and the number of providers are indicated by the width of the pie chart. This example shows the size of the pie chart representing 16 providers. MSM CSW PWID Prisoners





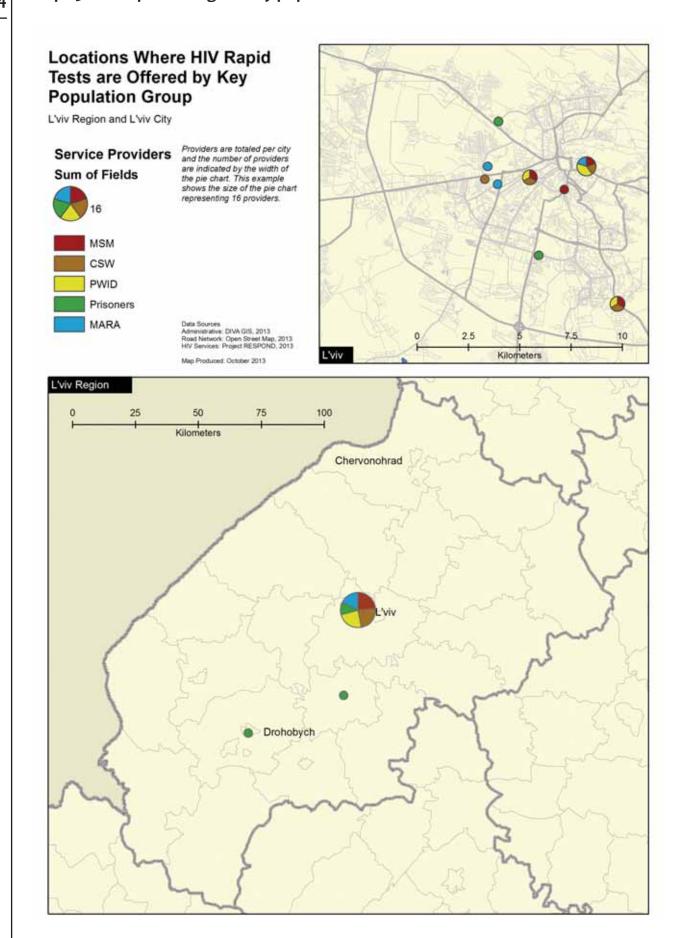


Table 4. Calculation of population size covered with OST, ART and Trust office services in the Lviv oblast

Travel time to services	Population	% of the total population
OST 0-30 min.	1 392 328	57%
OST 30–60 min.	675 677	28%
Total for OST in the range of 0–60 min.	2 068 005	85%
ART 0–30 min.	914 310	38%
ART 30–60 min.	442 357	18%
Total for ART in the range of 0-60 min.	1 356 667	56%
Trust offices 0–30 min.	2 174 279	89%
Trust offices 30–60 min.	211 677	9%
Total for Trust offices in the range of 0-60 min.	2 385 956	98%
Oblast total population	2 435 328	100%

Services by key populations

To understand how HIV/AIDS treatment and prevention services are delivered to various key populations, the following maps show services grouped by specific populations and packages of harm reduction program services, condom distribution programs, and medical services provided by NGOs or based on referrals from NGOs.

Map 27 presents services for PWID in Lviv and the Lviv oblast. Services for PWID are mainly concentrated in Lviv city. The only services for PWID outside Lviv city are three sites offering OST services and one site providing counselling and referral services. According to the Alliance 2013 data, 2,729 PWID were covered with prevention programs, including 2,218 males and 511 females, which is only 25% of the total estimated number of PWID. This suggests a lack of prevention services provided to this key population and requires further program roll-out.

Map 28 presents services provided to SWs. It should be noted that these services are provided only in Lviv city and, according to the Alliance data, 2,006 SWs were reached with these services in 2013 (overwriting the estimated number). Condom distribution services are available only in one site.

Map 29 demonstrates services provided to MSM. One can see that the situation with services for MSM is similar to the map of services for SWs as services for MSM are only present in Lviv city. In 2013, such services were provided to only 1,002 MSM, which is 10% of their estimated number.

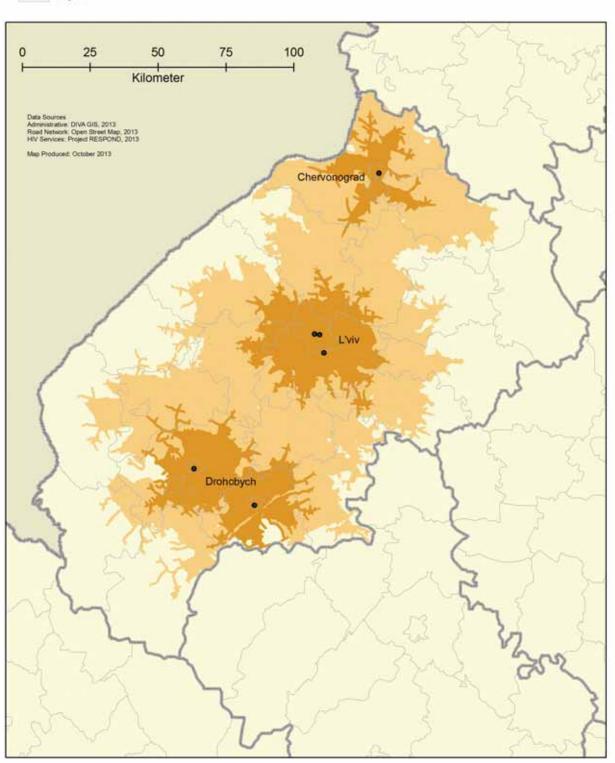
As for services provided to MARA (map 30), due to social service facilities, MARA counseling and referral services are available in all raions of the Lviv oblast, although access to condom distribution programs is limited to only one site in Lviv city.

According to map 31, services for prisoners and ex-prisoners are available at the oblast capital, as well as in Drohobych and Mykolayiv raions. These include counseling and condom distribution services.

Services for PLHIV (map 32) are primarily available at the oblast level, as well as in Drohobych raion. Given limited access to ART, services for PLHIV are insufficient. This is also confirmed by the PLHIV Network data, according to which in 2013 care and support services were provided to only 1,356 PLHIV (54.3% of all registered PLHIV).

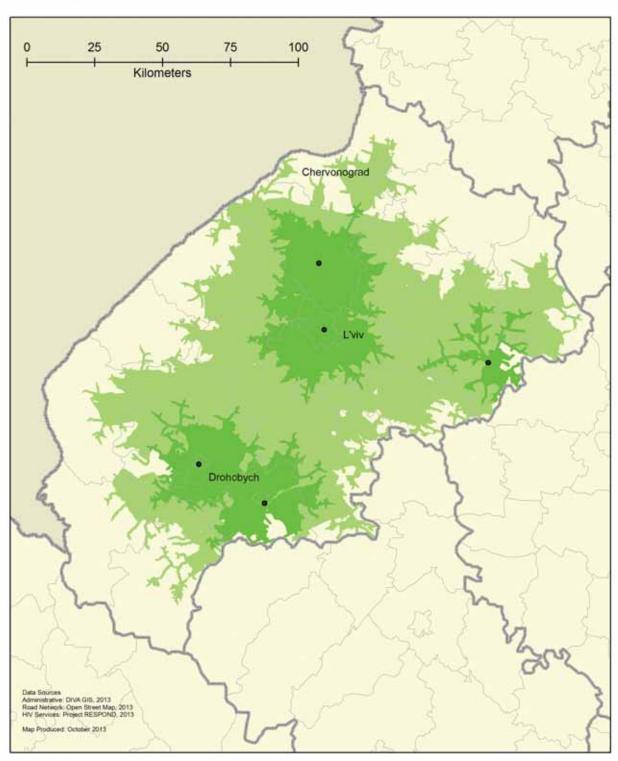
Estimated 30- and 60-Minute Travel Time Areas to MAT Service Providers

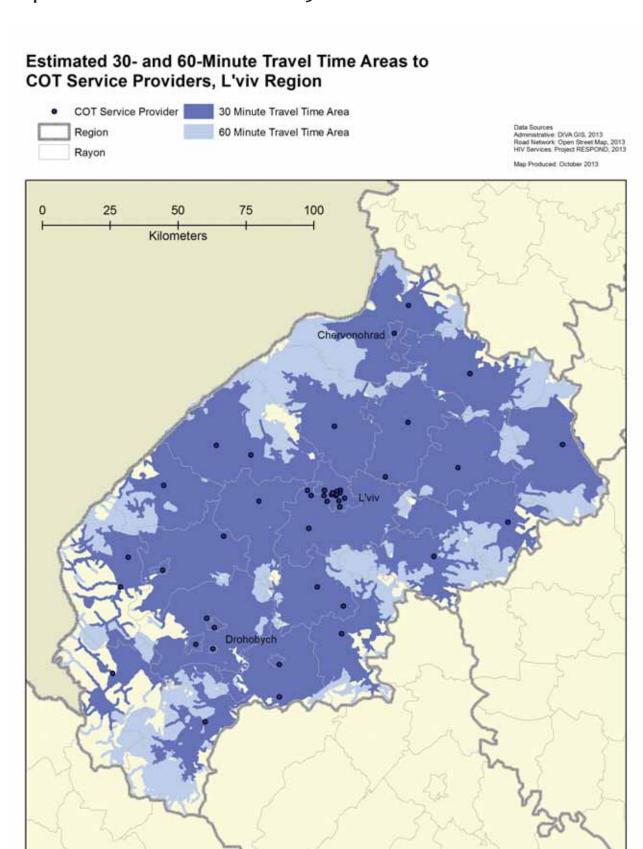




Estimated 30- and 60-Minute Travel Time Areas to ART Service Providers





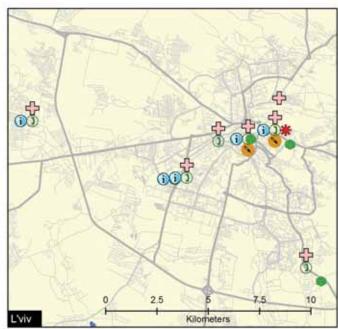


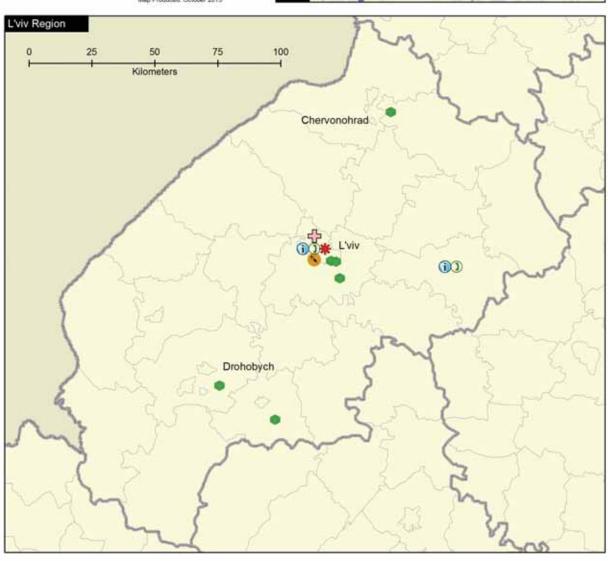
Services for People Who Inject Drugs (PWID)

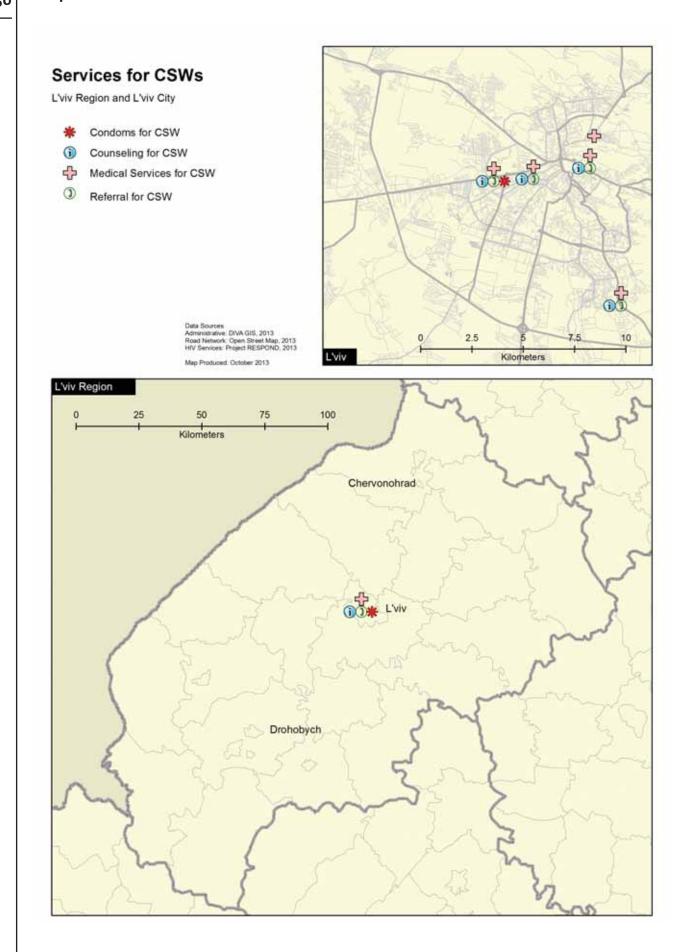
L'viv Region and L'viv City

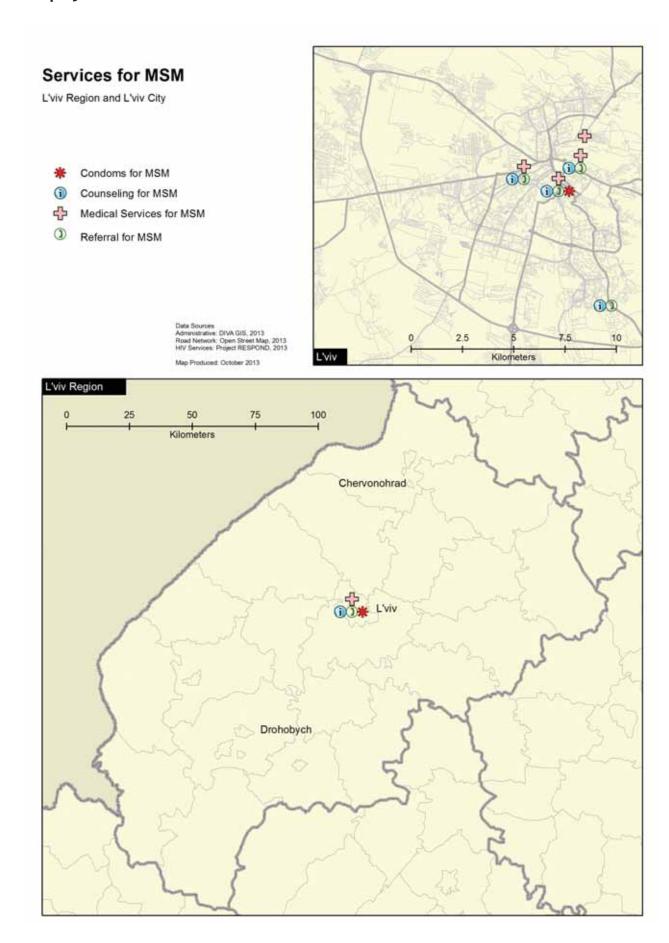
- * Condoms for PWID
- Counseling for PWID
- Medical Services for PWID
- Referral for PWID
- Syringe Exchange
- MAT Service Provider

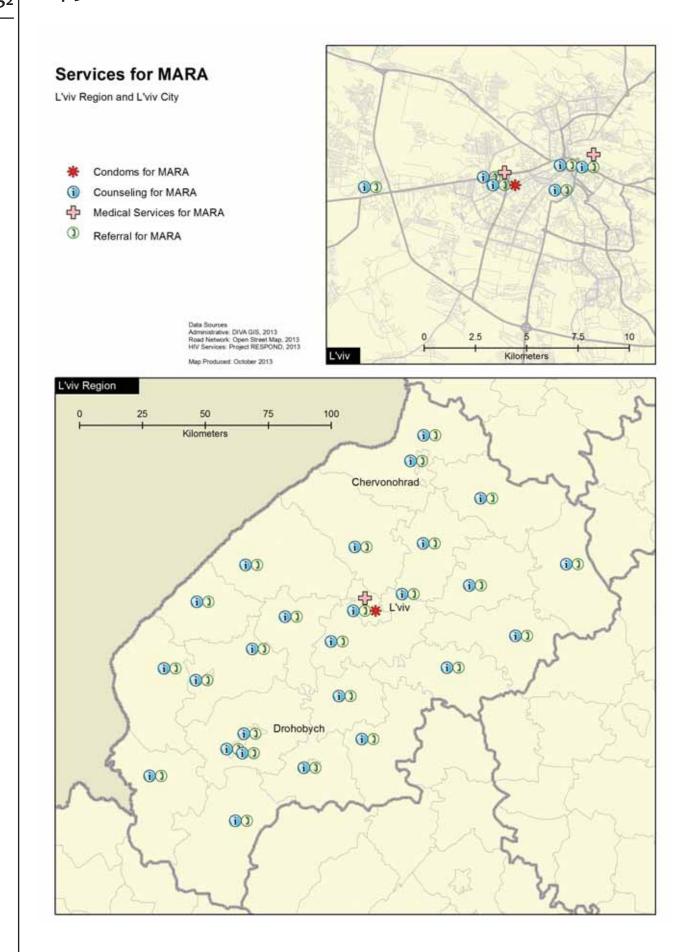
Data Sources
Administrative: DIVA GIS, 2013
Road Network: Open Street Map, 2013
HIV Services: Project RESPOND, 2013
Map Produced: October 2013

