



USAID
FROM THE AMERICAN PEOPLE



Catalyzing Change Through Innovation, Partnerships, and Comprehensive Services

**Scaling-Up the National Response
to HIV/AIDS through Information and Services
(SUNRISE) project**

2004-2011



USAID
FROM THE AMERICAN PEOPLE



Catalyzing Change Through Innovation, Partnerships, and Comprehensive Services

**Scaling-Up the National Response
to HIV/AIDS through Information and Services
(SUNRISE) project**

2004–2011

This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the ICF International HIV/AIDS Alliance in Ukraine and do not necessarily reflect the views of USAID or the United States Government.

The SUNRISE project

SUNRISE stands for Scaling-up the National Response to HIV/AIDS through Information and Services.

Donor: USAID.

Lead implementer: International HIV/AIDS Alliance through International HIV/AIDS Alliance in Ukraine (Alliance-Ukraine). Alliance-Ukraine is the lead project partner in Ukraine.

Main partners: PATH, All-Ukrainian Network of People Living with HIV.

Key technical partner for MAT activities: World Health Organization.

Regions covered: Cherkasy, Dnipropetrovsk, Donetsk, Kherson, Mykolayiv, Odesa oblasts, the Autonomous Republic of Crimea, Kyiv and Sevastopol cities.

Timeframe: September 2004 to December 2011 (with close out period till January 2012).

Funding: USAID total contribution is US\$ 12,959,312 and Alliance Cost Share is US\$ 1,699,000 which brings the Total Program Value to US\$ 14,658,312.

The SUNRISE project complements the Global Fund Round 1 and 6 grants.

Terms used for the Alliance

The International HIV/AIDS Alliance is a global partnership of nationally-based organizations working to support community action on HIV and AIDS in developing countries.

International HIV/AIDS Alliance in Ukraine is part of the Alliance Global Partnership. At the beginning of the SUNRISE project, Alliance-Ukraine was a Country Office. Now it is an autonomous, independent organization that is part of the Global Alliance Partnership.

Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AIDSTAR	AIDS Support and Technical Assistance Resources
Alliance	International HIV/AIDS Alliance
Alliance-Ukraine	International HIV/AIDS Alliance in Ukraine
ART	Antiretroviral Therapy
CD4	Cluster of differentiation 4
ELISA	Enzyme-linked immunoabsorbent assay
FSW	Female sex workers
Global Fund (GF)	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IDU	Injecting drug user
IEC	Information, education and communication
KAP	Knowledge, Attitudes and Practices
LGBT	Lesbian, gay, bisexual, and transgender people
M&E	Monitoring and Evaluation
MAT	Medication Assisted Treatment
MoH	Ministry of Health
MSM	Men having sex with men
NGO	Non-governmental organization
PATH	Program for Appropriate Technology in Health
PLWH	People living with HIV
PLWH Network	All-Ukrainian Network of People Living with HIV
PSA	Participatory Site Assessment
PWID	People who inject drugs
RCC	Regional Coordination Council
STI	Sexually transmitted infection
SUNRISE	Scaling-up the National Response to HIV/AIDS through Information and Services
SW	Sex workers
ToT	Training of Trainers
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization



The International HIV/AIDS Alliance is a global partnership of organizations working in Africa, Asia, Eastern Europe, Latin America and the Caribbean to support community action to prevent HIV infection, meet the challenges of AIDS and build healthier communities. Last year, our partners (like Alliance-Ukraine) reached nearly 2.9 million people with services, particularly those groups who are most marginalised and vulnerable to HIV infection.

Since 2004, USAID SUNRISE project has fundamentally advanced the HIV response in Ukraine. By actively involving communities most at risk of HIV, Alliance-Ukraine has been able to expand access and improve the effectiveness of HIV services for people who inject drugs.

The approaches piloted through the SUNRISE project have been taken forward by Alliance programs that are supported by other donors, both in Ukraine and elsewhere, demonstrating the far reaching influence and impact of the project.

Alvaro Bermejo,
Executive Director: International HIV/AIDS Alliance

The SUNRISE project is our program, but thousands of people should take credit for its success.

Alliance-Ukraine wishes to express its great appreciation to all those who have played a role in the implementation of the SUNRISE project over the years. The SUNRISE project had 65 implementing partners in the field, supported by regional coordinators. At Alliance-Ukraine a big word of thanks goes to Volodymyr Chura, who has been a focal point for SUNRISE throughout the project, as well as to all the team members who contributed to the SUNRISE project over these years.



Equal thanks go to the USAID team who coordinated and guided the SUNRISE project from their side, particularly to Enilda Martin and Alina Yurova, as well as to relevant directors — Bradley Cronk, Harriett Destler, Leslie Perry, Nancy Godfrey. And of course all the team members who have been supporting the project deserve recognition: Juliya Artamonova, Judy Chen, Oleksander Cherkas, Viktoria Grib, Tetyana Kistanova, and Maksym Shmyglo.

Finally, the success of SUNRISE would not have been achieved without the valuable partnership within the consortium, particularly with the All-Ukrainian Network of People Living with HIV led by Volodymyr Zhovtyak and with Oksana Bryzhovata being in charge of the project, and PATH led by Kateryna Gamazina in Kyiv and supported by Amie Bishop from Seattle, and with Svitlana Leontyeva being in charge of the project. I would also like to acknowledge the role of the Ministry of Health as well as the State Service to Counteract AIDS, TB and Other Socially Dangerous Diseases, the Ministry of Economy, as well as the broader group of stakeholders including WHO, UNAIDS and other UN agencies, as well as other projects supported by the Global Fund and USAID.

From the Secretariat of the International HIV/AIDS Alliance, support has been led by Simon Mollison and Slava Kushakov who actually has been engaged in the SUNRISE project since shaping its concept in 2003, proving valuable contribution for all these years.

SUNRISE has brought visible results, has developed sustainable interventions, and will inspire us in future work.

Andriy Klepikov,
SUNRISE Chief of Party



It is symbolic that this report on the successful completion of the SUNRISE project is released around the World AIDS Day 2011. When we all strive for achieving *Zero New HIV Infections, Zero AIDS Related Deaths, and Zero Discrimination*, the efforts such as those within the SUNRISE project assure that we can faster and smarter achieve those goals in Ukraine and globally.

The SUNRISE project with the USAID's financial contribution and the leading implementing role of the International HIV/AIDS Alliance in Ukraine in partnership with many governmental and non-governmental organizations, has made a significant contribution in scaling up HIV interventions for the most vulnerable and at-risk populations in Ukraine. It is remarkable how this project and other efforts have strengthened communities of people living with HIV, those that use drugs and many more on the ground. It is with this strong civil society in partnership with the State and local governments, we hope Ukraine will further advance its impact on the HIV epidemic and not only. It is also other areas of the country's development that will surely benefit from these strong partnerships for the benefit of Ukraine's bright future.

Dr. Ani Shakarishvili, M.D.
UNAIDS Country Coordinator in Ukraine

On behalf of the Ministry of Health of Ukraine, I would like to emphasize the significant contribution of the USAID SUNRISE project to the response to HIV/AIDS epidemic in Ukraine, in particular to implementation of the National Program on HIV Prevention, Treatment and Care of and Support for PLWH and Those Suffering from AIDS for 2009–2013.

This seven-year project, unique for Ukraine, laid the foundation for innovative activities allowing to cover the most vulnerable populations with healthcare services and also to ensure sustainability of such services. Voluntary counseling and testing, prevention work aimed at risk groups, support of MAT patients, care of and support for people living with HIV – these are all elements of the “street-to-clinic” chain, through which the SUNRISE project brought prevention and treatment closer to people who need those services. With the project framework, there was not only introduced redirection of clients from NGOs to healthcare facilities, but also were conducted relevant training sessions for medical and social workers, and their work became closer to the populations need. These and other activities allowed to join the work of NGOs and medical workers into one package for the effective response to the epidemic.

I would also like to mention that the SUNRISE project became a basis for comprehensive changes. Through covering eight regions most suffering from the epidemic, the project contributed to development of regional coordination mechanisms. Thus, the activities of healthcare institutions, penitentiary system, social services and NGOs aimed at opposing the epidemic became better coordinated and more efficient.

And, finally, I would like to express hope that the best practices of this seven-year project would be further developed in the SUNRISE regions, and that other regions of our country would also adopt this innovative experience.



Dr. Oleksandr Tolstanov,
Deputy Minister of Health of Ukraine

Contents

Executive Summary	10
1. Introduction	15
2. Development of comprehensive services	17
2.1. Reaching most-at-risk populations with effective HIV prevention services	17
2.2. Increasing access to high quality care and support services for people living with and affected by HIV.....	24
2.3. Strengthening the prevention and care continuum	30
2.4. Strengthening the ability and capacity of local organizations and communities	38
2.5. Developing, implementing, testing and evaluating new integrated care models for Medication Assisted Treatment provision	47
3. USAID SUNRISE developed and supplied innovations for the national response	59
4. Effective & sustainable partnerships and community mobilization	75
4.1. Partnership at the national level.....	75
4.2. Regional partnerships / regional coordination mechanisms	80
4.3. Community mobilization	84
5. Summary of results	89
6. Conclusion	93
Appendixes	95

Executive Summary

This report summarizes the work of USAID SUNRISE project. It also is forward looking, offering inspirational and proven examples as well as new models for further AIDS response in Ukraine to be potentially applied in the broader contexts of Eastern Europe, Central Asia and on a global level.

In 2004, when the SUNRISE project began in Ukraine, an estimated 1.2 percent of the adult population was living with HIV; this is the highest level of HIV prevalence throughout Europe.

The HIV epidemic in Ukraine is concentrated among most-at-risk groups, particularly people who inject drugs, sex workers and men having sex with men. The main driver of the epidemic was intravenous use of drugs, with people who inject drugs accounting for over half (57 percent) of newly registered HIV cases. With HIV infection increasing among the general population, the challenge of the SUNRISE project was to prevent further infection, by working closely with most-at-risk groups.

When the SUNRISE project started, the national response to HIV was inadequate. It failed to provide sufficient quality HIV prevention, care and support services, particularly for those most vulnerable to HIV. Despite the known effectiveness of Medication Assisted Treatment (MAT) for people who inject drugs, these services were not available and, whilst voluntary counseling and testing (VCT) was available, the services on offer fell far short of actual needs, both in terms of standards and coverage. There were not enough funds for a comprehensive HIV response and there were challenges related to the lack of investment in the public health system. In addition to this, there was an acute absence of coordination among organizations involved in the response. The lack of coordination led to a replication of activities by different organizations and gaps in services. This meant that limited resources were sometimes wasted, and significant and long-term change could not be achieved.

How USAID SUNRISE addressed the challenges

From September 2004 the SUNRISE project, led by Alliance-Ukraine, began to address many challenges. Two well established principles guided the design of SUNRISE: firstly, the most effective responses to the HIV/AIDS epidemic were achieved when affected communities mobilized themselves; secondly, people are most likely to make health-enhancing behavior changes when they can participate in local networks and organizations, where there is increased trust, reciprocal help and support, and a positive community identity exists.

Alliance-Ukraine had been working to empower vulnerable communities since 2001 and was therefore well positioned to involve most-at-risk

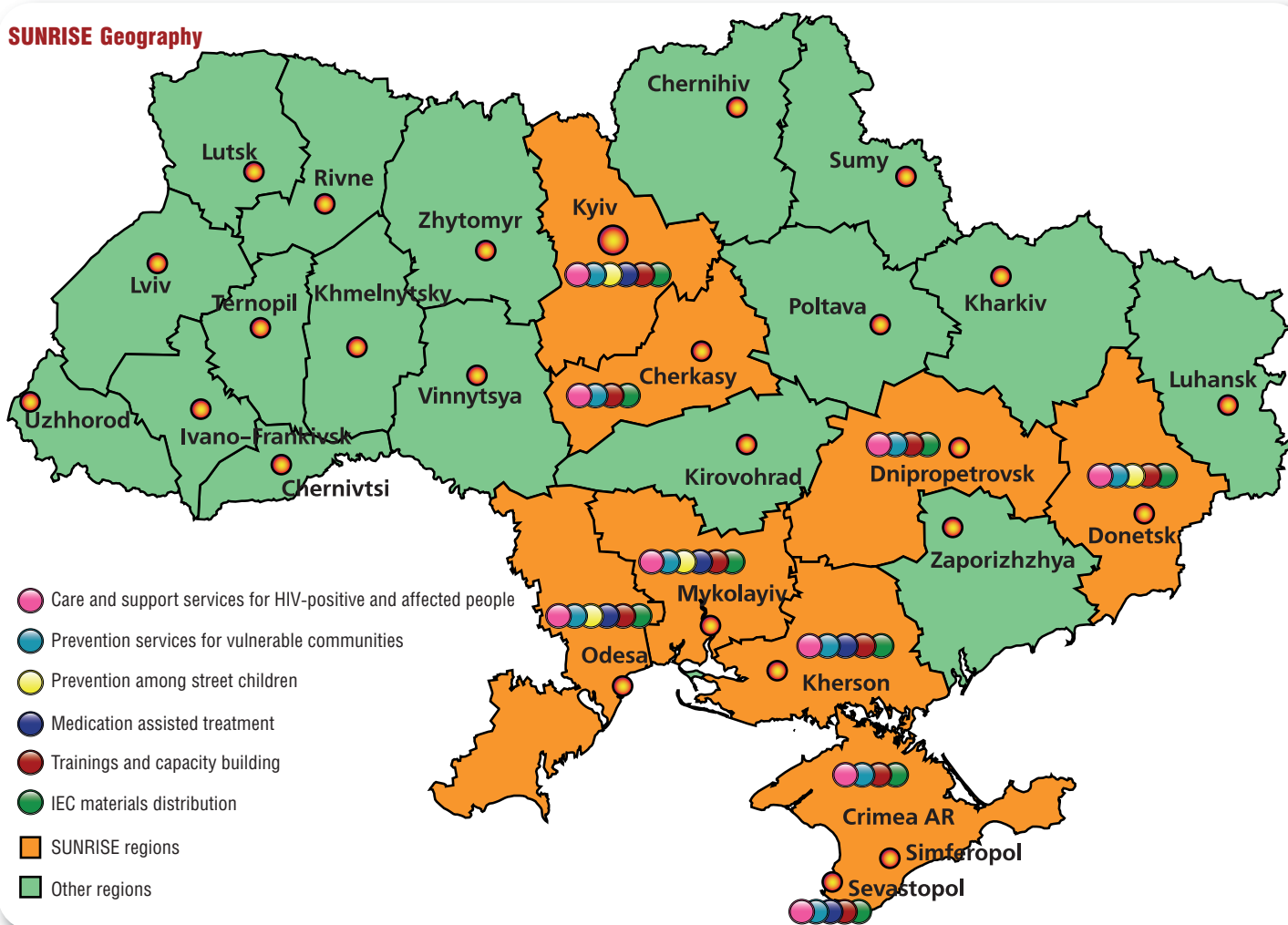
populations. The SUNRISE project involved civil society and local communities most affected by HIV in the design and implementation of a comprehensive range of services. The program provided valuable support to apply innovative ways to engage and mobilize members of vulnerable communities in Ukraine, a process that ensured services were more relevant, user-friendly and easily accessible for most-at-risk populations.

SUNRISE project focused its work in the nine most affected regions of Ukraine, thus focusing resources and interventions in the Cherkasy, Dnipropetrovsk, Donetsk, Kherson, Mykolayiv, Odesa oblasts, the AR of Crimea, Kyiv and Sevastopol cities. Hence, the program had a country-wide impact. The map below illustrates the interventions in the designated regions, showing variety and scale-up.

The SUNRISE project has been USAID’s flagship HIV prevention activity for these seven and a half years. It is really important to acknowledge USAID’s leadership in HIV prevention. It set key priorities in reaching ambitious prevention targets, leveraged other international funding, particularly with the GF Round 1 Program, which had treatment scale-up as its major target.

Achieving synergies with the Global Fund grant led to the most significant impact: the SUNRISE project enabled scaling-up interventions, reaching 60 percent coverage in the 9 regions of Ukraine most affected by the epidemic. As a result, in those regions the growth rate of HIV cases substantially

SUNRISE Geography



decreased — from 27.4 percent in 2004 to 1.2 percent in 2010, in fact decelerating the epidemic's growth. The effectiveness of Alliance's intervention among injecting drug users was acknowledged in the WHO's epidemic overview at the International AIDS Conference and in UNAIDS Global Report in 2010. Clearly, the SUNRISE project made a true difference to Ukraine.

USAID SUNRISE improved coordination and efficiency

As a first step, Alliance-Ukraine engaged the All-Ukrainian Network of People Living with HIV (PLWH Network) and the Program for Appropriate Technology in Health (PATH) to join a consortium to implement the program. The three main partners designed, managed and implemented key activities within the SUNRISE project.

Next, Alliance-Ukraine established a coordination vehicle to ensure wider collaboration with all actors involved in the HIV response in Ukraine. This helped to ensure resources were used efficiently and effectively at the national and regional levels. Alliance-Ukraine Regional Coordinators made a significant contribution to disseminate information on the best practices of projects at the regional level, making sure that international organizations, donors and other stakeholders were informed of regional perspectives. The increased efficiency and better coordination that resulted from this contribution made it possible for NGOs to expand the reach of their joint projects. These partnerships are described more fully in Part 4.

USAID SUNRISE project reached most-at-risk populations with HIV prevention services

The program mobilized most-at-risk groups and developed local projects in order to address their specific needs. Participatory Site Assessments (PSAs) were used as the main method of engaging vulnerable groups to assess their local conditions, develop and implement projects, and evaluate results. Alliance-Ukraine facilitated the process by setting up systems to coordinate and approve locally developed plans, and build local capacity through training. Grant proposals to provide services had to meet certain conditions in order to ensure that overall services were complementary, comprehensive and were part of an integrated strategy that provided a continuum of prevention, care and support services.

The program provided prevention services in nine regions of Ukraine to 201,476 people who inject drugs, a third more than the initial target, over 34,000 sex workers, more than double the original target, almost 25,000 men who have sex with men during the major program phase and almost to 3,500 street children during the extension period. As a result, USAID SUNRISE project together with Global Fund supported programs reached 66 percent of key population groups between 2004 and 2009 in nine project regions of Ukraine, 5 percent more than the original target. Indeed, the program met and exceeded most of its targets for reaching vulnerable groups with HIV prevention services. This comprehensive package of services developed by

SUNRISE was acknowledged as best practice when they were featured in AIDSTAR-One global best practice case studies. Fuller descriptions of this work are found in Section 2.1.

USAID SUNRISE mobilized people living with HIV

The PLWH Network mobilized initiative and self-help groups to increase access to high quality care and support services for people living with and affected by HIV. The PLWH Network provided information about treatment, care and support services to people living with HIV. Services included supporting compliance with treatment regimens, counseling and peer support. HIV-positive pregnant women, young mothers and their children were given a special focus to prevent mother-to-child transmission of HIV.

To ensure that this level of support was focused at a local level, the PLWH Network provided mini-grants to help establish self-help groups and mobilize people living with HIV in towns. As a result, services became accessible for the first time in areas where no support previously had been provided to people living with HIV. Once established, local groups were given additional funding to provide more services. Within the SUNRISE project together with Global Fund supported programs more than 44,000 individuals received care and support services between September 2004 and September 2009 in nine project regions of Ukraine. This mobilization of people living with HIV is described in Section 2.2.

USAID SUNRISE project improved quality and reach of voluntary counseling and testing services

PATH led work to improve access to high quality voluntary counseling and testing (VCT) services for most-at-risk groups. Through training of more than 500 medical and social service providers USAID SUNRISE project improved VCT quality and expanded coverage of HIV counseling and testing to 50,230 tests in nine project regions of Ukraine during the main project implementation (joint results of USAID SUNRISE project and Global Fund-supported Program). SUNRISE project creative solutions, such as training pharmacy staff to provide over-the-counter counseling and referrals for VCT and other services, increased access to services for most-at-risk groups, particularly people who inject drugs. Pharmacy staff was trained to provide over-the-counter counseling and referrals for VCT and other services. In addition, good VCT methodology was enshrined in law, thus ensuring that high standards, promoted by the program, will be maintained. Section 2.3 describes this prevention and care continuum in more detail.

USAID SUNRISE strengthened the ability and capacity of local organizations and communities

To support these activities, the SUNRISE project strengthened the capacity of local organizations and communities to contribute to the HIV response.

Strengthened groups became HIV service organizations and advocates for issues affecting them. Alliance-Ukraine provided a wide range of technical support and training to strengthen the capacity of local community organizations, and developed, published and disseminated a series of useful guides to help local organizations in all aspects of their work. More information about capacity building is found in Section 2.4.

USAID SUNRISE project improved Medication Assisted Treatment for people who inject drugs

After intensive advocacy by partners involved in the SUNRISE project, a pilot project for Medication Assisted Treatment (MAT), along with a comprehensive package of services, was made available to HIV+ people who inject drugs starting from 2007. By September 30, 2011, six regional NGOs were providing integrated health and psychological and social services in nine healthcare institutions in five regions of Ukraine. Three hundred ten people living with HIV having a history of injecting drugs were receiving methadone based treatment as part of a comprehensive package of services. The program achieved very high levels of treatment adherence with almost nine out of ten (87 percent) clients remaining on the program after 12 months. More significantly, having demonstrated positive impacts, the integrated MAT services have now been scaled-up nationally under the Global Fund supported program. Section 2.5 describes how the SUNRISE project introduced this integrated package of services for PWID.

Innovative approaches and strong partnerships deliver comprehensive services

The creativity and originality used to address problems encountered, greatly contributed to the success of the program. SUNRISE achieved its goals by finding innovative solutions to a series of intractable problems, which had previously blocked efforts to respond to the HIV epidemic. The pioneering approaches adopted by the main partners addressed challenges, some of which were unique to the Ukraine context and, as a result, the program has improved the lives of people living with HIV/AIDS in Ukraine, and empowered vulnerable communities to protect themselves. More information about innovations is found in Part 3.

The SUNRISE project effectively contributed to HIV prevention in Ukraine by creating partnerships that reach most-at-risk populations with comprehensive services, in regions most affected by the HIV epidemic. The capacity of communities and of the State was strengthened, so they could effectively play their role in tackling the HIV epidemic.

As a result, the standards set by the SUNRISE project for projects providing services to vulnerable communities are now being used on the national level in Ukraine and can be applied as models in other parts of the world.

Ukraine has one of the fastest growing HIV epidemics in the world. When the SUNRISE project began in September 2004, there were 71,359 officially registered cases of HIV infection and 8,152 cases of AIDS. The number of officially registered cases is much lower than the actual number of people living with HIV. Estimates suggest that in fact 1.2 percent of the adult population of Ukraine were living with HIV at that time, giving Ukraine the highest level of HIV prevalence in Europe.

In Ukraine, HIV is concentrated among most vulnerable groups, particularly people who inject drugs, sex workers and men having sex with men. Injecting drug use was the key driver of the epidemic in 2004, with people who inject drugs accounting for more than half (57 percent) of newly registered HIV cases and nearly a quarter of injecting drug users being HIV positive (see below). With HIV infection increasing among the general population, the challenge of the SUNRISE project was to prevent further infection, by working closely with most-at-risk groups.

HIV-infection prevalence varied from oblast to oblast (administrative units of Ukraine). In 2004 HIV-infection prevalence rates in the Southern Ukraine were as follows:

- Odesa — 297.63 per 100,000
- Mykolayiv — 249.25 per 100,000
- Kherson — 132.22 per 100,000
- AR of Crimea — 171.49 per 100,000
- Sevastopol — 221.86 per 100,000

Eastern Ukraine showed a high level of HIV prevalence, in particular:

- Donetsk — 247 per 100,000
- Dnipropetrovsk — 303 per 100,000

Central Ukraine including Kyiv also demonstrated high HIV prevalence:

- Kyiv — 94.7 per 100,000
- Cherkasy — 99.29 per 100,000

Behavioral studies, conducted in 2004, provided an insight into the epidemic and response made to it at that time. The studies identified the most widespread risky behaviors of the groups vulnerable to HIV: among injecting drug users, 20 percent did not use sterile syringes/needles during the last injection, and 66 percent did not use a condom during the last sexual intercourse. Twenty percent of sex workers had unprotected sex with their most recent client and over a quarter (28 percent) of men having sex with men had their the last anal sex unprotected. HIV-infection prevalence among PWID made

Prevalence rates among at-risk groups in 2004*:

- 38.6 percent among PWID;
- 20.9 percent among FSW.

* Data from sentinel surveillance conducted in the seven cities of Donetsk, Lutsk, Poltava, Odesa, Simferopol, Sumy, and Kherson.

59 percent in the Crimea, 53.8 percent in Odesa, 41.6 percent in Donetsk, 31.2 percent in Kherson.

At the outset of the SUNRISE project, the national response to HIV was inadequate. There were insufficient funds for the response and inherent barriers and challenges in the public health system. For people affected by HIV, there was limited access to antiretroviral therapy, care and support services and quality voluntary counseling and testing services.

Challenges included:

- a general decline in the post-Soviet public health care system
- absence of mechanisms for national and regional coordination
- lack of transparent decision-making and public accountability

There was no national system for monitoring and local prevention projects, so the coverage for most-at-risk populations was unknown, and there were no specific programs for men having sex with men.

A diverse and mutually reinforcing package of interventions was designed to meet four key goals:

Goal 1: To effectively reach at least 60 percent of most-at-risk populations with effective, high quality information and services to prevent parenteral and sexual transmission of HIV in strategically selected sites.

Goal 2: To increase the accessibility of high quality care and support information and services for PLWH and other populations affected by the epidemic

Goal 3: To strengthen the prevention-care continuum, with a particular focus on improving the quality and reach of VCT services.

Goal 4: To strengthen the ability of local organizations and communities to collaboratively analyze, plan, deliver, monitor, and evaluate newly introduced information and services.

The goal of SUNRISE was to substantially decrease HIV transmission among the communities most affected by HIV. SUNRISE set out to achieve this by significantly increasing access to high quality prevention and care services among vulnerable populations, in regions most affected by HIV.

The SUNRISE project initially ran from September 2004 until August 2009, and was then extended for an additional two and half years to January 2012. The project was expanded to provide prevention services for street children and

gender sensitive services for women who inject drugs. It also enabled scaling up of services for men who have sex with men, including increased access to voluntary counseling and testing, MAT services for people who inject drugs, and violence prevention initiatives for commercial sex workers.

Since September 2007, the International HIV/AIDS Alliance in partnership with WHO and local NGOs has initiated a pilot program on medication assisted treatment for HIV-positive injecting drug users within the SUNRISE project. The goal of this part of the project was to ensure that 300 PLWH who inject drugs had access to medication assisted treatment.

2.1. Reaching most-at-risk populations with effective HIV prevention services

Mobilizing most-at-risk populations to take key roles

Evidence has shown that in order to succeed in reducing HIV transmission, it is necessary to reach at least 60 percent of those considered most-at-risk populations with HIV prevention services. Prevalence of HIV is concentrated among these groups, and they may find it more difficult to protect themselves or to seek the care and support they need.

In order to reach 60 percent of this target group, the program mobilized most-at-risk populations to develop intervention strategies at the local level. Participatory Site Assessments were carried out as the main methodology for engaging vulnerable groups, who were engaged in carrying out site-assessments, developing and implementing projects and evaluating results.

The SUNRISE project aimed to reach 60 percent of most-of-risk populations with effective, high quality information and services to prevent parenteral and sexual transmission of HIV, in strategically selected sites. Participatory Site Assessments were carried out with the involvement of vulnerable groups. As a result, 24 NGOs in nine regions and cities implemented projects providing services for vulnerable communities.

Developing effective prevention services

Whilst PSAs were an effective way to mobilize vulnerable communities in reaching their peers and taking an active part in setting the priorities for implementing projects, the program also needed to be designed to provide prevention services that particularly met the needs of these communities. Providing fragmentary and one-off services is likely to fail to meet the needs of vulnerable populations.

