



RESPOND AT A GLANCE



Figure 1

RESPOND RESULTS FRAMEWORK

FY2012-2014

GOAL To assist the **GOU and civil society** to **reduce levels of HIV transmission** among **MARPs and their sexual partners** through sustainable country-led programs

OBJECTIVE 1 Increase the quality of HIV/AIDS services targeted to MARPs and their sexual partners

OBJECTIVE 2 Strengthen the capacity of Ukrainian institutions to deliver quality HIV/AIDS services

CROSS CUTTING Engage GOU, GF, GF PRs, civil society, AIDS councils and other stakeholders to facilitate buy in/partnership and coordination

IR1.1. Strengthen the utilization of strategic information for decision making

- Conduct formative research
- Visualize strategic data
- Cultivate DDUDM & develop and disseminate SI guidelines
- Generate evidence on intervention effectiveness

IR1.2. Provide EBIs as model best practices for HIV/AIDS service delivery

- Adapt international EBIs
- Package local EBIs
- Provide IS evidence on EBIs (IS studies)
- Develop a compendium of evidence based interventions

IR1.3. Institutionalize the QI methodology in HIV/AIDS services

- Implement local QI pilots
- Scale up QI models on the regional level
- Develop QI regulatory framework with regional and national partners

IR2.1. Improve organizational and technical capacity of CSOs, public sector, PRs and other national partners

- Build regional and national networks
- Build individual CSO organizational capacity
- Build technical capacity of HIV/AIDS service providers
- Pilot Integrated health and livelihood programs
- Package and transfer project expertise to PRs

FY2015-2018

GOAL To assist the **GOU and civil society** to **reduce levels of HIV transmission** among **key populations and their sexual partners** through sustainable country-led programs

OBJECTIVE 1 Increase the quality of HIV/AIDS services targeted to key populations and their sexual partners

OBJECTIVE 2 Strengthen the capacity of Ukrainian institutions to deliver quality HIV/AIDS services

IR1.1. Enhance and document the continuum of client-centered HIV prevention, treatment, care and support services in priority regions

- Regional HIV service cascades in priority regions are improved
- NGO-based services for key populations are improved as part of the continuum of care
- Linkages for key populations and their sexual partners between health facilities and NGOs are enhanced

IR1.2. Strengthen the utilization of strategic information for decision making along the continuum of HIV services