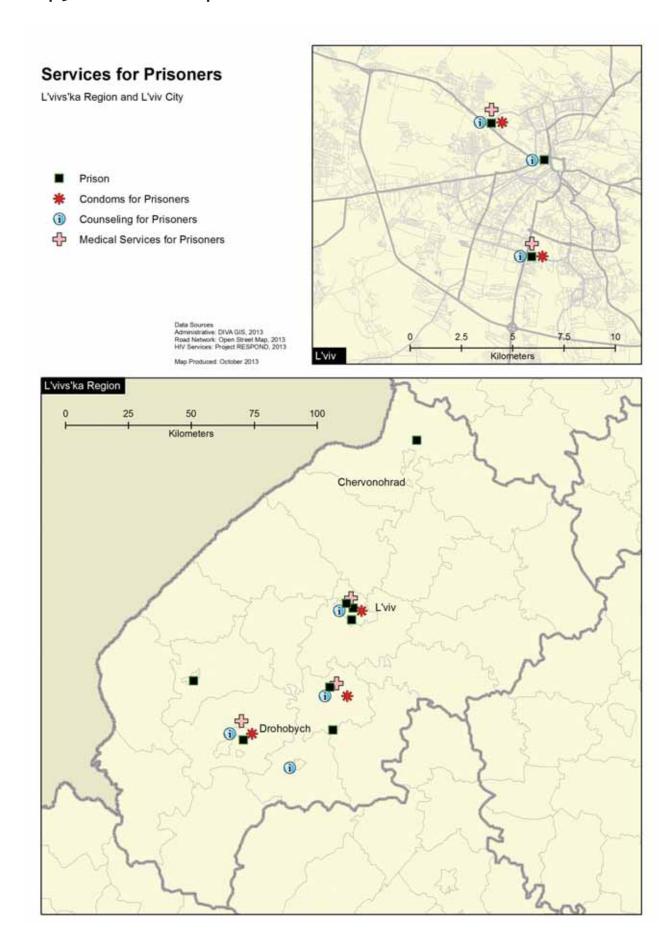


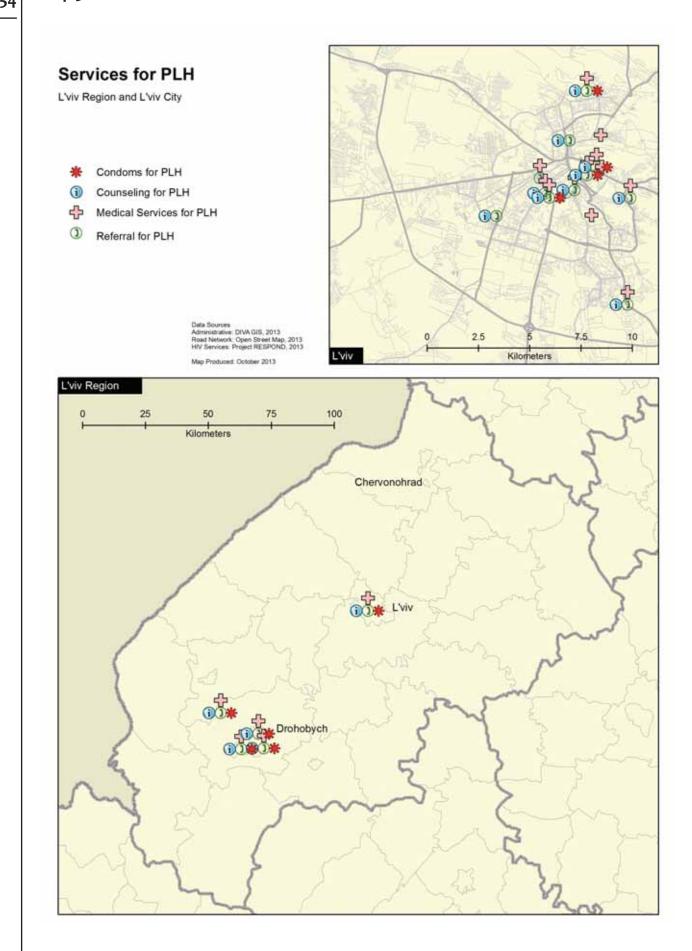












Conclusions

The mapping results suggest that availability of most HIV prevention, ART, OST services for key populations is rather limited in the Lviv oblast. Most of the services are concentrated at the oblast capital level, which leaves a considerable portion of the population, including key populations, outside availability of target services. In addition, while travel time data provides estimates of geographic access, they do not take into account the need to travel to reach the service site, road condition, availability of transport connection in winter and development of transport infrastructure.

NGOs in the oblast are concentrated in the oblast capital and in some raion capitals. Social services offer limited HIV counseling and referrals.

Although the oblast population is almost completely covered with Trust office services and has high availability of OST, ART availability is limited in the oblast.

Service availability for PWID and MSM can be considered insufficient since services are mainly offered in the oblast capital, but data suggest at least half of the populations live outside the capital. Overall coverage of these populations is low: only 25% of PWID and 10% of MSM were covered with prevention services in 2013.

Since Trust offices and social service centers exist in all raions of the oblast, it may be an option to increase the Trust's provision of HIV prevention services, as well as care and support for PLHIV.

Section 3. Mykolayiv oblast

Background

As of January 1, 2014, the oblast population was 1,168,400.

The urban population accounted for 793,800 (67.9%), and the rural population accounted for 374,600 (32.1%).

The administrative structure includes 19 regions and 5 oblast cities.



Epidemiological situation

As of January 1, 2014, 7,150 PLHIV were under surveillance in the Mykolayiv oblast (prevalence is 612.1 per 100,000 population), including 705 people with AIDS (prevalence is 60.4 per 100,000 population)¹¹.

In 2013, the number of reported HIV infections in the Mykolayiv oblast was less than in the previous year (1,081 cases, rate of decrease 3.6%).

In the overall age structure of PLHIV, people aged 25-49 had the highest share and continues to grow, while the number of new HIV infections among people aged 15-24 is falling (from 7.7% in 2011 to 6% in 2013).

Since 2007, HIV sexual transmission has been the predominant mode of transmission; 59.4% of individuals were infected through sexual transmission and 23.8% through intravenous transmission in 2013.

In 2013, the rate of infection as a result of primary screening among candidates for blood donors was 0.18% and HIV among pregnant women was 0.67%, which is higher than the average for Ukraine (0.39%).

The number of individuals on ART increased by almost 2 times in recent two years. As of January 2014, it was reported that 3,888 individuals in the oblast received ART treatment, and 693 PWID were on OST, 47.3% of whom are PLHIV, and 57.6% of PWID on OST received ART.

The official recorded numbers of key populations in the Mykolayiv oblast¹² are as follows: 10,300 PWID (6,400 in Mykolayiv city), 3,700 SWs and 2,000 MSM (recommended estimated number is 3,200 MSM) [14].

¹¹ Hereinafter, data from newsletter #41 "HIV in Ukraine", Kyiv, 2014 are used.

¹² Estimated numbers of key populations were approved by the Oblast TB and HIV council (resolution as of 04.28.2012).

Maps of geographical representation of services by types of facilities/service providers

Based on the results from the field data collected during the oblast mapping, interviews were conducted with 14 service providers in the city of Mykolayiv and other administrative units of the oblast in March 2013, and 163 service delivery sites were identified.

Map 33 shows the service delivery sites by service provider type: health facilities (50 sites), social services (28 sites) and NGOs (85 sites). Unlike the other oblasts, Mykolayiv has multiple health and social facilities, and NGOs are active in almost all regions of the oblast.

HIV and STI rapid testing services

Map 34 shows the location of STI services where rapid tests are available for diagnosing STIs and STI clinics mentioned by NGOs as client referral partners. Most of these services are available in the city of Mykolayiv. Some raions have STI testing services for PWID and most of these sites are co-located with STI treatment services as well. There are no STI testing services targeting SW, MSM, MARA or prisoners outside of Mykolayiv city. In service sites that provide testing for PWID and SWs it is necessary to analyze the results of coverage with such services throughout the year.

Map 35 shows HIV rapid testing sites where testing is provided for many key populations, including prisoners and MARA. HIV rapid testing for all key populations is available at the oblast capital level. It is also available for PWID and prisoners in a number of raions (Mykolayiv raion, Voznesensk city and Kazanka raion), MARA (Arbouzynka raion, Voznesensk city) and SWs (Pervomaysk raion). No services are offered to MSM outside of Mykolayiv city. It should be noted that there are services for all key populations in Odessa city (of Odessa oblast) located not far from the Mykolayiv border.

Availability of ART, OST and Trust office services

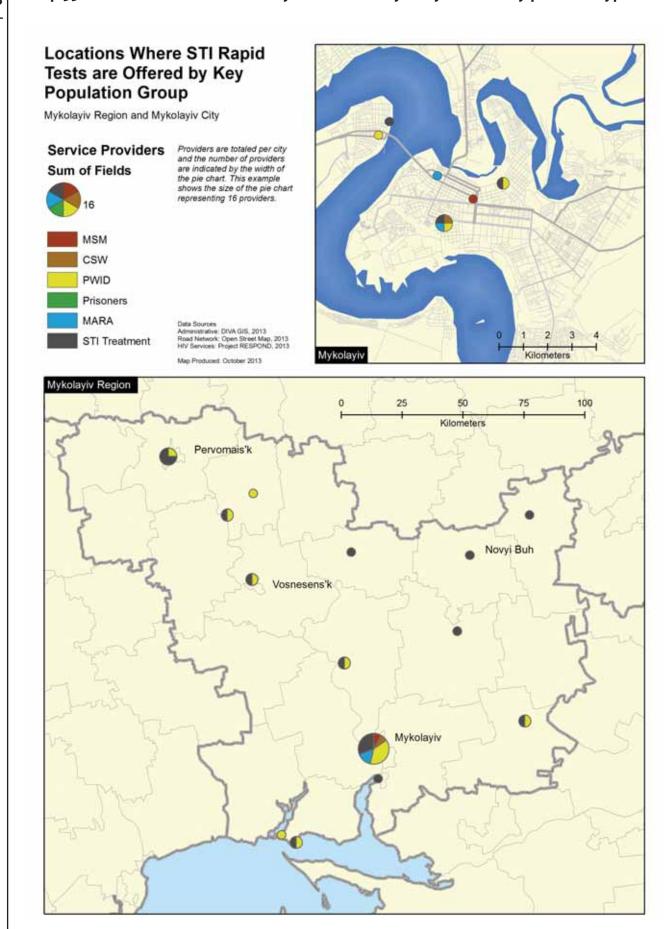
Availability of ART, OST and Trust office services was analyzed using the data collected on transportation time to ART, OST and Trust office locations in the Mykolayiv oblast. Calculations were based on the total oblast population of 1,170,000 (2011) for data entered into the GIS model for the Mykolayiv oblast.

Based on the results of spatial modeling, as of October 2013, approximately 84% of Mykolayiv has spatial access to those OST services offered by 11 OST sites (map 36).

There are 11 ART sites in the Mykolayiv oblast and spatial access is high (map 37). Almost the entire oblast population (86%) lives in an area from where ART sites can be reached within 60 minutes.

Availability of Trust offices is presented on map 38. Almost the entire population of the oblast (89%) can reach these offices within 60 minutes, where HCT is offered.

Since estimates do not include limitations related to the public transport schedule and road condition, the accessibility of services could actually be lower than reported.



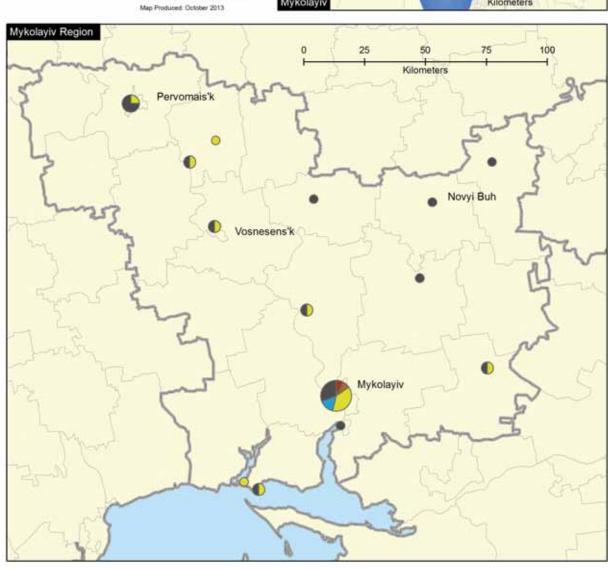
Locations Where STI Rapid Tests are Offered by Key **Population Group**

Mykolayiv Region and Mykolayiv City

STI Treatment

Providers are totaled per city and the number of providers are indicated by the width of the pie chart. This example shows the size of the pie chart representing 16 providers. Service Providers Sum of Fields MSM CSW PWID Prisoners MARA Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013





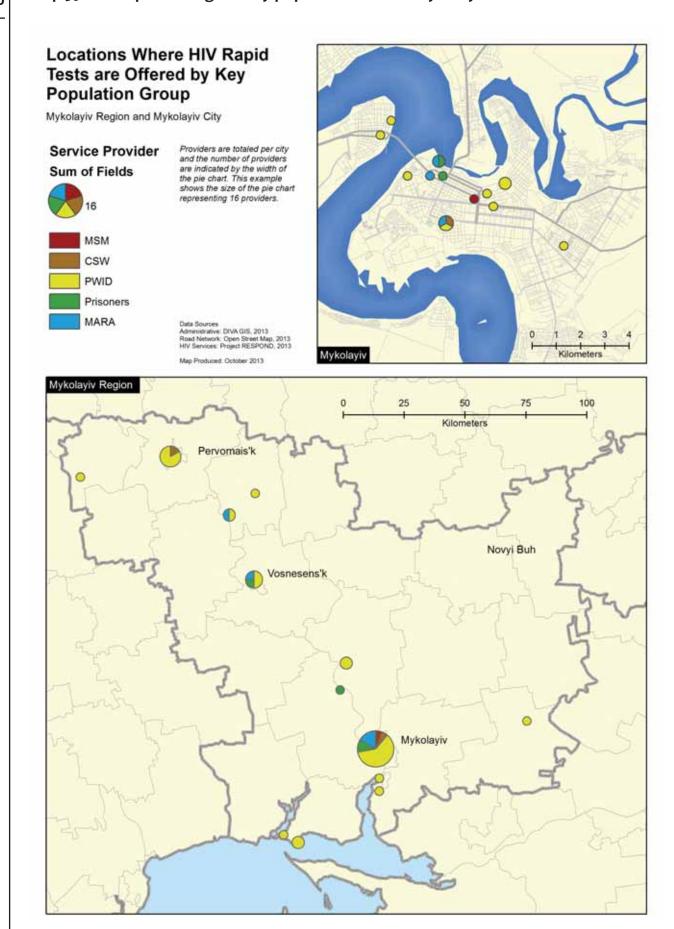


Table 5. Calculation of population size covered with OST, ART and Trust office services in the Mykolayiv oblast

Travel time to services	Population	% of the total population
OST 0-30 min.	767 728	66%
OST 30–60 min.	213 406	22%
Total for OST in the range of 0–60 min.	981 134	84%
ART 0–30 min.	754 643	65%
ART 30–60 min.	245 944	21%
Total for ART in the range of 0-60 min.	1 000 587	86%
Trust offices 0–30 min.	918 810	79%
Trust offices 30–60 min.	122 860	10%
Total for Trust offices in the range of 0-60 min.	1 041 670	89%
Oblast total population	1 169 597	100%

Services by key populations

To better understand how HIV/AIDS treatment and prevention services are delivered to key populations, these maps present services for key populations, including: harm reduction program services; condom distribution program; medical services provided by NGOs or based on referrals from NGOs; counseling services; and referrals, grouped by specific key populations.