In order to have an impact on the HIV epidemic, the wider prevention needs of vulnerable communities have to be addressed. To achieve this, prevention services under SUNRISE were designed as a package of services, which aimed to address an individual's situation, motivation and ability to make changes. At a minimum, an individual package of services included the provision of accurate information, motivational peer support or professional counseling, and access to protection, such as condoms. Additionally, as a result of the SUNRISE project and the wide range of NGO grants that supported activities and partnerships with local organizations, a minimum package of services now also includes voluntary counseling and rapid HIV testing, as well as referrals to a wide range of medical and social specialists. Services were tailored to meet the needs of different vulnerable communities

and individuals. This comprehensive package of services was recognized by AIDSTAR-One who heralded it as a case study of global best practice.



Under the SUNRISE project, 24 NGOs in nine regions and cities implemented projects providing services for vulnerable communities. Educational materials designed to promote behavior change were consistently well received by professional service providers and clients. The SUNRISE project standards set for projects providing services for vulnerable communities are now being used nationwide throughout Ukraine.

Overall, the SUNRISE project surpassed its targets for Goal 1, reaching 66 percent of key populations in project regions of Ukraine with HIV prevention services between 2004 and 2009. Coverage targets were set as cumulative across five years of project implementation and were reached through joint efforts of USAID SUNRISE project and Global Fund-supported program. The program reached more than 200,000 injecting drug users with prevention services, a third more than the initial target. The program provided prevention services to over 34,000 sex workers, more than double the original target. Accessing men who have sex with men was more of a challenge. It was discovered that this

group was more isolated and more difficult to reach, and therefore remain an important priority for future programs. Nevertheless, the target was substantially surpassed because the service package was extended and the innovative approach taken in the SUNRISE project. Additionally during the extension period USAID SUNRISE project reached almost 3,500 street children using innovative models of prevention services distribution.

Table 1 — SUNRISE successes (over the main period of program implementation in nine project regions of Ukraine)

Indicator	Project target	Actual for 2004–2009
Percentage of key populations reached with HIV prevention services*	60%	66%
Number of injecting drug users reached with HIV prevention services	150,000	201,476
Number of sex workers reached with HIV prevention services	15,000	34,388
Number of MSM reached with HIV prevention services	3,300	24,923
Number of people trained in HIV prevention	4,450	7,126
Number of PLWH provided with care and support services	26,000	44,077
Number of people receiving VCT in centers supported by project	43,000	50,230
Number of VCT centers supported by the program	300	529
Number of people trained in VCT	900	1135

* This number represents the percent of coverage of PWID and SW in nine project regions of Ukraine in estimate quantity of these key population groups all over Ukraine.

Case studies

Creative new approaches were needed to access vulnerable populations. The project explored, and used to great effect, successful strategies for breaking down barriers and providing services. The case studies that follow feature two of the innovative approaches that were used to reach people who inject drugs and street children. Additional short testimonies from service users attest to the value and impact of this work.



Client of the Social Center for Street Children, Donetsk

Case study 1

Pharmacies provide HIV prevention services for vulnerable groups

Challenge

The challenge was how to reach at least 60 percent of people who inject drugs at a place and time convenient to them, at low cost and with existing resources. For many people pharmacies represent the first, and sometimes only, service for people seeking health care. For example, some six out of ten people with a sexually transmitted infection go to a pharmacist, rather than a clinic. This preference for a

"I am glad that finally at least a little bit of care is devoted to TB and HIV prevention. I, both personally and on behalf of others like me, want to thank all of you. And may God help you!"

Program client



Client of the program receives commodities and information package in the pharmacy in Kryvyi Rih

pharmacy is particularly the case for people who inject drugs, commercial sex workers and other groups engaged in high risk behaviors. While pharmacies represented an excellent opportunity to reach most at risk groups, a baseline assessment by PATH found that pharmacists did not have the skills or knowledge to offer effective counseling and accurate information, or provide referrals to other services.

Solution

Recognizing the frontline role of pharmacists, PATH began a program in June 2006 to explore their potential to

increase access to, and use of, HIV prevention services and information. A pilot program within the USAID SUNRISE project began in two state pharmacies in Kyiv and Cherkasy. This was later rolled out to include a third city, Kryvyi Rih, and a combined total of 196 pharmacists in 22 pharmacies. PATH trained the pharmacists to provide effective counseling, information and services to high-risk clients such as injecting drug users and sex workers, and people who had symptoms of sexually-transmitted infections (STIs). The training enabled pharmacists to counsel and provide accurate information and relevant referrals to their customers. To reach undergraduate pharmacists PATH also developed a pharmacy curriculum that was published in 2009.

PATH monitored the outcomes of the training program by organizing supervisory visits and setting up mystery customer visits to pharmacies. Supervisory visits assessed pharmacist knowledge about HIV and STI, the availability of information materials and use of

"We learned how to deal intelligently and sympathetically with the category of people we used to be prejudiced against and hostile to. Oftentimes their lifestories are really shocking and tragic... The pharmacy staff looks at people and the world in a different way... Project participants' thankfulness makes us confident that there is a vital need... Gladly we are able to contribute to the fight against AIDS both as specialists and human beings."

Pharmacy #12

"It is dangerous to be indifferent ... We don't have the right to deprive other people of this opportunity... Our children deserve better things than drugs, fear and desperation. And one has to start with oneself... One could say for certain, "It is a SUCCESS."

Pharmacy #3

referrals, while also providing advice, as requested. Mystery customers posed as sex workers or injecting drug users or persons who had STI symptoms to test the real responses of pharmacists. Both types of visits demonstrated the impact of the training and provided input for refresher training. A total of 251 supervisory visits and 112 mystery customer visits were organized.

"I like this project... because little by little we grew to understand that in fact it is an illness, though acquired due to our own fault. Yet it is very difficult to get rid of this, let alone cure it. But you are doing a good cause and lots of thanks for that."

Program client

PATH also developed referral cards and shopping bags with HIV/AIDS information for pharmacists to give to customers and Alliance-Ukraine provided information materials for different vulnerable groups including sex workers, men who have sex with men and injecting drug users. The positive

"I used to think that there weren't many normal, intelligent people among drug users. Yet, as time passes, young lads and ladies start to confide in us, tell us about themselves... I see that these people are in need of help during a difficult period in their lives."

Pharmacy #12

experience of USAID SUNRISE project was supplemented and extended within Round 1 and Round 6 Programs supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, which included training for pharmacy workers and providing pharmacy-based services to vulnerable populations of PWID and SWs: distributing prevention commodities (syringes, alcohol swabs, and condoms to those having harm reduction program client cards) among PWID and SWs free of charge, giving out client cards and collecting used syringes. Currently there are 123 pharmacies

in 13 (out of 27) regions of Ukraine involved into the program supported by the Global Fund, with syringe exchange provided at 36 pharmacies.

Result

Prior to the work of the SUNRISE project almost none of the pharmacists provided information on HIV and STIs. This dramatically changed by the end of the intervention with most pharmacists providing written and accurate verbal information on HIV and STI testing. More than half a million items of information were distributed by the 22 participating pharmacies in the three cities. Also, after the intervention, three quarters of pharmacists referred customers correctly to HIV centers or

"I believe that the most important question in our work was 'Where can I get tested?' and this confirms we are on the right path."

Pharmacy #7

needle exchange programs, whereas before, the majority of pharmacists referred customers incorrectly to a polyclinic or STI clinic. The project stimulated cooperation between frontline non-governmental AIDS service organizations and relevant clinical and pharmaceutical facilities. This resulted in a significant increase in the availability of high quality voluntary counseling and testing (VCT) to key population groups. Over 63,000 VCTs for HIV were provided to vulnerable people through the support of USAID SUNRISE project and GF-supported Program as of September 30, 2011, and all positive cases were referred for medical care and treatment. Overall, as a result of the intervention, most-at-risk populations in the SUNRISE sites now have better access to VCT services and essential information that will help them protect themselves.

"Having learned of this project, I couldn't believe it. When I came to the pharmacy, I was welcomed and explained all the ins and outs. I received a lot of literature. After reading it, you start thinking about the world you live in and the level you hold. Naturally, I would love to abandon everything and... live just the way all normal people do, bring up children, experience and enjoy natural problems and pleasures. I am thankful to the project organizers that they didn't leave us aside, didn't let us finish ourselves off. Thank you very much!"

Program client

Case study 2

HIV prevention among street children

Challenge

Street children are among the most vulnerable groups when it comes to the risk of HIV transmission. A study¹ found that approximately one in five street children were HIV positive in three cities: Odesa (27 percent), Kyiv (19 percent) and Donetsk (10 percent). Street children face different circumstances and levels of risk. Street children include: runaways from boarding houses; children who have been released from prison; young sex workers; and children with physical and mental disabilities. Many of these children are dependent on substances such as glue, alcohol and drugs. Children living on the street experience poor sanitary conditions and suffer malnutrition, and as a result, are more susceptible to infectious diseases.

Shunned by society and persecuted by the authorities, street children have learned to distrust adults. This makes it very difficult to reach such children with the support and services they need. Without official recognition, street children do not have access to most medical or social services. They simply fall through the security net. Many barriers exist that prevent street children from accessing services. Generally, clinics refuse to accept children not registered to their clinic, or without permission of a parent or guardian. Children are also afraid to go to clinics fearing being turned over to their parents or the boarding houses from which they ran away.



Street children in the Day Care Center in Odesa

Solution

To access this hard to reach group the SUNRISE project used Participatory Site Assessments. In March 2010, PSA teams were set up in four cities: Odesa, Mykolayiv, Donetsk and Kyiv². The teams consisted of two social workers, two rehabilitated children and two street children. Interviews with over 690 children estimated the size of the target group, its characteristics and hot spots, and provided an opportunity to provide prevention, counseling and information services. The PSA also identified gaps in social and medical services specific for each site. Using the information gathered, Site Coordination Teams were set up in each site to design interventions to address gaps in services.

¹ Survey conducted in 2008 by CDC, Doctors of the World-USA, and Alliance-Ukraine.

² Organizations: Way Home — Odesa, Kyiv Municipal Social Service for Children & Youth; New Century — Mykolayiv; Caritas — Donetsk.

“My name is Ilya³. I am 17. I have no parents. I lost my mother when I was 6, my father passed away when I was 12. After my grandmother died, I found myself on the road... I started to visit the Center. I have a passion for painting, so I spent time at the Center drawing all day long. Now I am trying to fix my life with the help of social workers. I am thankful for their help and understanding.”

Ilya, Way Home, Odesa

An impressive intervention called the Social Patrol was designed to bring services to children in a way that addresses their vulnerabilities and alleviates their fears. The Social Patrol is made up of a small team including an outreach worker, a psychologist, a doctor, a nurse, and a driver. They travel to areas where there are high numbers of street children. At these locations the team provides a range of services including education and information; medical, psychological and legal counseling; provision of basic necessities like food, clothes and toiletries; interactive training on safer lifestyles; and voluntary counseling and testing with rapid tests for HIV and syphilis (procured with support from Global Fund). The Social Patrol aimed to motivate children to take the next step, to visit a drop-in-center, enroll in a rehabilitation

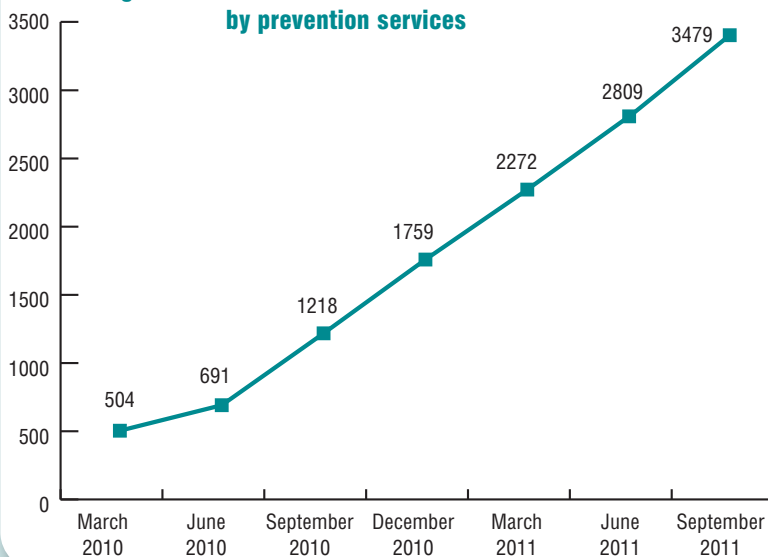
program, and gradually move away from the streets and eventually leave the street.

The work of Day Care Centers was the other intervention for street children. Day Care Centers are places where children can take a shower and do their laundry, watch TV and play games. Together with leisure activities, they receive education on HIV/AIDS and healthy lifestyle through trainings, informational materials, educational films, and board games. To help organizations run their programs, Alliance-Ukraine organized various training sessions on outreach work, case management and Ukrainian regulations on street children. Several regional meetings organized at the local level helped build partnerships between governmental, non-governmental and faith-based organizations.

“My name is Valera Mikhel. I’ve lived on the street since I was 11. I used to shoot up, huff and smoke, because I was an orphan... I came to my senses. I first came to Caritas with my friend from the vocational school in 2007. Since March 2010, I’ve volunteered there. Svetlana offered me a job in the PSA project. I have been to Odesa and the Crimea for training. Now I work for another project as an outreach worker. The Caritas NGO helped me find a room at a dormitory. I want to be a social worker. Now I bring other kids here, too. The Caritas NGO has helped me so much.”

Valera Mikhel, Caritas, Donetsk

Figure 1 — Number of street children covered by prevention services



Result

The SUNRISE project helped children take advantage of the existing medical and social infrastructure and establish contact between children and local medical and social services; at the same time the Social Patrol filled gaps in services by providing help to street children in high concentration areas. By September 2011, 3,479 children (2,331 boys and 1,148 girls) had received a range of services from the project.

³ For confidentiality purposes, names of the program clients used in this report are not their real names.

2.2. Increasing access to high quality care and support services for people living with and affected by HIV

SUNRISE aimed to increase accessibility of high quality care and support services for people living with and affected by HIV.

The All-Ukrainian Network of People Living with HIV led the implementation of this activity, mobilizing people living with HIV, and was successful in extending the benefits of the SUNRISE project. Two case studies highlighted the crucial role played by the PLWH Network in achieving this goal.

Involvement and leadership of PLWH Network

Responses to HIV have been most effective when affected communities mobilize themselves to fight stigma, discrimination, and oppression. In addition, people are most likely to make health-enhancing behavior changes when they can participate in local networks and organizations, and where there is increased trust, reciprocal help and support as well as a positive community identity. While addressing

both of these factors, the most important element that enabled SUNRISE to meet Goal 2 was the involvement and leadership of the All-Ukrainian Network of PLWH.

Prior to the SUNRISE project, services for people living with HIV were not always accessible or comprehensive. The SUNRISE project was designed to provide additional support to current programs, in order to reach more people living with HIV and maximize the benefits of existing resources. As a result, the synergy between SUNRISE and other programs (particularly the Global Fund) delivered cumulative impacts well beyond the scope of the SUNRISE project.

Activities and priorities of All-Ukrainian Network of PLWH

The PLWH Network supported its members to increase access to high quality care and support services for people living with and affected by HIV by mobilizing action groups and self-help groups of people living with HIV to provide information about treatment, care and support services.

Specific achievements of the PLWH Network include:

- Providing most-at-risk groups with prevention information, particularly to prevent mother-to-child transmission and HIV transmission between sexual partners
- Making care and support services more accessible to people living with HIV
- Enhancing the links between prevention, treatment, care and support programs
- Building the capacity of local organizations and communities in analyzing, planning, monitoring and assessing new information and services

The care and support provided to people living with HIV included a wide range of services. For individuals undergoing ART, a series of measures were designed to help them comply with their medication regimens, including consultations, peer support, the development of a convenient treatment regimen and e-reminders. Services also included support of HIV-positive pregnant women, young mothers, and their children. People living with HIV were also supported with social benefits and non-medical attendant care.

To ensure that this level of support was focused at a local level, the PLWH Network provided mini-grants to help establish self-help groups and mobilize people living with HIV in towns. As a result, services became accessible for the first time in areas where no support had previously been provided to people living with HIV. Once established, local groups were given extra funding to provide additional services.



Medical worker visiting a patient in Simferopol, Crimea

Legal support to protect rights of people living with HIV

Under the care and support component of the SUNRISE project, the PLWH Network also provided legal support to help protect the rights of people living with HIV. The PLWH advocacy priority in 2007 was the protection of the rights of people living with HIV. Thus, precedence was given to people living with HIV whose status was disclosed without their permission or who suffered from discrimination, offering them the use of the Network's legal services. Legal advisors reviewed cases and represented individuals in court if necessary. Between 2007 and 2008 the Network provided legal advice to people living with HIV on 1,417 occasions.

USAID SUNRISE project influence extended to other major programs

Many of the innovations developed by the SUNRISE project have subsequently been scaled-up by programs that are supported by other donors, demonstrating the far-reaching influence and impact of SUNRISE activities. The most notable of these are the Global Fund supported programs of Round 1 and Round 6. Building on the SUNRISE project,



Care and support services also included services for HIV-positive pregnant women, young mothers and their children. Social worker with client in Donetsk region

innovations were successfully implemented after the program ended including: positive prevention (including services for discordant couples); establishment and support of self-help groups and other services in towns and villages of Ukraine; provision of expert technical assistance to action groups and HIV-service organizations. While the SUNRISE project's activities were focused on clearly identified sites, the implementation of new programs has allowed the project to be successfully scaled-up to the entire country of Ukraine.

Case studies

The two case studies featured below describe more in detail the activities under Goal 2. Before this, a short account from Kryvyi Rih illustrates the value of just one of the five local HIV service organizations supported by the SUNRISE project.

"I was totally sure I had nothing... Life was over for me," explains Liuda. "I am now on Medication Assisted Treatment and I do want to live. This is very important. I feel without the help I received I would have sunk lower and lower to rock bottom. Now I feel I am a human being and I can hold my head up high."

The charitable foundation Public Health was set up to provide care and support to people living with HIV in Kryvyi Rih. Support for the organization was provided by the SUNRISE project since 2005, soon after it was first established. As a new organization, Public Health experienced some fairly turbulent times. Government institutions showed little trust in the foundation and were not initially prepared to cooperate with it.

Contacts with law enforcement bodies had not yet been established, and the public was openly hostile to its activities. Gradually however, with support from the PLWH Network, relationships with medical institutions were built. Cooperation from the regional AIDS center, the detoxification department and specialist consultants was also obtained, and, thanks to the persistence of Public Health's staff, law enforcement officers, medical staff and local people have changed their attitudes towards the foundation and its clients.

The charitable foundation Public Health now offers a wide range of services including: medical, psychological, social and legal counseling; voluntary counseling and testing; self-help groups; support for antiretroviral therapy adherence; the provision of valuable information; and the publication of real-life personal success stories. The activities originally supported by the SUNRISE project have been maintained and continue to expand with support from other donors and the outreach workers who were originally trained with support from SUNRISE are now working effectively on other programs. Staff at Public Health believe the support they received under the SUNRISE project has been crucial in enabling them to establish themselves and to succeed today.

"I was scared to die," recounts Valia, "Thanks to the project, my life has changed... They diagnosed HIV just in time; now I'm on antiretroviral therapy for a year already... I have started assisting others... I am thankful to God for meeting these people... I now feel I am a fully fledged and respected person."

As a result of USAID SUNRISE project support, the Public Health charitable foundation has formed important partnerships and now provides care and support services for people living with HIV.

Case study 3

Positive prevention for people living with HIV

Challenge

A weakness of prevention interventions has been the failure to focus sufficient effort on people living with HIV. People living with HIV have a critical role to play in programs to reduce HIV transmission. However, strategies have often ignored the distinct prevention needs of people living with HIV. In HIV services provided in Ukraine, there was an inappropriate demarcation between care and support for people living with HIV and prevention programs. This came about because of limited understanding of the care needs of vulnerable communities and of the significant overlaps between key populations.

Solution

“Positive Prevention” is an approach to help people living with HIV to live healthy and longer lives and reduce their risk of infecting others. Positive Prevention unifies prevention with care and support for people living with HIV, as part of a continuum, rather than as separate and distinct services. The USAID SUNRISE project introduced three components of positive prevention to address the needs of people affected by HIV and people who know they are HIV positive; HIV discordant couples; and people who may be HIV positive, but who have not been tested.

To address the needs of these groups and strengthen prevention services, the SUNRISE project aimed to raise awareness of positive prevention measures and introduce new services to people living with HIV. It also aimed to expand the programs to reach sexual and injecting drug use partners of people living with HIV. From September 2006, a training of trainers’ model was developed and implemented to introduce Positive Prevention to existing service providers and to improve and expand programs to reach partners of people living with HIV. Services included VCT, one-to-one counseling, facilitated discussions for peer groups and the development of information materials that included both care and prevention information.

Between 2006 and 2009, the SUNRISE project conducted eleven training sessions on different themes of positive prevention. Attending the sessions were HIV-service organizations’ staff (social and outreach workers, counselors, psychologists, medical workers, etc.). Two hundred twenty four persons were trained in the course of the training sessions (unique participants).



ToT in positive prevention, 2006. Health river exercise

To support the positive prevention initiative, the PLWH network ran some events aimed at establishing a Reproductive Health Center for people living with HIV. Supported by the Global Fund. Trainers from Poland ran sessions on reproductive health of people living with HIV for doctors, medical personnel, and outreach workers. This was reinforced with doctor internships from Kyiv to Warsaw in January to February 2007.

Result

New facilities and knowledge among public health staff and NGOs in Ukraine can now facilitate the reproductive health rights of people living with HIV. People living with HIV can also access a wider, more comprehensive range of services to support positive prevention and healthy living.

Case study 4

Information for people living with HIV

Challenge

To reinforce the benefits of care and support activities, it was important to have information materials, newsletters and manuals so that:

- people living with HIV felt less isolated, and could learn from each other's experiences
- NGOs and self-help groups had guidance on setting up and providing services

Solution

The All-Ukrainian Network of People Living with HIV and Alliance-Ukraine developed a range of materials and newsletters to address these and other needs. With support from the SUNRISE project, the PLWH Network produced the following publications:

The Methodological Manual on Organizing of Comprehensive Care and Support for HIV-Positive Individuals in Public Organizations. For NGOs, the publication described the success of HIV service NGOs in streamlining services through community centers. The Manual drew on the expertise of the PLWH Network, partner NGOs, and education institutions. The Manual includes the principles of social outreach work and roles of outreach workers. It also describes the operational model of a community center and explains how to set up a client work scheme. Some 1,500 copies were distributed among HIV-service NGOs in every region of Ukraine.

The Self-Help Basics was published in 2006. It addresses the challenges of psychological and social self-help for HIV positive people and those close to them. It describes self-help, presents group interaction mechanisms, and explores stigmatization. Some 1,500 copies of the publication were produced for self-help activists, individuals in need of psychological and social support, and outreach workers.

Know Your Rights Information Booklet. A survey among regional representatives of the PLWH Network in 2007 identified the need for information on legal issues. The booklet informs HIV positive people about their rights and opportunities for legal redress. 3,000 copies were disseminated.

Equal Opportunities for Everyone: Methodological Manual was published in 2007. A practical guide to securing employment, it also provides an overview of employment possibilities and legal redress for employees if their rights are violated. The print run was 1,000 copies.

Between 2003 and 2004, Alliance-Ukraine and Médecins Sans Frontières (MSF-Holland) developed and published a series of brochures for HIV positive people. Almost everyone living with and affected by HIV in Ukraine is now familiar with these materials. The PLWH Network and Alliance-Ukraine distributed the materials through regional offices on demand. Such was the demand that each of the materials is into their fifth or sixth editions. In 2008, all of the brochures from the series were summarized in a handbook for people living with HIV, especially those who have just learned about their positive status. The publication aimed to compensate for the lack of information on important issues regarding treatment and on how to live healthier and longer lives. Twenty thousand books were produced and disseminated through medical settings and NGOs that provide services to people living with HIV.

Apart from the materials listed, a range of other materials were distributed through the Network, Alliance-Ukraine, and partner organizations. This included *The Positive Heart Magazine* and information newsletters which were made available on their websites. The PLWH Network's and the Alliance-Ukraine's websites were also regularly updated throughout the SUNRISE project.

Result

The production and dissemination of these materials to self-help groups and individuals played an important role in supporting and caring for people living with HIV, and achievement of Goal 2.

2.3. Strengthening the prevention and care continuum

Importance of voluntary counseling and testing

This section looks at the contribution made by Alliance-Ukraine and PATH in strengthening USAID SUNRISE prevention-care continuum for most-at-risk populations, by improving the quality and reach of voluntary counseling and testing services.

First, we describe the importance of high quality VCT. In contrast, we describe the poor state of services that were available in Ukraine at the beginning of the project. This is followed by PATH-implemented activities to strengthen the connection between prevention and care through improved VCT services. The case studies cover some of the significant successes of the program.

It is a long established fact that voluntary counseling and testing for HIV is a crucial component of responding to HIV. Most-at-risk groups particularly benefit from voluntary counseling and testing. It helps them in two ways. First, if clients discover they are positive, and need treatment, they can be supported to access it. Second, whether the test is negative or positive, it provides an important opportunity to help clients adopt less risky behaviors. In stark contrast, a test without counseling may trigger an individual to become depressed, despairing, and increasingly indifferent as to the state of their health.

Voluntary counseling and testing services were not adequate

At the outset of the SUNRISE project in 2004, some voluntary counseling and testing services were available in Ukraine. However, the services were woefully inadequate. Among other issues, deficiencies included:

- The costs, time taken and location of services limited access for most-at-risk groups
- Minimal counseling was offered, and what was on offer did not include assisting clients to reduce risky behaviors
- Violations of clients' rights to informed consent, to confidentiality and to anonymity
- Low skill levels and discriminatory attitudes among some VCT staff



One of the goals of the program was to promote VCT services among vulnerable populations in the regions most affected by the HIV/AIDS epidemic. Client on testing in Donetsk region

Increased capacity in harm reduction programs had not led to the expected scale-up of HIV testing. This was due to gaps in referral systems and insufficient state procurement of test systems in certain regions and districts.

It was clear to those in the SUNRISE project that there was already significant funding allocated to addressing some of these issues, and plans were underway. However, to build on the existing infrastructure and services, it was important to establish coordination between medical institutions that provided state budgeted testing and

NGOs that had access to most-at-risk groups. Better coordination would help to create demand for the VCT among target groups, make it more accessible, and improve the professional skills of healthcare personnel.

PATH set out to improve VCT

In partnership with Alliance-Ukraine, PATH had overall responsibility for implementing the VCT element of the SUNRISE project. To improve access to high quality VCT services for high risk groups, PATH set the following objectives to achieve this goal of the program:

- Scale-up and implement rapid tests for HIV and STIs to clients of harm reduction NGOs
- Enforce the referral system for clients of harm reduction NGOs to healthcare institutions for VCT
- Develop pharmacy-based referrals for clients of harm reduction programs, to healthcare institutions for VCT
- Develop and run a VCT training program for consultants and master trainers
- Develop and run training on how to provide VCT for different vulnerable populations
- Carry out VCT training for master trainers
- Build a network of professional VCT trainers
- Publish method guides for VCT trainers and consultants
- Promote VCT services among vulnerable populations in the regions most affected by the HIV/AIDS epidemic

Andriy is a client of an NGO called Life Line based in Horlivka, Donetsk oblast. Andriy was keen to protect himself from HIV and get answers to questions that troubled him. However, living in a small town, Andriy was afraid of being identified as a man who has sex with men (MSM). His fears of stigma and discrimination prevented him from getting the support he needed, until he heard of the NGO Life Line.

Life Line provides a range of prevention and others services for MSM. As part of the SUNRISE project, staff from the NGO was trained to provide pre- and post-test counseling specifically for MSM. Andriy knew of such services in the regions, but didn't realize they were available in his home town. "I had a lot questions with no answers," he said. He wanted to discuss problems he had that were related to his sexuality. After attending self-help groups, training sessions and seminars held at Life Line, Andriy has been able to get some answers. "The project allows us to have access to specialists such as an STI specialist, infectious disease doctor and psychologist. We have access to condoms, lubricants, and information materials. We also have a unique opportunity to take free, anonymous, and confidential counseling and rapid testing for HIV, and get to know our status in just 15 minutes," he said.

Now that Andriy has access to Life Line he feels more confident. "I hope that, thanks to such projects as this one, time will pass and the MSM community in my town will become more open and healthy, and the general public will become kinder and more tolerant to people who have a different lifestyle."