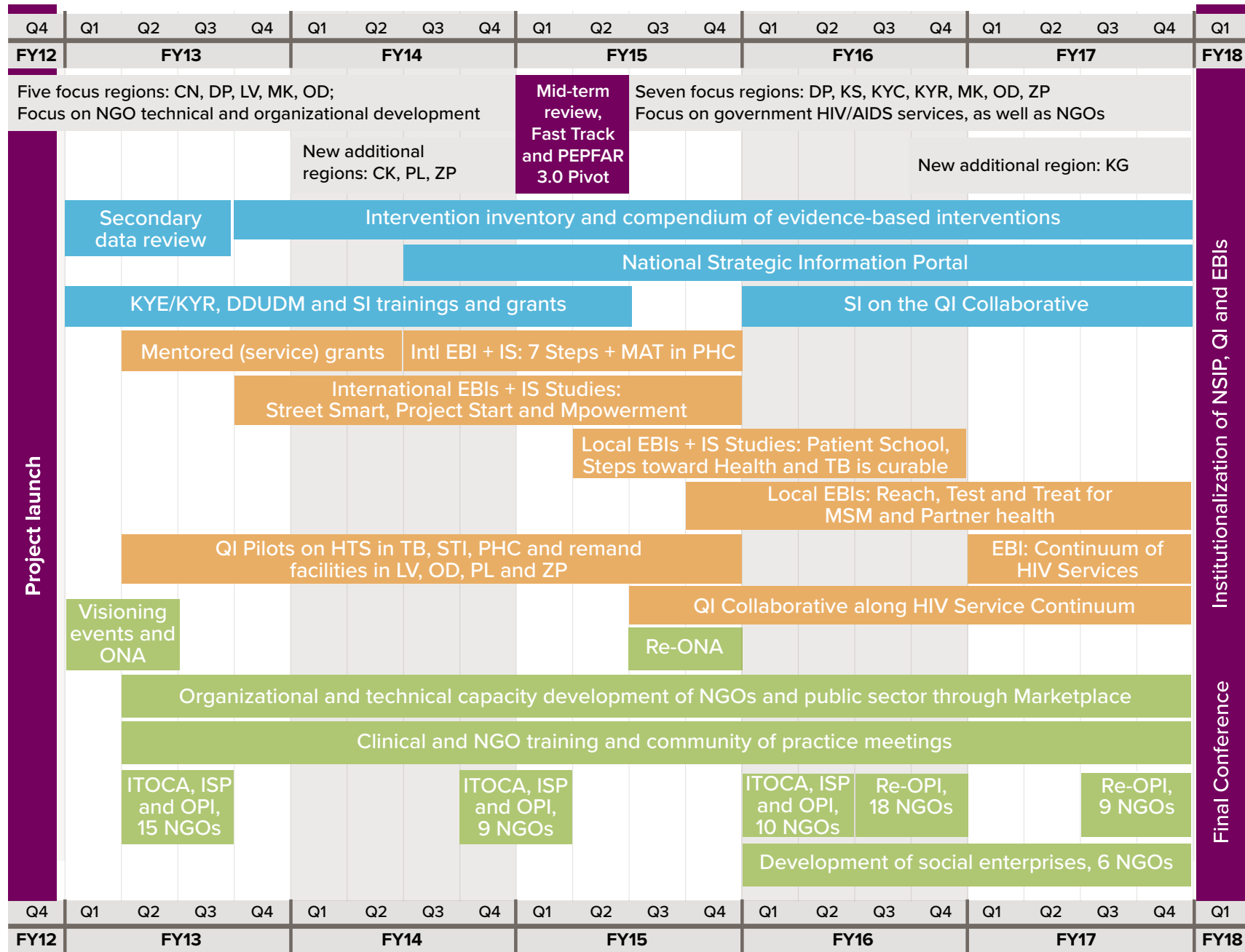
- Quality of data along the continuum of HIV services is enhanced
- HIV service continuum data from priority regions are reviewed annually, visualized, approved by regional AIDS Councils and published at NSIP
- Implementation science studies on the effectiveness of select interventions from the service continuum are completed and published

IR2.1. Build organizational and technical capacity of NGOs, public sector, PRs and other national partners to strengthen the HIV service continuum

- Technical capacities of HIV/AIDS service providers are strengthened
- National-level QI regulatory framework is developed
- Performance of select NGOs and healthcare facilities is improved as demonstrated by annual OPI and SIMS assessment
- Select local partners are supported with the development of social enterprise