Map 39 presents services for PWID in Mykolayiv and the Mykolayiv oblast. The map shows that prevention, care and treatment services for PWID are evenly distributed across the oblast. According to 2013 Alliance data, 6,249 PWID were covered by prevention programs, including 4,138 males and 2,111 females, which constitute almost 61% of the estimated number of PWID in the oblast. In addition, 68 sexual partners of PWID also received services. This indicates significant coverage of PWID with prevention services, but also highlights the need for further program roll-out to bridge the divide with other groups.

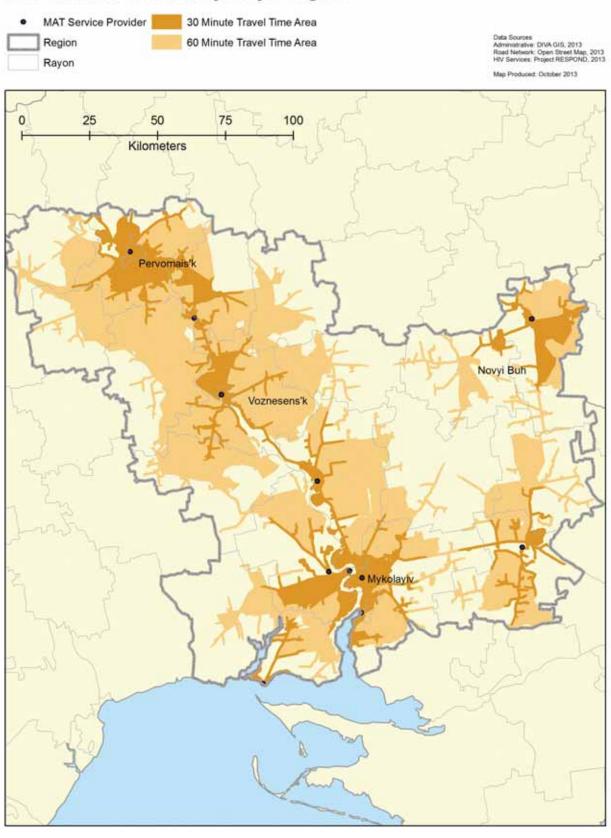
Map 40 presents services provided to SW, which are available only in Mykolayiv city, Pervomaysk city and Arbouzynka region. According to Alliance data, 3,131 SW were covered with services (85% of the estimated total number). There is no organization providing services for SW in the resort area of the oblast.

Map 41 shows services provided to MSM, which are available only in the oblast capital. Only 1,415 MSM were covered with these services in 2013, which is 44% of the estimated total number.

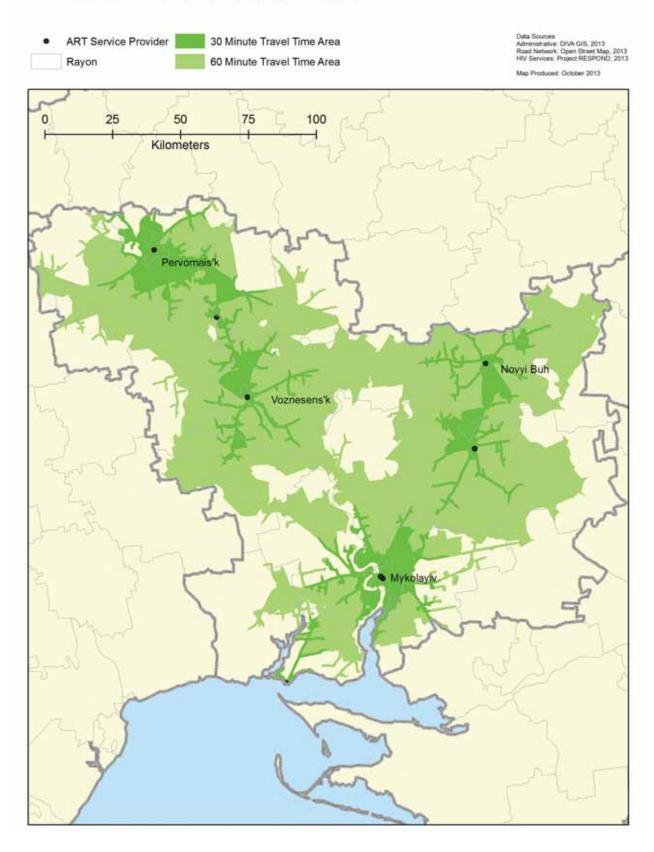
Due to the operation of social service facilities and NGOs, counseling and referral services as well as condom distribution services provided to MARA (map 42) are available in almost all regions of the oblast.

According to map 43, services for prisoners are available in the oblast capital, as well as in most regions. The specific characteristic of the oblast service providers is that in contrast to other oblasts, the majority of centers of social services and local Red Cross societies reported active engagement in the provision of services for this group. Such services are primarily for counseling as well as condom distribution and medical services. The map reflects the location of organizations that provide services for prisoners, and the availability of these services on the map should be taken as a capacity to provide services to this group of population in the oblast.

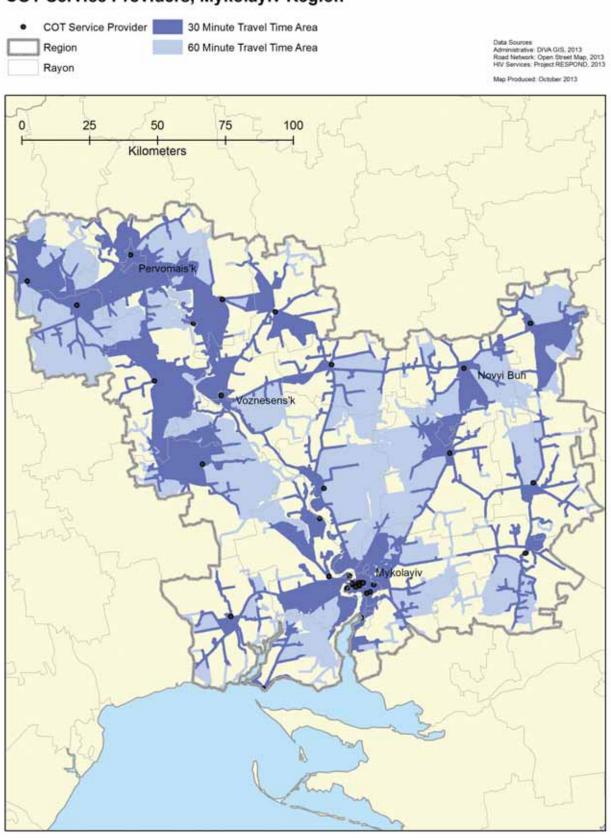
Estimated 30- and 60-Minute Travel Time Areas to MAT Service Providers, Mykolayiv Region



Estimated 30- and 60-Minute Travel Time Areas to ART Service Providers, Mykolayiv Region



Estimated 30- and 60-Minute Travel Time Areas to COT Service Providers, Mykolayiv Region



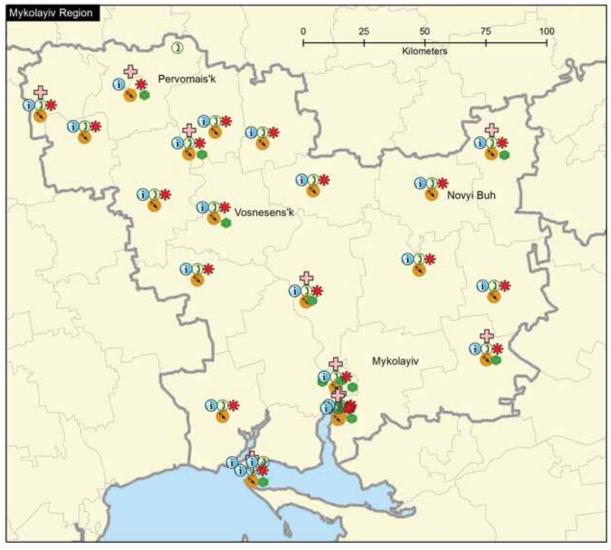
Services for People Who Inject Drugs (PWID)

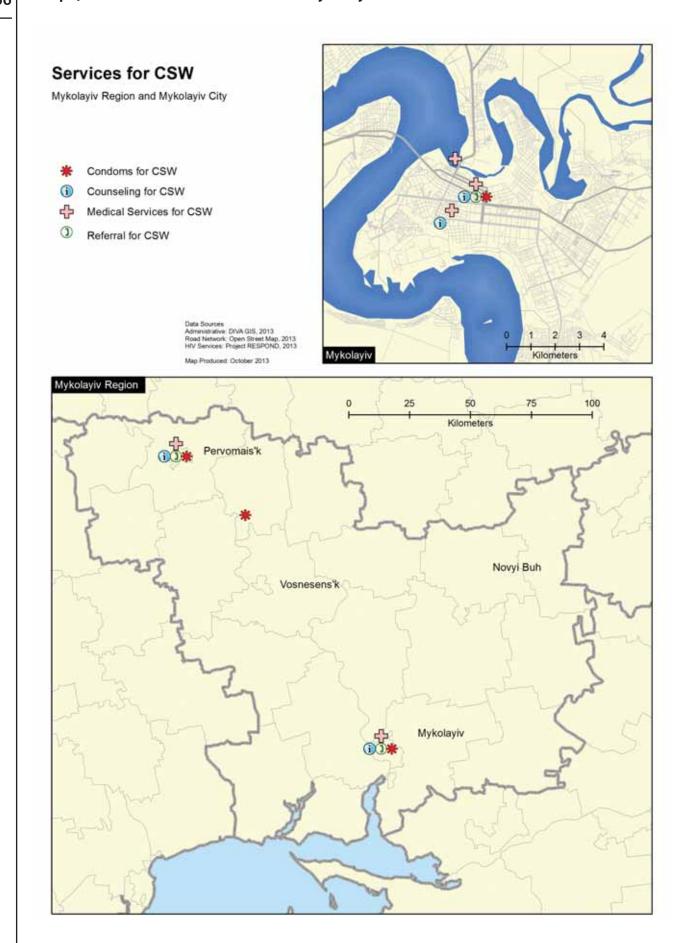
Mykolayiv Region and Mykolayiv City

- * Condoms for PWID
- (i) Counseling for PWID
- Medical Services for PWID
- Referral for PWID
- Syringe Exchange
- MAT Service Provider

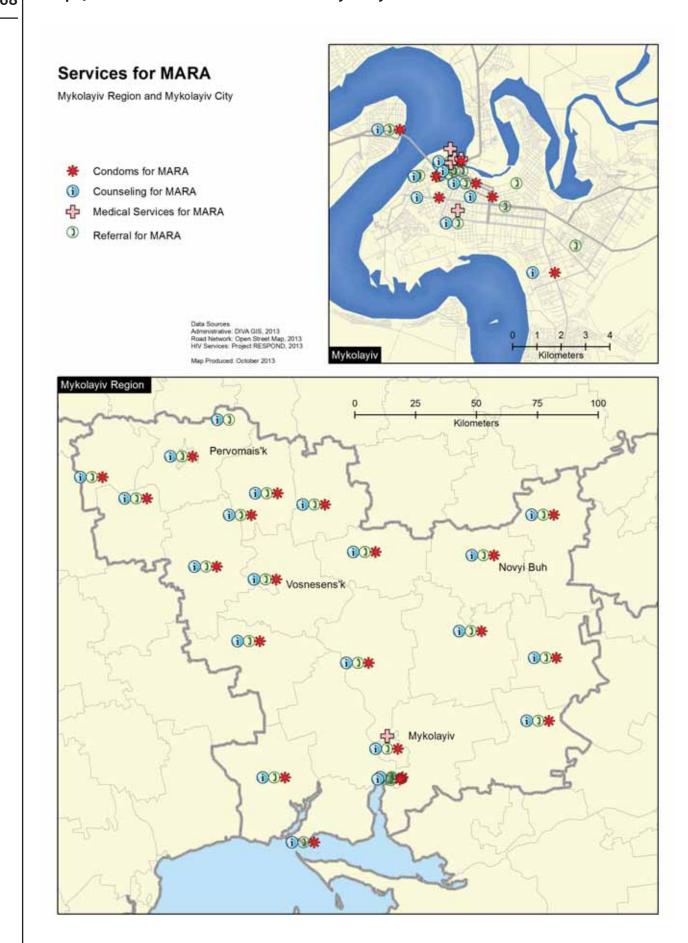
Data Sources
Administrative: DIVA GIS, 2013
Road Network: Depo Street Map, 2013
HIV Services: Project RESPOND, 2013
Map Produced: October 2013







Services for MSM Mykolayiv Region and Mykolayiv City Condoms for MSM Counseling for MSM Medical Services for MSM Referral for MSM Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013 Mykolayiv Map Produced: October 2013 Mykolayiv Region 100 Kilometers Pervomais'k Novyi Buh Vosnesens'k Mykolayiv



Services for Prisoners

Mykolayiv Region and Mykolayiv City

Prison

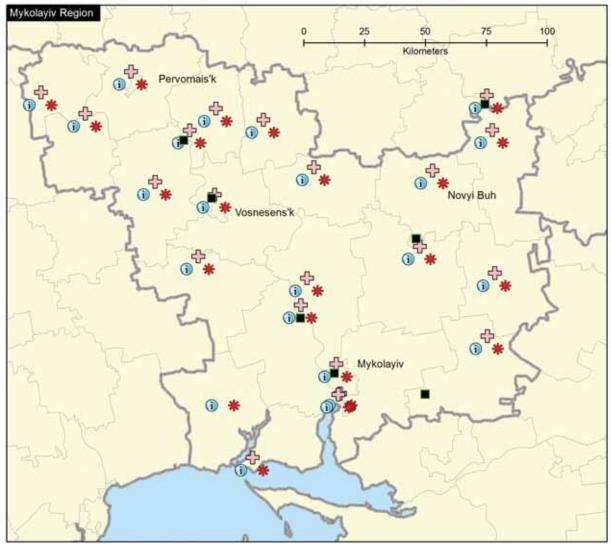
* Condoms for Prisoners

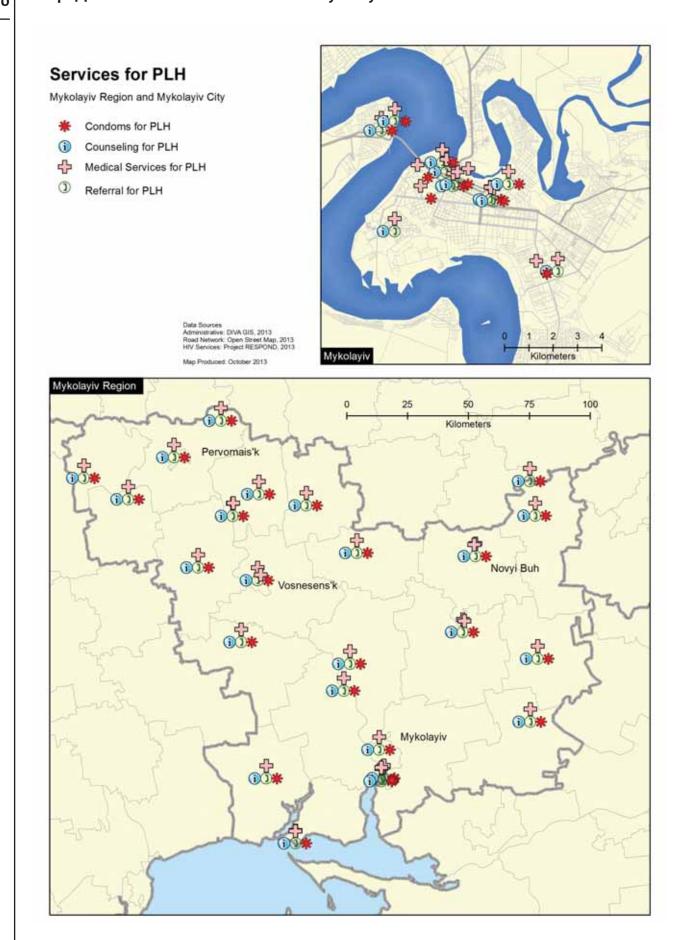
Counseling for Prisoners

Medical Services for Prisoners

Data Sources
Administrative: DIVA GIS, 2013
Road Network: Dopen Street Map, 2013
HIV Senrices: Project RESPOND, 2013
Map Produced: October 2013







Services for PLHIV (map 44) are available in almost all raions of the oblast. Meanwhile, according to the Network data, care and support services reached 4,211 PLHIV (59% of all registered PLHIV) in 2013.

Accessibility of HIV testing services is limited on the oblast level, moreover, such services are available only for PWID.

Conclusions

The mapping results for the Mykolayiv oblast suggest availability of most HIV prevention, OST, ART services for key populations. Most of the services are widely present in the oblast for PWID, MARA and prisoners and PLHIV.

The results of mapping suggest a conclusion that the accessibility of most HIV prevention, care and treatment services for key populations are widely present in the oblast for PWID, MARA and prisoners and PLHIV. Most of the services are provided at both oblast capital level and at decentralized raion and town level.