Some challenges along the way

Some external events and local budgeting issues temporarily affected PATH's plans to implement this part of the program. The eruption of the Orange Revolution protests at the end of 2004 delayed the start of VCT training. Key stakeholders, tied up in the political unrest, were unavailable to

make decisions at both the national and local levels.

Also, as a result of the spontaneous protests, official approval from Ministry of Health for the National VCT Protocol was delayed. MoH approval was needed before it was possible to roll out the training.



Method guides for VCT trainers and consultants
developed by PATH

Another difficulty came in 2005, when clients of harm reduction programs were referred for tests that weren't available. Locally budgeted and procured test systems had run out, so people who had been referred for testing could not get tested. Fortunately, further funding was eventually provided so that it was possible to meet the increased costs of VCT.

It was important to develop a range of information, education and communication (IEC) materials to support VCT. Specifically good quality IEC materials were needed to support staff training and practice in VCT, and to encourage vulnerable populations to get tested.

Summary of results

Apart from the minor initial challenges, Alliance-Ukraine and PATH were extremely successful in their efforts to scale-up quality VCT services. PATH's contribution led to some significant results towards achieving this SUNRISE goal. Successes include:

- An innovative VCT training program was developed to meet the needs of most-at-risk groups. As a result of the training, improved VCT services were expanded to more than 500 medical and social service providers, and 50,230 state run VCTs with laboratory tests Enzyme Linked Immunosorbent Assay (ELISA) were received by vulnerable people.
- More than 300,000 voluntary counseling and testing using rapid tests procured by Global Fund project in 81 NGOs were provided for clients from vulnerable groups by VCT counselors trained under SUNRISE project.
- PATH developed an in-depth high quality book on HIV VCT for vulnerable populations and a four-page leaflet to support medical and social service staff in their provision of VCT. Five thousand copies were distributed to staff of regional AIDS centers; STI and drug rehabilitation clinics; and HIV service NGOs at 28 intervention sites in eight regions. Partners commended the valuable content and presentation of the book.

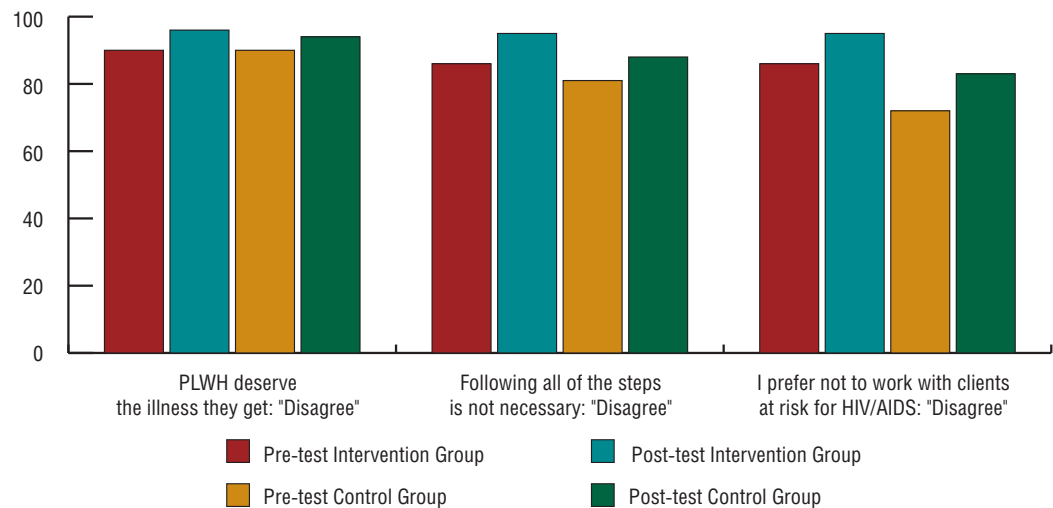
- Developed by Alliance-Ukraine, 28,000 pamphlets promoting the advantages of VCT were disseminated through NGOs, social services for youth, pharmacies, polyclinics, and STI clinics.
- Alliance-Ukraine developed a booklet to promote the advantages of VCT to vulnerable populations, to support outreach initiatives. In 2005 variations of the booklet were produced for people who inject drugs and for young people with risky behavior.
- Sixty six local NGOs strengthened their capacity to produce effective IEC materials.
- The program contributed to improved knowledge, attitudes and practice among both service providers who received training, and those who did not (see Figure 2).
- Finally, proper VCT methodology was enshrined in law by the Ukrainian Government, thus ensuring that high standards promoted by the program are maintained.
- In partnership with State Social Services, PATH developed a VCT training program for staff of regional and local centers for children, youth and families. PATH directly trained 156 specialists of these regional centers. Built into the design of the training was an evaluation based on the participant's post-training knowledge, so that the training could be improved — PATH also modified the training to accommodate requirements of State Social Services, and the new training program was approved in May 2008.



VCT in a NGO in Horlivka (Donetsk region)

- In partnership with State Social Services, PATH created a national team of 12 VCT master trainers. The master trainers, one from each of the regional centers, began conducting training in 2008. These trainers are now frequently invited by international and local organizations to run VCT training sessions for them.
- PATH joined the Ministry of Health working group on VCT, where they were able to influence Government policy. This meant that PATH could contribute to documents and protocols that regulate and determine standards for the delivery of VCT in Ukraine. PATH was also an important member of the taskforce organizing and leading sessions in the first National VCT Conference in Ukraine.
- In April 2007, PATH provided workshops for officials and health care managers who had responsibility for VCT to facilitate smooth implementation of scaled-up and enhanced VCT services.
- Efficient VCT methodology has been embraced by the Ukrainian Government, and enshrined in law and practice. The Government adopted a series of normative documents that regulate VCT in Ukraine and national law now specifies good VCT practices. Also a comprehensive national protocol for VCT (Decree 415, MoH, 19 August 2005) has been endorsed by the Ministry of Health.

Figure 2 — Changes in provider attitudes towards VCT and PLWH (% of tolerant responses)



Case studies

The case studies expand on the results, describe the context and explain the approach taken by PATH. Finally, to demonstrate the personal impact of the expanded VCT services, there is a short account from a program client in Donetsk.

Case study 5

Rapid HIV tests increase uptake in voluntary counseling and testing

Challenge

Voluntary counseling and testing acts as an entry point to prevention and care services. In addition, the intervention itself, with its focus on risk reduction, has been demonstrated to influence positive behavior change⁴. However, vulnerable communities with chaotic lives may not be sufficiently motivated to attend AIDS centers or public clinics to get an HIV test. Also, when they do attend, clients may lose their initial resolve if they have to return to get their results at a later time or date.

Solution

To address this, the widespread use of rapid testing was initiated in the Ukrainian regions most affected by HIV in 2006. Rapid testing meant that clients could receive pre- and post-test counseling during the same visit and they could find out their status quickly and anonymously. Also, by offering the services in locations convenient to vulnerable groups, VCT uptake was increased. Another important advantage of rapid tests is a reduction in mistakes that can occur in laboratory diagnostics.

Result

NGOs that represent and work with vulnerable communities incorporated rapid testing into 81 prevention projects in eight regions. In 2007, more than 28,000 rapid tests were provided to people from most-at-risk populations. These included: 21,688 tests among injecting drug users, 3,889 tests among commercial sex workers, 1,477 tests among prisoners, 256 tests among men who have sex with men, and over 1,062 tests among people who were partners of injecting drug users or commercial sex workers. Over a third (36 percent) of those who received positive results in 2007 went on to register and seek treatment at AIDS Centers.

In 2008, more than 100,000 rapid testing cases were carried out with vulnerable groups during USAID SUNRISE project implementation and Global Fund programs' support. In the same year a study was conducted to assess the quality of the rapid tests. The study found that the overwhelming majority of clients were satisfied with the use of rapid tests and different components, such as counseling. They were also very satisfied with the conditions of VCT procedures and the attitudes of personnel.

In 2009, more than 103,000 rapid tests were conducted with most-at-risk populations, resulting in 9,467 positive tests. In December 2010, the HIV rapid tests were formalized in the National Health Service by the Ministry of Health Order No.1141.



The widespread use of rapid testing was initiated in Ukraine regions most affected by HIV in 2006

⁴ Efficacy of voluntary HIV counseling and testing in individuals and couples in Kenya, Tanzania, and Trinidad: a randomized trial. The Voluntary HIV Counseling and Testing Efficacy Study Group. Lancet 2000; 356:103-12

Case study 6

USAID VCT training program developed to meet the needs of vulnerable populations

Challenge

Between September 2004 and July 2009, PATH developed and scaled-up VCT services in 28 cities within the priority regions. To scale-up and improve the quality of services, it was necessary to develop a robust training strategy. The training would help improve practices among hundreds of existing health workers, while training many new service providers from scratch. Ongoing training would be necessary for new projects, and to fill gaps during staff turnover. The training would also need to improve coordination between service providers, challenge discriminatory attitudes among service providers, and address the specific needs of different vulnerable groups.

Solution

The approach PATH used was considered unique. To enhance referrals and cooperation between medical facilities and NGOs, PATH put different groups from the same project sites together in training. Thus, training participants included: representatives from AIDS centers; drug rehabilitation and STI clinics; social services for children, families and youth; NGOs; and people living with HIV. Also to reduce stigma and discrimination, PATH recruited a person living with HIV to help run the session on the counseling needs of PLWH.

To meet all the VCT training needs, an intensive training-of-trainers program created a network of 65 master trainers. The master trainers represented both medical and social service providers, including 31 doctors, 12 psychologists, 12 specialists of regional state social services and 10 social workers from HIV service NGOs and the All-Ukrainian Network of PLWH.

PATH introduced an innovative team-teaching approach for the VCT training provided by master trainers. The teaching team included a doctor, a psychologist, and a social worker. The multi-disciplinary team provided an opportunity for participants to consider different professional viewpoints.



An innovative VCT training program was developed to meet the needs of most-at-risk groups. Participants of one of the trainings

Result

Fifty eight training sessions included over 1,200 participants. Feedback from participants suggests they acquired a better understanding of the need for cooperation among medical centers and NGOs that provide peer counseling and psychological support. As a result of the training, improved VCT services were expanded to more than 500 medical and social service providers, and 50,000 people received VCT with ELISA tests in medical institutions.

Case study 7

Knowledge, attitudes and practice improved in SUNRISE sites

Challenge

Not all service providers in Ukraine knew the value of providing high quality counseling for clients seeking HIV tests. At best, poor, or no counseling, is a wasted opportunity. At worst, discriminatory practices contribute to the further loss of self-esteem among clients, reducing their incentive to stay healthy or protect others.



The SUNRISE project trained service providers to deliver high quality and non-discriminatory VCT. Medical worker with client in Kostiantynivka, Donetsk region

Solution

USAID SUNRISE project trained service providers to deliver high quality and non-discriminatory VCT. To inform and evaluate the training, a survey of service providers was conducted by PATH before and afterwards. The survey assessed the knowledge, attitudes and practices (KAP) of medical and social service providers in 2005.

The baseline survey found some of the 896 service providers had misconceptions about HIV, routes of its transmission and the limits of a negative result. About half of the providers believed their role was to convince clients to take the test, and more than half failed to share information about what support was available. There were strong prejudices among 6 percent of service providers. One in five preferred not to work with people vulnerable to HIV, and one in ten didn't believe all of the counseling steps were necessary.

In 2009, another KAP survey evaluated the impact of the training with 553 of the original KAP survey respondents. One hundred eleven respondents were trained directly by the SUNRISE project and the other 442 respondents were not trained by the project, and so they were included into the control group.

Result

Over the period of the program there was a positive change in attitudes among service providers in both the intervention and control groups. This may be explained by the indirect benefits of the SUNRISE project, including improvements to VCT protocols and training by non-SUNRISE staff. Among those trained directly by the SUNRISE project there were more service providers happy to work with most-at-risk communities after the training (from 86 percent to 95 percent). This group also demonstrated a better understanding of the need to follow all the steps prescribed in the counseling process. The study showed improved practices among the intervention group in HIV post-test counseling, HIV testing, follow-up, and prevention of mother-to-child transmission. There was also a trend among this group to spend more time with clients.

The fast turn-around among staff providing VCT services, with almost a third moving on in just three years (between 2005 and 2008), means there is a constant need for training new staff members. Refresher training could also help to further improve levels of support and professionalism.

2.4. Strengthening the ability and capacity of local organizations and communities

USAID SUNRISE project aimed to strengthen the ability and capacity of local organizations and communities to contribute to the HIV response in Ukraine. A wide range of technical support and training was provided to strengthen the capacity of local community organizations, as well as publications and materials which were produced to support these activities. The Materials developed and the training provided within the SUNRISE project are described here as well as a study highlighting an initiative to help local NGOs produce their own information, education and communication materials.

Providing technical support, training and publications to build capacity

A primary aim of Alliance-Ukraine is to build the capacity of existing local organizations and members of most-at-risk groups so that they can contribute to the HIV response. By strengthening organizations and communities, they can become HIV service providers that are able to act independently, raise their own funds, provide services and advocate on issues that affect them. As staff

and community members gain expertise and develop skills, they become more effective in the HIV response and so are better able to, in turn, support other smaller groups and communities so that they too can play a role.

Through the SUNRISE project, and in partnership with a wide range of partner organizations, Alliance-Ukraine provided a wide range of technical support and training to local community organizations. To support this capacity building, a series of useful guides was developed, published and disseminated to help local organizations in all aspects of their work.

2.4.1. Training and seminars

Alliance-Ukraine ran training sessions and seminars to help build capacity and improve skills among NGOs and their staff. This improved NGO ability and effectiveness in implementing local prevention, care and support projects. By passing on skills and knowledge the training also helped to ensure the program's longer term sustainability.

Strategic Planning and Building Partnership for NGOs, 2006

The Alliance Ukraine team gathered expert groups to develop a training program on *Strategic Planning and Building Partnerships* with the aim of ensuring that planning of regional activities was undertaken in a strategic and coordinated way. Sixty two project managers of HIV-service NGOs took part in training sessions to develop site strategic and project plans for 2006/2007, in priority regions, including the oblasts of Donetsk, Kherson, and Khmelnytsky. Strategic plans were presented and feedback was provided on each of the plans by the trainers and the Alliance team. Regional strategic meetings were also organized to coordinate and avoid overlap and duplication of efforts in each of the regions.

Strategic Planning of Preventive Activities and Advocacy for MSM, 2007

Development
of comprehensive
services

A workshop/forum for 34 representatives of NGOs running MSM-prevention projects, regional lesbian, gay, bisexual, and transgender (LGBT) groups and experts in prevention and advocacy among LGBT was organized with the Women Network resource center to facilitate strategic planning of HIV prevention and advocacy for MSM. The meeting looked at national projects on prevention, care and support for MSM; methods and obstacles to developing HIV prevention among MSM; advocacy for LGBT rights; and mobilization of LGBT community in HIV prevention. The workshop resulted in a reference group being formed to coordinate the HIV/AIDS response among MSM/LGBT. This group went on to prepare regional and national plans for community mobilization and advocacy in 2008.

Building Capacity of HIV-service Organizations to Involve and Use Local Resources in Ukraine, 2008

This seminar was organized to develop advice for local HIV-service organizations on the potential of using local resources for organizational development and program activities. During the seminar, participants developed recommendations to be included in an Alliance-Ukraine publication on the topic. The seminar provided guidance on how to exploit the potential resources within local communities; it also geared towards fundraising and principles for attracting funding.

Mobilization and Building Capacity of Communities Vulnerable to HIV/AIDS, 2009

This workshop/seminar was organized in Gaspra, Crimea in 2009. Twenty nine representatives from communities of people who inject drugs, people living with HIV, men having sex with men and sex workers took part in the meeting. Participants acquired knowledge and shared their experiences in mobilization. The event contributed to the report and final publication of a study on mobilizing communities vulnerable to HIV.



Workshop on mobilization and building capacity of communities vulnerable to HIV/AIDS

HR Management in HIV/AIDS Prevention Projects among Vulnerable Groups, 2009

This training was conducted in Sevastopol in 2009. Twenty seven representatives of local NGOs took part in the event. Participants included coordinators of prevention projects, senior social workers responsible for recruitment of outreach workers and project volunteers. Special attention was paid to developing skills to involve volunteers, and methods to keep staff motivated, particularly in outreach work.



The training on adaptation of volunteer models for the purposes of HIV prevention among MSM

Training on Implementing the Mentor Support Program, 2009

The training on adapting volunteer models for the HIV prevention among MSM was held on November 16-20, 2009 in Kyiv by representatives of Metro Center LTD, U.K. Representatives of two NGOs, which implement HIV-prevention projects among MSM with the highest reach took part in the training. During the training The Mentor Support Program was presented, as well as its implementation in London. Also ways of realizing this program in Ukraine were discussed. In order to continue piloting this program in Ukraine, 12 professionals were trained.

Training Strategies for Positive Prevention, 2009

Between May and July 2009, Alliance-Ukraine partnered with the Positive Prevention Trainers' Working Group to develop a training program on positive prevention strategies. With specialists in prevention, care and support, trainers and PLWH activists, the Working Group provided crucial expertise.

The training program aimed to improve knowledge and understanding of positive prevention approaches among outreach and social workers. It taught positive prevention strategies that could be used in the course of service provision to people living with HIV. The training included a mix of interactive exercises and group work, discussions and brainstorming as well as the exchange of firsthand experiences. Practical materials were also given to participants to help them design effective prevention projects in response to a call for proposals.

More than 100 people from NGOs and Regional State Centers for Social Services for Youth applied to participate in the training, demonstrating a high level of demand and interest in positive prevention strategies. In the end a

total of 86 outreach and social workers, peer educators, and psychologists took part in four training sessions in Donetsk, Dnipropetrovsk, Odesa, and Mykolayiv. Each of the training sessions attracted very positive feedback from participants.

The positive prevention approach was also used in prevention projects and training for regional resource centers, as part of the Global Fund supported program. This further maximized the benefit of the initial SUNRISE investment.

Training of Trainers: Strategies for Violence De-escalation and Safer Sex Work, 2010

The training of trainers module aimed to:

- develop violence prevention and de-escalation strategies for HIV prevention projects for sex workers
- develop practical skills among participants through exercises that involved discussion and analysis of true cases based on personal experiences
- contribute to the design of a violence de-escalation module to be developed and implemented for HIV prevention projects for sex workers

The module provided an opportunity for participants to review and discuss sex work in the context of Ukrainian legislation and to compare it with other European countries.

The other topics in the module included: a definition of violence; a nine-step module of violence escalation; basic strategies for de-escalation; rules to avoid violence escalation when with a client; and staying healthy and safe if engaged in sex work. The outputs from the session were used to develop the training module for NGOs *Outreach Work among Commercial Sex Workers* in 2009.

Communication Training for Projects Supporting Commercial Sex Workers, 2010

As part of the SUNRISE project, Alliance-Ukraine conducted a series of training sessions on communications for organizations providing HIV prevention services to sex workers. The training sessions aimed to improve the communication skills of the project coordinators and managers.

Voluntary Counseling and Testing for HIV among MSM, 2010

Voluntary counseling and testing for HIV among MSM was developed to train doctors and social workers working in MSM prevention projects in 2010. The specialists who ran the training are experienced and certified national trainers. They adapted the materials from the training module before

preparing and running the sessions for the professional staff. The training sessions attracted unanimous and positive feedback from participants. Forty two participants, two trainers and one co-trainer took part.

The Extended Meeting among representatives of NGOs, Government agencies and stakeholders for strategic planning (IV National Strategic Planning for MSM-Service and LGBT-Movement), 2010

It was the IV National Strategic Planning for MSM-Service and LGBT-Movement in Ukraine. Such planning was for the first time carried out in the format of an extended meeting with Government authorities participating and key partners from among international organizations.

During two working days, a systematic review of the situation in the LGBT/MSM communities was carried out; main achievements of the ending calendar year were presented; the key areas of activities for the following year were defined; and an open exchange of opinions on vital issues of the LGBT-movement and MSM-service was held.

Representatives of the Ministry of Internal Affairs, the UNAIDS Coordinator in Ukraine, the Legal and Policy Adviser of the UNDP Office in Ukraine, Head of the Healthy Lifestyle Promotion Department of the Ministry of Ukraine for Family, Youth and Sports, Leading Epidemiologist of the Ukrainian AIDS Center, other reference specialists representing a wide range of stakeholders and NGOs took part in the meeting. In total 62 persons participated in the strategic planning.

A strategic planning session was organized by the International HIV/AIDS Alliance in Ukraine and The Standing Reference Group on LGBT Community and MSM Projects in Ukraine (SRG Ukraine).



During IV National Strategic Planning for MSM-Service and LGBT-Movement in Ukraine

2.4.2 Publications and training modules

Here we provide an overview of some of the materials developed to strengthen the capacity of local organizations and inform professionals involved in the HIV response. These materials were developed and published with support from the SUNRISE project.

Guide on NGO Management, 2005

Focus groups and electronic surveys with HIV-service organizations identified their information needs. The greatest need was for information on NGO administration. With the involvement of lawyers, finance and M&E experts, NGO support services and NGOs themselves, Alliance-Ukraine developed a draft guide on NGO administration. The draft guide was piloted with NGOs and edited by third sector experts in Ukraine. The final published manual covers existing NGO administrative models and rules that determine how NGOs should function. The guide describes the third sector and organizations that work in the HIV and AIDS field in Ukraine. NGO-related legal issues are covered, including how to register and how to acquire non-profit status. Other important issues covered include: financial management, fundraising, human resources management, and teamwork. The manual features successful models of administration in the non-profit sector and includes quality standards of day-to-day management based on best practice.

Fulfilling an acute information gap, 5,000 copies of the publication were produced and distributed to SUNRISE NGO partners. The publication was very well received and demand for it came from other Russian speaking countries in Eastern Europe and Central Asia. Alliance-Ukraine made the publication available on the website, so that NGOs outside Ukraine could access it.

Guide on the Development of Information Materials, 2005

A Guide on the Development of Information Materials was produced by Alliance-Ukraine for organizations working in the field of HIV/AIDS. Published in 2005, the guide provides a step-by-step guide to producing effective information materials. Topics covered include quality standards and the law governing the production of information materials in Ukraine.

Management and Professional Development of Personnel in HIV-service Organizations, 2009

A needs assessment conducted by Alliance-Ukraine identified that most Ukrainian HIV-service organizations had a shortage of qualified staff. Furthermore, there was an absence of clear roles and responsibilities between staff; little opportunity for staff to develop professionally; and a high level of burnout among employees. To address these crucial human resource (HR)



issues, Alliance-Ukraine developed and ran training for regional partners on HR management. Supported under the framework of the SUNRISE project, the training was run in 2008 and 2009. Information from the training was published in a book called *Management and Professional Development of Personnel in HIV-service Organizations*. The 2009 edition of the book shows how some HIV-service organizations work positively with staff and volunteers. It gives practical suggestions on the main aspects of HR management, including: team building, motivation, line management, delegation of duties, leadership, and conflict management. In total, 2,000 copies of the book were printed and disseminated to all partner NGOs in Ukraine.



Healthy Budget: the Practice of Financial Management for Ukrainian HIV-service Organizations, 2009

Healthy Budget: the Practice of Financial Management for Ukrainian HIV-service Organizations was developed for financial managers and leaders of local HIV-service organizations. It features the fundraising experiences of local organizations and provides guidance on how to access resources in local communities. Special attention is paid to the specific aspects of local fundraising for organizations that work with communities vulnerable to HIV. The manual includes examples of fundraising and finance documents such as: donor reports, agreements, letters to potential donors, and announcements. A total of 2,000 copies of the book were printed and disseminated to all partner NGOs in Ukraine.



Participatory Site Assessment — Goals of Service Development on Site, 2008

This guide summarizes the main principles of participatory site assessments (PSA for local HIV-service organizations wishing to use the PSA methodology. It explains how to conduct the research with stakeholders playing a key role in gathering, verifying, and analyzing information. The book provides an overview of all PSA stages, a description of how to use the tools and is illustrated with pictures, sample documents, and reports. When the first PSAs were run by Alliance-Ukraine, regional teams from most-at-risk communities gained valuable skills during the training. The publication helps transform the training and learning into a practical guide to help new regional teams implement the next round of participatory site assessments. Two thousand copies of the book were printed and distributed to all trainers, PSA teams, and NGO partners in Ukraine.



Outreach Work among Commercial Sex Workers, CD, 2009

Outreach Work among Commercial Sex Workers was the first interactive training module created by Alliance-Ukraine. The CD provides training for staff of organizations involved in outreach to sex workers. The module included:

- prevention of HIV and STIs
- the benefits of outreach to people involved in commercial sex
- a moral code of conduct for an outreach worker
- information about counseling and referral

The module supported the training of staff from NGOs and state organizations involved in HIV prevention among sex workers. Created to support three days of training, sections of the guide can also be used to support shorter training sessions on specific aspects of outreach work. Seven hundred copies were distributed to trainers of outreach and social workers in NGOs working with sex workers.

The Mentor Support Program — Methodological Guidance on Implementation in Ukraine, 2011

This manual is dedicated to innovative methods of work on HIV prevention with the MSM community. The Mentor Support Program was designed and implemented by MetroCenter in London and later adapted to the Ukraine settings. This book offers general information about the program, its history and the changes that were made after testing in Ukraine. It provides practical recommendations on how to effectively organize work and motivate volunteers. The annex shows the documents required for program implementation. Under the SUNRISE project, one thousand copies of the publication were produced and distributed to projects working with MSM in Ukraine.



2.4.3 Newsletters

Alliance-Ukraine also issued a regular newsletter with a circulation of 5,000 for NGO staff. Its purpose was to keep those involved in the HIV response abreast of emerging issues in HIV and developments in HIV/AIDS prevention, care and support. For example, key topics included:

- Prevention for MSM and LGBT community. The first time we covered this topic was the first time it was explored in print in Ukraine
- Working with mass media and awareness-raising campaigns
- Introduction and expansion of large-scale ARV treatment in Ukraine: successes and challenges
- Participatory site assessment results
- Regional coordination with local authorities
- Setting the targets for the HIV response

Two issues of the newsletter are featured here.

HIV/AIDS News, 2006

HIV/AIDS News #1 2006 was dedicated to gender research and gender sensitive approaches in HIV/AIDS prevention, care and support. The issue provided information and practical recommendations on gender sensitive approaches and practices of international organizations. It also featured the findings and recommendations from research on gender sensitive programs



conducted with support from the SUNRISE project in 2005. This issue also included gender sensitive information materials and quality standards of information materials. Five thousand copies of the newsletter were distributed to NGOs.

HIV/AIDS Digest, 2008



HIV/AIDS Digest replaced HIV/AIDS News in 2008. The first issue featured some of the challenges of working with the local government. The digest aimed to help NGOs cooperate with different local governmental institutions in order to effectively manage the provision of services to vulnerable communities. Special attention was paid to working with local executive bodies. Readers could learn about international experience in building partnerships between NGO and municipal authorities. Other topics in the first issue included the role of trade unions and faith-based organizations in HIV/AIDS prevention in Ukraine. Other articles included Ukrainian good practice examples of cooperation with local authorities (Kyiv, Mykolayiv, Dnipropetrovsk, Kherson, and Poltava).



SUNRISE success stories in USAID Newsletters, 2010–2011

SUNRISE success stories were regularly highlighted in the USAID Insight newsletter of the USAID Regional Mission for Ukraine, Belarus and Moldova. Particularly, the “USAID SUNRISE project Tailors HIV Prevention to Women” story was published in the summer newsletter issue and “Success in the Fight Against AIDS in Ukraine’s St. Nick’s City” was published in the winter issue.

Armed with their new skills, staff from New Century NGO produced new innovative materials to promote HIV prevention in tourist resorts

Between 2006 and 2007, New Century ran an HIV/STI prevention project for most-at-risk populations and holiday makers in tourist resorts in the Mykolayiv region. During the holiday season there is an increased risk for HIV among holiday makers and vulnerable communities. Two factors contribute to this increased risk:

- Most-at-risk populations, such as people who inject drugs and sex workers move to resort areas to make money
- While away from home, some holiday makers care less about their own protection, are more likely to drink increased amounts of alcohol and, as a result, have unprotected sex

Both factors can also increase risks for staff in resort areas.