Figure 2

RESPOND IMPLEMENTATION TIMELINE, FY12-FY18



Institutionalization of NSIP, QI and EBIs

Final Conference

Figure 3

EVIDENCE-BASED INTERVENTIONS ALONG HIV SERVICES CONTINUUM

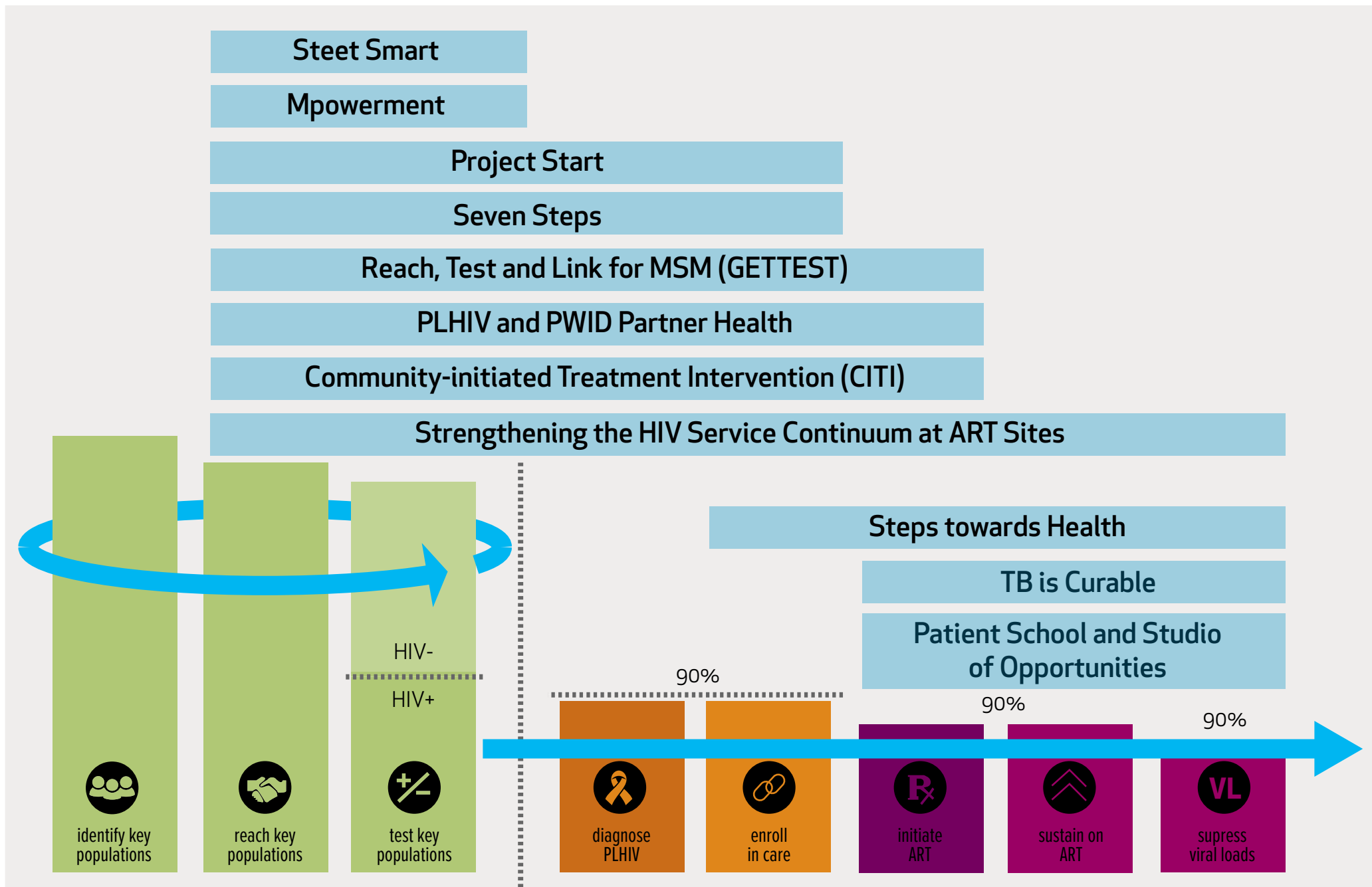


Figure 4

EVIDENCE-BASED INTERVENTIONS

regions of implementation



people living with HIV (PLHIV)



PLHIV partners



most at-risk adolescents



people who inject drugs (PWID)



PWID partners



men who have sex with men (MSM)