The Mykolayiv oblast has a strong network of services provided by NGOs and social service providers. The network of services for PWID is widespread; however, it needs further expansion. Services for SW and MSM are available mainly in the oblast capital, but overall coverage of these key populations is high: 85% of SW and 44% of MSM were reached with prevention services in 2013.

Availability of OST, ART and HCT services for the population in the oblast is substantial: more than 84% of the population can reach these sites within 60 min. However, road conditions and public transport schedules were not incorporated in the estimated travel times, which can affect the travel time to these service sites.

The Mykolayiv oblast has one of the most extensive networks of service providers for key populations, and may serve as a model for the development of HIV services in other oblasts. Further steps for service integration and extension of the network of services in raions that do not have sufficient supply of services for certain key populations should be considered to increase the accessibility of services.

Section 4. Odesa oblast

Background

As of January 1, 2014 the population of the region was 2,396,500.

The urban population accounts for 1,603,800 (66.9%) and the rural population 792,700 (33.1%).

The administrative structure includes 26 regions and 7 oblast cities.



Epidemiological situation

As of January 1, 2014, 16,400 PLHIV were under surveillance in the Odesa oblast (prevalence is 687.6 per 100,000 population), including 3,004 people with AIDS (prevalence is 125.9 per 100,000 population)¹³.

In 2013, there was a considerable increase in the number of newly registered infections in the oblast compared to the previous years (2,751 new infections, 19.3% increase in 2013 following 10.5% increase in 2012).

In recent years, there has been a steady upward trend in the number of infections among those aged over 30 and a decrease among those aged 15-24 (from 15% in 2008 to 8.9% in 2013). Since 2005, HIV sexual transmission has been the predominant mode of transmission. In 2013, HIV sexual transmission dominated (62.3%) compared to intravenous (21.5%).

In 2013, the incidence rate detected by primary screening among candidates for blood donors was 0.32%, and 0.79% among pregnant women, one of the highest indicators among all regions of Ukraine.

As of January 1, 2014, 5,142 individuals in the oblast received ART. Only 217 PWID were on OST, of whom 55.3% are PLHIV, and 57.5% of OST clients are on ART. The intersection of PWID who are OST clients and also HIV positive indicates the necessity to integrate these services on one site that will increase the accessibility of the services for this group.

The estimated and approved numbers of key populations in the Odesa oblast¹⁴ are as follows: 20,000 PWID (10,000 in Odesa city), 7,000 SWs (5,000 in Odesa city) and 8,000 MSM (5,000 in Odesa city). In the Odesa oblast, approved estimated data on PWID and MSM are understated. For further calculations estimated data recommended by the National M&E Group were used (31,400 PWID and 15,400 MSM) [14].

¹³ Hereinafter, data from newsletter #41 "HIV in Ukraine" were used. .

¹⁴ Estimated numbers of key populations were approved by the Oblast TB and HIV Council (resolution #1 as of 03.29.2012).

Maps of geographical representation of services by types of facilities/ service providers

Based on the results of field data collection, interviews were conducted with 32 service providers in Odesa city and other administrative units of the oblast in March, 2013 and 180 service delivery sites were identified in the oblast as a whole.

Map 45 shows service delivery sites by service provider type: health facilities (45 sites), social services (52 sites) and NGOs (83 sites). The Odesa oblast has a rather dense network of organizations but most NGOs operate at the oblast capital level.

HIV/STI rapid testing services

Map 46 demonstrates the location of STI services where rapid tests for STI diagnosis are available and STI clinics which were mentioned by NGOs as client referral partners. Most of these services are available in the city of Odesa; PWID can also access them in some raions of the oblast. These STI testing and treatment services are most often not co-located. In service sites that provide testing for PWID and SW, it is necessary to analyze the results of key population coverage with such services throughout the year.

HIV rapid testing services (map 47) are provided similar to STI testing and are available for all key populations at the oblast capital level, as well as in a number of raions - for PWID, prisoners, MARA and SW (none for MSM).

Availability of ART, OST and Trust office services

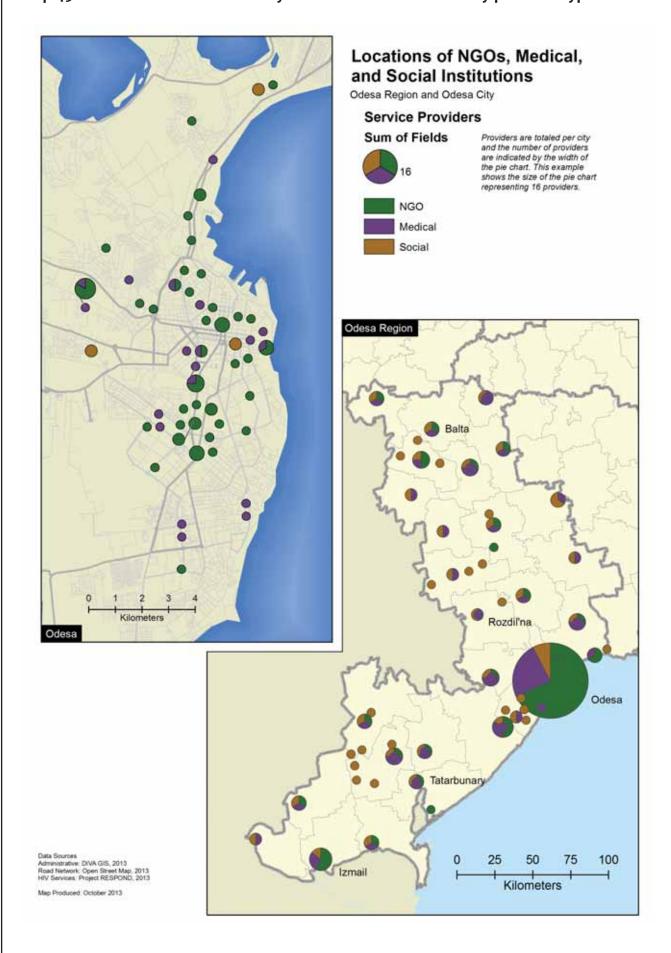
Availability of ART, OST and Trust office services was analyzed using data on time spent on travel to these sites. Calculations were based on the total population of 2,297,300 (2011 data) in the Odesa oblast.

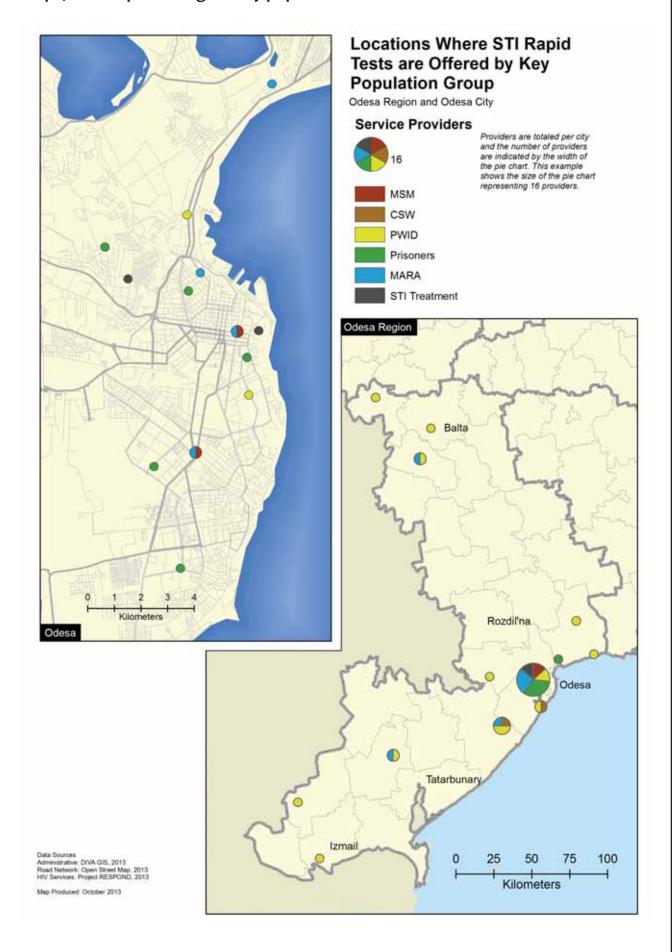
The results of spatial modeling suggest that as of October 2013, OST sites can be spatially accessed by more than half of the population of the Odesa oblast (56%), which is rather high indicator given the fact that the oblast has only 3 active OST sites (map 48).

Due to the location of the ART sites in the Odesa oblast, spatial access is high (map 49). Almost 80% of the oblast population lives in areas from where these sites can be reached within 60 minutes.

Availability of Trust offices is presented on map 50. Similar to other oblasts, almost the entire population (94%) can reach these offices within 60 minutes.

Since estimates do not include limitations related to the public transport schedule and road condition, the actual accessibility of services could be lower.





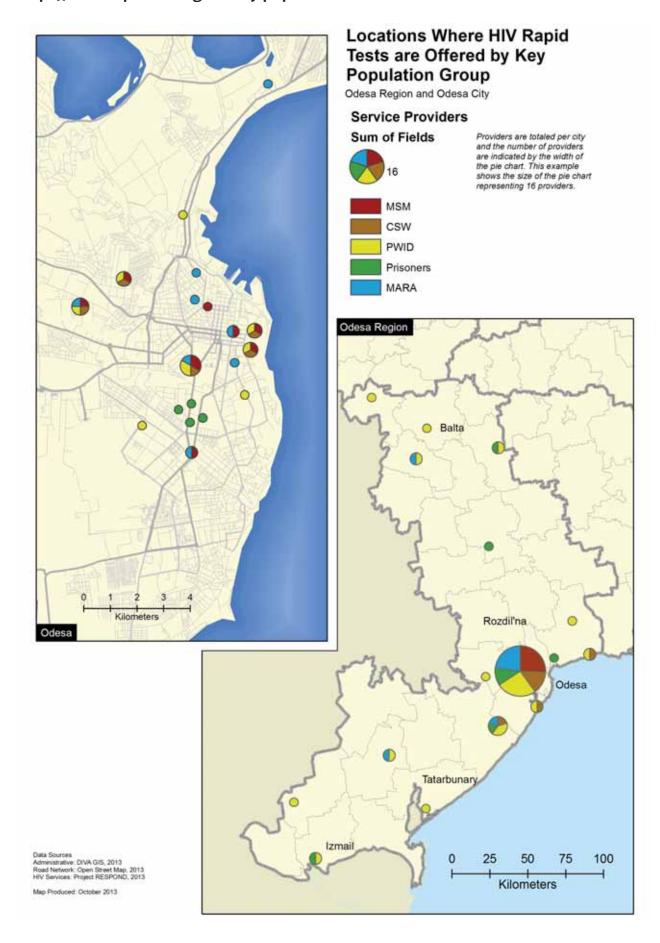


Table 6. Calculations of population size covered with OST, ART and Trust office services in the Odesa oblast

Travel time to services	Population	% of the total population	
OST 0-30 min.	889,597	39%	
OST 30-60 min.	396,437 17%		
Total for OST in the range of 0–60 min.	1,286,034	56%	
ART 0–30 min.	1,340,997	58%	
ART 30–60 min.	469,460	21%	
Total for ART in the range of 0-60 min.	1,810,457	79%	
Trust offices 0–30 min.	1,741,437	76%	
Trust offices 30–60 min.	419,226	18%	
Total for Trust offices in the range of 0-60 min.	2,160,663	94%	
Oblast total population	2,297,317	100%	

Services by key populations

To understand how HIV/AIDS treatment and prevention services are delivered to key populations the following maps show services grouped by specific populations and service packages: harm reduction programs, condom distribution programs, medical service provided by NGOs or based on referrals from NGOs, counseling services on various issues and referrals.

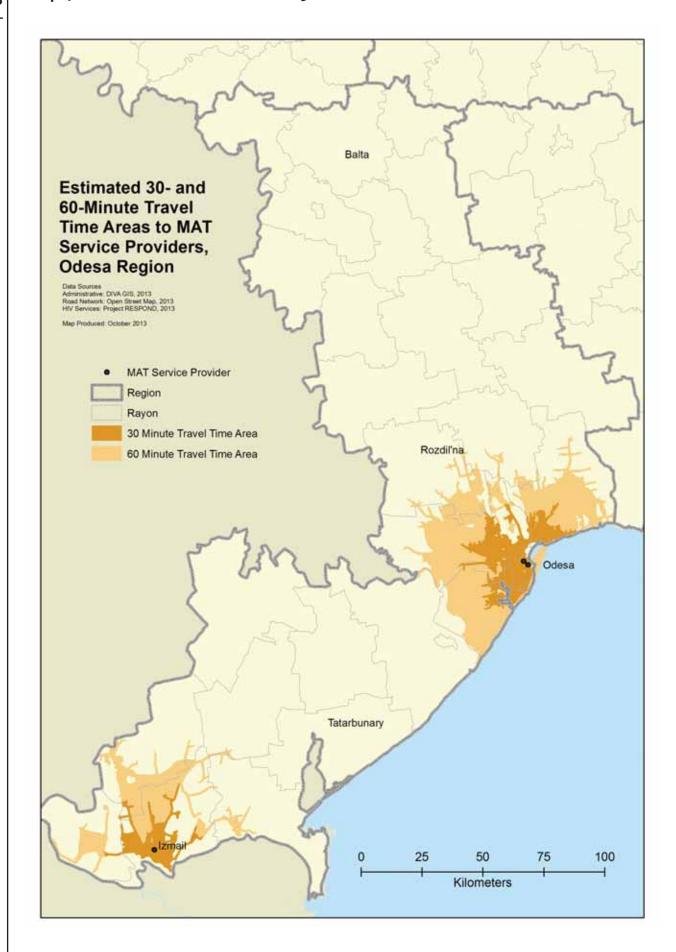
Map 51 presents services for PWID in Odesa and the Odesa oblast. One can see that services for PWID are more available in the south-western part and in the north of the Odesa oblast. According to Alliance 2013 data, 25,257 PWID were covered with prevention programs, including 17,972 males and 7,285 females, which even exceeds the estimated number of PWID of 20,000 (however, it equals to 80.5% of the initially estimated number of 31,400 PWID for the oblast). In addition, 904 sexual partners of PWID were covered with services. This indicates a high coverage of PWID with preventive services.

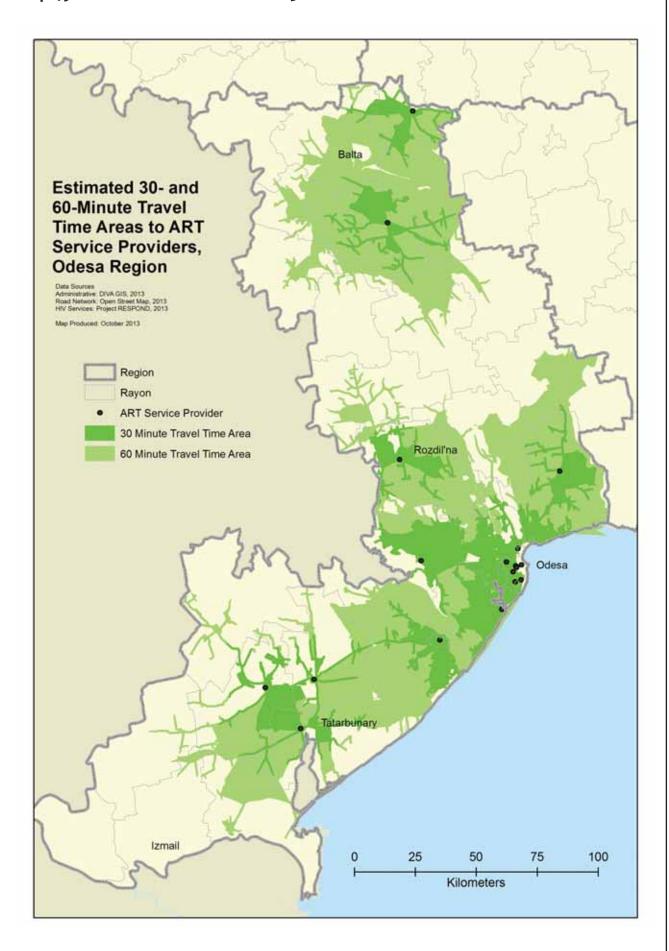
Map 52 shows services provided for SWs. It should be noted that such services (condom distribution, HIV and STI testing, medical services and referral to specialists) are mostly available in Odesa city and in resort areas south and north of the oblast capital. According to Alliance data, 5,491 SWs (78.4% of the estimated total number) received such services in 2013. There is a potential to improve access to service sites for SW in the oblast resort area.