Apart from the usual range of services for vulnerable populations, staff at New Century developed some innovative materials aimed at reducing HIV risk among holiday makers and staff working for the tourist industry. They built partnerships with local businesses, becoming the first NGO in the region to carry out HIV prevention activities at the workplace. They organized awareness-raising sessions for staff at luxury hotels, recreation centers and district authorities. Information stands on HIV/AIDS, STIs and safe behavior were designed and set up in hotel receptions and recreation facilities. Most successful was a small leaflet with simple guidance on adapting safe behaviors. The leaflet was distributed to holiday makers through hotel receptions and similar places. Inside the leaflet a condom was attached. At first hotel administrations had been concerned about distributing the leaflet/condoms, but in the end it was so popular it soon had to be reprinted.

2.5. Developing, implementing, testing and evaluating new integrated care models for Medication Assisted Treatment provision

Alliance Ukraine undertook numerous activities in its effort to meet the goal to develop, implement, test and evaluate new models of Medication Assisted Treatment provision as part of USAID SUNRISE project, work which helped contribute to a major scale-up of services for people who inject drugs.

Resistance to MAT

MAT holds extreme importance in reducing HIV transmission in Ukraine. In this section we describe the activities we carried out to meet the objectives, as well as some of the major obstacles we faced as we developed and implemented the program.

Although Alliance-Ukraine was aware of opposition to methadone treatment for people who inject drugs, it was not possible to foresee the level of resistance. First, there were some structural issues to address, which had been anticipated when planning the program. Second, and much more challenging, there was lack of cooperation and active hostility from some government departments and officials, whose actions left health workers and patients confused and afraid. These apparently “official” actions undermined confidence and threatened the MAT program itself.

The section ends with two case studies that highlight important breakthroughs to address both the structural and political challenges which made the program both possible and successful. Finally, we include a brief account of Anna, a woman whose story demonstrates the effectiveness of the new services for people who inject drugs.

The SUNRISE project came at a critical time for Ukraine. And I think it had two major contributions. First of all, technically it paved a way for exploring integrated approaches to medication assisted treatment in order to make those programs really relevant. I think, it was also important that the U.S. Government was a major partner on board as a contributor to the medication assisted treatment development in Ukraine.

Dr Gundo Aurel Weiler,
Coordinator, HIV/AIDS Department, WHO, Geneva,
Former HIV/AIDS Coordinator, WHO, Kyiv

The importance of MAT in Ukraine

In 2007, 40.1 percent of new HIV cases in Ukraine were among people who inject drugs, making this group the biggest most-at-risk population in the country. HIV prevalence among people who inject drugs varies from 17 percent to 87 percent depending on the region/city. In Kyiv almost two thirds of injecting drug users are living with HIV/AIDS. To reduce transmission of HIV it was clearly essential to work with this vulnerable community, and provide services to help them protect themselves, and others.

According to WHO⁵, people who inject drugs need Medication Assisted Treatment as part of a range of integrated services aimed at preventing and

⁵ Guide to Starting and Managing Needle and Syringe Programmes.
www.who.int/hiv/idu/Guide_to_Starting_and_Managing_NSP.pdf

addressing health related and social problems. Evidence shows that MAT helps people who inject drugs take more control over their lives, and therefore increases the likelihood that they will protect themselves and others from HIV. MAT provides a powerful way to reduce HIV transmission and also improve adherence to treatment among people living with HIV, and other infectious diseases. Despite the known effectiveness of these programs and the urgent need among people who inject drugs in Ukraine, these comprehensive services were simply not available at the outset of the program.

USAID SUNRISE project activities on MAT

In May 2008, we began a pilot project aimed to fill gaps in the existing assistance provided to people who inject drugs. The SUNRISE project would have to “blaze the trail” to scale-up comprehensive medical, psychological and social services for injecting drug users. Recognizing the challenging social environment in which it operated, the program has also protected the rights of people who inject drugs, ensuring them access to services.

Specifically the SUNRISE project aimed to:

- Provide MAT, HIV and other related medical, psychological and social support services to 300 HIV positive people who inject drugs (of which, at least 30 percent should be women)
- Create, implement, test and evaluate new models for MAT provision at different health service sites (AIDS Centers, drug treatment clinics, TB clinics, mental health clinics and general hospitals)
- Develop guidelines on MAT provision for replication of successful approaches for service providers and other countries
- Advocate for necessary legislative and operational policy changes to allow for rapid scale-up of methadone based MAT in Ukraine



Client receives MAT in Odesa

Overall, the program aimed to provide a continuum of care for people who inject drugs. To do this, it was necessary to depart from the inflexible structure of the Ukrainian healthcare system and introduce multidisciplinary teams to provide a one stop shop of specialized medical, psychological and social services, as well as MAT.

Preparation leading up to the implementation of the program included:

- preliminary assessments
- expert consultations
- project planning and a planning workshop for staff
- selection of pilot sites
- contracts with NGOs to agree the provision of psychological and social support and other services
- training for professionals in the newly formed multidisciplinary teams
- awareness raising events for policy makers and the broader community

Challenges met by the program

First, Alliance-Ukraine needed to get Ministry of Health (MoH) Orders in place to allow the program to begin. Although the program had already been formally agreed with the government, it was necessary to get individual Orders to authorize the supply, distribution and administration of methadone in state-owned healthcare institutions. Alliance provided assistance to MoH in preparing relevant Orders. Finally, the two prerequisite MoH Orders were issued. In January 2008, MoH Order number 14 allowed for the expansion of MAT for people who inject drugs in the cities of Kyiv, Odesa, and Mykolayiv. In June 2009 MoH Order number 444 approved the methadone distribution schedule which includes MAT further expansion to Kherson oblast and Sevastopol city, allowing to enroll a total number of 300 HIV positive people who inject drugs to the program. Unfortunately, these government Orders did not ultimately protect healthcare workers and patients from surveillance, harassment, and detention. However, low scale-up in some treatment sites obliged Alliance to re-strategize program implementation to achieve its target by asking for a re-distribution order from the MoH which allowed diversifying patient enrollment slots in different treatment sites.

There were a number of other bureaucratic, legal and law enforcement obstacles along the way. These included:

- delays in drug procurement caused by obstructive bureaucracy and red tape
- a legal challenge to the MAT program which temporarily shut down operations in a healthcare facility in Sevastopol. Here, city councilors took the program to court for administering methadone out of a communal property. With the law on its side, the USAID SUNRISE project successfully challenged the charge. This victory was shared widely with other MAT programs to help prevent further program closures
- the persistent interference of law enforcement authorities in the programs and the criminal prosecution of staff members at the Odesa

Oblast Drug Treatment Clinic discouraged health care facilities from continuing with or implementing MAT programs

- criminal prosecution of clients, mandatory registration of drug users and seizure of personal information by law enforcement bodies made potential vulnerable clients weary of joining the program

Alliance-Ukraine responded strategically, creatively and persistently to these challenges, as is demonstrated in the cases studies. Nevertheless, the persecution of health staff and clients certainly took its toll on the numbers of people reached in the pilot program. However, in spite of the enormous barriers Alliance-Ukraine still achieved almost all of its original targets.

Study tours on MAT



Participants of the study tour near Substance Abuse and Mental Health Services Administration, Washington DC

In order to study the process of implementation of MAT services in other countries, there were two study tours organized for medical specialists and governmental officials.

In September 20–25, 2010, a study visit to Lithuania to learn the experience of using integrated care approach in provision of Medication Assisted Treatment for HIV-positive PWID was conducted. Overall 14 participants from Ukraine, including one representative from the Ministry of Health, one — from Ukrainian AIDS Center, four Heads of regional Healthcare Administrations, and six Chief Doctors of clinics where MAT projects are implemented, took part in the study trip. Main

approaches and best practices in provision of medical and psychosocial services for PWID in Lithuania were learned by participants and possible implications in Ukraine were discussed in line with analysis of the existing limitations of the Ukrainian healthcare system. As the result of visit, all participants expressed their commitment to development of integrated care approach in provision of medical and psychosocial services for HIV-positive PWID on the regional level.

As part of the SUNRISE project, or Alliance-Ukraine organized a successful week-long study tour to the United States in October 2011. The aim of the tour was for participants to gain a greater understanding of the national HIV/AIDS strategic policy and clinical practices in the treatment of opioid-dependence through Medication Assisted Treatment (MAT). Eleven high level representatives from the Government of Ukraine as well as individuals from Alliance-Ukraine visited opioid treatment programs, health care institutions and U.S. Federal Agencies in New York, Baltimore and Washington, D.C. The Ukrainian Government delegation was comprised of officials from different ministries and departments; the Cabinet Ministers of Ukraine, Committee on Public Health Issues under the Verkhovna Rada of Ukraine, Ministry of Health of Ukraine, State Service on HIV/AIDS and other Socially Dangerous

Diseases, Ukrainian AIDS Center, the Ukrainian Medical and Monitoring Center for Alcohol and Drugs at the Ministry of Health of Ukraine, the Ministry of Internal Affairs, the State Penitentiary Service, and the State Service on Drug Control.

The study tour was designed so that the group could see MAT programs in as many different settings as possible: government as well as private and community-based, at local, state and federal levels in the states of New York and Washington, D.C. All the field trips were developed and organized in close collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA). A separate visit to Baltimore City Detention Center and Baltimore City Circuit Court was organized for the delegation to see first-hand a community treatment program. Time was also spent with Man Alive Inc., an outpatient substance abuse treatment program established in 1967 which is one of the first methadone treatment programs in the U.S.

During the tour, participants had an opportunity to meet with representatives of the Department of Health and Human Services, New York State Department of Health AIDS Institute, SAMHSA, and the Executive Office of the U.S. President of National Drug Control Policy and Drug Enforcement Administration.

Following the study tour, a follow up meeting was promptly held, led by the Adviser to the Prime Minister of Ukraine at the Cabinet Ministry in November 2011. At the meeting, participants presented their reflections on the trip and expressed their views for further development and improvement of the MAT program in Ukraine, drawing upon the examples of best practice experienced in the U.S. Participants emphasized the need for a more comprehensive approach to MAT provision to enable practitioners to address other medical-related issues linked to drug dependency (such as HIV, TB, Hepatitis), as well as the need to develop an effective psychological and social support for rehabilitation and reintegration of patients. The introduction of a liquid form of methadone and the creation of a national patients' register were identified as crucial next steps for further program development. Additional research on MAT in Ukraine will help generate country-specific evidence-based data. The participants also recognized the need to improve information and educational materials and conduct training for policy makers and healthcare providers on MAT and its

“Study tour to the USA was very intensive and informative: just in five days there were 17 (!) visits made to federal, regional and local level institutions and facilities in Washington, New York, and Baltimore.

The visit was very appropriate in the context of Decree of the Cabinet of Ministers of Ukraine No. 1002-r “On Approval of the Plan of Actions Aimed at Implementation of Medication Assisted Treatment for Opioid Injection Drug Users” issued October 12, 2011. The very first point of this Decree stipulates the necessity to study international and national experience in MAT programs among PWID. Based on the study tour results, a meeting of its participants was held in the Cabinet of Ministers of Ukraine on November 1, 2011 to present proposals on further development and enhancement of medication-assisted treatment program in Ukraine, taking into account experience of the USA in this area.

We would like to thank the USAID office in Ukraine and Alliance-Ukraine for preparing and conducting this event on high professional level. We are confident that the positive experience obtained in the course of the visit will facilitate scaling-up the effectiveness of MAT programs in Ukraine.”

M. Petrenko, Adviser to the Prime Minister of Ukraine

long term public health benefits. This study trip has added tremendous value to the ongoing MAT implementation in Ukraine and further strengthens the foundations for future MAT scale-up.

Outcomes of the program

As of September 2011, six regional NGOs are providing integrated medical, psychological and social services in nine healthcare institutions. Three hundred ten people living with HIV, and who inject drugs, are receiving methadone based treatment as part of a comprehensive package of services. Of these people, 100 clients are women, 32 percent of the total number in the pilot. Given the level of opposition to the program and the resulting difficulties in recruiting people, particularly women, who inject drugs, these numbers represent significant achievements for the program. Most importantly, the program achieved very high levels of treatment adherence among its MAT clients. As success is measured by the percentage of people who adhere to treatment, retention figures have been monitored closely. After six months, nine out of 10 clients remained on the program. After 12 months, this level dipped only slightly, to 87 percent of clients.

A survey among clients of integrated services and others using traditional non-integrated services, found significant differences in their take up of related services. The clients of integrated services used:

- HIV diagnosis and treatment services 14 percent more often
- TB diagnosis and treatment services 9 percent more often
- psychological and social services 6 percent more often

As these clients are aware they have greater access to medical, psychological and social services, they are more likely to identify and access the services they require. Clients of integrated services have few obstacles to accessing MAT, and they consider the personal support they receive more positively. They are also less likely to report the use of drugs, other than methadone.

Integrated care model

Detailed activities proposed within MAT integrated care projects

The proposed projects on provision of integrated services include the following activities:

- Implementation of multidisciplinary model for management of patients with opioid dependency, double (opioid dependency + HIV-infection) or triple (opioid dependency + HIV-infection+ tuberculosis) diagnosis. The approach proposes to enroll relevant medical or other staff as narcologist, infection diseases doctor, TB doctor, nurses and social workers, psychologists for implementation of integrated care projects activities.

- Enrollment of patients to the projects. Providing information about the projects to potential clients. Support in collection of all documents necessary for entrance to MAT.
- Organize possibilities of on-site access to the following medical services:
 - Diagnostics of opioid dependency
 - Prescription of methadone for MAT
 - Consultations of narcologist on changing doses, side effects, etc.
 - Blood sampling for diagnostics of HIV, CD4 viral load
 - Prescription of ARV drugs
 - Delivery of ARVs on the MAT site
 - Diagnostics of TB (fluorography, X-ray, sputum analysis)
 - Consultations of TB doctor and prescription of TB prevention treatment on-site
 - Provision of active TB treatment at in-patient facilities
 - Provision of psychological and social support interventions (individual consultations with psychologist, social workers, self-help groups, groups for discussion of healthcare topics related to HIV, MAT)
- Implementation of the case-management approach proposed the following activities:
 - Assessment of the psychological, emotional and social state of patients and their needs
 - Case manager together with client work out a plan for individual rehabilitation activities within MAT program
 - Regularly, at least once per quarter, planned activities are reviewed
 - Organization and provision of individual and group consultations
 - Support of patients' initiatives on organization of self-help groups
 - Provision of information on issues related to interaction with state services for social protection (support), renewal of personal identification documents (passports, etc.), assistance in finding options of employment or receiving social benefits, etc.
- In cases when the necessary medical services cannot be provided within one healthcare institution enrolled in the MAT project, a coordinative referral is used for addressing the needs of the patient during treatment. Patients are referred to other healthcare institutions within the city and the referral's results are tracked by the case manager.

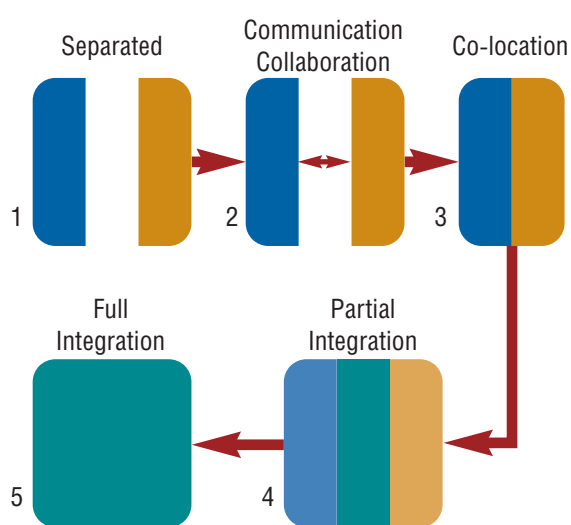
So, within the integrated care projects, patients receive, through a combination of direct service provision and referrals, access to an enhanced package of services that includes MAT, HIV/AIDS treatment, referrals for opportunistic infections such as TB, sexually transmitted infections diagnosis and treatment, as well as psychological and social counseling, legal support, and social assistance.

Assessment of integrated care in Ukraine

Integrated care approach assessments, which were conducted by several international experts with the period from 2007 till 2010 revealed that there

was almost a common conclusion in relation to the definition of integrated care in Ukraine. According to a mid-term review report from Robert Douglas Bruce in June 2010, “Integrated Healthcare” is a term that is used loosely with multiple meanings in Ukraine. The integration, that is, the creation of horizontal structures from a vertical healthcare structure is a great challenge. Each vertical “column” has its own doctor, own source of medication, own culture, and own definitions of practice. Asking the tuberculosis doctor to consider the needs of MAT (that is, to think like a narcologist) is a foreign concept because the TB doctor only does TB. Indeed, based upon conversations during this examination, within a specialization such as tuberculosis, the TB physician may only be familiar with inpatient treatment of tuberculosis and may not even be familiar with treatment as an outpatient.

Figure 3 — Options of Healthcare integration



A summary discussion of the basic Stages of Healthcare Integration (graphically represented at right) is detailed in the next chapter. In brief, healthcare structures begin as separated institutions and progress through communication and collaboration to eventually co-locating services. There is a strong distinction between co-location of services (i.e., putting various services under one roof) and integration. The latter crosses disciplines to improve health outcomes. For example, a co-located clinic is a narcologist in the AIDS Center doing methadone. Integration is when the HIV physician prescribes methadone. Partial integration is when service providers begin to expand their range of services within their own specific discipline. For example, TB physician and AIDS physician both provide medical care for an infectious disease.

Teaching the HIV physician to treat TB may be materially easier than teaching the HIV physician to diagnose and treat various forms of mental illness. This latter stage encompasses full-integrated treatment services.

Each institution begins its own unique integration process because each starts at different points and needs to integrate diverse services. The initiation point of the TB clinic would look different than that of the HIV clinic. The TB clinic, for example, already provides TB care, but would need to provide other services, such as HIV care⁶.

Integrated care model, best practice

The best practice for integrated health services in Ukraine is a clinical center capable of treating HIV, TB and drug dependency. The model must focus on the TB clinics and general hospital first because in these settings there are already existing medical infrastructures, where co-location of services is easily possible.

⁶ R.D. Bruce “Report on Integrated Treatment for HIV-Infected Opioid Dependence Persons: Ukraine”, Report from consultations June, 2010.

As for TB clinics, they remove individuals from the community for two months — something that neither HIV clinics nor narcology clinics are able to do. Efforts to integrate an HIV clinical component into all TB clinics are critical. Such integration includes having an infectologist, sanctioned onsite and able to prescribe ARVs. Furthermore, ARVs have to actually be onsite so that the patient, who is hospitalized for the first two months of TB treatment, is able to access and take the ARVs. The TB clinic, however, cannot discharge the responsibility of the patient once the first two months of treatment are completed. The continuation phase must remain the responsibility of the clinic and incentives must be created for both the patient and the clinic to reward individuals who complete treatment successfully. In addition to ARV therapy, the TB clinic must have effective drug treatment onsite; otherwise, individuals will leave prior to finishing treatment⁷.

In general hospital settings where the HIV clinic is primarily located, the opportunity exists for drug treatment and to administer DOT's for TB patients once they are diagnosed and the intensive treatment period is completed. In this scenario TB drugs will need to be located in the drug treatment facilities. Where effective drug treatment is limited (e.g., amphetamine use), clinics must have psychological and social support, a 12-step recovery program, and harm reduction all to try and help the patient stay safe and stay successfully in treatment.

Case studies

The MAT case studies that follow cover two significant breakthroughs achieved by the project: the inclusion of MAT as part of an integrated package for people who inject drugs, and the use of advocacy to break down barriers for the introduction of MAT. We also bring the project's successes to life with a story from Anna, a mother who has begun to turn her life around since receiving MAT.

Anna is a woman living with HIV in Mykolayiv. A mother of two, Anna was addicted to illegal drugs for many years. During this time, Anna had little incentive to take care of herself or invest in her future. Since receiving Medication Assisted Treatment under the SUNRISE project, she has begun to turn her life around.

In 1996, Anna registered for drug abuse treatment and was referred for an HIV test. She found she was HIV positive, but at that time, access to treatment for people living with HIV/AIDS was unavailable in Ukraine. Twelve years later, Anna was diagnosed with TB, the disease that had taken the lives of her two partners. During these difficult times Anna, and her two daughters (11 and 17 years), lived with her parents, who also supported them.

In March 2008, when Anna started attending the regional TB clinic, MAT was not yet available, so she continued to use illegal drugs. Her HIV, TB, drug dependency, and chaotic lifestyle made TB treatment very difficult. In two years she was admitted to the hospital on three occasions. Having a low self-esteem and motivation, and no money for condoms she continued to have unprotected sex, which led to two terminated pregnancies.

Fortunately, by January 2010, MAT had become available at the regional TB clinic. With this support, Anna decided to turn her life around and became a client of the SUNRISE project. Anna was diagnosed and treated for a range of infections and HIV related illnesses and is now preparing for antiretroviral treatment. Anna is making the most of the treatment and psychological and social counseling she has received. She actively participates in the project events and activities, and is clear about her future plans. Anna has been given a second chance by the package of services offered through the SUNRISE project. After years of support from her parents, Anna is now looking after her sick father in the Mykolayiv regional clinic. When he dies, Anna will go back home to Voznesensk and continue her treatment there. She is planning to get a job, so that she can support her mother and children.

⁷ R.D. Bruce "Report on SUNRISE project Providing Integrated Treatment for HIV-Infected Opioid Dependent Persons: UKRAINE", SEPTEMBER 2011.

Case study 8

USAID SUNRISE “Medication Assisted Treatment as part of integrated package for PWID”

Challenge

One of the many challenges to providing MAT was the way the Ukraine health service was organized. Services were divided into narrowly specialized fields, with little referral or cooperation between them. This structure made it difficult to build links between services, and provide a comprehensive package of services based on the needs of each client. For example, a doctor working in a specialized field cannot prescribe or treat a patient in a related field. Another gap was psychological and social services, none of which were available for clients of state-owned health care facilities. WHO emphasizes the importance of psychological and social support, combined with MAT, for clients dependent on opioids.

Solution

To address the challenges presented by the vertical health care structure, the SUNRISE project set up and trained multidisciplinary teams with professionals from related fields. For example, to provide additional services on a one-stop-shop basis from a TB clinic, additional staff would be taken on. New expertise would include substance abuse professionals, social workers and psychologists. The clinic would also establish good relationships with regional AIDS centers in order to provide CD4 and viral load measurements and organize antiretroviral treatment, as necessary.

The multidisciplinary teams would meet regularly to plan treatment strategies and coordinate decision making for specific clients. Placing the professionals together meant that decisions, and advice offered, would be based on awareness of all of the health and psychological and social related issues facing a specific client.

Result

By June 2011, the SUNRISE project supported six regional NGOs that provided integrated medical, psychological and social services in nine healthcare institutions, in five regions/cities: Odesa, Mykolayiv, Sevastopol, Kherson, and Kyiv. Forty seven members of the newly formed multi-disciplinary teams were trained in the provision of medical, psychological and social support and services for HIV positive people who use drugs.

Assessment carried out in 2010 and 2011 summarized the program’s ability to meet WHO recommendations within the context of the Ukrainian health system. The assessment found that it was possible to provide a comprehensive package of services by recorded client referrals, with minimal additional expenditure on infrastructure. To provide a one-stop-shop it was necessary to employ additional specialized staff.

The findings established that the SUNRISE project helped remove structural barriers to the provision of comprehensive services for clients. The targeted funding allowed healthcare facilities to meet the staffing requirements, bringing in previously unavailable qualified personnel. This support has enabled the program to establish a system of cross referrals between medical institutions. It has also developed good cooperation between NGOs, offering social support to the clients, and healthcare facilities providing medical assistance.

Overall, the findings demonstrate greater effectiveness of integrated assistance packages for people who inject drugs, as compared to stand alone MAT programs. The experience of using an integrated model working with specialized healthcare institutions in a rigid vertically structured system can now be applied to similar national programs in the future.

Case study 9

Advocacy helped break down barriers to Medication Assisted Treatment

Challenge

Hostility from government officials and lack of political will presented the most significant threat to the introduction and implementation of the MAT program in Ukraine. Because MAT treatment involved the banned substance methadone, it was necessary to get the regulatory framework in place from the outset. Although the program had already been agreed at the highest levels of Government and Government Orders regulating the use of MAT were in place, there were still challenges once the program got underway.

Since the program started, there has been a massive backlash from law enforcement and Government officials. Treatment at health care institutions was “banned” in Sevastopol in 2009 and drug dependent patients, medical staff and social workers have been arrested and detained throughout Ukraine. The most high profile of these cases was that of substance misuse specialist Dr. Ilya Podolyan from the Odesa Oblast Drug Treatment Clinic. In March 2010, three nurses and Podolyan were arrested and detained, while confidential patient records were seized. Dr. Podolyan was charged with spurious offences related to treating drug dependent patients.

Solution

When treatment was suspended, patients' privacy invaded and professionals arrested, Alliance-Ukraine swung into action. Jointly, with its partners, Alliance-Ukraine launched a campaign to highlight the abuses of over-zealous law enforcement officials. In June 2010, a joint petition on behalf of local, national and international organizations was sent to Ukraine's Prime Minister Mykola Azarov and Prosecutor General Oleksandr Medvedko. The petition requested the removal of barriers to treatment, the protection of patients and staff, and the release of Podolyan. Later in the same month, Alliance-Ukraine Executive Director, Andrey Klepikov, attended the National Coordination Council on Drugs at the Cabinet of Ministers. At the meeting Klepikov proposed a special session to consider barriers to MAT programs and how to protect the lawful rights of patients and healthcare workers. The world's leading independent association of HIV professionals, International AIDS Society, joined the campaign in September 2010. The Ambassador Eric Goosby, US Global AIDS Coordinator had a meeting with activists of the NGOs advocating medication-assisted treatment programs in Ukraine in the office of Alliance-Ukraine. The meeting participants discussed the burning issues in implementation of these programs in Ukraine and systematic violations of the rights of patients and medical staff. The Ambassador reaffirmed the need to scale-up the MAT programs (as it is stipulated in the Partnership Framework between the Government of the United States of America and the Cabinet of Ministers of Ukraine on Cooperation in Countering HIV/AIDS in 2011-2015) and assured that violations of the rights of patients and medical staff will elicit a proper response. Putting further pressure on the Government the campaign was covered by the international media including: The Guardian, British Medical Journal, Die Zeit, Lancet, Radio France and many other media outlets.

Result

Initiated by Alliance-Ukraine, the campaign achieved some notable successes. In September 2010, Dr. Podolyan was released on bail and in June 2011 all of the trumped-up charges were dropped. Ukraine's Prime Minister Azarov issued an order to consider the scale-up of MAT, and the Deputy Prime Minister directed a special Cabinet of Ministers session on MAT. The Head of Drug Enforcement was sacked and for the first time the Ministry of Health supported MAT in a public statement. Staff and patients remain wary, but for the moment evidence-based MAT services can continue undeterred.



**A gender sensitive approach in providing services was an impressive initiative under SUNRISE.
Client of project for female drug users in Slovyansk, Donetsk region**

USAID SUNRISE developed and supplied innovations for the national response

Part 3

SUNRISE project results
and innovations 2004 to 2011

In addition to the case studies featured in Part 2, there were many other innovative approaches that were tested and scaled-up under USAID SUNRISE project. This section includes some of these new and impressive initiatives that were developed and implemented.

To further enrich the comprehensive package of services provided under Goal 1 and 3 of the SUNRISE project, additional innovations were implemented. These included the development of new services and interventions aimed to reach new target groups, such as street children and female drug users and covering:

- A gender sensitive approach to HIV prevention among vulnerable groups and HIV/STI prevention among female drug users
- Preventing violence against FSW
- HIV Prevention among MSM in regions
- Start of the Mentor Support program
- Prevention of burnout among social and outreach workers
- Quality assurance to improve psychological and social counseling for vulnerable populations

A gender sensitive approach to HIV prevention among vulnerable groups and HIV/STI prevention among female drug users

At the start of SUNRISE, fewer than one in four clients accessing services were women. In order to address this, harm reduction initiatives were developed to specifically target women who inject drugs, in order to increase the reach of prevention services available to these women and reduce their risk of HIV. This project supported 872 female drug users and reduced the risk indicator by 3 percent.

“My husband overdosed and started to gasp for air, his lips and ears turned blue... At first I was confused and panicked, not knowing what to do! Then amidst all this turmoil I recalled what we had been trained to do in group sessions... The ambulance staff said that I had saved his life.”