men released from prison

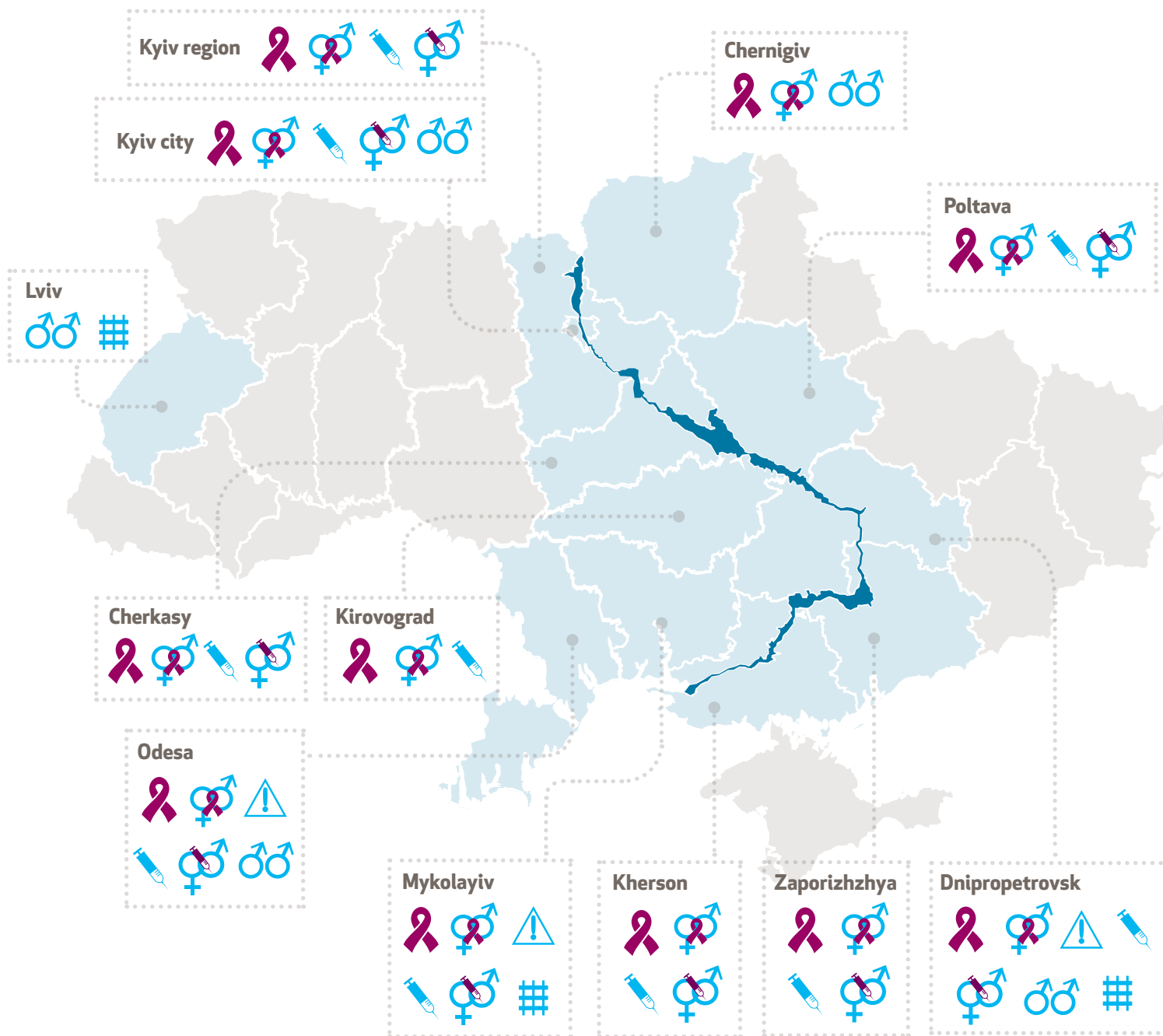


Figure 5

EVIDENCE-BASED INTERVENTIONS

number of people served



2,785
PEOPLE LIVING WITH HIV (PLHIV)



7,328
PLHIV PARTNERS



1,039
MOST AT-RISK ADOLESCENTS



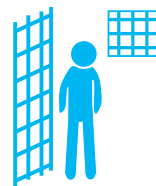
2,046
PEOPLE WHO INJECT DRUGS (PWID)



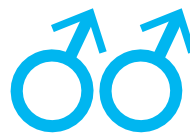
6,097
PWID PARTNERS

11 EVIDENCE-BASED INTERVENTIONS
implemented by
33 LOCAL NGOS

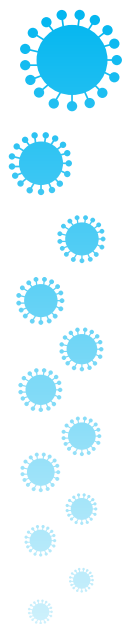
- **Street Smart** for most at-risk youth
- **Project Start** for recently released male prisoners
- **Mpowerment** for young MSM
- **Seven Steps** for PWID
- **Patient School** integrated with **Studio of Opportunities** for PLHIV on ART
- **Steps towards Health** for PLHIV/PWID
- **TB is Curable** for PLHIV with TB
- **Reach, Test and Treat (GET TEST)** for MSM
- **Partner Health** for sexual partners of PLHIV and PWID
- **Community Initiated Treatment Intervention (CITI)** for PLHIV/PWID
- **Strengthening the HIV Service Continuum at ART Sites** in support of the QI collaborative