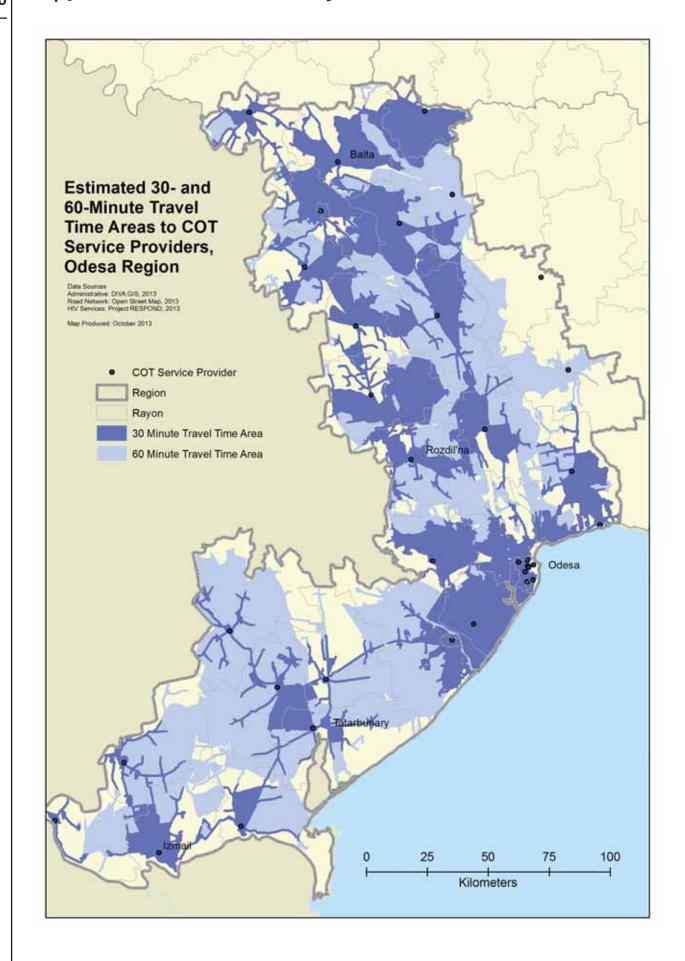
Map 53 presents services provided to MSM, including condom distribution, HIV and STI testing, medical services and referral to specialists, which are available at the oblast capital level but are not accessible outside of Odesa city. In 2013, only 1,943 MSM received such services in Odesa city, which is around 12.6% of the recommended estimated number of MSM.

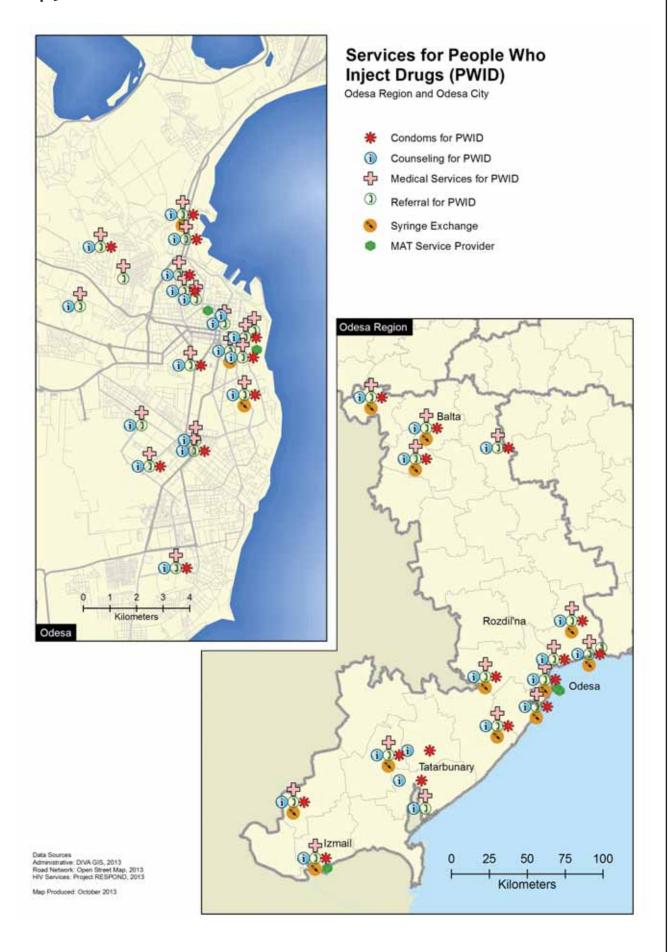
As for services provided for MARA (map 54), thanks to the operation of social service facilities and NGOs, counselling and referral services for MARA are available in almost all raions of the oblast. Condom distribution services are less accessible and are provided only in Odesa city, Kotovsk, Kominternivske and Artsyzk raions.

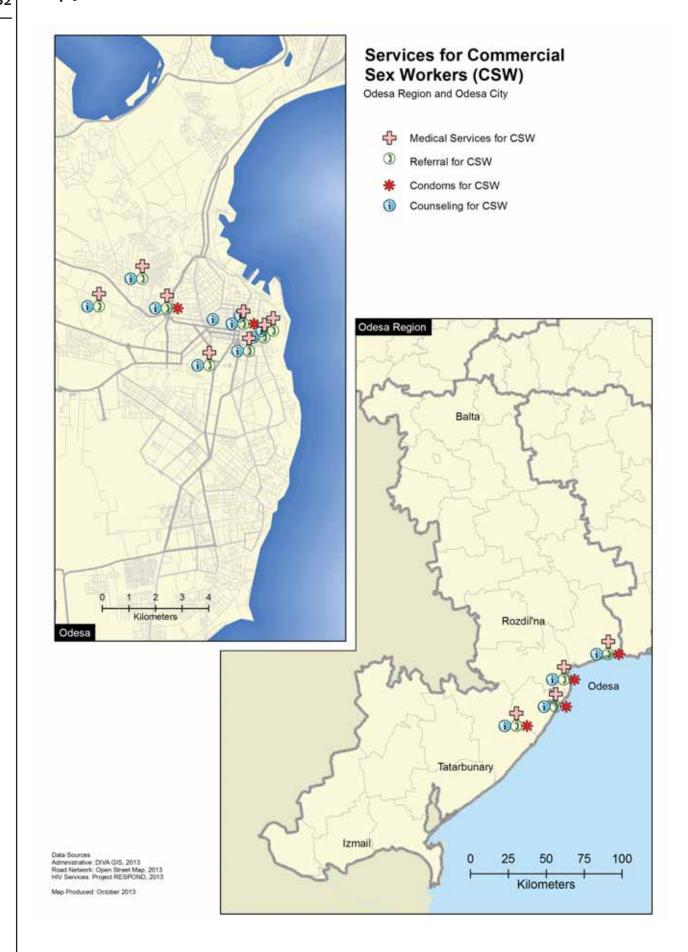
According to map 55, counseling, condom distribution and some medical services for prisoners are mostly available at the oblast capital level and in some raions.

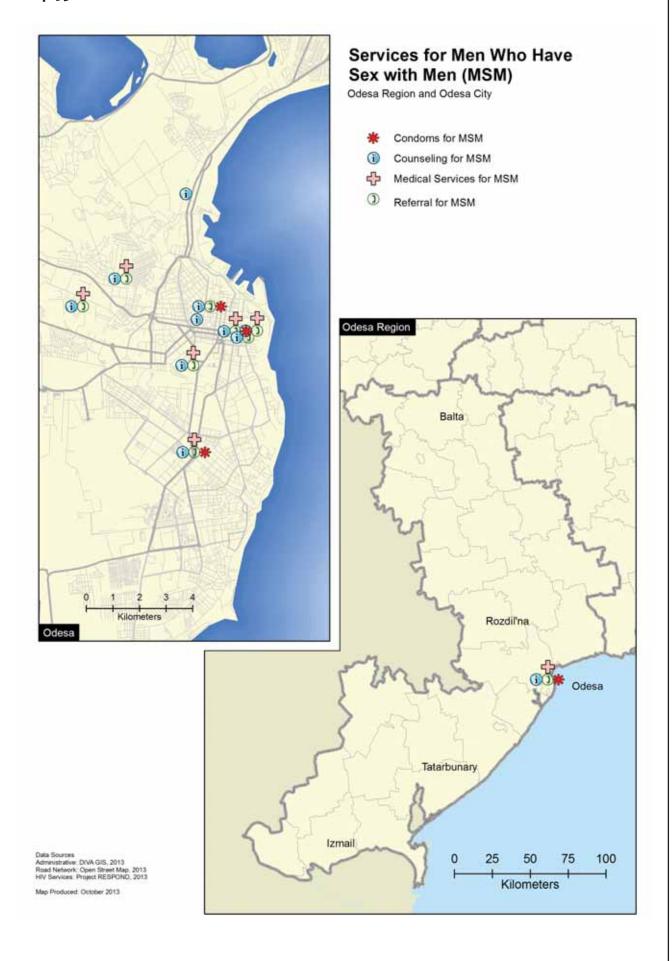


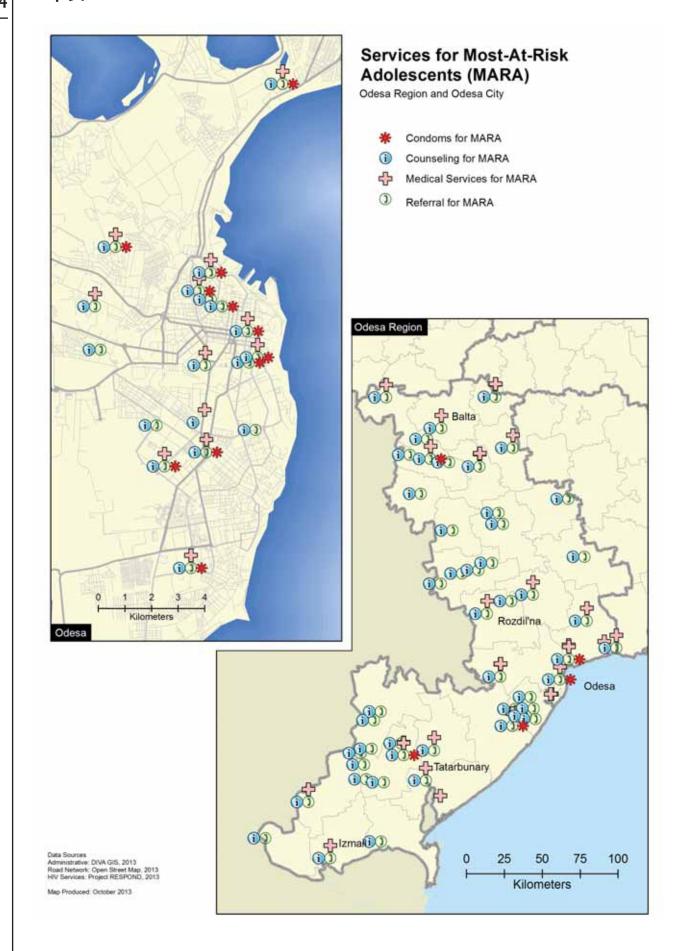


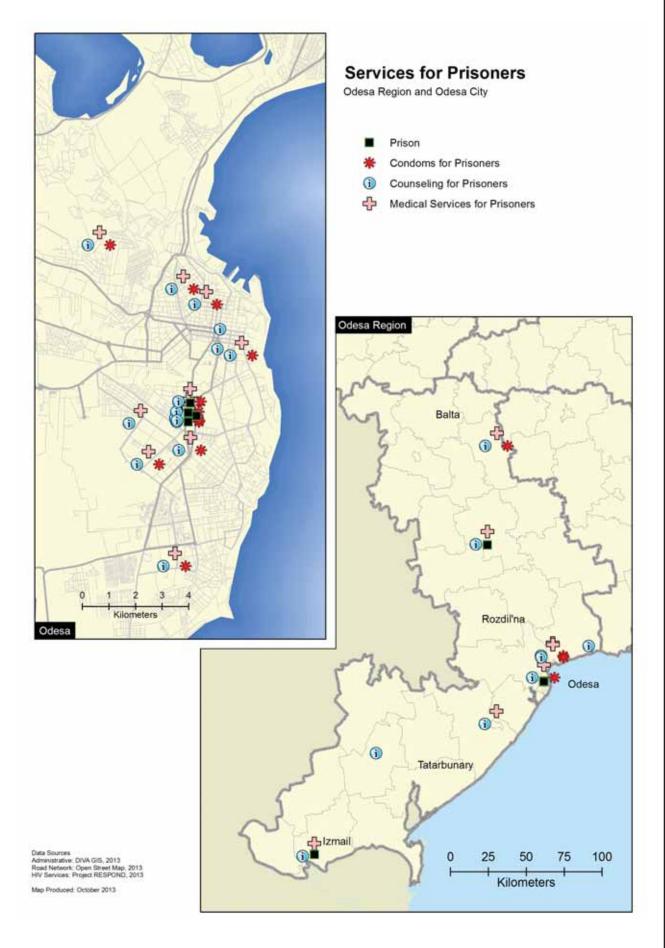


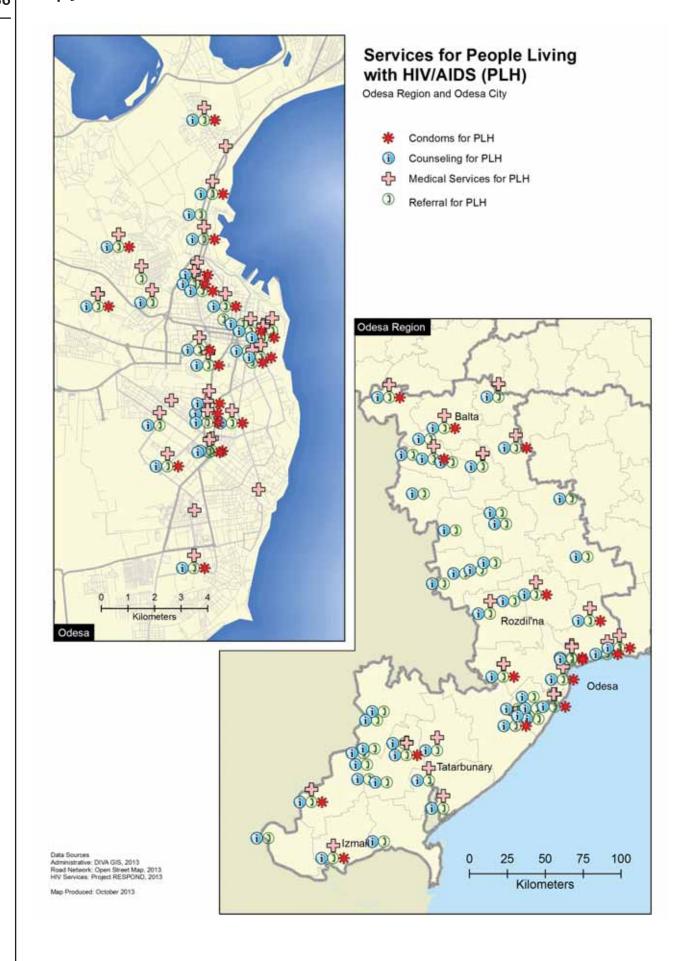












Services for PLHIV (map 56) are available at the oblast and city level. In raions of oblast services for PLHIV are rather dense but in many raions they are limited to counselling and referral to other professional services. Moreover, PLHIV coverage with services remains below 60%. According to the Network data, in 2013 care and support services were provided to 10,438 PLHIV (63.6% of all registered PLHIV).

Services by key populations

To understand how HIV/AIDS treatment and prevention services are delivered to key populations the following maps show services grouped by specific populations and service packages: harm reduction programs, condom distribution programs, medical service provided by NGOs or based on referrals from NGOs, counseling services on various issues and referrals.

Map 51 presents services for PWID in Odesa and the Odesa oblast. One can see that services for PWID are more available in the south-western part and in the north of the Odesa oblast. According to Alliance 2013 data, 25,257 PWID were covered with prevention programs, including 17,972 males and 7,285 females, which even exceeds the estimated number of PWID of 20,000 (however, it equals to 80.5% of the initially estimated number of 31,400 PWID for the oblast). In addition, 904 sexual partners of PWID were covered with services. This indicates a high coverage of PWID with preventive services.

Map 52 shows services provided for SWs. It should be noted that such services (condom distribution, HIV and STI testing, medical services and referral to specialists) are mostly available in Odesa city and in resort areas south and north of the oblast capital. According to Alliance data, 5,491 SWs (78.4% of the estimated total number) received such services in 2013. There is a potential to improve access to service sites for SW in the oblast resort area.

Map 53 presents services provided to MSM, including condom distribution, HIV and STI testing, medical services and referral to specialists, which are available at the oblast capital level but are not accessible outside of Odesa city. In 2013, only 1,943 MSM received such services in Odesa city, which is around 12.6% of the recommended estimated number of MSM.

As for services provided for MARA (map 54), thanks to the operation of social service facilities and NGOs, counselling and referral services for MARA are available in almost all raions of the oblast. Condom distribution services are less accessible and are provided only in Odesa city, Kotovsk, Kominternivske and Artsyzk raions.