Services offered specially to women were provided in addition to existing services for people who inject drugs. Young women in sewing room in Slovyansk-based NGO

HIV prevention among MSM in regions

In provincial regions of Ukraine, MSM had little or no access to care and support services as most facilities were located in large towns and cities. SUNRISE initiated outreach by city based organizations, and in regions where specific MSM NGOs were not available, a component was added to NGO services. Seven additional projects were provided with coverage of 14 towns.

"What can be sure is that this project changed my life completely."

Pavlo

Burnout prevention among social workers

Social work involves a high level of stress and can put a heavy psychological burden on individuals. It was recognized that social workers needed support in relaxing and preventing 'burnout'. Participants received psychological support, and learned skills needed to resolve personal conflicts and to separate work and their personal life.

"In the first five years of working at the rehabilitation center I practically did not have one day off. Frankly, I still wonder how I managed to survive. The project helped me realize that I was not moving in the right direction. I learned to relax and I would not answer clients' calls on the weekend. I realized that a person cannot go on non-stop. And you know, I saw the results."

Project client



Specialized training for women in Kostiantynivka

Case study 10

A gender sensitive approach to HIV prevention among women who inject drugs

Challenge

At the dawn of HIV service development, prevention programs offered universal services for women and men from most-at-risk populations. Most program clients were male. The ratio of women to men covered by harm reduction was fewer than one in four. The popular explanation for this was that fewer women were engaged in intravenous drug use and estimation data showed that women represented one third of the drug using population. However, disaggregated data from various organizations suggest that the proportion of women might be bigger. Epidemiological data on people who inject drugs show that women are far more likely to be HIV-positive, so it is crucial that programs provide services for women.

Initial attempts to do something for female drug users involved the supply of supplementary services that were intended for women and requested by them. The starting point for this was the SUNRISE survey conducted by Alliance-Ukraine in 2005. The survey covered gender stereotypes and norms among people who inject drugs and people living with HIV as a barrier to accessing prevention and care services. Results of the study were shared with NGOs and specialists through specialized meetings with social workers, and a website. Organizations arranged dress and toy making courses, hairdresser services and children's centers, as well as counseling with gynecologists. The operational survey held in 2008 under the SUNRISE project indicated that these women-targeted services were very successful in keeping the return rate among women high but had no impact on attracting new clients to the HIV prevention program. Furthermore, the survey showed that HIV services in Ukraine demonstrated little understanding of gender sensitive programs.

Larissa is a client of the charitable foundation Volya, in Uman, Cherkasy Oblast. After many years of drug dependency, and several attempts to give them up, Larissa has started Medication Assisted Treatment. She can now see a future without drugs

Larissa had been using drugs for 14 years and in that time was sent to prison three times. Each time Larissa was in prison she stayed off drugs. She believed that when she had served her time she could begin a new life. But every time, her life came full circle when she returned to her husband and friends who continued to use drugs. Larissa kept slipping into a downward spiral of drug use and dependency. Unlike many other drug users, Larissa and her partner held down secure jobs and earned good money, but they used most of their money to support their habit.

A good friend introduced Larissa to a service for female drug users offered by charitable foundation Volya. Larissa went along and at her first session she learned all about Medication Assisted Treatment.

Larissa signed up for the program the very next day and after just two days received her first treatment.

"After three days I experienced a positive result," Larissa explains. "Firstly, my nose wasn't running in the morning as is often the case with drug users. Secondly, I slept at night. Thirdly, I don't have to worry now about where to get drugs, as there is no need to go looking for them. Seeing that I feel fine, my husband also got all fired up to sign up for the MAT program. Unfortunately, he has to go to Cherkasy and get registered there, not in Uman. And that is currently impossible as he's constantly at work. But I'm sure that sooner or later he will realize that health is more important than work."

Galina saved her husband's life following training she received at NGO Oberih, in Kostiantynivka, Donetsk Oblast

"I've been a stimulant drug user for five years and my husband has been using opiates for about 11 years," explains Galina. "When they suggested that I take part in groups, my reaction was, 'What on Earth can they teach me? And who needs me there with my drug problem?' But my desire to get money and free syringes gained the upper hand and I finally came to the organization.

After the first two classes, I understood that the social workers treated drug users like normal people. They told us about new things and taught us what we really needed to know. I became particularly interested in the class about opiate overdose, First Aid and Naloxone. Probably, it was the hand of God... I was actively learning first-aid skills and putting the girls in the recovery position.

After the group session I made sure to receive another ampoule of Naloxone. Now I understand that all that had a special meaning. A few days later my husband overdosed and started to gasp for air, his lips and ears turned blue and he stopped responding to external stimuli. At first I was confused and panicked, not knowing what to do!

Then amidst all this turmoil I recalled what we had been trained to do in group sessions and I thought of my Naloxone. When my husband got a shot of Naloxone he immediately felt better. The ambulance staff said that I had saved his life. I completed the entire course of 12 classes.

I'm very grateful to the organization for their help, understanding and support, which is available at all times at the Donetsk region charitable foundation Oberih. I recommend it to all the people I know who use drugs and tell them not to be afraid to go to the NGO! Silence and fear can have sad consequences. Here [at the NGO] we meet understanding and non-judgmental people that are always ready to offer all the help we may need."

Occasionally, regional organizations carried out some work targeted at empowering women to make decisions that would enhance their prosperity and safety. But the approach was random rather than systematic. Due to the lack of understanding of gender concepts by social workers, women faced the risk of exposure to HIV. This was related to their lack of control over their life, including exposure to violence, dependence on drugs and male partners, being defenseless before the law, and restricted sources of income to support their habit.

"We believe that one of the greatest achievements of this project is the increased coverage of HIV prevention services for female drug users in our city. It should be noted that almost half of our clients became active volunteers engaged in prevention of HIV, overdose, sexually transmitted infections, etc. The Women's Club that was created by our clients meets every last Wednesday of the month and its activities are quite successful. While raising awareness of HIV/AIDS, girls began thinking about their own safety and health. 90 percent of our clients no longer reuse syringes, while 70 percent have reported they have started using condoms. Especially popular are female condoms."

An account from the staff at the *Our Help* NGO, Slovyansk

Solution

To address this issue, as part of USAID SUNRISE project, it was decided to develop a harm reduction project specifically targeted at women who inject drugs. The aim was to expand the coverage of prevention services to these women and reduce their level of exposure to HIV. Services offered to women within this project were provided in addition to existing services for people who use drugs. The project offered the following interventions:

1. Creating gender sensitive policies and procedures of HIV prevention service provision
2. Creating a physically and emotionally safe environment to provide gender sensitive services to females who inject drugs

“In Mykolayiv region there is a committee working with vulnerable groups at the Regional Coordination Council, comprised of representatives of NGOs and charitable foundations working with vulnerable groups ... Two of the most active women who inject drugs were identified to become members of the committee and now participate in decision making.”

An account from NGO staff at *Unitus*, Mykolayiv

3. Work towards improvement of the package of services for women who inject drugs
4. Establishing a gender sensitive outreach
5. Temporary child care
6. Peer educators training
7. Case management for female drug users

Difficulties

SUNRISE encountered difficulties due to the novelty of the approach. Social and outreach workers reported that they were unsure how to make their project gender sensitive, while their managers couldn't explain it. The organizations felt the need for guidelines for staff members, plus materials aimed directly at the target population. To a certain extent, these needs were satisfied

by the seven-day training, working meetings and technical assistance; the SUNRISE project also published a leaflet “Women and Drugs”. However, further work in this area is required to include development and publication of guidelines on the gender-targeted HIV services.

Another difficulty was that male clients were initially antagonistic towards the provision of “women's time” during which women could discuss their problems without witnesses. This hostility was addressed by outreach work explaining why this time was necessary or through individual counseling sessions with males.

Initially the project only worked with female drug users, and left out their male partners, ignoring the fact that they were in a mutual relationship. Transformational interventions needed to involve both the woman and her partner. The program was able to adapt and include the male partners of female drug users. The partners benefited from inclusion. Male partners followed the women into treatment programs and sometimes benefited from the overdose emergency skills acquired by women. When male partners benefit, that also helps female drug users.

Result

Between July 2010 and June 2011, SUNRISE supported a total of 872 female drug users, reaching almost 10 percent more than the project target of 800. The project met another ambitious objective to reduce the risk of clients for HIV. Over the course of just one year the overall risk indicator dropped by 3 percent (from 22 percent to 19 percent). The stories from two clients in this case study bring the impact of the scheme to life.

In addition to the specific results achieved by the project, there have been positive changes in terms of reaching gender equality at the level of organizational policies. The share of budgets allocated to services for women has risen and the percentage of women, including women who inject drugs, has increased. The SUNRISE project's success meant that it became part of the call for proposals conducted by the Alliance-Ukraine and supported by the Global Fund. Such on-going support is needed, for the work of eliminating gender inequalities and addressing the increased risks faced by women drug users has just begun.



Peer educators training in Slovyansk

Case study 11

USAID SUNRISE “Preventing violence against sex workers”



Training for 13 regional trainers and psychologists in violence prevention and response strategies in November, 2010

Challenge

There are strong links between violence and vulnerability to HIV, especially among sex workers. Studies on this issue recommend addressing gender based violence in the development and provision of HIV prevention projects. Before the SUNRISE project, few initiatives in Ukraine addressed violence in a systematic way. There was a gap in understanding the links between violence and HIV, as well as lack of skills and knowledge to address violence against SW on a local level through prevention projects and services.

Solution

USAID SUNRISE project integrated violence response into HIV prevention projects by working with regional NGOs that provide services to SW as well as communities which represent sex workers. The initiative involved training NGO staff and sex worker representatives in policies and strategies to reduce and respond to violence towards sex workers. Components of this SUNRISE initiative included:

- **Developing, and adapting for regional use, a guide “Sex work, violence and HIV”** to inform NGOs working with sex workers in major strategies and knowledge required for efficient violence response programs. The guide explains the links between violence and sex work and shows some successful strategies for addressing violence in the context of sex work.
- **Training 13 regional trainers and psychologists in violence prevention and response strategies** in November 2010. Participants took part in a five-day education session to develop violence prevention and de-escalation strategies, learn practical skills and analyze real case studies, in preparation for the design of a teaching module.
- **Training NGO staff and sex worker communities.** One training session in March 2011 involved 20 participants from all over Ukraine. The participants were social and outreach workers and psychologists involved in HIV prevention services for sex workers. The training included role play on addressing violence against sex workers, crisis counseling, as well as strategies to help sex workers protect themselves, avoid violence escalation while communicating with a client, staying healthy and safe at work. Participants were taught a referral system to ensure sex workers had access to social, medical and legal support. Guides were provided that outlined Ukrainian law regarding sex work and the professional duties of social workers in relation to the law, and law enforcement bodies. Finally, the participants developed mini-training sessions to run for staff, at their own NGOs back home.
- **Producing and distributing an educational video for NGO staff.** Between May and July 2011, Alliance-Ukraine produced a 30-minute video for sex workers, and service providers who work with them. The video includes strategies to

address violence and to engage with law enforcement agencies. It also includes interviews with experts, program managers and a board director of a sex worker organization in Ukraine, League LegaLife.

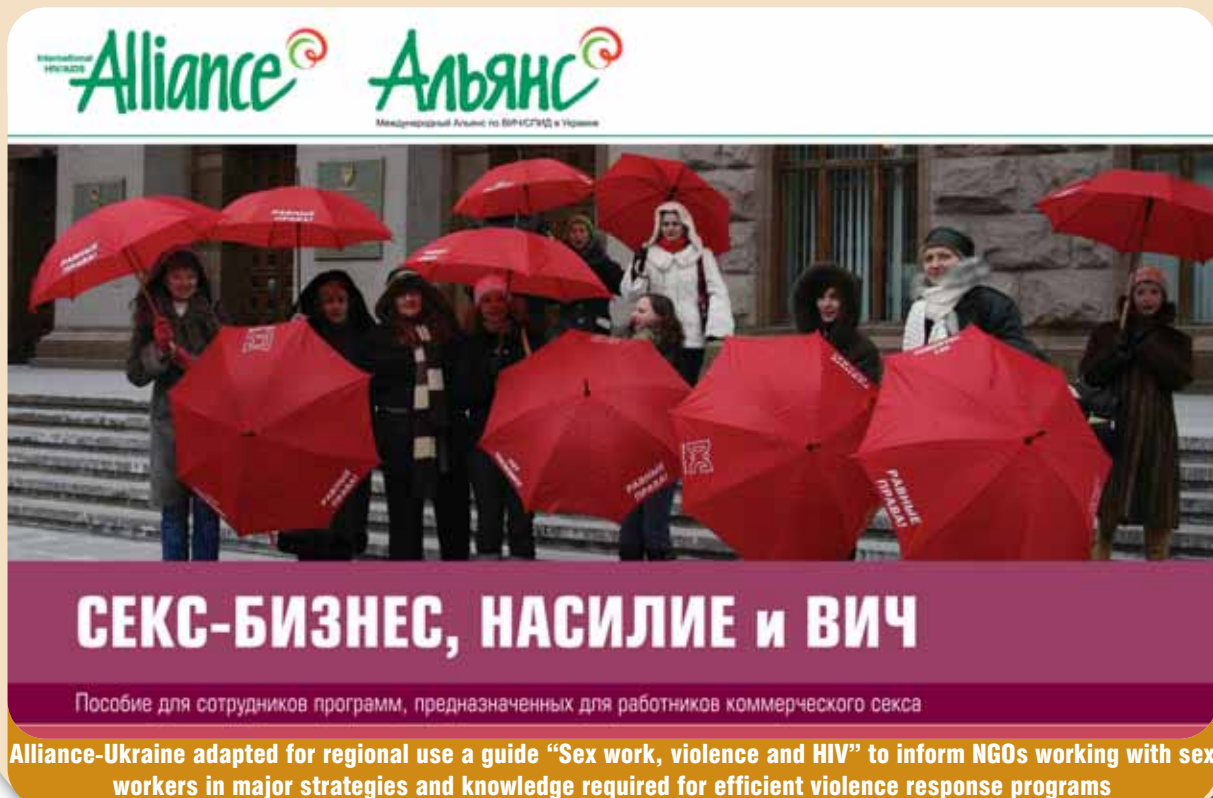
- **Training and supervising psychologists who provide counseling to sex workers.**

Between December 2010 and May 2011 a series of supervision trainings involved the psychologists offering psychological and social counseling to SW. Participants were trained in developing skills to conduct group and individual supervision of challenging cases of consultations for FSW, female drug users, MSM and NGO staff.

SUNRISE's October 13–14, 2011 workshop “Violence response as component in HIV prevention among sex workers: best practice and knowledge sharing”. The workshop presented results of an operational study performed in 20 sites of Ukraine over June-August 2011 to investigate violence rates faced by sex workers. The meeting also facilitated an exchange of information and knowledge between partners and stakeholders in the area of HIV prevention and violence response for sex workers; and initiated collaboration and networking between NGOs, community members, international organizations and state authorities to address the violence issue among SW.

Result

The guide “Sex work, violence and HIV” was used in NGO training, and 5,000 copies were distributed to NGOs. NGO project managers, outreach and social workers welcomed the guide for its true-to-life examples and its new and effective strategies to help clients prevent and respond to violence. The module developed after the training-of-trainers session, is being used to train NGO staff who work with sex workers, and has been distributed to regional resource centers and NGOs. The training for NGO staff in March 2011 was featured in an NGO newspaper with a circulation of 11,000, including all Alliance-Ukraine implementing partners. These innovative initiatives have strengthened HIV prevention activities so that sex workers, a particularly vulnerable group, are better able to protect themselves.



The image shows the cover of a guide titled "СЕКС-БИЗНЕС, НАСИЛИЕ И ВИЧ" (Sex Business, Violence and HIV). At the top, there are two logos: "Alliance" with a green swirl and "Альянс" in Cyrillic. Below the logos is a photograph of a group of people standing outdoors in winter, many holding red umbrellas. The title "СЕКС-БИЗНЕС, НАСИЛИЕ И ВИЧ" is written in large white letters on a dark purple background. Below the title, there is a subtitle in smaller white text: "Пособие для сотрудников программ, предназначенных для работников коммерческого секса". At the bottom of the cover, there is a yellow banner with the text: "Alliance-Ukraine adapted for regional use a guide “Sex work, violence and HIV” to inform NGOs working with sex workers in major strategies and knowledge required for efficient violence response programs".

Case study 12

USAID SUNRISE “HIV prevention among MSM in regions”

Challenge

Major donors, such as the Global Fund prioritized programs that could be scaled-up to reach maximum numbers of most-at-risk populations. This focus meant that services for MSM were concentrated in large towns and cities. MSM in regions had little or no access to HIV prevention, care and support services. On top of this, the parochial attitude in many regions meant that MSM were stigmatized and isolated. Heightened homophobia in provincial areas contributed to self-stigma and loneliness, making MSM here a particularly hard to reach group.

Solution

The SUNRISE project facilitated a practical solution. From May 2010, MSM in regions were accessed via outreach workers of city-based LGBT organizations. In regions not covered by LGBT organizations, an MSM component was added to NGO services. Outreach workers, trained in counseling, supplied condoms and information on safe behavior. A mobile clinic provided rapid testing for HIV, counseling by doctors, legal advice and referrals to other services. MSM were supported to set up self-help groups and HIV prevention training sessions were organized.

It wasn't that simple though. MSM in province were initially suspicious of NGO staff. Newly created MSM self-help groups were wary of new members, and sometimes refused to let them join. The LGBT and HIV service organizations found creative ways to overcome these issues, on a case by case basis. For example, one organization recruited clients via the Internet and newspaper ads. However, addressing the complex issues facing a persecuted community was not straight forward, and some of the issues that emerged were not within the remit of the program.

After contact with a volunteer from an MSM small towns project, Pavlo became an advocate of safe behavior

Pavlo, was introduced to the small town MSM/HIV prevention project by a friend of his. There he met Alexey, a project volunteer, who invited Pavlo to get involved. Alexey asked Pavlo to distribute free condoms to his friends, and later invited him to join a training session about HIV. Although skeptical, Pavlo agreed and found to his surprise and pleasure that he was among a warm circle of people who did not judge or label him.

“That day, I first took an HIV test”, explains Pavlo “I realized I was very much concerned about my own health, so I had to completely reconsider my behavior. Besides, I wanted to find a way to influence the behavior of my friends and acquaintances to make it safer.”

Pavlo now works as a volunteer of Zdorovye Natsiyi NGO in Krasnoarmiysk. He is proud of the fact that his work is useful to friends and society in general. He tells his friends about the risks of unprotected sex and gives them condoms and lubricants.

“What I can be sure of is that this project changed my life completely”, Pavlo concluded. “After I passed the training on safe sexual behavior, I came to understand clearly to what extent I was risking my health for all these years. Thank you for projects such as this one.”

Zdoroye Natsiyi NGO (Health of the Nation)

Afraid to make friends openly, Oleksander found refuge on a social network and dating site. Istok NGO had used social media to promote its work and provide a safe space for people to meet online

Oleksander is 21 and gay. His family and friends could not accept or understand his sexuality, so he moved away from home. He was afraid to seek new friends because of the public attitude to MSM. Instead he spent time at an internet café. On a social network website Oleksander found details about Istok NGO, alongside an MSM dating proposal and a discussion forum on issues related to MSM. There was information about HIV prevention and how to keep safe. First, Oleksander just read the entries posted by other men, and then little by little he got involved in the life of the community. Through the forum he asked questions, got acquainted and communicated with others.

After about a month he decided to go to the meeting point for MSM and social workers of the NGO.

“Now I am not alone in my strange life and I have got a lot of friends,” Oleksander explains. “I often visit the organization, its lectures, meetings and various counseling sessions. We spend time together with other clients, watch movies and play board games. It is great that there is such an organization, where people understand and support each other.”

Istok NGO, Mariupol, Donetsk Oblast

Result

In spite of the complexities, the program succeeded covering 2,508 MSM by seven additional projects implemented in 14 towns. In addition, the experiences of this SUNRISE project have facilitated future work under the Global Fund supported program which will now be scaled-up.

Town	Oblast	Population	Distance to the nearest services for MSM	Target number of MSM	MSM reached
Dnipropetrovsk	Dnipropetrovsk oblast	999,250	138 km to Kryvyi Rih	250	363
Nikopol		127,300	108 km to Kryvyi Rih	150	225
Volnovakha	Donetsk oblast	43,600	54 km to Donetsk	200	315
Enakieve		104,000	58 km to Donetsk		
Krasnoarmiysk		69,200	61 km to Donetsk		
Kramatorsk		169,100	95 km to Donetsk		
Sloviansk		117,100	119 km to Donetsk		
Snizhne		72,900	76 km to Donetsk		
Gorlovka		265,000	37 km to Donetsk		
Mariupol	488,736	115 km to Donetsk	150	595	
Kominternivske	Odesa oblast	6,506	47 km to Odesa	300	132
Belgorod-Dnistrovsky		50,452	86 km to Odesa		120
Bilyaivka		14,248	49 km to Odesa		125
Skadovsk	Kherson oblast	19,200	70 km to Kherson	300	382

Case study 13

USAID SUNRISE “Mentor Support Program” helps MSM change behavior

Challenge

Every year more than 18,000 men having sex with men are reached with prevention services under the Global Fund program. According to a survey in 2009, there is a high level of knowledge of how HIV is transmitted (71 percent) among MSM in Ukraine. Over nine in ten men (94 percent) knew that proper use of a condom reduces the risk of HIV transmission. However, only six in ten MSM (64 percent) used a condom during their last sexual encounter and the number of new HIV cases among MSM continues to grow. This demonstrates that knowing how to protect oneself does not necessarily lead to behavior change. There was a need to implement a project that would not only improve knowledge among MSM, but also lead to a change in behavior and attitude.

Solution

The Metrosafe mentoring model from London was adapted to fit the Ukraine context. The mentoring model involves peer to peer counseling over an intensive series of ten meetings. In 2009 the Youth Civil Society Movement in Odesa was the first organization to implement the Mentor Support Program.

A Mentor Support Program success story, MetroSafe in Kyiv

Yurij is 30 years old. He lives in Makiyivka where people who are “different” are not treated very well. Yurij has a traditional job as a laboring man. He had no choice but to hide his sexual orientation. After learning about the mentoring project from his friend, Yurij decided to take part.

“Before my participation in the project, I hadn’t been very selective in my sexual partners,” explains Yurij. “My sexual behavior could have been described as dangerous. In such life circumstances it is difficult and sometimes doesn’t make any sense to commit serious relationships with anyone. It is more than enough to have occasional sex on the side, away from home.”

“During the project I realized that I had to change my life somehow and change it for the better. It is clear that to be healthy is vital. I made a decision that even if I have a one night stand I will be protected. I learned how to use a condom properly, even though I thought previously that I knew how to use it correctly. Before that I had never paid any attention to the instructions on the condom packet. To my great surprise I realized that I did not do everything correctly.”

The program also encouraged Yurij to think about how he lived his life. “I thought a lot about my life and decided to change it radically. After a while I met a guy and decided to quit with one night stands. We’ve been dating for almost a month. Now I’m protected even with my boyfriend. As they say — better safe than sorry.”

“In fact, after the project it has become even easier somehow. I’m not worried about my sexual orientation any more. I am also a person and I need to be taken for the way I am. If there are any mistakes in my life, I’ll correct them. I know whom to contact for help or advice when I need any.

I’m grateful for this project, because I’ve not only found a friend with whom I worked in a pair for such a long time, but also for the radical changes I have made in my life.”

Each of the ten sessions takes the mentee through a staged process that addresses a range of factors proven to influence behavior. The mentor leads the sessions, which include:

- information on how to stay free of HIV and sexually transmitted infections
- a study of the emotional reasons why the mentee might engage in risky behavior
- a positive self-image and exploration of one's role in society
- an investigation of the influence of drugs and alcohol on safer sexual practices
- consideration of a worst case scenario, by exploring the social aspects of living with HIV

The program has an innovative approach using strategies that are proven to engage people in behavior change. Although the content provided is highly structured, it takes the form of a two-way discussion that allows the mentee to fully engage and explore the real reasons for his risky behavior. The dynamic between mentee and mentor is key. It motivates the mentor to engage in safer practices as he is keen to be a good role model. It also motivates the mentee to change behaviors to avoid disappointing the mentor.

The program relies entirely on volunteers. Both mentors and mentees join voluntarily because they find the process rewarding. As a result, the program supports social capital development and mobilization of the gay community. However, there were some challenges. There isn't a culture of volunteering in Ukraine so attracting volunteers and motivating them was at first difficult. This was compounded by the fact that the gay community is closed and hard-to-reach in Ukraine.

Result



The mentoring model involves peer-to-peer counseling



Mentor Support Program was one of the innovative approaches which helped MSM to change their behavior. Office of the program in Odesa

The results of the initial project in Odesa were very positive and provided a launch pad in 2011 for other projects outside the Odesa oblast. These included Gay Alliance (Kyiv), Health of the Nation (Makiyivka, Donetsk oblast), and the regional office of the PLWH Network (Kryvyi Rih, Dnipropetrovsk oblast).

The results of a survey taken at different stages of the process demonstrate a significant change in clients' behavior, attitude, skills and knowledge. The Gay-Alliance NGO in Kyiv noted an improvement of the average level of knowledge, skills, behaviors and attitudes from 56 percent to 92 percent. A more modest, but still positive change was recorded by the PLWH Network in Kryvyi Rih, with an increase from 83 percent to 90 percent. There are now plans to introduce the scheme in other parts of Ukraine.

Case study 14

Burnout among social workers is reduced

One of the key reasons of professional burnout syndrome is on-the-job stress. In 80s the level of cumulative “stress-related loss” in the companies, operating on the territory of the US (reduction in job performance indicators, insurance compensations due to accidents, sick leaves, and reimbursement of direct healthcare costs), averaged USD 150 million annually. Currently stress-related losses of the economy of Great Britain (sick leaves, absenteeism, sudden deaths or premature retirements due to alcohol abuse) amount to about GBP 2 million annually.

Challenge

Social work involves high levels of emotional stress and can lead to burnout, where professional staff are unable to continue in their work. The nature of AIDS service provision puts a heavy psychological burden on social workers. “Everyone had days when they worked from dawn till evening, without realizing that one needs to learn to relax,” explains Project Coordinator Elena Smolyagovich. “Some participants were HIV positive and they needed to learn to reorganize their activities. Some tried to forget the pain from seeing so many people dying”.

Solution

An intervention was developed to prevent professional burnout of NGO staff targeting the two main causes of emotional exhaustion. SUNRISE project participants received psychological counseling on prevention of the burnout effect during an extended break from work, in a holiday resort location.

Participants were given training sessions of seven to ten days in Karolino-Bugaz, a resort town in the Odesa region. Training participants included social workers and NGO psychologists. Participants worked in groups exchanging experiences and real life stories from their professional life. Group work helped participants solve personal conflicts at work and learn how to draw the line between work and personal life. Topics of the training included:

- developing time management skills
- effective team work including the ability to set boundaries and delegate duties
- psychological skills, for example analyzing emotions through drawings, examining behavior through story-telling and setting personal boundaries

On the first of day of training, project participants would undergo psychological testing to test the burnout effect and diagnose the level of burnout, allowing further work with the client. In the first half day participants rested and those who requested individual counseling by a psychologist worked with the specialist all that time. The program developed so that participants could work on their problems, relive particular situations and get rest.

Following the training, the participants shared the knowledge and skills they learned and ran similar training sessions in their own organizations.

Professional burnout syndrome is defined as the state of physical, emotional and mental exhaustion, developing in social sector professions. This syndrome includes three key components: emotional exhaustion (feeling of being tired and emotionally exhausted due to one’s professional activities), depersonalization (cynical attitude to the job performed and to one’s colleagues), reduction of professional achievements (feeling of being incompetent in professional area and of having failed in one’s profession).

Result

During each holiday season the project reached around 65 participants, supporting six to seven training sessions with around ten participants in each group. After three years the project reached around 195 NGO staff, with each employee participating in the project once. The training became very popular with the NGO staff. Elena Smolyagovich explains that places for staff got booked up very quickly and months in advance.