235
MEN RELEASED FROM PRISON



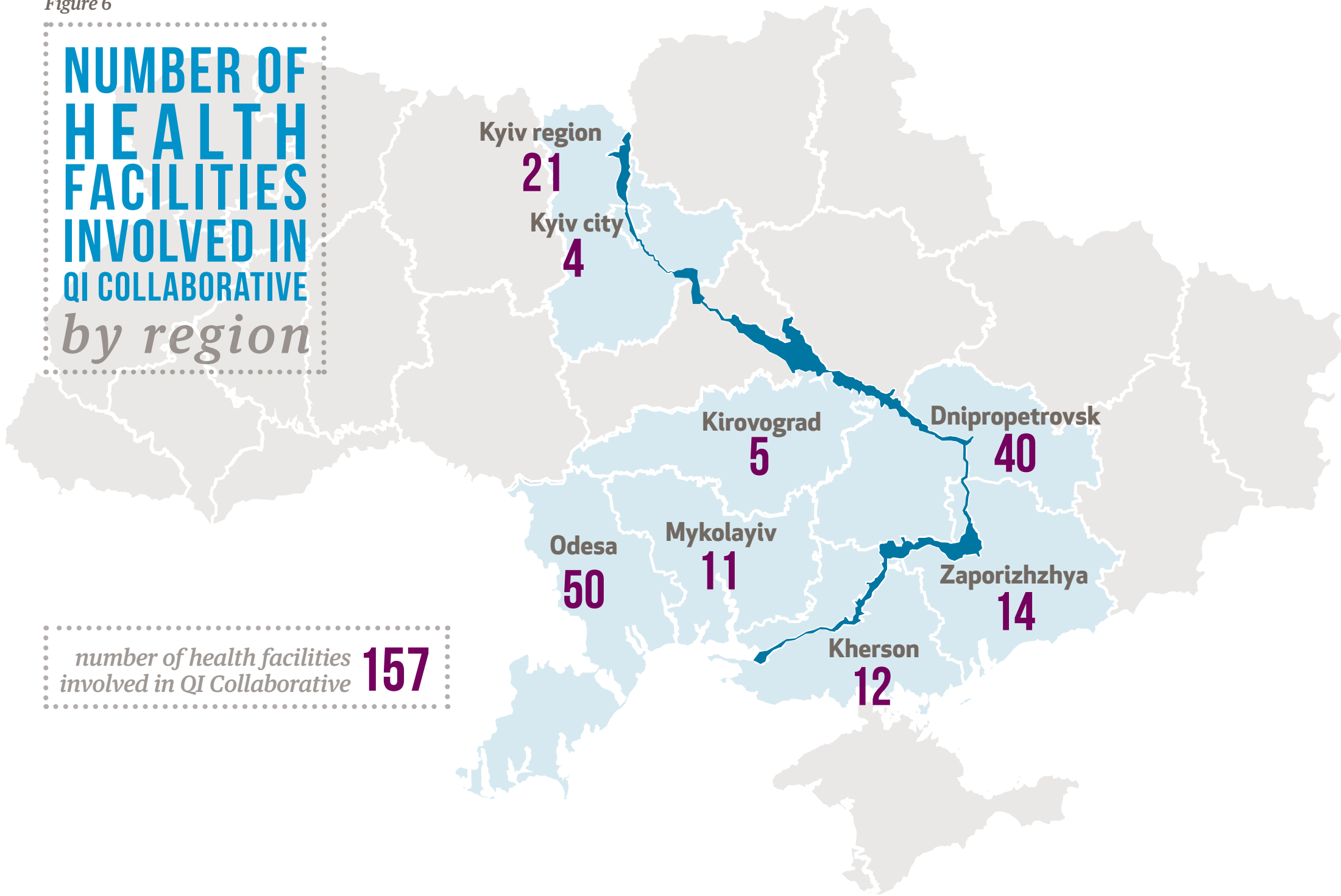
4,096
MEN WHO HAVE SEX WITH MEN (MSM)