According to map 55, counseling, condom distribution and some medical services for prisoners are mostly available at the oblast capital level and in some raions.

Services for PLHIV (map 56) are available at the oblast and city level. In raions of oblast services for PLHIV are rather dense but in many raions they are limited to counselling and referral to other professional services. Moreover, PLHIV coverage with services remains below 60%. According to the Network data, in 2013 care and support services were provided to 10,438 PLHIV (63.6% of all registered PLHIV).

Section 5. Chernihiv oblast

Background

As of January 1, 2014, the oblast population was 1,066,800.

The urban population accounted for 682,000 (63.9%) and the rural population 384,800 (36.1%).

The administrative structure includes 22 raions and 3 oblast cities.



Epidemiological situation

As of January 1, 2014, 2,922 PLHIV were under surveillance in the Chernihiv oblast (prevalence is 275.8 per 100,000 population), including 501 people with AIDS (prevalence is 47.3 per 100,000 population).

In some areas of the oblast HIV prevalence is much higher than the oblast average (cities of Prylouky, Chernihiv; raions - Shchors, Talalayivka, Kozelets, Novhorod-Siverskyi and Pryluky).

In 2013, the number of newly registered infections in the oblast remained stable compared to previous year (510 new infections, 1% increase).

In 2013, 66.8% of new HIV infections were registered and enrolled in a follow-up care, which is an improvement from previous years. Of all those enrolled in follow-up care, HIV was diagnosed within the same year in only 46%. The largest number of HIV infections is registered among the oblast urban population (76%).

In 2013, reported cases of HIV infection included 52% males and 48% females. In recent years there has been a steady upward trend in the number of infections among those aged over 30 (from 53% in 2008 to 71% in 2013) and a decrease among those aged 15-24 (from 18% in 2008 to 6.3% in 2013).

Since 2008 sexual transmission of HIV has begun to dominate. Sexual HIV transmission became the leading cause of transmission among both males (52%) and females (87%). The total number of newly registered HIV infections due to sexual transmission has reached 54%.

In 2013, nearly 110,000 people received laboratory screening services, which is 10% of the oblast population. More than 19,000 representatives of key populations were screened (17% of all screened), and 764 HIV-positive cases were detected (prevalence 0.74%). The prevalence among candidates for blood donors was 0.14% in 2013. In 2013, the HIV prevalence rate among pregnant women was 0.49%.

As of January 1, 2014, 1,101 individuals in the oblast received ART. As of January 1, 2014, 104 PWID were on OST, of whom 68.2% are PLHIV, and 22.5% are on ART.

¹⁵ Hereinafter, data from newsletter #7 "HIV in the Chernihiv oblast", 2013, and newsletter #41 "HIV in Ukraine", 2014, are used.

The estimated numbers of key populations in the Chernihiv oblast¹⁶ are as follows: 5,850 PWID (3,050 in Chernihiv city), 1,050 SWs and 1,850 MSM (800 in Chernihiv city) [14].

Maps of geographical representation of services by types of facilities/ service providers

Based on the results of field data collection, interviews were conducted with 10 service providers in Chernihiv city and other administrative units of the oblast in July 2013, and 78 service delivery sites were identified in the oblast as a whole.

Map 57 shows service delivery sites by types of service providers: healthcare facilities (32 sites), social services (28 sites) and NGOs (18 sites). It should be noted that health and social service facilities exist in all raions of the oblast, but NGOs are mostly concentrated in Chernihiv city.

HIV/STI rapid testing services

Map 58 presents the location of STI services where rapid tests for STI diagnosis are available and STI clinics mentioned by NGOs as client referral partners. The map does not show STI diagnosis and treatment services provided by raion and city hospitals, since key populations often do not seek such services in hospitals.

Map 60 shows the sites of rapid testing provided by NGOs. Thus, PWID can receive HIV rapid testing only at 2 sites in Chernihiv city, and at one site for SW in Horodnia raion.

Availability of ART, OST and Trust office services

Availability of ART, OST and Trust office services was analyzed using data on travel time to ART, OST sites and Trust offices in the Chernihiv oblast. Calculations were based on the total population of 1,187,000 in the Chernihiv oblast.

The results of spatial modelling suggest that less than two-thirds of the population of the Chernihiv oblast has spatial access to OST services (61%). The oblast has only three active sites (map 60).

With only two ART sites in the Chernihiv oblast, spatial access is limited (map 61). Less than half of the population (47%) lives in areas from which these ART sites can be reached within 60 minutes.

Trust offices in the Chernihiv oblast provide the widest coverage of services (map 62). Almost the entire population (94%) lives in areas from which these offices can be reached within 60 minutes because there are more than 30 of them in the oblast in total.

Since estimates do not include limitations related to the public transport schedule and road condition, the actual accessibility of services could be lower.

¹⁶ Estimated numbers of key populations was approved by the Oblast TB and HIV Council (resolution #2 as of 05.28.2012).

Locations of NGOs, Medical, and Social Institutions Chernigiv Region and Chernigiv City Service Providers Providers are totaled per city and the number of providers are indicated by the width of the pie chart. This example shows the size of the pie chart representing 16 providers. Sum of Fields NGO Medical Social Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013 Chernigiv Map Produced: October 2013 Chernigiv Region 25 75 50 100 Kilometers Chernigiv

Pryluky

Locations Where STI Rapid Tests are Offered by Key Population Group

Chernigiv Region and Chernigiv City

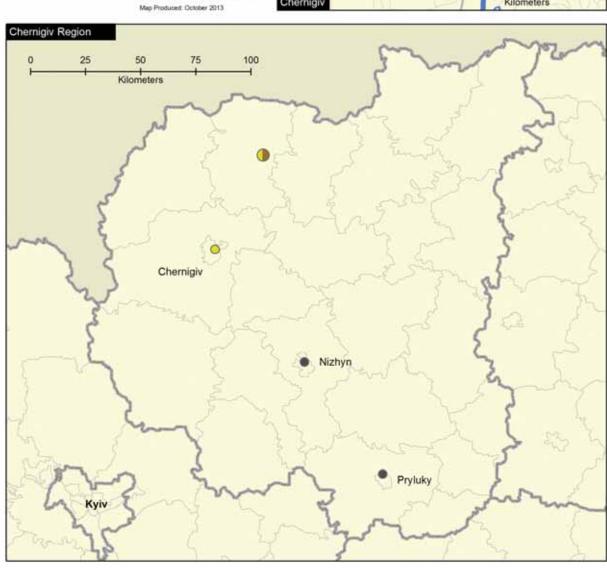
Service Provider Sum of Fields 16 Providers are totaled per city and the number of providers are indicated by the width of the pie chart. This example shows the size of the pie chart representing 16 providers.

PWID
Prisoners

MARA
STI Treatment

Data Sources
Administrative: DIVA GIS, 2013
Road Network: Open Street Map, 2013
HIV Services: Project RESPOND, 2013





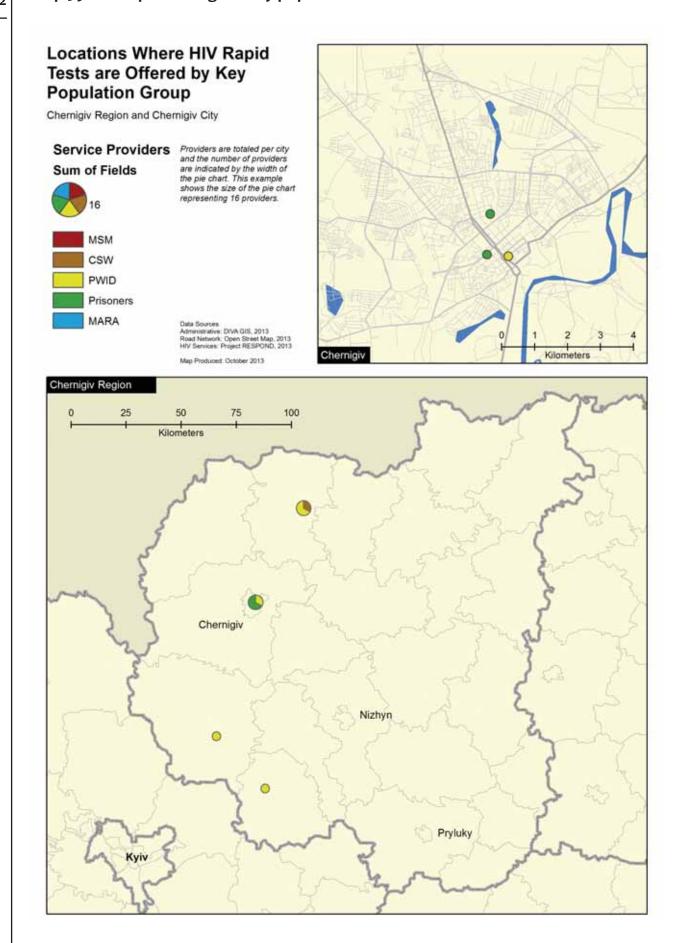


Table 7. Calculation of population size covered with OST, ART and Trust office services in the Chernihiv oblast

Travel time to services	Population	% of the total population	
OST 0-30 min.	484,535	41%	
OST 30-60 min.	245,631	20%	
Total for OST in the range of 0–60 min.	730,166	61%	
ART 0–30 min.	390,743	33%	
ART 30–60 min.	168,875	13%	
Total for ART in the range of 0–60 min.	559,618	47%	
Trust offices 0–30 min.	847,070	71%	
Trust offices 30–60 min.	263,218	23%	
Total for Trust offices in the range of 0–60 min.	1,110,287	94%	
Oblast total population	1,187,412	100.0%	

Services by key populations

To understand how HIV/AIDS treatment and prevention services are delivered to key populations, the following maps show services grouped by specific populations and service packages: harm reduction programs, condom distribution programs, medical service provided by NGOs or based on referrals from NGOs, counseling services on various issues and referrals.

Map 63 presents services for PWID in Chernihiv and the Chernihiv oblast. One can see that counseling services for PWID are fully available in all raions and in many organizations at municipal level. Needle exchange programs are accessible only in some raions (Horodnia, Kozelets, Bobrovytsia and Korop), as well as in 2 sites in Chernihiv city. Condom distribution programs are less accessible; they exist only in Chernihiv city, Kozelets and Bobrovytsia raions. NGOs refer their clients to the oblast capital and the town of Horodnia to receive medical services. According to Alliance 2013 data, 1,548 PWID were covered with prevention programs, including 1,143 males and 405 females, which is 29% of the estimated number of PWID. In addition, 108 sexual partners of PWID were covered with services. This suggests an insufficient coverage of this key population with prevention services and requires further program expansion.

Map 64 shows services provided for SW. It should be noted that such services are accessible only in the Horodnia raion of the Chernihiv oblast, and, according to Alliance data, only 76 SW (7.2% of the estimated number) received such services.

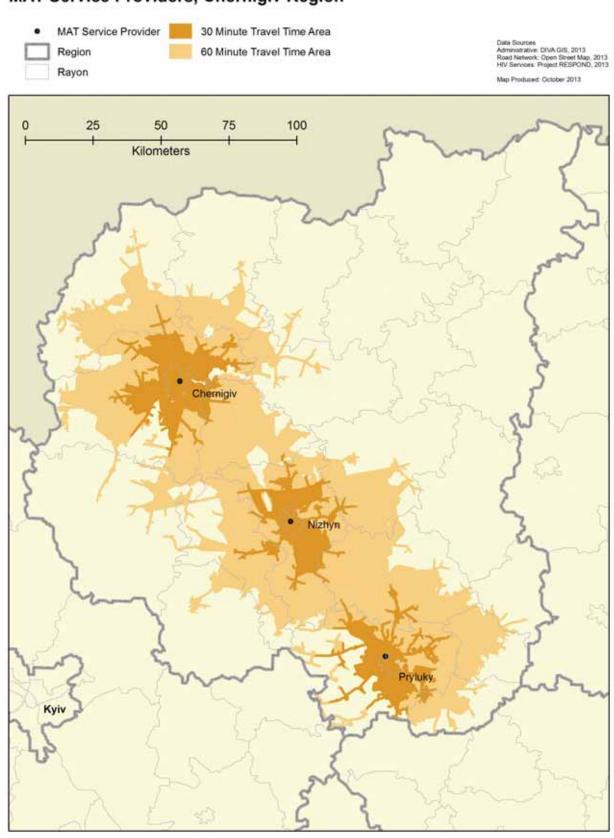
According to map 65, services for prisoners and ex-prisoners (primarily counselling) are available only at the oblast capital level.

Services for PLHIV (map 66) are somewhat more available. Counseling and medical services are available in all the raions of the oblast. In Chernihiv city, condom distribution services are available as well. Despite the apparent physical availability of care and support services for PLHIV in all raions of oblast, according to 2013 Network data, services were provided to 1,283 PLHIV (only 44% of all registered PLHIV).

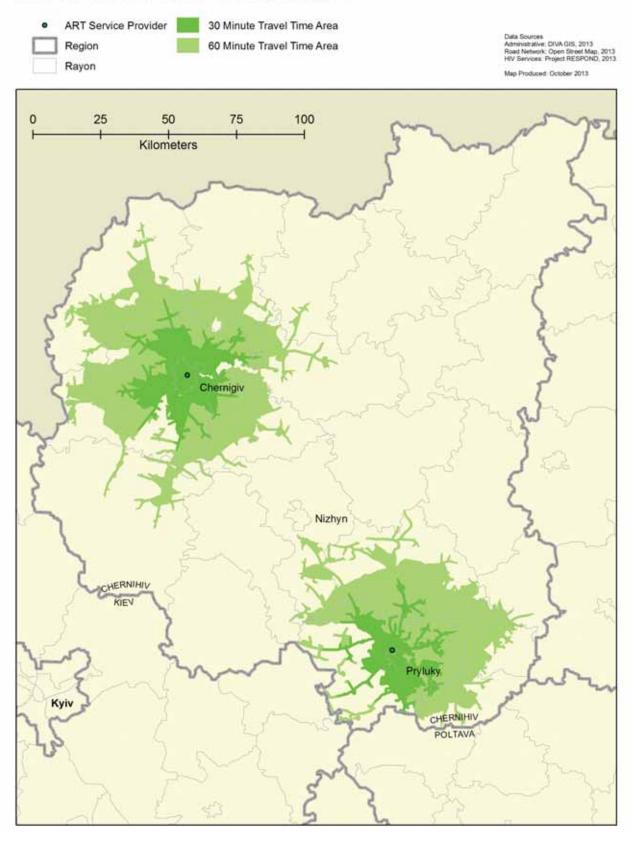
It should be noted that prevention services for MSM were unavailable at the oblast level at the time of the mapping¹⁷.

¹⁷ In 2013, the RESPOND Project supported the piloting of services, specifically an HIV prevention behavioral intervention for MSM in Chernigiv city.