Now that these field trips for those people at the forefront of the AIDS response are no longer organized the problem of professional burnout continues. The program helped reduce burn out significantly among participants. Importantly, the benefits were extended to a wider group of staff through participants running training back at their NGOs. However, running the training at work overlooks the value of giving participants time off to focus on their own needs and challenges. Elena Smolyagovich believes that the field trips are important for promoting relaxation. Participants are able to put into practice what they learn precisely because they are out of the office. Following this, and other activities, training modules were developed and published by Alliance-Ukraine.

The burn out program was developed by NGO heads in Odesa in response to the long term emotional stress suffered by staff. It was effective in tackling burnout not only for staff but for one of the original pioneers Elena Smolyagovich

The first ever project in Ukraine on the prevention of professional burnout for staff of HIV service organizations followed an informal chat between heads of Odesa NGOs. Professional burnout was often the topic of conversation between these heads and it was hardly surprising. Their NGO staff would meet daily with inmates in prison and patients with terminal disease. They would witness overdoses, relapses, denial problems and death on a routine basis. When the Christian charitable foundation God's Grace acquired a property on a resort in Odesa, the charity's president, Vladimir Smolyagovich, and the organization's executive director, Elena Smolyagovich, decided they had an idea to help address the problem. They developed an interesting and unconventional project which immediately gained the support of the SUNRISE project. In 2006, just six months after project submission the first batch of ten participants from different HIV service NGOs from all over Ukraine headed for a 10-day training session to Karolino-Bugaz.

"It was a highly requested program," explains Elena Smolyagovich. "The waiting list was huge. On average we would review 300 applications, and only 60-66 participants could come." In 2006 Elena was anxious about recruiting enough participants, though within the first month all the places were taken and it was the same again in 2007.

Elena explains the benefit of the program: "By the end of the training session one group of participants would successfully solve life situations and problems, another group of participants realized the need to set personal boundaries. However, we also had participants who decided to quit work. In most cases, they would be HIV positive people, who would say that they do not have the strength to work with people dying of AIDS. They wound up in a vicious circle saying, 'Why am I exhausted? — Because I do not feel well. — And how come I do not feel well? — Because I am too hung up on the job'."

Elena's contribution to addressing the issue of burnout is informed by her own experience. "In the first five years of working with the rehabilitation center I practically did not have one day off," explains Elena. "Frankly, I still wonder how I managed to survive. I had many life situations where my need to help others tested by abilities. I think that I was lucky to work on the burnout prevention project. The project helped me realize that I was not moving in the right direction. I learned to relax and I would not answer clients' calls on the weekend. I realized that a person cannot go on non-stop. And you know, I saw the results... Even now on my way here I took a professional burnout test. And the results say that today I am great".

Case study 15

Quality assurance improves psychological and social counseling for vulnerable populations

Challenge

The role of the psychologists and the support they give to vulnerable populations is key in the HIV response. They inform the client about HIV, violence prevention strategies and available services. Services support clients to resolve conflicts and family problems as well as to develop strategies to create healthy and positive social relations and to cope after physical and sexual violence. They also motivate the client to change behavior and improve their wellbeing. Despite this, in Ukraine the system for providing psychological and social counseling was very weak. Poor knowledge and skills, staff burnout and poor supervision of staff meant that psychological and social services were inadequate.

"I learned how to see the bigger picture, begin to note personal achievements and areas for improvement that result in personal development."

Liga Association, Mykolayiv

Solution

"I learned how to make the client see the problem, establish contact with different types of clients, and work with 'difficult' clients in the group."

Donetsk Center for Social Services for Family, Children and Youth

International good practice shows that many of the issues regarding psychological and social counseling faced in Ukraine could be solved by the supervision model. This model raises the professional level of counselors by motivating them to improve their quality of work and helps to prevent burnout. Consultants can discuss problems with more seasoned colleagues who act as supervisors. Supervision of activities helps to strengthen professional qualifications and raises the specialist's skills and abilities.

The SUNRISE project developed and implemented a system to provide supervision to counselors across 14 regions of Ukraine and the city of Sevastopol. This work started in June 2010 and the focus was on counselors working with sex workers.

First, over 100 psychologists working in HIV were identified, and of these 32 were selected to act as supervisors. The supervisors were given training and attended workshops to develop their supervisory skills. Once trained, they provided supervision to counselors every two months. Four-hour sessions were held at the Inter-Regional HIV/AIDS Resource Centers. Those supervised included psychologists of HIV service NGOs, medical facilities and other organizations. A system was outlined to continually improve the quality of psychological and social counseling among counselors. This included the development of knowledge and skills through training. A supervision system provided quality assurance



The supervisors were given training and attended workshops to develop their supervision skills. Workshop in Mykolayiv

ensuring knowledge and skills were developed further. Finally, the quality of counseling was monitored through client feedback.

Participants in the scheme identified the need to expand the program, so that more time is spent on supervision and that the program is scaled-up, so that supervision is provided at a local level. Counselors also want more specific information on

"I learned how to organize the Balint group, work with difficult clients and work with transference... I gained new friends and [made] connections with the colleagues and learned how to prevent the burn out effect."

Poltava Youth Friendly Clinic

counseling techniques and tools and specialist knowledge for counselors working with specific groups such as prison inmates, youth, families in crisis, people who inject drugs and sex workers. These issues are being addressed in the final stage of implementation when the project will be scaled-up to all regions and risk populations. The project was scaled-up to all regions of Ukraine with support from the Global Fund. An additional 14 supervisors were selected

"I gained experience in supervision, continued to develop my knowledge on this work technique, applied the gained knowledge in practice."

Poltava City Center for Social Services for Family, Children and Youth

and trained. Techniques on counseling different vulnerable populations in HIV/STI prevention, social support, care and support were developed, and social workers have been included in the supervision system.

Result

The quality of psychological and social counseling improved as a result of the provision of training and guidelines. Currently 20 supervisory groups operate on a regular basis in 14 cities of Ukraine, and 180 counselors participate in the supervision process. A survey among participants of the supervision system shows the benefits

"I met with colleagues from other specialized organizations, now I can refer clients directly when needed. I learned about the new means of supervision support, which differs from what I know... I feel the support from my colleagues."

Network Service for Organizations, Dialogue (Lviv)

of the project from the year it started. Fewer participants regard their professional level as insufficient, and consequently more participants grew in self confidence. The survey showed improvements in a range of counseling abilities and improved levels of theory and practice. In spite of this, 10 percent more counselors indicated the need for further professional development. The survey also included heads of HIV service organizations (49 people in nine regions). More than half of the heads of NGOs (26) reported that psychologists performed their duties more efficiently. Sixteen heads of NGOs reported improvements in the professional development of their psychologists, 14 respondents reported that their psychologists became more confident in themselves and their work. Thirty nine of those surveyed reported that the psychologists independently organized the process of supervision of social workers and outreach workers at their organizations, thus spreading the benefits further.



Qualifying Session for Supervisors. Kyiv

"In the course of the group's operation the participants exchange experiences, they unravel their own potential in the process of work with difficult clients, do a lot of soul searching, analyze problem situations and find solutions to the problems."

Report from a psychologist working in a group



First stakeholders press conference of SUNRISE project



Close-out conference: SUNRISE project "HIV/AIDS Prevention among Street Children" component

4.1. Partnership at the national level

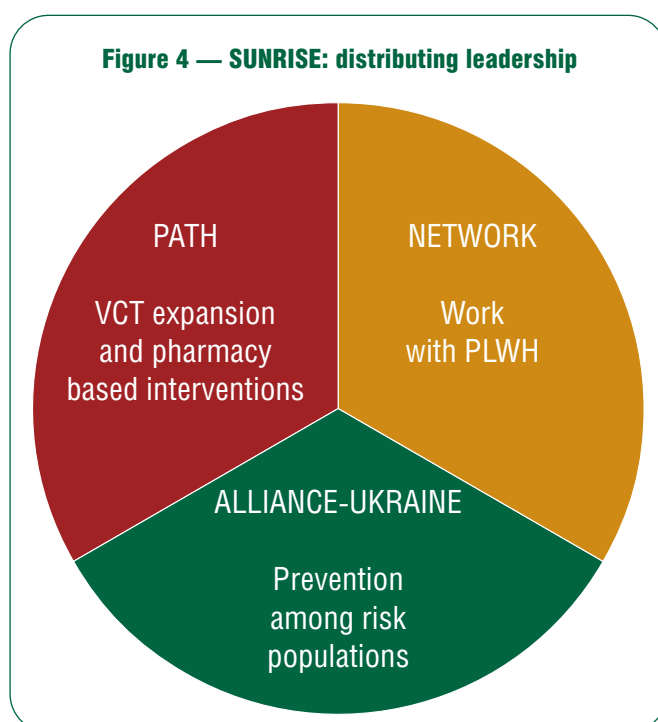
Under the SUNRISE project national partnerships were brokered and key organizations took lead roles in design, management and implementation. This section describes some of these collaborative arrangements that led to the success of the program.

Prior to the SUNRISE project there was poor coordination of HIV programs at the national level. Under the Global Fund grant there was an obligation that the Ministry of Health set up a Country Coordinating Mechanism but although a council was formed, it did not represent key stakeholders in the response, particularly civil society. This weakness contributed to the Global Fund's decision in 2004 to temporarily suspend the Global Fund grant, and hand over the responsibility of lead implementer (Principal Recipient) to the International HIV/AIDS Alliance and Alliance-Ukraine.

On taking over responsibility for implementing the national program the first and most urgent task for the Alliance was to set up a coordination and implementation mechanism with partners. Good coordination would ensure efforts and resources on HIV/AIDS national level were used efficiently and effectively.

The SUNRISE project designated leadership positions to different organizations, depending on their background experience and knowledge. Different organizations took responsibility for specialized areas of work, such as the introduction of new technologies into the health care system. The Alliance-Ukraine led in the area of prevention work with vulnerable populations and in the development of information and education materials. The Network took the leading role in mobilizing vulnerable communities and people living with HIV. PATH implemented the VCT protocol and organized the pharmacy-based prevention work. This distribution of leadership did not mean there was a division in activities. For example, although the Network led work with people living with HIV, the Alliance-Ukraine contributed to Positive Prevention through informational and training activities. PATH carried out most activities in the large-scale implementation of the VCT protocol, while the Alliance-Ukraine purchased rapid tests and introduced them into pilot projects. The Alliance-Ukraine implemented most of the activities on

Figure 4 — SUNRISE: distributing leadership



prevention among vulnerable populations, and PATH contributed to the development of pharmacy-based interventions. This work resulted in increased coverage of prevention for people who inject drugs by 17 percent. Also, the system for referrals of HIV-positive clients to care and support services was fine-tuned by the Network. The diagram on the previous page illustrates how overall responsibility was allocated.

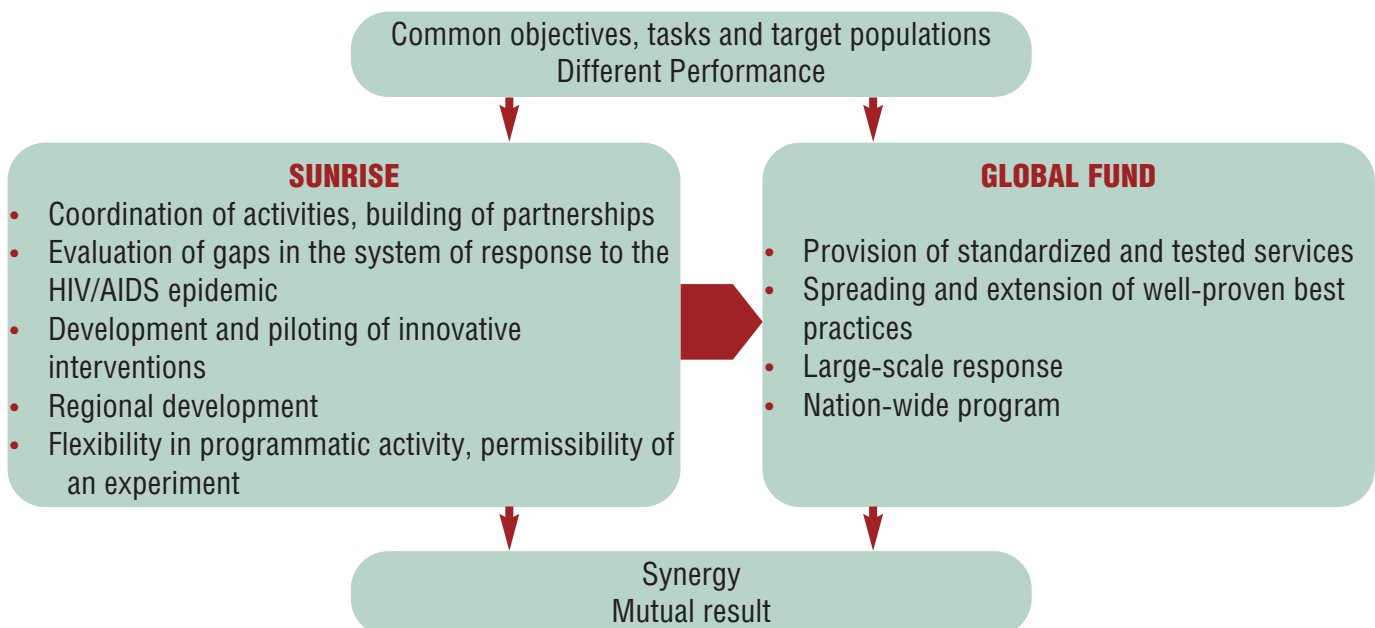
Over the course of the USAID SUNRISE project a number of arrangements were made to support collaborative partnerships in the national HIV response. The diagram shows how each of the organizations were interconnected in the overall HIV/AIDS response.

Synergy between USAID and the Global Fund supported programs

In 2004, Alliance-Ukraine implemented two large scale projects with closely aligned objectives and the same target groups. This included the USAID SUNRISE project and the Global Fund supported program. The Alliance coordinated the implementation of the programs to strengthen their mutual impact and avoid duplication. The SUNRISE project served two unique purposes.

First, it served as a strong force linking regional initiatives with the national program. The second role was as an experimental laboratory developing and implementing innovations. Under USAID SUNRISE project new ideas were piloted and tested in specific regions. Then successful interventions were scaled-up nationally under the Global Fund supported program. Tested and standardized services that advanced the response to HIV were significantly scaled-up in terms of the numbers of services provided and the numbers of people reached with new and improved services. The diagram below shows how the synergies of these two major programs were fully exploited.

Figure 5 — Operational interaction between programs assisted by the Global Fund and USAID



Cooperation between PATH, WHO, Ministry of Health and Ministry of Youth and Education

Effective & sustainable
partnerships and
community mobilization

Under the SUNRISE project essential partnerships were formed between non-governmental organizations, UN agencies and the relevant Ministries, particularly the Ministry of Health.

Cooperation with the MoH was an essential prerequisite for the implementation of all aspects of the program which involved the public healthcare system in Ukraine. For example, without this partnership it would have been impossible to implement voluntary counseling and testing. First, to get the training for VCT underway the MOH issued a letter to the heads of health care departments in the SUNRISE sites. As the heads had to release doctors for three-day training sessions, this Government support was critical.

Second, PATH participated in the VCT working group of the Ministry of Health and informed the group from firsthand experience of the challenges, obstacles and achievements implementing VCT at local and regional level. This led to PATH being actively involved in the development of a series of documents that regulate and inform VCT provision. Third, in 2008 PATH organized, hosted, and funded a roundtable on VCT reporting forms, within SUNRISE under the aegis of MoH and the Ukrainian AIDS Center. At this meeting, national and international experts advised on this important tool, which was then further developed by specialists of the Ukrainian AIDS Center.

At the regional level, PATH, with the Alliance and USAID Health Policy Initiative Project, organized a series of joint workshops on scaling-up VCT. The workshops were for heads of regional health care administrations, officials responsible for enhancing VCT provision at the regional and city level, and NGOs. In September 2006, one of these workshops included the Minister of Health's Advisor; the Deputy Minister of Health of AR Crimea; the heads and deputy heads of several oblast health care administrations; the chief specialists of MoH departments; the Director of the Ukrainian AIDS Center; and representatives of several international organizations. With such a high level of participants, the workshops also contributed to the creation of an enabling environment for the provision of quality VCT. Creating an enabling environment was also the purpose of another set of workshops. In 2007, PATH worked with the Department of Socially Dangerous Infections in the MoH and the Ukrainian AIDS Center to run workshops for health care managers. These workshops were for officials with responsibility for enhancing and scaling-up VCT services.

Significantly, PATH was one of the major organizers and co-funders of the first National VCT Conference which took place in December 2008. To organize the conference, PATH worked in partnership with:

- Alliance-Ukraine
- Ministry of Health of Ukraine
- Coalition of HIV-Service Organizations
- UNAIDS

- The L.V. Gromashevsky Institute of Epidemiology and Infectious Diseases
- P.L. Shupik National Medical Academy Of Post-Graduate Education
- Ukrainian AIDS Center
- USAID: HIV/AIDS Service Capacity Project in Ukraine
- WHO Bureau in Ukraine
- The Clinton Health Access Initiative (CHAI)

The conference aimed to encourage discussion on VCT and to develop proposals and inform strategy of the National HIV Program from 2009 to 2013. Taking part in the first national VCT meeting were 120 government and ministerial officials, VCT health care and social service providers, laboratory specialists, VCT master trainers, HIV service NGOs, and international partners.

Another important area where partnership was crucial was in piloting MAT as part of an integrated package of services for people who inject drugs. The Ministry of Health issued Orders to assist the expansion of access to MAT and approved the distribution schedules to release methadone.

In Kyiv the street-children project was implemented entirely by the Center of Social Services for Youth.

Complementary activities conducted with support of USAID donations

USAID donated 62,601,000 condoms and 450,000 femidons in 2010.

In June 2011, 30,000 condoms and femidoms donated by USAID along with informational materials were distributed during the World Hepatitis Day conducted by Alliance-Ukraine and OSI in seven Ukrainian regions. The campaign was broadly covered by national mass media: Inter, 1+1, 5 Channel, Ukrainska Pravda, ICTV, etc.

In May 2011, 50,000 condoms donated by USAID along with informational materials on HIV prevention were distributed by volunteers during the Health Day prevention activities in NTUU "Kyiv Polytechnic Institute" organized by Alliance-Ukraine, GIZ with university students union and other partners. More than 40,000 condoms donated by USAID were distributed during the World Health Day activities in Kyiv organized by WHO, Alliance-Ukraine and other partners.

At an early stage in the Alliance's role as Principal Recipient of GF Round 1 and SUNRISE grant in treatment related activities, WHO was critical that Alliance had not drawn on WHO's relevant expertise and technical knowledge in planning, creating and implementing interventions⁸. The Alliance took this feedback on board and thus WHO became a key technical partner for the SUNRISE project in the MAT area. This meant that a wide range of expert knowledge contributed to designing and implementing the SUNRISE project. In particular, the technical partnership with WHO contributed significantly to implementing the pilot models of integrated assistance for people who inject drugs. WHO contributed to the development of system monitoring and evaluation, as well as overall evaluation of the pilot models.

Another example of improved national coordination as a result of the SUNRISE project was with faith-based organizations. The following case study illustrates the impact of this work.

⁸ Roger Drew. Real-time Analysis of Experience of Grant Administrator Appointment. Trip Report 5. April, 10–16, 2005.

Case study 16

Faith-based organizations scale-up role in HIV response

Challenge

In 2006, with support from UNAIDS, the All-Ukrainian Council of Churches and Religious Organizations (AUCCRO) scaled-up their role in the HIV response. Representing 95 percent of all believers, their influence is significant. Interventions provided by religious organizations include HIV prevention, care and support for people living with HIV/AIDS, and rehabilitation and reintegration of drug dependent people. However, in 2007 the church-based HIV/AIDS services in Ukraine were unregulated. This meant there were no formal systems to collect data on the scope or impact of the services provided by religious organizations.

Solution

To build a picture of the HIV/AIDS services provided by religious organizations, Alliance-Ukraine conducted a survey as part of the SUNRISE project. The aim of the exercise was to ensure that people affected by HIV were provided with an integrated and comprehensive package of services at the site level.

The survey included a regional mapping of services; identifying a contact list of potential partners; and an assessment of the technical support needs of organizations and their staff. Thirteen representatives of churches (including nine representatives of seven denominations) were interviewed in-depth. There was also an analysis of documentation and materials about HIV/AIDS services provided by churches.

Result

Research showed that religious organizations provided useful HIV prevention, care and support services to almost 20,000 local faith communities, some of which are served by more than one religious organization. Target populations included: the public, young people, believers, drug users and partners, sex workers, street children, prison inmates and people living with HIV and their families.

Those interviewed agreed on the need for approval of programs to ensure quality and the need to build capacity of churches including HIV/AIDS training for clergymen, pastors, and parishioners. The research results were published on the Alliance website and in a Best Practice Guide. They were also presented in cooperation plans for regional coordinators and site coordination groups. UNAIDS used the research to more actively involve religious organizations in Ukraine's response to the epidemic.

Materials describing the contribution of churches and religious organizations in the HIV response and an analysis of prevention and monitoring activities, were shared widely among churches. Furthermore, a digest of information now assists Ukrainian religious organizations in developing and finalizing strategies and work plans to support the HIV/AIDS response in Ukraine. These materials are also useful for representatives of the state, public and international organizations working in the HIV/AIDS sector. The digest was developed by the All-Ukrainian inter-confessional charitable fund, Faith Hope Love, and 3,000 copies were circulated.

As a result of this work, the activities of religious organizations are better coordinated, and have become an even more effective part of the overall national response to the epidemic.

4.2. Regional partnerships/ regional coordination mechanisms

USAID SUNRISE project aimed at improving regional coordination to reduce waste, avoid duplication and ensure comprehensive coverage of services. This section describes initiatives by Alliance-Ukraine aimed at improving coordination.

Competition and poor coordination hindered the HIV response

In the early days, the HIV response in Ukraine was characterized by poor coordination between NGOs, state bodies and donors. The lack of regional and national coordination meant there was duplication of activities by different organizations, gaps in services and one-off provision of many interventions. Limited resources were sometimes not effectively used and as a result sustainable change was not achieved. Large HIV service organizations competed for donor funds to take projects to scale. These organizations sometimes competed with each other to provide services in sites that were already adequately covered. A lack of partnerships at the regional level contributed to poor allocation of available resources and budgets, and ineffective use of existing infrastructure, medical facilities and social services.

Initiatives to improve coordination

In order to maximize the use of resources and improve services for people affected by HIV, the SUNRISE project aimed to improve coordination among the key stakeholders in the HIV response. The program planned to build a single national program with single site programs, in contrast to the scattergun approach adopted previously.

- The first SUNRISE initiative, that aimed to build cooperation between stakeholders, was Participatory Site Assessments. Following assessments in nine of the most affected cities and regions in Ukraine, Site Coordination Groups were established to manage activities at a regional level. The Site Coordination Groups brought together all regional NGOs to set priorities and develop a single strategic plan for the region. Responsibilities were shared between all regional NGOs, ending destructive competition and making better use of limited resources. NGOs agreed to a set of principles for the joint development of project proposals. Principles included: funding proposals should take account of and complement existing services; all stakeholders working at an existing site should be involved in the development and approval of project proposals; and all proposals should contribute to an overall site strategy in the HIV response.
- Another important initiative to improve coordination was the establishment of Regional Coordinator posts, whose role would complement the Site Coordination Groups. In 2006, the SUNRISE project supported the costs of nine RCs in Cherkasy, Dnipropetrovsk, Donetsk, Kherson, Mykolayiv, Odesa oblasts, the AR of Crimea, Kyiv

and Sevastopol cities. Regional Coordinators maximized the impact of NGO operations within their region by providing technical support to NGOs, whether or not they were funded by Alliance-Ukraine. The support provided aimed to increase the efficiency of regional projects, and support the coordination of NGOs and government authorities in regional planning, implementation, monitoring and evaluation.

- All regional coordinators are members of regional (oblast, municipal) coordination councils (RCC) on HIV/AIDS, tuberculosis, members of working groups and special committees created by the coordinating councils. Four Alliance-Ukraine RCs are deputy heads of RCC (the AR of Crimea, Mykolayiv, Sevastopol, Odesa). This helps them to lobby community interests at the local government level in order to address the deployment and implementation of prevention programs and implementing innovative programs.

In addition, Regional Coordinators were active in the development of regional plans and played a leading role maintaining the work of existing Site Coordination Groups. They also provided technical support to NGOs involved in the HIV response.

Different regions chose different coordination models

Building on the Site Coordination Mechanisms, the nine regions developed their own coordination models specific to local conditions and needs. In some sites Regional Coordinators worked more closely with local authorities and law enforcement bodies. In others, the priority was to help regional NGOs combine efforts and coordinate activities. A different approach again is found in Odesa. Here an umbrella NGO was set up to represent 18 regional NGOs and perform the regional coordination function (see case study 17). The activities of Regional Coordinators aimed to establish cooperation between Alliance-Ukraine sub-grantees, government agencies and other NGOs and international organizations. This would avoid duplication of activities and funding for HIV/AIDS prevention programs in the region. Government agencies involved included AIDS centers, drug, STI and TB treatment clinics, law enforcement agencies, the Penitentiary Department and sanitation centers. All these state agencies and NGOs worked together to deploy and support activities such as harm reduction programs; prevention and treatment of STI, HIV, viral hepatitis; and waste management of used consumables like syringes, needles, and materials for testing.

Results of better coordination

Some of the successes attributed to improved regional coordination include:

- Joint annual regional planning in eight of the nine regions helped engage new implementing partners to mobilize vulnerable populations and extend the program to new areas, previously not covered.

- In Mykolayiv the public sector combined efforts by dividing areas of responsibility along geographic lines and those of different vulnerable communities. Improved coordination and excellent relations with the public sector were achieved due to the fact that the Regional Coordinator had previously been a government official.
- In Dnipropetrovsk fruitful cooperation with the Social Services for Family, Children and Youth resulted in joint planning with NGOs and joint meetings and conferences.
- In Dnipropetrovsk the Regional Coordinator resolved the issue of needle exchange in drug stores involved in the implementation of prevention programs. The coordinator also resolved the issue about proper disposal of used syringes.
- In Mykolayiv region, Regional Coordinators have developed a mechanism for referrals between health professionals (narcologists, TB, infectious disease) and NGOs; the transfer of medicines to regional health care institutions in cases when the patient on MAT is hospitalized.
- Between April and June 2008 four Regional Coordinators supported the Levi Strauss Foundation Project to raise awareness of HIV and provide testing for students. Regional Coordinators lobbied local authorities and relevant ministries to get the program approved. As a result 100,000 students received information on HIV/AIDS and 15,000 students were given rapid HIV tests within the context of voluntary counseling and testing.
- As a result of activities by Regional Coordinators there is an increasing range of harm reduction programs. Also the geographic coverage and number of partners involved in the implementation of prevention programs is increasing. In 2010, 19 new pharmacies in four regions were engaged in the program bringing the total number of drug stores involved to 123. Also 14 new NGOs started work in eight regions and four regional Centers for Social Services for Youth in the Crimea.

Regional Coordinators make a significant contribution sharing best practices of Alliance-Ukraine programs at regional level. They also ensure this perspective is understood by representatives of international organizations, donors, stakeholders, journalists and academics of scientific publications.

Overall, improved regional coordination has had a significant impact in maximizing the investment of resources. The resulting increased efficiency and better coordination has meant that NGOs have been able to expand the reach of their joint programs.

The case study that follows provides a solid example of how one region improved their coordination structures. This example shows how the combined efforts of NGOs in one region have changed the way the state provides social services. For the first time in Ukraine, social services can now be contracted out to NGOs.

Case study 17

NGO set up to coordinate response in Odesa

Challenge

Like in other regions, there was little coordination of the HIV response in Odesa. NGOs concentrated their prevention, care and support services in the city of Odesa, while there was an acute lack of services in other parts of the region. NGOs pursued their own strategies; they sought funding and ran projects that they operated individually, without awareness of the activities of other NGOs or in the regional context. Also, to address obstacles NGOs individually lobbied local, regional and national government. With so many NGOs and issues involved this was time consuming for both NGOs and decision makers.