total number of people served **23,626**

Figure 6

**NUMBER OF
HEALTH
FACILITIES
INVOLVED IN
QI COLLABORATIVE**
by region



*number of health facilities
involved in QI Collaborative* **157**

Figure 7

CROSS-SECTIONAL CASCADE OF HIV SERVICES as of January 1, 2016

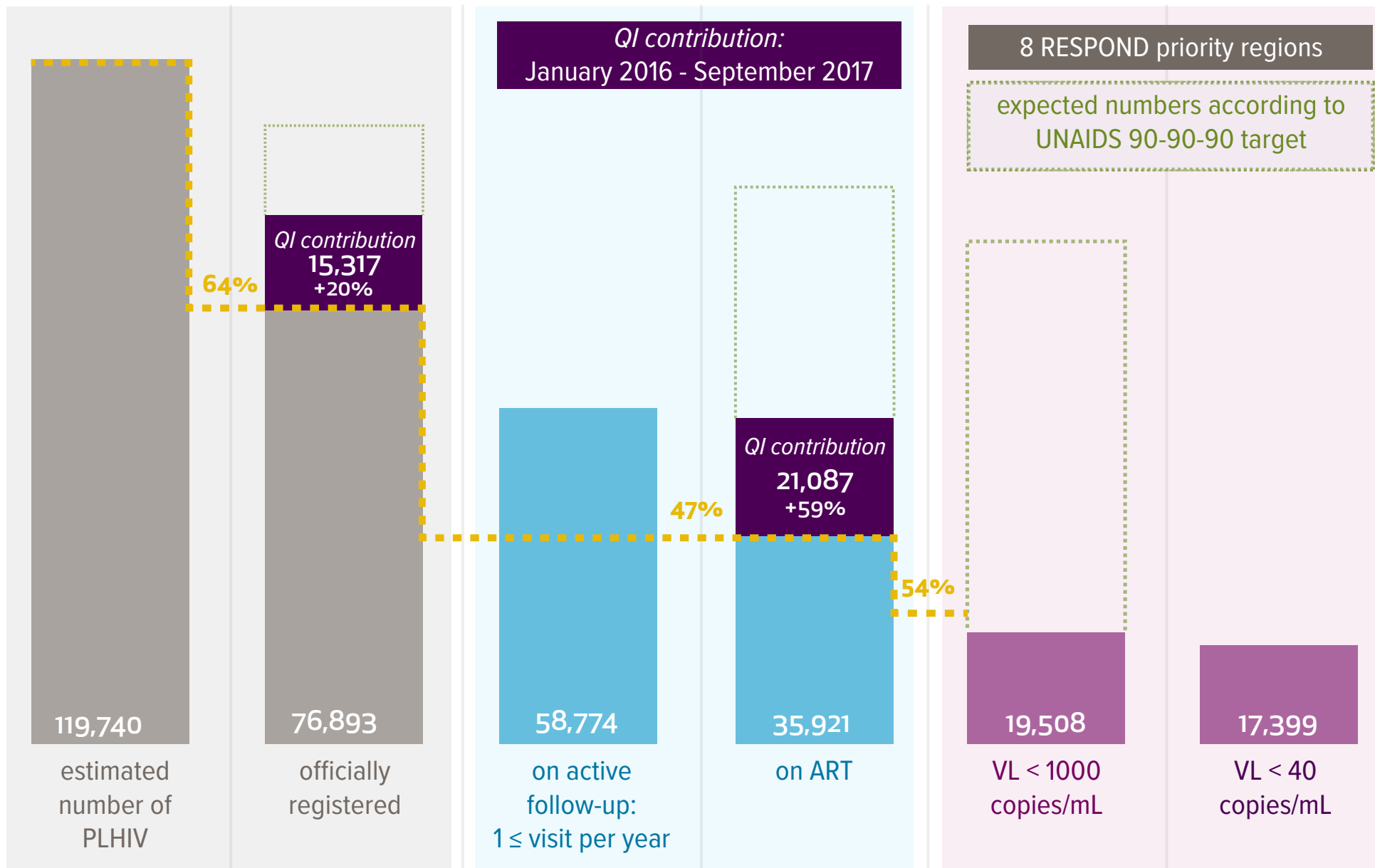



Figure 9

NUMBER OF TRAININGS

53 trainings on
**EVIDENCE-BASED
interventions**

42 
**M&E / HEALTH
INFORMATION
SYSTEMS**
trainings

22 
QI
trainings

40 **OTHER**
trainings

104 **CLINICAL
TRAININGS**

 **6** **ART**
adherence
support

 **82** **HIV testing
services**

 **8** **Basics
of ART**

8 **Management
of HIV and
co-infection
(TB, VHC)**

total number of trainings implemented **261**

Figure 10

NUMBER OF PEOPLE TRAINED* by type of training

981  **EVIDENCE-BASED
interventions**

900 
**M&E / HEALTH
INFORMATION
SYSTEMS**

498 
QI

698 **OTHER**

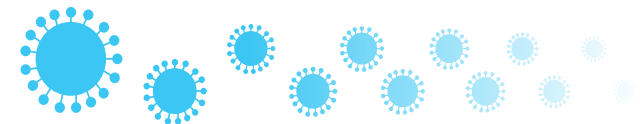
1,986 **CLINICAL
TRAININGS**

 **120** **ART**
adherence
support

 **1,535** **HIV testing
services**

 **184** **Basics
of ART**

147 **Management
of HIV and
co-infection
(TB, VHC)**



total number of people trained* **5,063**

*Units are measured in person-courses; one person might have participated in more than one training.