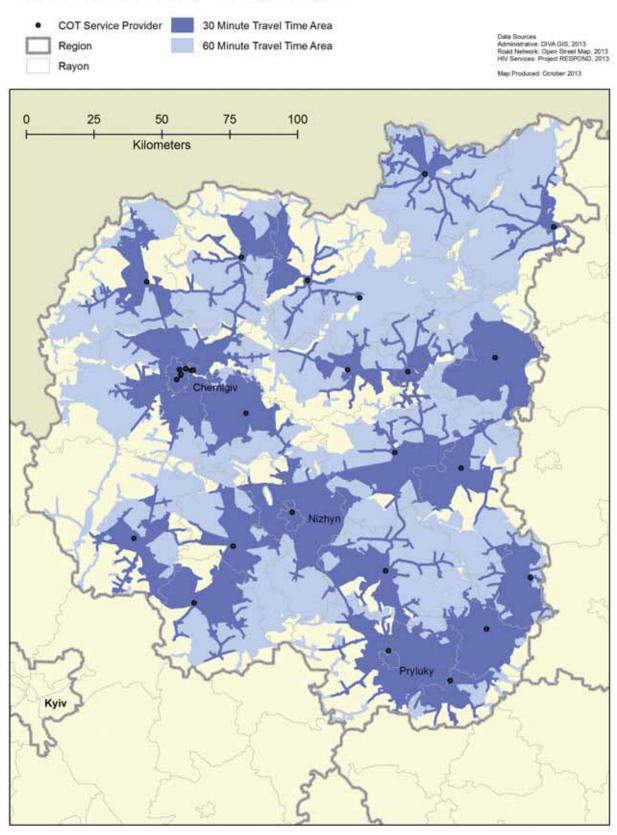
Estimated 30- and 60-Minute Travel Time Areas to MAT Service Providers, Chernigiv Region



Estimated 30- and 60-Minute Travel Time Areas to ART Service Providers, Chernigiv Region



Estimated 30- and 60-Minute Travel Time Areas to COT Service Providers, Chernigiv Region

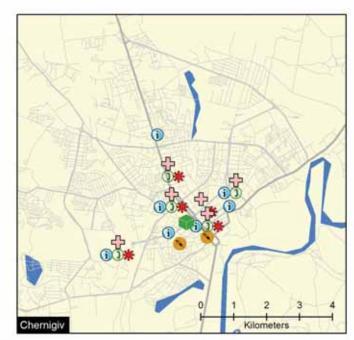


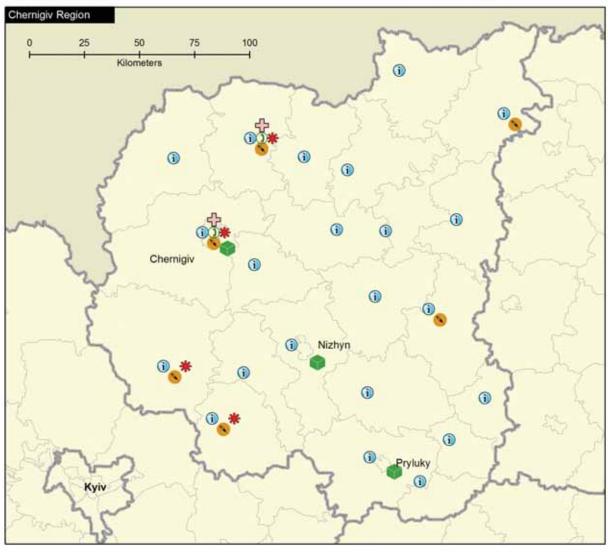
Services for People Who Inject Drugs (PWID)

Chernigiv Region and Chernigiv City

- MAT Service Provider
- ① Referral for PWID
- Medical Services for PWID
- Syringe Exchange
- (i) Counseling for PWID
- * Condoms for PWID

Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013





Services for CSW Chernigiv Region and Chernigiv City Legend Condoms for CSW Counseling for CSW Medical Services for CSW Referral for CSW ta Sources ministrative: DIVA GIS, 2013 ad Network: Open Street Map, 2013 / Services: Project RESPOND, 2013 Chemigiv Map Produced: October 2013 Chernigiv Region 75 100 Kilometers Chernigiv

Pryluky

Services for People Who Inject Drugs (PWID)

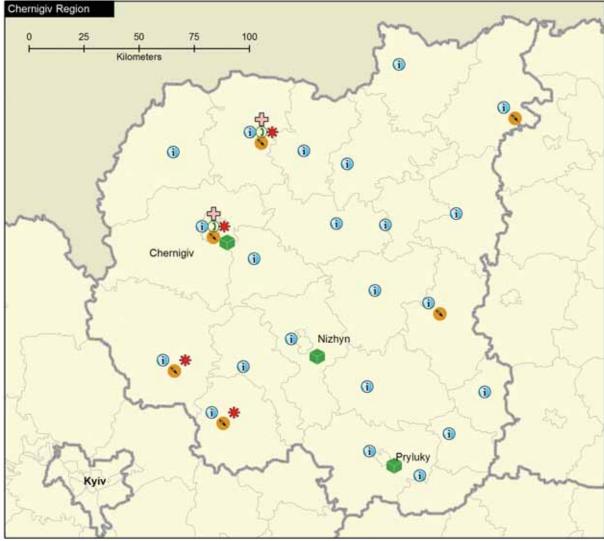
Chernigiv Region and Chernigiv City

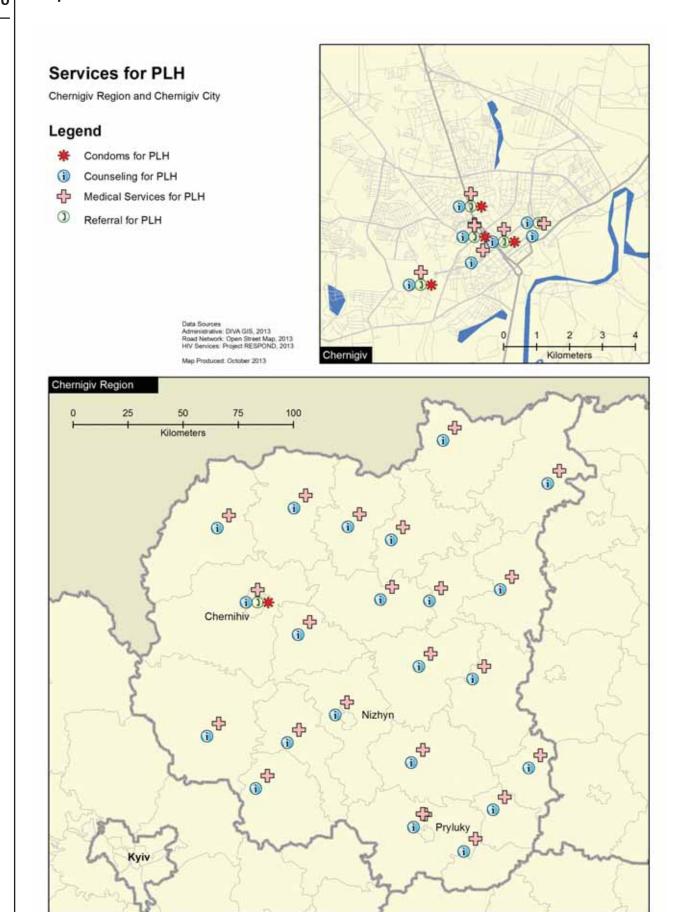
- MAT Service Provider
- 1 Referral for PWID
- Medical Services for PWID

Condoms for PWID

- Syringe Exchange
- (i) Counseling for PWID

orces trative: DIVA GIS, 2013 etwork: Open Street Map, 2013 vices: Project RESPOND, 2013 Chernigiv Kilometers Map Produced: October 2013





Conclusions

According to the mapping results, there is limited availability of most services for key populations, including HIV prevention, ART and OST, in the Chernihiv oblast. Most of the services are concentrated at the oblast capital level, which leaves a considerable portion of the population, including key populations, outside availability of target services.

Although Trust office services are available for the oblast population, access to ART and OST services is still limited with only 3 sites providing each type of service.

Availability of services for PWID and SWs is insufficient. Services for PWID are only available at the oblast capital level and at some sites in the oblast, and for SW only in one oblast raion. Overall coverage of these key populations is low: only 26% of PWID and 7.2% of SWs. MSM had no access to prevention services at the time of mapping.

Potentially, the whole oblast territory can be covered with care and support services for PLHIV but the total PLHIV coverage in 2013 did not exceed 44%. Trust offices and social service centers have great reach throughout the oblasts and raions and if they provide essential HIV services, this could greatly expand service availability.

Although Trust office services are geographically available for the oblast population, access to ART and OST services is still limited. In particular, the reason for the low accessibility of services is the availability of only 3 sites providing each type of service. This should be seen as a need for further strengthening of the service network.

Maps of availability of ART, OST and HCT services at Trust offices in five oblasts

The following maps (maps 67-69) present the availability of ART, OST, HIV counselling and testing services on the basis of Trust offices within the country. The maps provide a sense of the development of infrastructure for providing said services and their availability.

Maps were constructed using spatial modeling, according to the principles used for constructing maps on availability of ART, OST and Trust offices for separate oblasts. The intensity of color on the maps demonstrate from where service provider sites can be reached within 30 minutes (more intense colors) and within 60 minutes (lighter colors). White areas mean that resident population would spend more than 60 minutes to reach these services.

In addition, maps do not take into account the road conditions or traffic patterns which may affect the estimated travel time.

Comparison of accessibility of ART, OST and HCT on the basis of Trust offices (table 8) indicates that HCT service is the most accessible: about 90% of population lives within the range of 60 minutes in all five oblasts. As for ART services, the population of Dnipropetrovsk oblast has the widest access to sites -92%, while the share of population in Chernigiv and Lviv oblasts with access to ART is only 50%. Accessibility of OST is higher in Chernigiv oblast (61%) and low in Odesa oblast (56%)

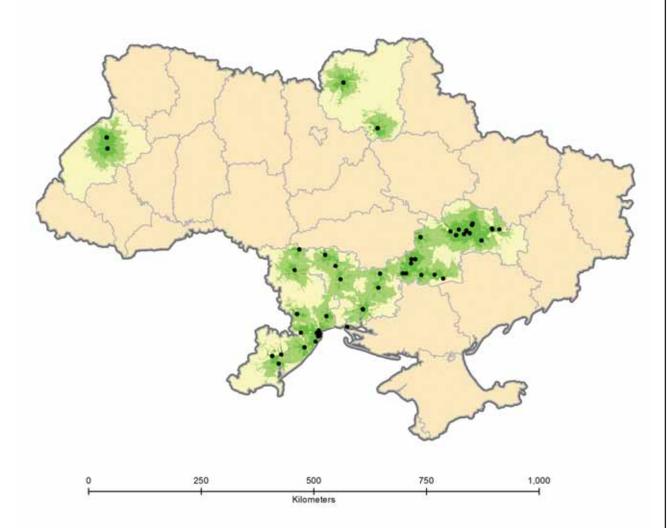
Table 8. Comparison of accessibility of ART, OST and HIV counselling and testing on the basis of Trust offices

Services/access time	Percent of total population in oblast					
	Dnipropetrovsk	Lviv	Mykolayiv	Odesa	Chernigiv	
OST in the range of 0-60 min.	91%	85%	84%	56%	61%	
ART in the range of 0–60 min.	92%	56%	86%	79%	47%	
Trust offices in the range of 0–60 min.	97%	98%	89%	94%	94%	

Estimated 30- and 60-Minute Travel Time Areas to ART Service Providers

Chernihiv, Dnipropetrovs'k, L'viv, Mykolayiv and Odesa Regions



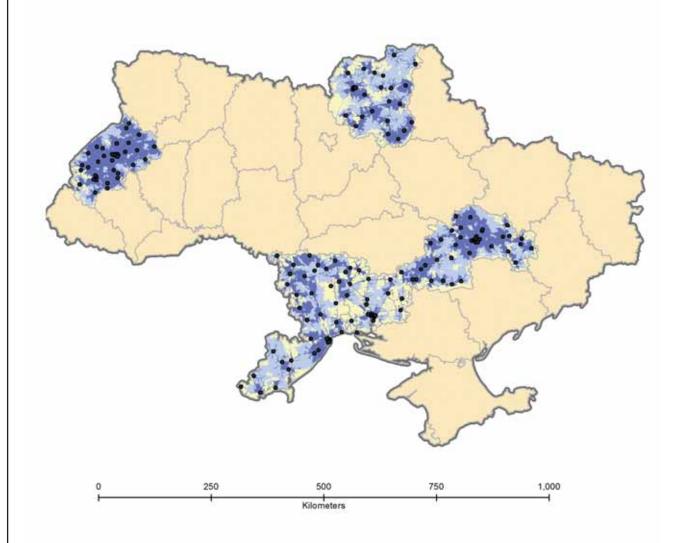


Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013

Estimated 30- and 60-Minute Travel Time Areas to Centers of Trust

Chernihiv, Dnipropetrovs'k, L'viv, Mykolayiv and Odesa Regions

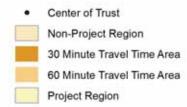


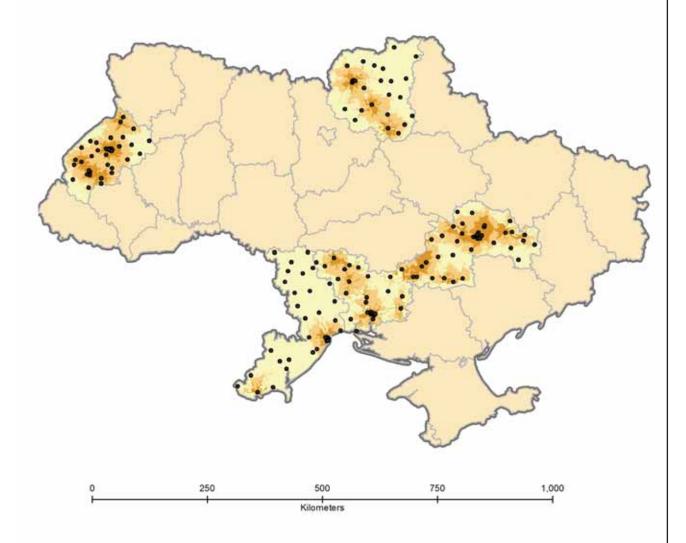


Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013

Estimated 30- and 60-Minute Travel Time Areas to MAT Service Providers

Chernihiv, Dnipropetrovs'k, L'viv, Mykolayiv and Odesa Regions





Data Sources Administrative: DIVA GIS, 2013 Road Network: Open Street Map, 2013 HIV Services: Project RESPOND, 2013

General Conclusions and Recommendations

The primary objective of this service mapping in five oblasts by Project RESPOND is to identify the geographic availability of HIV/AIDS services for key populations, including PWID, CSWs, and MSM.

The main conclusion is that SWs, PWID and MSM (key populations at risk of HIV in Ukraine) have limited access to prevention or treatment. This problem is particularly serious in regions outside oblast capitals. An urgent task is to create a network of services and decentralize them at the raion level.

The existing networks of social and health facilities are only partially involved in the provision of services, especially outside of oblast capitals, however, there is potential to engage existing service delivery sites/services, such as Centers of Trust, as active service providers.

As for the package and integrated provision of services, services are often provided only partially if compared with a list of recommended services. In addition, some services are provided by numerous partners while other basic services are almost or totally lacking. It is also important to note that services are rarely co-located. Based on the analysis of maps of the spatial accessibility, further decentralization of OST and ART is necessary.

The results of this service mapping provide valuable information for informed decision-making by policy leaders and program implementers. These data should be used for program planning, including plans for service scale up within each region. Furthermore, repeated mapping exercises would be useful in monitoring how scale-up of services has been responsive to population needs. Regional workshops should be held with key stakeholders to discuss findings from the service mapping, identify gaps and priorities, and plan informed responses to improve availability of services.

Additional studies and analysis would add value to the service mapping results — one example would be to generate size estimates and mapping of PWID, CSW, and MSM populations and overlay those data with the service availability data. This analysis would enable more precise information on service coverage. In addition to this, mapping of service uptake data would also allow for more informed program planning to ensure that services and commodities are available where there is highest demand. Advocacy should be conducted at regional levels to support and participate in further studies to enhance the value of the information obtained through this service mapping.

The next round of service mapping is planned for 2015, and its results will be an additional tool to analyze changes in the availability of services for key populations.