Solution

In 2007, NGOs operating in Odesa decided to get together to plan their work across the region. With support from the SUNRISE project, the NGOs organized a strategic planning session to identify the gaps in services and consider how they could fill them. The session enabled the NGOs to see the wider context of the HIV response and talk openly about competition between them. As a result of the meeting NGOs addressed overlaps and explored synergies between projects. As a result the quality of projects improved and competition between NGOs became more productive. Inspired by the meeting, and again with support from the SUNRISE project, a regional NGO was set up to coordinate and represent NGOs working on HIV/AIDS in Odesa. The charitable foundation, *Union of Non-Governmental Organizations of the Odesa Region — Together for Life*, was born. One reason for setting up the organization was to represent the interests of NGOs to donors and decision makers at all levels.

Result

Apart from advocacy, Together for Life offered NGOs an opportunity to be represented in regional coordination councils, and through these they influenced regional policy on the HIV response. Just three of the regional bodies they are now represented on include:

- Coordination Council to Control HIV/AIDS, Drug Abuse, TB and Child Homelessness under the Odesa Regional State Administration
- Public Council under the State Department for Execution of Punishment, Odesa
- Public Council under the Department to Control Illicit Drug Circulation of the Ministry of the Interior

Dividing activities between NGOs has meant that together they have been able to significantly scale-up their geographic coverage, now reaching small towns in Odesa that previously were not covered.

Another achievement of the SUNRISE project is the introduction of contracted social services into the regional budget structure. In May 2011, after four years of intensive lobbying, the Odesa Regional Council agreed to the proposal. This means that NGOs in Odesa can now be contracted to provide social services, such as HIV prevention, care and support for people who inject drugs and people living with HIV. Donor funds within the regional budget can now be directed to agreed initiatives.

Tatyana Afanasiadi, the President of Together for Life explains the impact of this: “Before we were told what drug users and people living with HIV need. After these efforts drug users and PLWH speak out about their needs.”

4.3. Community mobilization

Although the principle of community mobilization was long understood and advocated for by Alliance-Ukraine, empowering communities presented a particular challenge in the former Soviet country. Here, decision making was historically and culturally centralized, and so naturally the response to HIV was planned from the center by the Government.

This section demonstrates the value of USAID SUNRISE project in supporting community mobilization. A short introduction provides some context to the issue of community involvement in Ukraine. This is followed by three case studies that celebrate the innovative work of Alliance-Ukraine and the All-Ukrainian Network of People Living with HIV in strengthening vulnerable communities so that they are able to participate actively in the HIV response.

Community mobilization projects allow us sharing best practices with the regions still living in the ‘Stone Age’ from the point of view of substitution treatment program quality. Not only the quality of substitution treatment programs improve. We upgrade our professional level, representing the interests of community members in the national Social Councils at the Ministry of Interior and the Group for Substitution Treatment Issues at the Ministry of Health of Ukraine. We provide support in mobilizing active members of substitution treatment community in Belarus and Georgia. Through holding together, the community transforms its needs into tasks. And our next step is changing the healthcare system by adapting it to the needs of people.

Olga Belyaeva, Medical psychologist/Head of Board NPO
“Association of Substitution Treatment Advocates of Ukraine”

Since 2001, Alliance-Ukraine established its reputation as a lead organization coordinating the national HIV response. As a member of civil society, Alliance-Ukraine had a strong team experienced in empowering vulnerable communities. The SUNRISE project provided valuable support to trying innovative ways to engage and mobilize members of vulnerable communities in Ukraine. One innovation to mobilize vulnerable communities in the response to HIV is Participatory Site Assessments implemented under USAID SUNRISE project. This is featured in case study 18. We also show how the All-Ukrainian Network of People Living with HIV supported its membership to grow and develop the organization. Finally, the third case study shows how Alliance-Ukraine developed systems to strengthen and support activist groups as they get established.



The SUNRISE project provided valuable support to engage and mobilize members of vulnerable communities in Ukraine. Conference of LGBT organizations, Kyiv

Case study 18

Participatory site assessments engage most-at-risk populations

Challenge

For the SUNRISE project to be a success it was essential to engage most-at-risk populations and to mobilize their skills and knowledge in the implementation of the projects. The challenge was how to access and involve these hard-to-reach communities.

Solution

The project adopted Participatory Site Assessments as the main way to engage most-at-risk populations in the projects from the start. The PSA is a structured, participatory assessment methodology developed by the Alliance. It helps estimate the size and characteristics of different high risk populations in each location. It identifies the HIV-related prevention, care, and support needs of communities, as well as existing HIV programs and gaps in the services.

Sites were selected for rapid and intensive start up on the basis of high concentrations of populations that are key to the Ukrainian epidemic: people living with HIV, people who inject drugs, men having sex with men and sex workers. The locations included highly affected cities in the AR of Crimea, Dnipropetrovsk, Odesa, Donetsk, Kyiv, Mykolayiv, Cherkasy, and Kherson regions. People from most-at-risk populations were engaged to collect and assess data, and then to contribute to the development of project proposals. This process has a significant impact reducing risk and stigma, both for the individuals directly involved and for members of their communities. This practice of putting most-at-risk populations in key roles helped establish contact with hidden, vulnerable communities, who didn't previously have access to any services. The information gathered also provided the SUNRISE project with baseline data, essential for later project monitoring and evaluation.

Participatory Site Assessments involve four stages of assessment and planning conducted by community teams over several months at each site. PSAs were launched in three waves. The first wave started in January 2005 and worked with people who inject drugs, sex workers, men having sex with men and people living with HIV. The second worked with the same vulnerable groups and started at the end of 2005. The third wave, working with street children, started in March 2010.

The first wave of Participatory Site Assessments was conducted in 12 sites. Thirteen PSA teams were recruited and trained to conduct interviews with members of key populations. By the end of the data collection phase 13,723 people had been contacted, interviewed and informed about HIV and the SUNRISE project. Thirteen Site Coordination Groups were set up with members from vulnerable communities and local NGO representatives. These groups reviewed the information gathered, and on that basis decided what new services should be funded by the SUNRISE project.

The second wave of PSAs started in December 2005 and followed a similar pattern. This wave resulted in the formation of 22 local Site Coordination Groups. These groups also developed project proposals to address vulnerabilities of key populations and gaps in services. As a result of both waves of PSAs, 24 projects covering 31 sites were approved and implemented. In March 2010, the PSA process was adapted and used with street children (see case study 2).

Result

The PSAs laid the groundwork for well designed, appropriate projects. The fact that the projects were owned and managed by vulnerable communities and local NGOs ensured they were more able to link with existing services and were more relevant and accessible to most-at-risk populations. As a result of the PSAs many impressive and innovative projects emerged to fill the gaps and address the needs that they identified.

Case study 19

PLWH community mobilized

Challenge

The All-Ukrainian Network of People Living with HIV was established in 2001. The community- led organization had experience managing pilot projects with relatively small budgets. It had little experience implementing national programs, networking and providing services for people living with HIV. It was a fledgling organization, not yet represented in every big city and region, and its membership needed support to fully engage in the HIV response.

Solution

With support from USAID SUNRISE project, the PLWH Network provided training and technical assistance to local HIV NGOs and lobbied to ensure adequate representation on decision making bodies. It strengthened its regional branches and empowered local leaders and community advocates to provide a voice and representation for their communities.

Between 2004 and 2009, USAID SUNRISE project supported the PLWH Network to provide knowledge and skills training for community based groups. A total of 14 training sessions engaged 290 participants in everything from leadership and teambuilding, to how to avoid burnout. Initial sessions included basic skills to help small groups secure funding, while later sessions helped informal groups register as formally recognized, independent or affiliated, entities. In addition to training, 82 technical support visits were made to community based groups to help them gain official status, develop strategies or identify, and collaborate with, other organizations. In 2006, a regional development department was established at the PLWH Network headquarters to further build the capacity of local activist groups and registered regional branches.

Apart from building capacity it was also important to ensure that the PLWH were adequately represented on decision making bodies. Between 2005 and 2007, the PLWH Network and its members successfully lobbied for representation on Coordination Councils, Cross-Sectoral Regional Groups and Monitoring and Evaluation Groups. These groups organized and coordinated regional programs on HIV prevention, care and treatment, so it was critical that PLWH were able to inform decisions and make contributions from their direct experiences.

Result

The USAID SUNRISE project made a significant impact in building the capacity of the PLWH Network. Between 2004 and 2009 the Network increased their membership by two thirds, from 300 to 500. From a network of 15 regional branches they grew to 19, with one in every region and big city. In addition, by 2009, the Network had 14 groups officially aligned to the Network and 13 groups going through a process to formally join. Members of the PLWH Network secured representation on all the regional coordination and decision making bodies involved in implementing HIV programs. Through active participation PLWH ensured urgent issues facing the PLWH community were addressed. Increasingly PLWH initiated and led key meetings. Some significant successes include:

- Involvement in national and regional working groups to develop HIV programs for 2009 to 2013, which resulted in improved HIV prevention, care and support services
- Increased support for advocacy opportunities, such as World AIDS Day, and funding for initiatives to support PLWH
- Lobbying on PLWH issues helped address discrimination and create a more enabling environment
- Stronger advocacy capacity has enabled the PLWH Network to get its voice heard and increase pressure when needed. Successful advocacy strategies to address structural barriers to HIV programming have included:
 - removing obstacles to Medication Assisted Treatment;
 - saving USD 8.5 million in procurement of antiretrovirals so that an additional 3,000 children and pregnant women could receive treatment.

Case study 20

Mobilization and capacity building for vulnerable communities

Challenge

The capacity of activist groups was strengthened so they could take a critical role in the HIV response. As the process of strengthening groups is ongoing, it was important to understand the different stages that groups go through before they become fully functioning organizations, effective in the HIV response. This understanding would help to inform and empower groups to address any remaining capacity issues. More importantly it would help to predict, and systemize, the support needed by, and offered to, newer groups embarking on the process.

Solution

In 2007, Alliance-Ukraine ran an action research program with 37 activist groups (PWID, SW, MSM, and PLWH). The groups included those recently registered, not yet formally registered and existing national community networks. Group discussions and in-depth interviews identified the different stages of development an activist group goes through. The research found two distinct group models: 1) Vulnerable communities invited to join professional groups of doctors and social workers and 2) Vulnerable communities that had got together in geographic locations. The way the groups were formed led to different dynamics between the two models. The former group behaved more as customers, and asked what the professionals could do for them. Supported to come together by bigger more established organizations, the latter group shared a common purpose and aspired to solve their problems together.

Both types of groups went through similar stages in their development, suggesting that community mobilization follows a logical sequence. Groups identified the tasks they needed to undertake and the challenges these presented at each stage. By overcoming the difficulties the groups were able to progress to the next level of development. Four steps were identified that led to the formulation of a group with a common vision. These included: 1) setting up a group; 2) structuring the organization; 3) developing a strategy; and 4) forming partnerships with other organizations. With the different stages defined, it was possible to identify what types of technical support and other resources newly formed groups need. The first stage is focused on forming a group, so it involves leadership and team building development to motivate members. It also involves the provision of safe premises, so that members feel secure. In the second stage the group becomes more formalized with roles and responsibilities defined, and rules for membership agreed. Support at this stage includes training on organizational development and mechanisms for community decision making. The third stage involves education and professional development and the fourth coordination mechanisms for working with other organizations.

Result

Armed with an in-depth understanding of how groups develop, Alliance-Ukraine produced a comprehensive training manual to help strengthen community groups at every stage of their development. In 2007, under the SUNRISE project, Alliance-Ukraine conducted training for the group members using the new manual. The groups showed appreciation for both the manual and training.

Before launching mobilization projects in Ukraine, there was almost nothing to unite communities in the country. Each community member was only aware of his or her own issues and learned to confront challenges through his or her individual effort. The community was weak and underdeveloped. Implementing mobilization programs allowed enabling and uniting leaders and activists from various cities and regions of Ukraine. Thanks to the project, leaders got a platform to work and communicate with the community members throughout Ukraine. At the moment LGBT community became strong and really started implementing activities aimed at countering HIV/AIDS epidemic, stigma, and discrimination. Now I do believe that the community will be able to protect itself and achieve equal rights.

Dmytro Pichakhchi, All-Ukrainian Charitable Organization "Tochka Opory"



Client of the project. NGO 'Hope and Salvation', Simferopol

Summary of results

Part 5

SUNRISE project results and innovations 2004 to 2011

The SUNRISE project achieved its primary goals to:

- Effectively reach at least 60 percent of most-at-risk populations with effective, high-quality information and services to prevent parenteral and sexual transmission of HIV in strategically selected sites
- Increase the accessibility of high-quality care and support information and services for PLWH and other populations affected by the epidemic
- Strengthen the prevention-care continuum with a particular focus on improving the quality and reach of VCT services
- Strengthen the ability of local organizations and communities to collaboratively analyze plan, deliver, monitor, and evaluate newly introduced information and services

The table shows the results and indicators for each of these primary goals.

USAID SUNRISE program succeeded in its aim to substantially decrease HIV transmission by significantly increasing access to, and use of, high quality prevention and care services, by most-at-risk populations. This section provides a summary of the program's achievements and its impact on reducing HIV transmission. First the primary goals and indicators are reviewed against those set at the outset of the program. Then we examine HIV prevalence among people who use drugs and the general population in the SUNRISE program regions.

Table 02 — Achieving the SUNRISE project goals

Goal	Description	Results and indicators
Goal 1	To effectively reach at least 60 percent of key population groups with effective, high-quality information and services to prevent parenteral and sexual transmission of HIV in strategically selected sites.	Overall 235,864 clients from key population groups received services, which is 66 percent of the estimated size of these groups by the end of main project implementation as of September 30, 2009.
Goal 2	To increase the accessibility of high-quality care and support information and services for people living with HIV and other populations affected by the epidemic.	44,077 PLWH were covered with services and information by the end of main project implementation as of September 30, 2009.
Goal 3	To strengthen the prevention-care continuum, with a particular focus on improving the quality and reach of VCT services.	1,135 VCT-providers were trained by the end of main project implementation as of September 30, 2009; 50,230 VCT HIV tests were provided by the end of main project implementation as of September 30, 2009. Totally 63,069 cases of VCT were provided as of September 30, 2011 using rapid tests for HIV.
Goal 4	To strengthen the ability of local organizations and communities to collaboratively analyze, plan, deliver, monitor, and evaluate newly introduced information and services.	7,538 individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and or being faithful as of September 30, 2011; 1,205 individuals trained in HIV-related institutional capacity building by the end of main project implementation as of September 30, 2009.

Overall, the program achieved its targets and in many cases surpassed them (see table 03).

The behavior of vulnerable population was changed from risky to safer

Harm reduction programs have resulted in a steady progress on safer behavior among populations at risk. Behavior studies indicate that a higher

**Table 03 — Project Performance in nine project regions of Ukraine:
Targets and Results as of September 30, 2011**

Indicator	Planned	Achieved	% of the planned target	% of target population
Number of injecting drug users reached through community outreach that promotes HIV/AIDS prevention	125,000 male: 93,750 female: 31,250	125,550 male: 91,476 female: 34,074	100.5	66.9
Number of female drug users covered by gender specific prevention services	800	1,347	168.4	-
Number of SWs reached through community outreach that promotes HIV/AIDS prevention	23,500 female: 23,500	23,819 male: 55 female: 23,764	101.6	58.7
Number of MSM reached through community outreach that promotes HIV/AIDS prevention	12,500 male: 12,500	17,472 male: 17,432 transgender: 40	139.8	36.9
Number of MSM who received VCT	4,000 male: 4,000	12,839 male: 12,839	321.0	-
Number of injecting drug users on medication assisted treatment	300	310	103.3	-
Number of street children covered by prevention services	2,400	3,479	145.0	-
Number of Behavioral Change Communication materials disseminated	30,000	24,988	83.3	-
Number of types of Behavioral Change Communication materials developed (incl. materials developed by field level service providers)	3	11	366.7	-

percentage of people using drugs use sterile injecting equipment. For example, in 2006 the percentage of people using clean needles was 80% and by 2009 it had increased to 90 percent. The reported use of condoms during the last sexual intercourse has also gone up to 58 percent in 2009. Condom usage among female sex workers has been growing constantly from 80 percent in 2004 to 89 percent in 2009. Behavior of men having sex with men has been changed for last several years sharply. In 2009, 64 percent of MSM reported using condom with male partner, while in 2007 only 39 percent.

HIV prevalence is significantly decreasing in vulnerable populations

The most positive changes can be observed in the key most-at-risk populations — people who inject drugs and female sex workers. The significant scale-up in coverage of prevention services and improved quality of such services have resulted in a reduction of HIV prevalence in these two most-at-risk populations.

Sentinel surveillance data show reduction in the level of HIV infection prevalence among PWID and FSW in the regions where the program was being implemented. The best results can be observed in the AR of Crimea: the level of HIV infection prevalence among PWID has decreased from 59 percent in 2004 to 21 percent in 2011⁹. The decrease in the level of HIV infection prevalence among FSW can be observed almost in all oblasts, particularly in Mykolayiv (from 31 percent to 6.6 percent) and the AR of Crimea (from 19 percent to 3.6 percent). In general, the mean HIV infection prevalence rate in all SUNRISE cities was 47.5 percent among PWID and

⁹ Preliminary results of the IBBS study in Ukraine in 2011.

Table 04 — Sentinel surveillance data among most-at-risk groups

Oblasts	PWID		FSW	
	2004/2005, %	2011, %	2004/2005, %	2011, %
The AR of Crimea	59	21	19	3,6
Odesa	58,3	31	31,4	15
Mykolaiv	66,4*	45	32*	6,6
Kherson	31,2	26	11	6,9
Donetsk	41,6	29	55,6	38,8
Cherkasy	26,9*	26		15,8
Kyiv	48,8*	19	8	26,6
At the level of all SUNRISE oblasts, mean value	47,5	28,1	26,2	16,2
At the level of all other oblasts (excluding SUNRISE oblasts), mean value	26,5	16,2	14,7	6,3

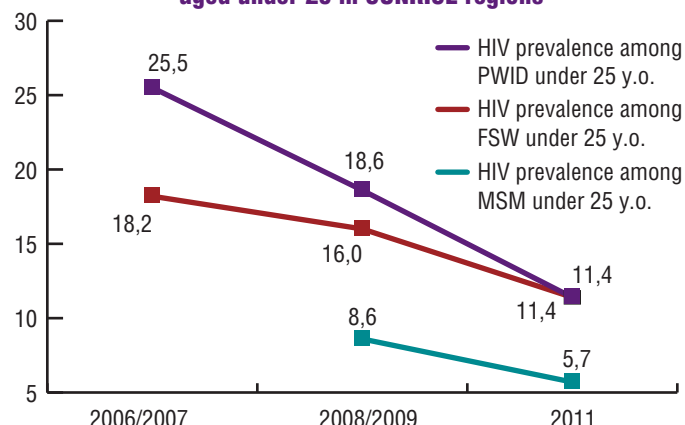
*Data of 2005

26.2 percent among FSW in 2004/2005. In seven years after the program implementation began, the prevalence among PWID decreased to 28.1 percent and among FSW to 16.2 percent. HIV prevalence reduction among risk groups in other regions where SUNRISE project was not implemented is less intensive. It decreased from 26.5 to 16.2 percent among PWID and from 14.7 to 6.3 percent among FSW (Table 04).

Reduction in HIV incidence among all vulnerable populations

Around the world, HIV prevalence rates among young representatives of most-at-risk populations and/or recent initiators of risky behavior are used as proxy measures for HIV incidence. In 2004, HIV prevalence among people who recently started using drugs in Ukraine was almost 30 percent. In 2009, this rate has reduced to slightly below 6 percent, indicating a considerable decrease in HIV incidence within this risk group. Sentinel surveillance data also indicate that the percentage of HIV positive cases among young representatives is declining significantly in all most-at-risk populations. (Figure 6).

Figure 6. HIV prevalence among vulnerable populations aged under 25 in SUNRISE regions



Official HIV statistics indicates stabilization and even decrease in the HIV epidemic trends among PWID

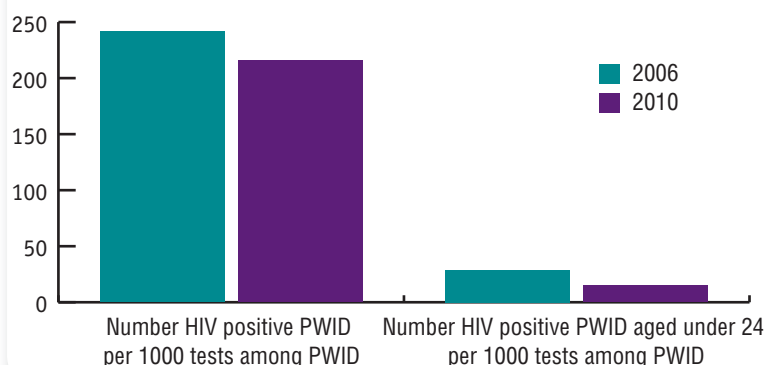
The reduction in HIV prevalence among PWID is clearly reflected in official statistics. Comparison of the 6-month data, provided by the Ukrainian AIDS Center since 2006, shows that the lowest level of HIV prevalence among PWID in the last 5 years has been registered in the country in the first six months of 2011: as of 1 July 2011 HIV prevalence among PWID was 11.4 percent (as compared to 16.78 percent baseline for the first six months of 2006).

Newly registered HIV cases among PWID and young PWID are decreasing in Ukraine over the past years. Although the overall number of HIV infections among PID has been stabilized since 2006 at the level of 7,000 new cases per year in Ukraine and at the level of about 5,000 in SUNRISE regions,

translating these absolute numbers into newly registered HIV cases among PWID per 1,000 tests carried out within this risk group produces an even more positive result: the number of newly detected infections in this

population has been declining from 241.5 in 2006 to 215.7 in 2010 in nine SUNRISE regions. The decline among young PWID is even more significant, where number of new HIV cases was reduced twice.

Figure 7. Newly registered HIV positive PWID per 1000 tests and young HIV positive PWID per 1000 tests



For a long time PWID have been known as a population with greatest influence on the HIV epidemic in Ukraine. Thus, an effective HIV prevention program among this population allowed significantly reducing new HIV cases among young drug users and providing an overall impact on the HIV epidemic in Ukraine as a whole.

Program achievements lead to reduction in overall rates of HIV transmission

The regions in which the SUNRISE project was being implemented are the nine most affected regions of Ukraine that have the biggest influence on the overall level of HIV prevalence in the country. Therefore, the achievements made by Ukraine in stabilization of the HIV/AIDS epidemic are primarily the results of timely response provided in 9 SUNRISE regions.

Synergy of the two biggest prevention programs in Ukraine — SUNRISE project and the Global Fund program — has produced a sharp reduction in the spread of HIV epidemic in nine regions (the growth rate of new HIV infection cases has dropped dramatically from 27 percent in 2004 to just 1 percent in 2010), as well as in the country in general (the growth rate dropped from 22 percent in 2004 to 8 percent in 2010).

These significant achievements of prevention program in Ukraine were acknowledged at the opening of the 18th International AIDS Conference in July 2010. Yves Souteyrand, Strategic Information Coordinator at WHO, made a special tribute of the success in Ukraine in his report on the world epidemic.

Table 05 — Number of new HIV cases registered in nine SUNRISE regions of Ukraine and other regions

Regions	2004		2010	
	Absolute value	Growth rate, %	Absolute value	Growth rate, %
The AR of Crimea	753	12.14	1,085	-2.3
Sevastopol city	190	47.3	258	1.2
Kherson oblast	235	7.4	560	-5.2
Donetsk oblast	2,551	38.2	4,031	-0.7
Dnipropetrovsk oblast	2,130	21.5	3,258	-10.1
Cherkasy oblast	256	8.7	468	20.3
Mykolayiv oblast	726	20.7	1,107	-2.0
Odesa oblast	1,447	22.9	2,143	36.7
Kyiv city	616	49.7	1,077	-1.6
Total in nine SUNRISE regions	8,904	27.4%	13,987	1.2%
All other regions (excluding SUNRISE regions)		22.0%		8,1%

The program had three dominant themes: effective and sustainable partnerships, innovative interventions and the provision of comprehensive services.

USAID SUNRISE provided a comprehensive range of services

Services provided under the SUNRISE project were comprehensive. Each range of comprehensive services was tailored to the specific needs of vulnerable groups, and even individuals. Services were provided to people at places most convenient to them. These included rapid tests and other services for children who live on the street, and counseling and referrals for people who inject drugs via the pharmacies they normally visit. An integrated package of services, including medication assisted treatment, for people who inject drugs was piloted and scaled-up. Positive prevention services for people living with HIV included counseling and peer support to promote healthy longer lives.

The USAID SUNRISE project effectively contributed to HIV prevention in Ukraine by creating new partnerships to reach most-at-risk populations, in regions most affected by the HIV epidemic, with a range of comprehensive services. The SUNRISE project strengthened communities and state capacity for fighting the epidemic. As a result the program improved the lives of people living with HIV/AIDS, and empowered vulnerable communities to protect themselves.

USAID SUNRISE developed innovative responses to difficult challenges

The SUNRISE project achieved its goals by finding innovative solutions to a series of challenging problems, which had hitherto hindered efforts to tackle HIV. The pioneering approaches adopted by the main partners addressed particular challenges, some of which were unique to the Ukrainian context. These solutions included providing new prevention services to new target groups, such as street children and female drug users. Adopted from London, the mentoring project was unique to Ukraine. It effectively motivated MSM to adopt safer behaviors. To support the social workers who worked tirelessly to provide services to people in difficult circumstances, a unique project was pioneered to address high levels of burnout among staff.

A particular achievement was the implementation of effective new approaches in public health care, including:

- Providing quality VCT services as the entry point to a continuum of prevention and care services
- Increasing access to VCT services for hard-to-reach populations by offering rapid testing
- Implementing an integrated package of care services for people who inject drugs

Many innovative interventions were tested in the course of the SUNRISE project and later these interventions were used and developed by other programs. Many of the new projects were scaled-up to the national level by the Global Fund financed Program. Some of the ideas have been taken up in other countries following technical support organized by the Alliance–Ukraine. For example, the project has been adopted in Malaysia, and many SUNRISE initiatives are presented as examples of best practice in international technical assistance schemes supported by Alliance-Ukraine.

USAID SUNRISE created effective and sustainable partnerships

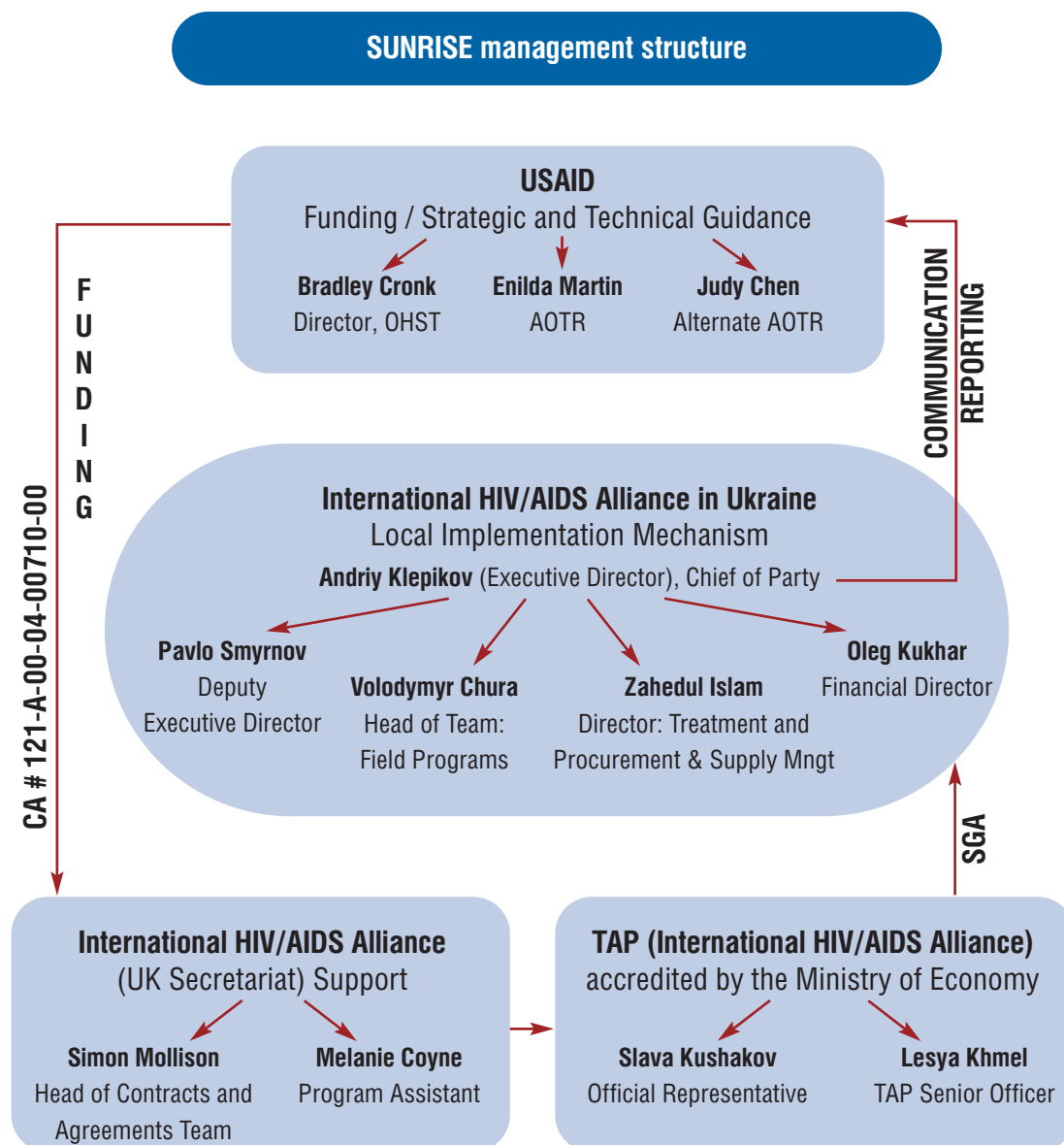
Strong and effective partnerships were developed and synergies exploited to create maximum impact for people living with HIV and most-at-risk populations. The main partners, Alliance-Ukraine, PATH and the PLWH Network, led the program successfully to provide a comprehensive range of services to vulnerable populations. Alliance-Ukraine’s recruitment of Regional Coordinators ensured that programs were coordinated effectively at a regional level, and important learning was shared with major partners.