Figure 11

NUMBER OF PEOPLE TRAINED* by region and profession

*Units are measured in person-courses; one person may have participated in more than one training.

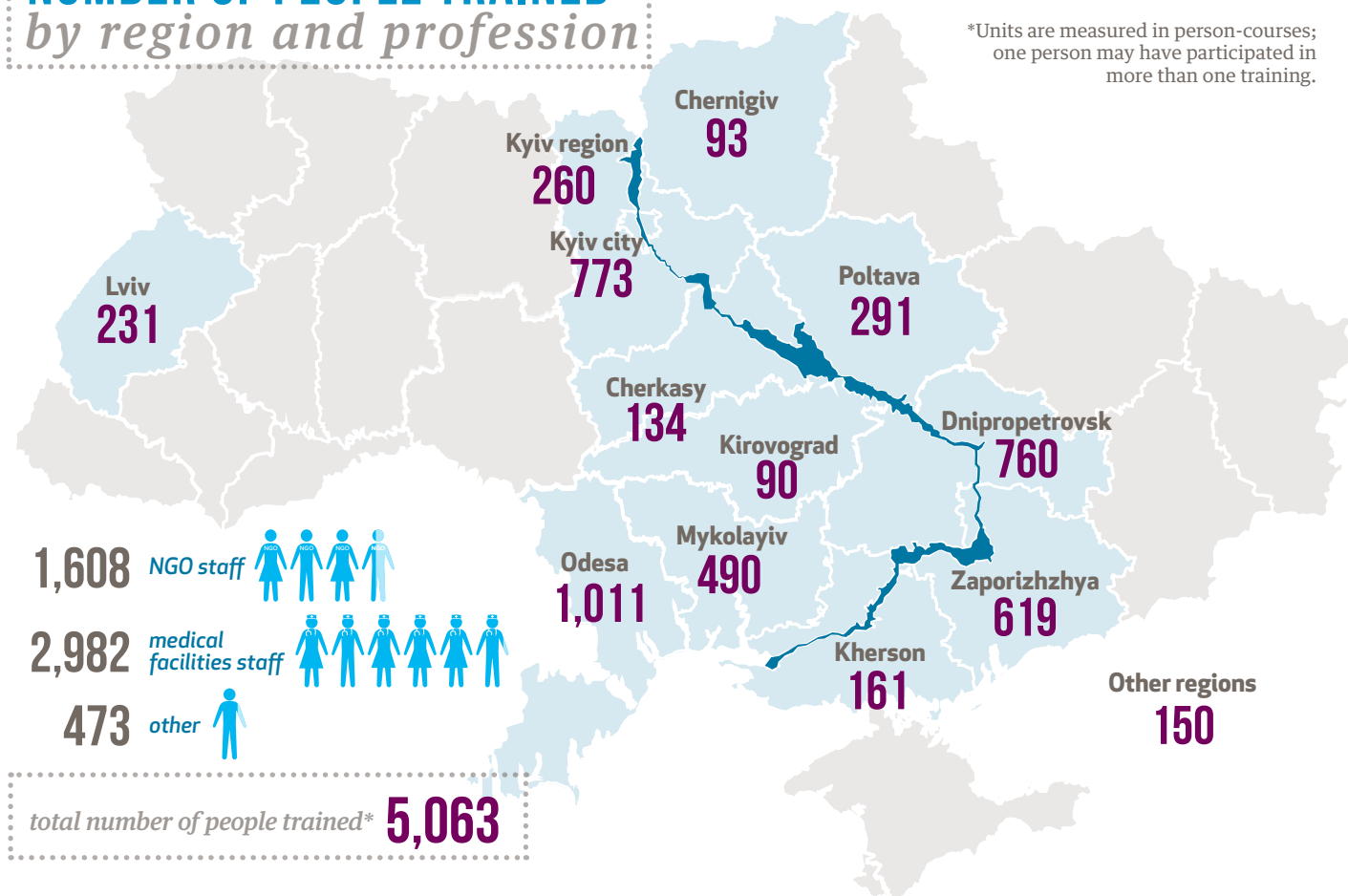


Figure 12

NUMBER OF ORGANIZATIONS WITH IMPROVED OPI OPI dynamics by sub-domains within five years