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Annex 1

Core/recommended services by key population and guiding documents

Key	Title of the guide	Organizations	Key/Recommended services
population group	Title of the guide	Organizations	Rey/Recommended services
PWID	Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for PWID (2012)	WHO,UNODC, UNAIDS	 Needle and syringe programmes (NSPs). Opioid substitution therapy (OST) and other evidence-based drug dependence treatment. HIV testing and counseling (HCT). Antiretroviral therapy (ART). Prevention and treatment of sexually transmitted infections (STIs). Condom programmes for PWID and their sexual partners. Targeted information, education and communication (IEC) for PWID and their sexual partners. Prevention, vaccination, diagnosis and treatment for viral hepatitis. Prevention, diagnosis and treatment of tuberculosis (TB)
SW	Core Components of a Minimum Package of Services for HIV Prevention with Sex Workers (2009)	Centers for Disease Control and Prevention (CDC), the President's Emergency Plan For AIDS Relief (PEPFAR)	 Peer education and outreach. Condoms and lubricants. STI screening and treatment. HIV counseling and testing. HIV care and treatment. Access to other health/social services (reproductive health, family planning, PMTCT, post-exposure prophylaxis (PEP), substance abuse treatment, legal/psychological support)
MSM	Technical Guidance on Combination HIV Prevention (2011)	The President's Emergency Plan For AIDS Relief (PEPFAR)	 Community-based outreach. Distribution of condoms and condom-compatible lubricants. HIV counseling and testing. Active linkage to health care and antiretroviral treatment (ART). Targeted IEC activities. Sexually transmitted infection (STI) prevention, screening and treatment.
MARA	Most-at-risk adolescents: the evidence base for strengthening the HIV response in Ukraine (2008)	UNICEF/ Ukraine	1. Information and counseling. 2. Education on condom use. 3. Harm reduction. 4. STI diagnosis, treatment and care. 5. HIV diagnosis, treatment and care

Key population group	Title of the guide	Organizations	Key/Recommended services
Prisoners	HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions (2012)	UNODC, ILO, UNDP	 Information, education and communication. HIV testing and counselling. Treatment, care and support. Tuberculosis prevention, diagnosis and treatment. Prevention of mother-to-child transmission of HIV. Condom programmes. Prevention and treatment of sexually transmitted diseases. Prevention of sexual violence. Drug dependence treatment. Needle and syringe programmes. Vaccination, diagnosis and treatment of viral hepatitis. Post-exposure prophylaxis. Prevention of transmission through medical or dental services. Prevention of transmission through tattooing, piercing and other forms of skin penetration. Protecting staff from occupational hazards.
PLHIV	Essential prevention and care interventions for adults and adolescents living with HIV in resource-limited settings (2008), subset	WHO	 Protecting stail from occupational nazards. Psychosocial counselling and support. Disclosure, partner notification, testing and counselling. Co-trimoxazole prophylaxis. Tuberculosis (TB). STI and other infections. Selected vaccine preventable diseases (hepatitis-B vaccines). Nutrition. Family planning. Preventing mother-to-child transmission of HIV. Assessment of risky behaviors
All populations	Ministry of Social Policy, Order No 537 dated 09.03.2012, standard healthcare services related to HIV prevention	Government of Ukraine	 HCT. Mental care. Family planning. STI screening, diagnostics and treatment. TB screening, diagnostics and treatment. Hepatitis screening, diagnostics and treatment. Social services. Legal advice. Care. Services from the list of services for people in difficult life conditions. Other services

Annex 2

List of services for collecting information from providers

MSM	Services in GF standard service packages	Point No.
Service category		ID
Community-based outreach and		
services	Peer-to-peer counseling	MSM_A2
	Group and individual counseling by a psychologist	MSM_A3
Distribution of condoms and	Distribution of condoms/femidoms and lubricants	MSM_B1
lubricants	Distribution of femidoms	MSM_B2
HIV counseling and testing	Pretest counseling	MSM_C1
	Rapid testing and posttest counseling	MSM_C2
	Referral for testing (List the organizations to which referral is made)	MSM_C3
Facilitated access to healthcare	Consultation of an urologist and proctologist	MSM_D1
services and antiretroviral treatment	Diagnosis of hepatitis B and C	MSM_D2
(ART)	Distribution of common medicines	MSM_D3
	Referral to medical specialists (<i>List the organizations to which referral is made</i>)	MSM_D4
Targeted information, education	Mentorship	MSM_E1
and communication	Counseling on safe sexual practices	MSM_E2
	Information and prevention leisure time, including parties aimed at promotion of safe sexual behavior among MSM	MSM_E3
	Online counseling (through social networking)	MSM_E4
Prevention, diagnosis and treatment	STI rapid tests	MSM_F1
of sexually transmitted infections	STI diagnosis and treatment	MSM_F2
(STIs)	Referral to STI specialist (List the organization to which referral is made)	MSM_F3
Other services	Consultation of lawyers	MSM_G1
	Organization of clients' leisure time	MSM_G2
	Basic household services	MSM_G3
	Other	MSM_G4

SW	Services in GF standard service packages	Point No.
Service category		ID
Community-based outreach and	Peer-to-peer counseling	SW_A1
services	Online counselling	SW_A2
Distribution of condoms and	Distribution of condoms/femidoms and lubricants	SW_B1
lubricants	Training programs on how to use femidoms	SW_B2
HIV counseling and testing	Pretest counseling	SW_C1
	Rapid testing and posttest counseling	SW_C2
	Referral for testing (List the organizations to which referral is made)	SW_C3
Access to other health/social	Consultation of a gynecologist	SW_D1
services, if necessary (reproductive	Consultation of a drug rehabilitation specialist	SW_D2
health, family planning, PMTCT, post-exposure prophylaxis (PEP),	Consultation of a TB doctor	SW_D3
dependences, legal/psychological	Consultation of an STI doctor	SW_D4
support)	STI rapid tests	SW_D5
	Consultation of a psychologist	SW_D6
	Distribution of pregnancy tests	SW_D7
	Distribution of antiseptics	SW_D8
	Distribution of common medicines	SW_D9
	Diagnosis of hepatitis B and C	SW_D10
	Referral to medical specialists (List the organizations to which referral is made)	SW_D11
	Prevention of violence against SWs	SW_D12
	Consultation of a lawyer	SW_D13
	Referral to legal specialists (List the organizations to which referral is made)	SW_D14
Other services	Organization of clients' leisure time	SW_E1
	Consultation of a social worker	SW_E2
	Basis household services	SW_E3
	Professional training and employment	SW_E4
	Daycare centers for children	SW_E5
	Beauty counselor and hairdresser services	SW_E6
	Other	SW_E8

PWID	Services in GF standard service packages	Point No.
Service category		ID
Syringe and needle programs	Distribution and exchange of syringes	PWID_A1
	Exchange of syringe through pharmacies	PWID_A3
	Structured secondary syringe exchange	PWID_A4
	Distribution of alcohol tissues/antiseptics	PWID_A5

PWID	Services in GF standard service packages	Point No.
Service category		ID
Opioid substitution therapy	Consultation on drug use treatment	PWID_B1
(OST) and other types of drug use	Overdose prevention	PWID_B2
treatment	Referral to OST specialists (List the organizations to which referral is made)	PWID_B3
	Detox	PWID_B4
	OST services	PWID_B5
	Social support and OST adherence	PWID_B6
	Short psychosocial interventions	PWID_B7
	Peer-to-peer support programs (12 steps)	PWID_B8
HIV counseling and testing	Pretest counseling	PWID_C1
	Rapid testing and post-test counseling	PWID_C2
	Referral for testing (List the organizations to which referral is made)	PWID_C3
ART for HIV-positive PWID	Referral to AIDS centers (List the organizations to which referral is made)	PWID_D1
	Motivation and preparation of clients for ART initiation	PWID_D2
	ART and monitoring of treatment	PWID_D3
	PMTCT for female PWID and PWID partners	PWID_D4
	Social support and ART adherence	PWID_D5
Prevention, diagnosis and treatment	STI rapid tests	PWID_E1
of sexually transmitted infections	STI diagnosis and treatment	PWID_E2
(STIs)	Referral to an STI specialist (List the organizations to which referral is made)	PWID_E3
Condoms for PWID and their partners	Distribution of condoms/femidoms and lubricants	PWID_F1
Targeted information, education and communication for PWID and their	Interventions on individual behavior change at the group level for opioid users	PWID_G1
sexual partners	Short individual interventions	PWID_G2
	Counseling for PWID sexual partners	PWID_G3
Vaccination, diagnosis and treatment	Diagnosis of hepatitis B and C	PWID_H1
of hepatitis	Treatment of viral hepatitis	PWID_H2
	Referral for hepatitis services (List the organizations to which referral is made)	PWID_H3
Prevention, diagnosis and treatment	Consultation of a TB doctor	PWID_I3
of TB	TB chemoprevention	PWID_I4
	TB treatment	PWID_I5
	Referral for TB services (List the organizations to which referral is made)	PWID_I6
Community-based outreach and	Peer-to-peer counseling along the outreach route	PWID_J1
services (as a mechanism of service	Mobile ambulatory services	PWID_J2
provision)	Peer-to-peer counseling through PWID social networking	PWID_J3

PWID	Services in GF standard service packages	Point No.
Service category		ID
Other services	Consultation of a gynecologist/counseling on contraception, pregnancy planning for female PWID	PWID_K1
	Consultation of a lawyer	PWID_K2
	Distribution of common medicines	PWID_K3
	Organization of clients' leisure time	PWID_K4
	Basic household services	PWID_K5
	Professional training and employment	PWID_K6
	Daycare centers for children	PWID_K7
	Beauty counselor and hairdresser services	PWID_K8
	Other	PWID_K9

PRISONERS	Services in GF standard service packages	Point No.
Service category		ID
Information, education and communication	Volunteer counseling on HIV/AIDS/STI risk-free behavior, HIV/STI testing motivation for prisoners	PRIS_A1
	Information and education trainings for prisoners on HIV/STI/Hepatitis/TB prevention, building skills of negotiating use of condoms with a partner.	PRIS_A2
	Peer-to-peer counseling through self-support groups	PRIS_A3
HIV counseling and testing	Pretest counseling and rapid testing	PRIS_B1
	Confirmation testing and counseling	PRIS_B2
	Post-test counseling	PRIS_B3
HIV/AIDS treatment, care and	Consultation of an infectious diseases specialist	PRIS_C1
support	Building adherence to ART and monitoring of ARV consumption	PRIS_C2
	Consumables for ARV therapy, food packages	PRIS_C3
Prevention, diagnosis and treatment of TB	Consultation of a TB doctor	PRIS_D1
	Building adherence to and monitoring of TB treatment	PRIS_D2
Prevention of mother-to-child HIV	Consultation of a gynecologist on PMTCT	PRIS_E1
transmission (PMTCT)	ARVs	PRIS_E2
	Milk formula	PRIS_E3
	Food packages	PRIS_E4
Condoms	Distribution of condoms	PRIS_F1
Prevention, diagnosis and treatment	Counseling on STI issues	PRIS_G1
of sexually transmitted infections (STIs)	STI rapid tests	PRIS_G2
(3113)	STI diagnosis and treatment	PRIS_G3
Prevention of sexual violence	Prevention of sexual violence	PRIS_H1
Treatment of drug use	Treatment of drug use	PRIS_I1
Syringe programs	Distribution and exchange of syringes and needles	PRIS_J1
	Distribution of antiseptics	PRIS_J2
Vaccination, diagnosis and treatment	Diagnosis and treatment of hepatitis B and C	PRIS_K1
of hepatitis	Hepatitis B vaccination	PRIS_K2

PRISONERS	Services in GF standard service packages	Point No.
Service category		ID
Post-exposure prophylaxis	PEP for victims of sexual violence and other prisoners exposed to the risk of HIV infection	PRIS_L1
Prevention of HIV transmission during medical and dentist services	Training staff on HIV transmission prevention during medical and dentist services	PRIS_M1
	Disposable materials and equipment sterilization	PRIS_M2
Prevention of HIV transmission during tattooing, piercing and	Training on HIV transmission prevention through skin injuries	PRIS_N1
through other skin injuries	Distribution of antiseptics	PRIS_N2
Staff protection against	Staff training	PRIS_O1
occupational risks	Providing staff with disposable materials, post-exposure prophylaxis	PRIS_O2
Other services	Providing humanitarian aid	PRIS_P1
	Consultation of a psychologist	PRIS_P2
	Consultation of a lawyer	PRIS_P3
	Art-therapy, sports competitions, drawings contests, performance on prevention topics	PRIS_P4
	Preparation for release from PI: referral and resocialization (<i>List the organizations to which referral is made</i>)	PRIS_P5
	6-month support after release from PI (legal support, referral to medical facilities) (<i>List the organizations to which referral is made</i>)	PRIS_P6
	Other	PRIS_P7

PLHIV	Services in GF standard service packages	Point No.
Service category		ID
Prevention, diagnosis and treatment	Consultation of a TB doctor	PLH_A1
of TB	TB diagnosis	PLH_A2
	Preventive treatment	PLH_A3
	Support and building adherence to TB treatment	PLH_A4
	TB treatment, regular medical monitoring, adverse effect control and management	PLH_A5
	Referral for TB services (List the organizations to which referral is made)	PLH_A6
Screening, diagnosis and treatment	Preventive counseling on STI and other OIs	PLH_B1
of STIs and OIs/referral	STIs and OIs diagnosis	PLH_B2
	STI and OIs treatment	PLH_B3
	Referral to medical facilities (List the organizations to which referral is made)	PLH_B4
Counseling and reproductive health/	Consultation of a gynecologist for pregnant PLHIV	PLH_C1
family planning services and referral	Prenatal care, PMTCT	PLH_C2
	Contraception counseling	PLH_C3
	Referral to reproductive health/family planning specialists (List the organizations to which referral is made)	PLH_C4

PLHIV	Services in GF standard service packages	Point No.
Service category		ID
Assessment of risky sexual behavior,	Counseling to assess clients' needs and risky behavior	PLH_D1
substance use practices	Prevention of HIV re-infection for drug users	PLH_D2
	Consultation of a drug rehabilitation specialist	PLH_D3
	Referral for substance use treatment (List the organizations to which referral is made)	PLH_D4
	Referral to other specialists (List the organizations to which referral is made)	PLH_D5
Counseling of couples/partners,	Counseling of HIV-affected families	PLH_E1
testing and counseling for safe disclosure of HIV status	Counselling on disclosure of HIV status	PLH_E2
Counseling and support of	Consultation of a gynecologist for discordant couples	PLH_F1
discordant couples	Family planning services for discordant couples	PLH_F2
Condoms	Distribution of condoms and lubricants	PLH_G1
Cross- referral among related community-based non-medical care programs and medical facilities	Referral to non-medical care programs (List the organizations to which referral is made)	PLH_H1
HIV/AIDS treatment, care and	Consultation of medical specialists on ART	PLH_I1
support	HIV diagnosis and monitoring	PLH_I2
	ART initiation	PLH_I3
	ART treatment	PLH_I4
	Adherence building programs and support	PLH_I5
	Support in OI diagnosis	PLH_I6
	Home visits by health workers	PLH_I7
	Transportation of clients with movement difficulties	PLH_I8
	Support through self-support groups	PLH_I9
	Referral to ART specialist (List the organizations to which referral is made)	PLH_I10
Other services	Distribution of sanitary packages and health products	PLH_J1
	Consultation of a psychologist	PLH_J2
	Other	PLH_J3

MARA	Services in GF standard service packages	Point No.
Service category		ID
Information and counseling	Peer-to-peer information and counselling	MARA_A1
	Information and counseling through outreach programs at schools	MARA_A2
Condoms	Distribution of condoms and lubricants	MARA_B1
Harm reduction	Harm reduction services for MARA	MARA_C1
Diagnosis and treatment of sexually	STI rapid tests	MARA_D1
transmitted infections (STIs)	STI diagnosis and treatment	MARA_D2
	Referral to an STI specialist (List the organizations to which referral is made)	MARA_D3

MARA	Services in GF standard service packages	Point No.
Service category		ID
HIV diagnosis, treatment and care	Counseling and rapid testing	MARA_E1
	Referral for HIV counseling, testing and HIV medical services (<i>List the organizations to which referral is made</i>)	MARA_E2
	Support and building adherence to ART	MARA_E3
Other services	Vaccination, diagnosis and treatment of Hepatitis	MARA_F1
	Prevention, diagnosis and treatment of TB	MARA_F2
	Social services for MARA and their families	MARA_F3
	Legal protection	MARA_F4
	Referral for other MARA services (List the organizations to which referral is made)	MARA_F5
	Other	MARA_F6

All POPULATION	Services in standard service packages	Point No.
Service category		ID
C&T	HIV counseling	ALLP_A1
	HIV testing	ALLP_A2
Mental health services	Consultation of a psychologist	ALLP_B1
	Mental support and treatment	ALLP_B2
Family planning services	Counseling on contraception	ALLP_C1
	Counseling on reproductive health	ALLP_C2
STI screening, diagnosis and	STI counseling	ALLP_D1
treatment	STI diagnosis and treatment	ALLP_D2
TB screening, diagnosis and treatment	TB counseling	ALLP_E1
	TB diagnosis and treatment	ALLP_E2
	Building adherence to TB treatmen	ALLP_E4
Screening, diagnosis and treatment of Hepatitis	Counseling on Hepatitis	ALLP_F1
	Diagnosis of hepatitis	ALLP_F2
	Treatment of hepatitis	ALLP_F3
Social services	Social support	ALLP_G1
Legal services	Consultation of a lawyer	ALLP_H1
Care	Home-based care	ALLP_I1
	Inpatient care	ALLP_I2
	Daily care	ALLP_I3
	Palliative/hospice care	ALLP_I4

All POPULATION	Services in standard service packages	Point No.
Service category		ID
Services from the list of social services for people in difficult life conditions, who cannot cope with them on their own	Living support	ALLP_J1
	Family care support	ALLP_J2
	Social adaptation	ALLP_J3
	Social integration and reintegration	ALLP_J4
	Abilitation	ALLP_J5
	Social rehabilitation	ALLP_J6
	Psychosocial rehabilitation	ALLP_J7
	Shelter	ALLP_J8
	Crisis and urgent intervention	ALLP_J9
	Counseling and assessment of needs	ALLP_J10
	Social support/nursing	ALLP_J11
	Social support at employment and at workplace	ALLP_J12
	Representation of interests	ALLP_J13
	Mediation	ALLP_J14
	Social prophylaxis	ALLP_J15
Other services	Post-exposure prophylaxis, counseling for victims of sexual violence	ALLP_K1
	Other	ALLP_K2

Annex 3

General information about service provider

Information about the service provider	Field to enter information	Comments
		Tick key populations receiving services
Date		Osw
Region		Омѕм
Name of the service provider		O PWID
Official address		Омака
Director (full name)		O Prisoners and detainees
Contact person		O PLHIV
Phone		O All populations
Service delivery point 1		Mobile ambulatory route (list of visited raions in the oblast outside the city):
Service delivery point 2		
Service delivery point 3		Outreach route(s) (list of visited raions in the oblast outside the city):
Service delivery point		

Service mapping for HIV key populations in five oblasts of Ukraine: Dnipropetrovsk, Lviv, Mykolayiv, Odesa and Chernihiv

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