The program’s unique and most effective approach was the participatory site assessments. PSAs ensured genuine community and civil society participation at a local level. Most projects emerging from PSAs were initiated at the grassroots level and activities were born out of the needs of people affected by HIV/AIDS.

Synergies were found between programs supported by major donors, particularly the Global Fund, to exploit the strengths of each. The SUNRISE project often served as a launch pad for ideas that were later implemented at the national level. In doing so, the program filled gaps within the national HIV response and helped make it fully comprehensive.

The SUNRISE project invested significant resources and efforts to strengthen the capacity of national and regional stakeholders engaged in the HIV response. As a result, the program has achieved sustainability; and strengthened communities and organizations continue be mobilized in the national HIV response.

Appendix 1 Management structure*



* Management structure as for November, 2011.

Abbreviations:

TAP — Technical Assistance Project.

OHST — Office of Health and Social Transition.

AOTR — Agreement Officer's Technical Representative.

SGA — Sub-Grant Agreement.

CA — Contract Agreement.

Appendix 2 Financial analysis

Financial Information for the USAID supported program (Scaling-up the National Response to HIV/AIDS through Information and Services (SUNRISE)) for the period of August 19, 2004 to January 31, 2012, in U.S. Dollars

Table 1 — Type of expenditures

Components	Amount	%
Direct costs	\$10,910,380	84.2
Indirect costs	\$2,048,932	15.8
Total	\$12,959,312	100.0

Chart 1 — Type of expenditures

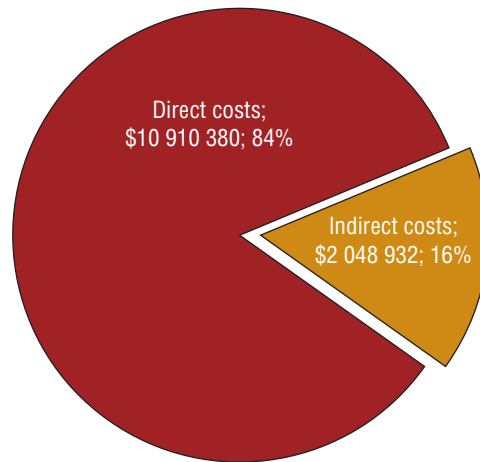
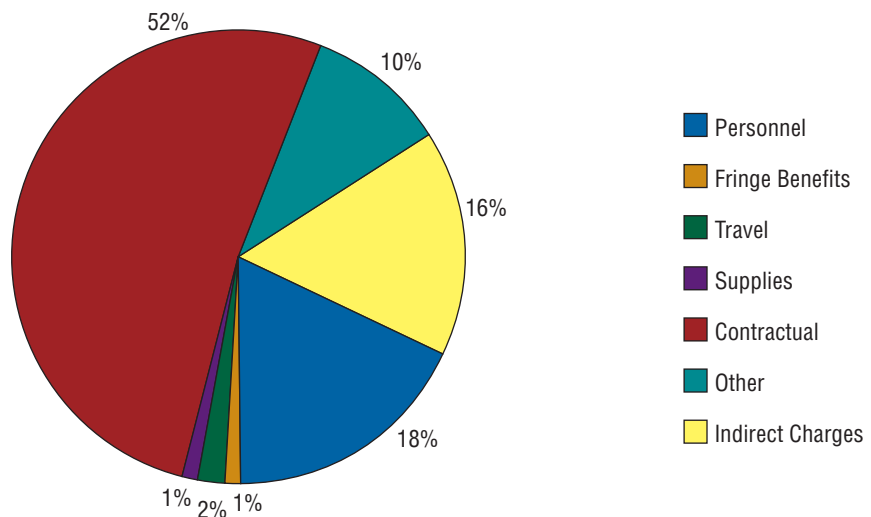


Chart 2 — Structure of expenditures



Appendix 3 Regional implementing partners of the SUNRISE project in Ukraine*

#	Region of Ukraine	NGO Name	2005 (UAH)	2006 (UAH)	2007 (UAH)	2008 (UAH)	2009 (UAH)	2010 (UAH)	2011 (UAH) (01.01.11-30.09.11)	Total 2004-30/09/2011 (UAH)
1	Crimea	"New Social Technologies", Crimea	11 531	0	0	0	0	0	0	11 531
2	Crimea	CF "Lotos"	35 150	33 857	0	0	0	0	0	69 007
3	Crimea	Charitable foundation "Hope & Salvation"	51 967	74 358	60 324	18 084	18 337	0	0	223 070
4	Crimea	Sevastopol city charitable organization "Gavan Plus"	0	28 461	71 390	48 328	0	240 539	180 128	568 846
5	Crimea	Women public organization "Club of family creativity"	0	51 415	150 743	99 738	0	0	0	301 896
6	Crimea	Youth center of women's initiatives	109 731	119 148	72 406	18 465	20 071	0	0	339 822
7	Dnipropetrovsk oblast	Charitable foundation "Public Health", Kryviy Rih	77 375	92 804	80 352	37 036	0	0	0	287 566
8	Dnipropetrovsk oblast	Charitable foundation "Virtus"	20 581	20 773	0	0	0	0	0	41 354
9	Dnipropetrovsk oblast	Dnipropetrovsk region public organization "Open doors"	0	0	0	0	0	49 571	30 429	80 000
10	Dnipropetrovsk oblast	Kryvyi Rih city regional Branch of Charitable Organization "All-Ukrainian Network of PLWH"	26 792	0	0	0	0	0	52 856	79 648
11	Dnipropetrovsk oblast	Public organization "The Road of Life"	0	0	0	0	0	78 028	63 885	141 913
12	Dnipropetrovsk oblast	Regional public organization "Dniprovsky humanitarian initiatives"	0	0	6 755	21 977	29 889	0	0	58 621
13	Dnipropetrovsk oblast	Public organization "Impuls"	0	0	23 205	49 475	0	0	0	72 680
14	Dnipropetrovsk oblast	Public Organization Club "Victoria"	20 119	0	0	4	0	0	0	20 122
15	Donetsk oblast	Charitable foundation "Health of the Nation"	0	0	0	0	0	90 228	125 245	215 473
16	Donetsk oblast	Charitable Foundation Club Svitank	0	8 455	25 834	20 621	0	0	0	54 909
17	Donetsk oblast	Public organisation "Liniya Zhyttia"	80 366	121 320	101 622	52 938	0	45 985	30 011	432 242
18	Donetsk oblast	Charitable foundation "Caritas Donetsk"	0	0	0	0	0	293 993	315 570	609 564
19	Donetsk oblast	Donetsk Society of assistance for the HIV-infected	140 159	86 835	45 331	22 767	0	0	0	295 092
20	Donetsk oblast	Public organization "Mariupil Youth Association"	96 723	118 789	67 447	0	0	0	0	282 958
21	Donetsk oblast	Donetsk regional charitable foundation "Oberih"	0	39 750	79 635	37 986	0	107 973	127 932	393 276
22	Donetsk oblast	PO "Society for support of HIV positive people" Kostiantynivka	11 829	47 309	0	0	0	0	0	59 138
23	Donetsk oblast	Public organization "Amikus"	106 000	120 104	137 846	107 963	20 664	0	0	492 577
24	Donetsk oblast	Public organization "Istok"	0	0	0	0	0	50 807	34 193	85 000
25	Donetsk oblast	Slov'jansk City Public organization "Nasha Dopomoha"	11 177	91 941	77 479	0	0	110 996	126 933	418 525
26	Zaporizhzhya oblast**	Zaporizhzhya regional Branch of Charitable Organization "All-Ukrainian Network of PLWH"	0	0	0	0	0	112 146	0	112 146

#	Region of Ukraine	NGO Name	2005 (UAH)	2006 (UAH)	2007 (UAH)	2008 (UAH)	2009 (UAH)	2010 (UAH)	2011 (UAH) (01.01.11-30.09.11)	Total 2004-30/09/2011 (UAH)
27	Kyiv city	Charitable foundation "Drop In Center"	0	0	0	0	0	61 133	0	61 133
28	Kyiv city	Public organization "Gay Alliance"	0	0	0	0	0	0	57 920	57 920
29	Kyiv city	Public organization "Step by Step"	127 546	158 804	23 308	0	0	0	0	309 657
30	Kyiv city	NGO Ukrainian Institute of Public Health Policy Research	0	0	0	0	0	724 698	0	724 698
31	Kyiv city	ICF "Ukrainian Foundation of Public Health"	0	0	0	0	0	0	487 045	487 045
32	Kyiv city	International charitable foundation "Vertikal"	0	9 382	18 931	0	0	483 170	358 901	870 384
33	Kyiv city	Kyiv City Clinical Hospital #5	0	0	0	0	50 609	0	0	50 609
34	Kyiv city	City Social Services for Youth	0	0	0	0	0	417 026	517 759	934 784
35	Kyiv city	Kyiv City Branch of International Charitable organization "RC "Skhody"	0	0	0	67 647	0	0	0	67 647
36	Kyiv city	Public organization "Eney Club"	149 658	5 054	0	0	0	0	0	154 712
37	Kyiv city	NGO "Institut zalezhnosti"	0	0	0	0	79 656	0	0	79 656
38	Kyiv city	Public organization "Childhood without AIDS"	0	21 312	116 547	74 828	0	0	0	212 687
39	Mykolayiv oblast	CF "Blahodiynist"	83 583	0	0	0	0	0	0	83 583
40	Mykolayiv oblast	Mykolayiv city charitable foundation "Vyhid"	53 485	65 744	47 219	0	0	0	0	166 448
41	Mykolayiv oblast	Mykolayiv Association of Gays, Lesbians and Bisexuals "Liga"	6 769	40 274	50 904	41 071	0	0	0	139 017
42	Mykolayiv oblast	Mykolayiv association of HIV-infected "Chas Zyttya"	29 952	0	0	99 195	104 786	461 634	359 996	1 055 563
43	Mykolayiv oblast	Mykolayiv regional Branch of Charitable Organization "All-Ukrainian Network of PLWH"	11 471	11 145	0	0	0	0	0	22 617
44	Mykolayiv oblast	Mykolayiv city charitable foundation "Unitus"	48 438	154 949	114 891	61 673	0	105 381	120 114	605 445
45	Mykolayiv oblast	Mykolayiv regional charitable foundation "Vita-Light"	0	0	0	0	50 500	100 608	0	151 108
46	Mykolayiv oblast	Mykolayiv regional charitable foundation "Nove Storychhya"	0	67 715	41 603	44 002	0	345 565	375 225	874 110
47	Odesa oblast	Charitable foundation "The Way Home"	576 571	270 699	155 485	74 321	0	766 022	376 530	2 219 627
48	Odesa oblast	Charitable foundation "Veselka"	0	0	0	0	0	207 359	185 760	393 120
49	Odesa oblast	Charitable organization "Christian Rehabilitation Center "Blahodat"	0	0	99 724	0	0	105 323	108 448	313 495
50	Odesa oblast	International NGO "Rehabilitation Center STEPS"	0	0	0	75 750	44 882	0	0	120 632
51	Odesa oblast	Union of public organizations "Razom za zhyttia"	0	0	0	65 672	127 051	229 600	166 270	588 593
52	Odesa oblast	Public Movement "Faith, Hope, Love"	0	0	0	182 225	72 413	0	0	254 637
53	Odesa oblast	Public Organisation "Alternativa"	0	18 497	41 362	0	0	0	0	59 859
54	Odesa oblast	Public youth organization "Club of assistance "Life +"	33 874	45 738	6 060	0	0	0	0	85 673
55	Odesa oblast	Public organization "Youth Center for Development"	44 846	0	26 681	49 627	0	0	0	121 154

#	Region of Ukraine	NGO Name	2005 (UAH)	2006 (UAH)	2007 (UAH)	2008 (UAH)	2009 (UAH)	2010 (UAH)	2011 (UAH) (01.01.11-30.09.11)	Total 2004-30/09/2011 (UAH)
56	Odesa oblast	Youth public movement "Partner"	0	0	0	0	0	170 415	143 799	314 214
57	Kherson oblast	Kherson regional charitable foundation "Mangust"	54 976	218 545	141 100	97 789	122 186	412 615	197 710	1 244 920
58	Kherson oblast	Public organization "For equal rights"	0	0	0	0	0	96 324	82 557	178 881
59	Cherkasy oblast	CF "Probudjennya"	12 547	79 677	42 849	0	0	0	0	135 073
60	Cherkasy oblast	Charitable foundation "Insight"	10 618	75 714	62 520	36 394	24 826	0	0	210 073
61	Cherkasy oblast	Charitable foundation "Volia"	0	0	0	0	0	93 541	111 029	204 570
62	Cherkasy oblast	Charitable Foundation "From Heart to heart"	11 376	100 218	100 432	0	0	0	0	212 027
63	Cherkasy oblast	From Heart to Heart, Kaniv	0	28 182	86 455	58 035	0	0	0	172 672
64	Cherkasy oblast	Cherkasy CWPO "Povernennya"	0	3 152	0	0	0	0	0	3 152
Total			2 055 212	2 430 119	2 176 435	1 563 609	765 870	5 960 682	4 736 245	19 688 173

* The implementing partners of the project on the national level were PATH (1 615 453 USD, 2005–2010) and PLWH Network (382 314 USD, 2005–2008).

** This grant was provided for the production of information materials for MAT clients in the regions supported by SUNRISE. No programmatic activities were funded under this grant.

Appendix 4 Distribution of funding in 2004-2011 by regions

100

Region	Total disbursement 2004-30/09/2011 (UAH'000)	Total number of projects 2004-30/09/2011	Total number of organizations 2004-30/09/2011	2005			2006			2007			2008			2009			2010			01.01.11-30.09.2011		
				Disbursement (UAH'000)	Number of projects	Number of organizations	Disbursement (UAH'000)	Number of projects	Number of organizations	Disbursement (UAH'000)	Number of projects	Number of organizations	Disbursement (UAH'000)	Number of projects	Number of organizations	Disbursement (UAH'000)	Number of projects	Number of organizations	Disbursement (UAH'000)	Number of projects	Number of organizations	Disbursement (UAH'000)	Number of projects	Number of organizations
Crimea	1 514	21	6	208	6	4	307	9	5	355	6	4	185	6	4	38	2	2	241	1	1	180	2	1
Dnipropetrovsk oblast	782	18	8	145	5	4	114	4	2	110	4	3	108	5	4	30	1	1	128	2	2	147	4	2
Donetsk oblast	3 339	39	11	446	7	6	635	14	8	535	12	7	242	6	5	21	1	1	700	8	6	760	14	6
Zaporizhzhya oblast*	112	1	1																112	1	1			
Kyiv city	4 011	26	13	277	5	3	195	5	4	159	4	3	142	2	2	130	2	2	1 686	8	4	1 422	7	4
Mykolayiv oblast	3 098	33	8	234	10	6	340	9	5	255	7	4	246	5	4	155	3	2	1 013	6	4	855	7	3
Odesa oblast	4 471	41	10	655	11	7	335	7	3	329	6	5	448	6	5	244	3	3	1 479	11	5	981	12	5
Kherson oblast	1 424	10	2	55	1	1	219	3	1	141	1	1	98	2	1	122	1	1	509	3	2	280	3	2
Cherkasy oblast	938	17	6	35	3	3	287	8	5	292	5	4	94	3	2	25	1	1	94	1	1	111	2	1
Total:	19 688	206	65	2 055	48	34	2 430	59	33	2 176	45	31	1 564	35	27	766	14	13	5 961	41	26	4 736	51	24
Total in USD'000 equivalent**:	3 131			459			481			431			314			100			751			595		

* This grant was provided for the production of information materials for MAT clients in the regions supported by SUNRISE. No programmatic activities were funded under this grant.

** Average annual National Bank of Ukraine rate is used to convert UAH into USD.

Appendix 5 Programmatic indicators

Program year			Year 1		Year 2		Year 3		Year 4		Year 5		Extension Year 1		Extension Year 2	
Indicators	Comments	Baseline (if available)	Target Sept. 2005	Actual Sept. 2005	Target Sept. 2006	Actual Sept. 2006	Target Sept. 2007	Actual Sept. 2007	Target Sept. 2008	Actual Sept. 2008	Target Sept. 2009	Actual Sept. 2009	Target Sept. 2010	Actual Sept. 2010	Target Sept. 2011	Actual Sept. 2011
Number of IDUs reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and / or being faithful	Number of IDUs reached during the previous fiscal year	117919 (as of Oct 2009)	-	-	-	-	-	54584	-	79846	-	117919	120000	130002	125000	125550
	Total number of IDUs reached with support of the project. This indicator is not reported during extension period. This indicator was achieved with GF support.	28756 (as of Sept 2004)	40000	55006	75000	81355	100000	106988	125000	147686	150000	201476	-	-	-	-
Number of female drug users covered by gender specific prevention services	Cumulative for extension period	-	-	-	-	-	-	-	-	-	-	-	200	191	800	1347
Number of sex workers reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and / or being faithful	Number of sex workers reached during the previous fiscal year	22091 (as of Oct 2009)	-	-	-	-	-	7966	-	12841	-	22091	22500	17225	23500	23819
	Total number of sex workers reached with support of the project. This indicator is not reported during extension period. This indicator was achieved with GF support.	3886 (as of Sept 2004)	6000	7227	8000	12363	10500	16479	13100	24114	15000	34388	-	-	-	-
Number of MSM reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and / or being faithful	Number of MSM reached during the previous fiscal year	11642 (as of Oct 2009)	-	-	-	-	-	5762	-	7752	-	11642	12000	15894	12500	17472
	Total number of MSM reached with support of the project. This indicator is not reported during extension period. This indicator was achieved with Global Fund support.	154 (as of Sept 2004)	-	1724	2100	5806	2500	9354	2900	16038	3300	24923	-	-	-	-

Program year			Year 1		Year 2		Year 3		Year 4		Year 5		Extension Year 1		Extension Year 2		
Indicators	Comments	Baseline (if available)	Target Sept. 2005	Actual Sept. 2005	Target Sept. 2006	Actual Sept. 2006	Target Sept. 2007	Actual Sept. 2007	Target Sept. 2008	Actual Sept. 2008	Target Sept. 2009	Actual Sept. 2009	Target Sept. 2010	Actual Sept. 2010	Target Sept. 2011	Actual Sept. 2011	
Number of VCTs carried out among MSM. This indicator was achieved with Global Fund support.	Cumulative for extension period	-	-	-	-	-	-	-	-	-	-	-	-	2000	6121	4000	12839
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and / or being faithful	Targets were cumulative across first 2 years and then across each following year of main project implementation and extension period	-	-	1270	2650	4741	600	1074	600	1129	600	182	120	455	220	412	
Number of injecting drug users (IDUs) on medication assisted treatment (MAT)	Numbers of people on MAT as at the end of reporting period are reported	150 (as of Apr 2009)	-	-	-	-	-	-	-	-	-	-	-	250	220	300	310
Number of multidisciplinary team members trained on provision of medical, social and psychological support to HIV-infected MAT patients	Cumulative for extension period	-	-	-	-	-	-	-	-	-	-	-	-	43	45	47	
Number of street children covered by prevention services	Cumulative for extension period	-	-	-	-	-	-	-	-	-	-	-	-	1200	1218	2400	3479
Number of Behavioral Change Communication materials disseminated (incl. materials developed by field level service providers)	Targets were cumulative across first 2 years and then across each following years of main project implementation, and are cumulative across 2 years of extension period	-	26000	56493	87000	435402	103000	279996	105000	172 604	92000	113854	10000	12052	30000	24988	

Indicators	Program year Comments	Baseline (if available)	Year 1		Year 2		Year 3		Year 4		Year 5		Extension Year 1		Extension Year 2	
			Target Sept. 2005	Actual Sept. 2005	Target Sept. 2006	Actual Sept. 2006	Target Sept. 2007	Actual Sept. 2007	Target Sept. 2008	Actual Sept. 2008	Target Sept. 2009	Actual Sept. 2009	Target Sept. 2010	Actual Sept. 2010	Target Sept. 2011	Actual Sept. 2011
Number of types of Behavioral Change Communication materials developed (incl. materials developed by field level service providers)	Targets were cumulative across first 2 years and then across each following years of main project implementation, and are cumulative across 2 years of extension period	-	7	7	14	155	45	90	45	58	40	13	2	5	3	11
Percent of key population groups covered through outreach and HIV/AIDS prevention services	This indicator is not reported during extension period. Target is based on cumulative targets across 5 years of main project implementation. This indicator was achieved with Global Fund support.	12% (as of Sept 2004)	16%	22%	31%	34,50%	41%	45,50%	51%	63%	61%	66%	-	-	-	-
Number of individuals who received counseling and testing for HIV and received their test results	This indicator is not reported during extension period. Targets were cumulative across first 2 years and then across each following years of main project implementation This indicator was achieved with Global Fund support.	-	12708	9943	28000	28890	10000	11920	4000	8720	1000	700	-	-	-	-
Number of service outlets providing counseling and testing according to national or international standards	This indicator is not reported during extension period. Targets were cumulative across first 2 years and then across each following years of main project implementation	-	26	48	165	185	50	88	50	231	35	25	-	-	-	-
Number of people trained in counseling and testing according to national or international standards	This indicator is not reported during extension period. Targets were cumulative across first 2 years and then across each following years of main project implementation	-	78	61	366	449	300	349	150	300	84	37	-	-	-	-

Appendix 6 Data Quality Audit Results

Data Quality Audit

Reliability of data reported within SUNRISE project has been evaluated by independent inspections in March-April 2011 through a formal data quality audit (DQA). The external evaluation demonstrated that Alliance organized “robust and well-implemented data collection and reporting systems”. Data verification showed excellent data quality: data accuracy was nearly 100 percent for all indicators reported by Alliance.

The abstracts from “Data Quality Audit of Four USAID HIV Projects in Ukraine, Final Audit Report” (July 2011) are provided below:

The indicators were chosen for their international relevance and strategic importance for disease monitoring (treatment and prevention), as well as their significance with regard to financial investment. The selected indicators were the following:

1. “Number of individuals who received testing and counseling (T&C) services for HIV and received their test results”
2. “Number of most-at-risk population (MARP) members reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required”
3. “Number of IDUs on opioid substitution therapy”

The nongovernmental organizations (NGOs) implementing Alliance-funded programs during the audit period were sampled by applying a two-stage cluster sampling algorithm to sample six regions and 38 NGOs.

The questionnaire was administered to evaluate qualitative data management capacity (system assessment), and quantitative reporting performance in terms of accuracy, timelines, completeness and availability of source documents, and reporting forms. This was done by identifying source documents for the indicator data and recalculating the indicator values for the audit period. These data were then compared to the reported values, and a verification factor was calculated for each site. For each indicator, a composite score was calculated. At selected service delivery points, an additional quantitative evaluation using cross checks and spot checks was administered to verify the link between service provision and documentation



**Data Quality Audit
of Four USAID HIV Projects in Ukraine**

of service provision in the source documents. Full data verification (including cross and spot checks as applicable) was done, while the systems review was limited to identifying important issues.

Results:

The systems assessment shows robust and well-implemented data collection and reporting systems and did not identify any major gaps in the data management systems. Data verification shows excellent data quality. Data accuracy was nearly 100 percent for all indicators reported by the Alliance Project, with minimal discrepancies noted in the data verification summaries for the different indicators. No discrepancies were found between the totals at Alliance main office and the quarterly reports found at the NGOs. Cross checks were carried out at the service delivery level, and found minimal discrepancies.

Conclusion:

Alliance works closely with all service delivery points so as to receive timely reporting as well as to ensure that data reporting is accurate. SyrEx is a powerful database. It has capabilities in terms of client tracking.

The auditors were impressed with the data management system that was audited. It is clear that the organizations are diligent in verifying the accuracy of the data at all levels prior to reporting it to USAID. While there remain some points for clarification and opportunities for improvement, the dedication and hard work on the part of the personnel at the head offices as well as at service delivery points to not only provide accurate data but also to provide quality and comprehensive services to most at-risk populations is impressive. With continued diligence and dedication on the part of these organizations, it is expected that a meaningful and measurable impact will be made for those most at risk for contracting HIV in Ukraine.

Appendix 7 Publications

Title	Target audience	Brief description	Year	Circulation
Catalyzing Change Through Innovation, Partnerships, and Comprehensive Services	Wide range of specialists working in the field of HIV/AIDS	The report provides assessment of results, innovations, best practice and lessons learned throughout SUNRISE project implementation in Ukraine	2011	500 in English, 500 in Ukrainian
Developing Gender-Sensitive Approaches to HIV Prevention among Female Injecting Drug Users	Wide range of specialists working in the field of HIV/AIDS	This publication summarizes the results of a study conducted to further explore the specific needs of women who inject drugs and to evaluate the introduction of gender-sensitive approaches into HIV prevention/harm reduction services for people who inject drugs	2011	500 in English, 500 in Russian
Stop the Alien	Street children	A comic book. VCT: Benefits of HIV testing	2011	3,000
He will not pass through	Street children	A comic book. Basic information on HIV/AIDS and HIV transmission	2011	3,000
Fight for the Future	Street children	A comic book. Life skills for HIV Prevention	2011	3,000
Street Children: Training Guide	Social and outreach workers delivering services to street children	Comprehensive training package for governmental and non-governmental agencies providing services to street children. Covers issues related to psychoactive substance use, sex education, life skills, HIV/AIDS prevention and literacy	2011	2,000
Mentoring Support Program	MSM	This manual summarizes the experience of implementation of Mentoring Support Program in Ukraine based on the experience of Metrosafe project originally implemented in the UK	2011	1,000
Woman and Drugs	Women who inject drugs	The brochure is addressed to female drug users who are clients of specialized prevention projects. It covers issues of significance to women who inject drugs such as pregnancy and drugs, women's health, etc.	2010	2,000
What do you Need to Know about Substitution Therapy	MAT patients	This brochure provides concise information on medication assisted treatment for people who inject drugs, particularly those, who are also HIV positive.	2010	9,000
HIV/AIDS Test: where, how, why	MSM	The booklet briefly describes procedure and benefits of an HIV test with special emphasis on representatives of MSM community	2010	15,000
Training Module on Outreach work with SWs	Social workers working with SW	Multimedia manual consists of a series of training modules, designed to assist staff and volunteers of NGOs delivering HIV and STI services to sex workers. In addition to detailed description of the three-day workshop, the publication is supplemented with practical materials (presentations, video, library of useful literature for the trainers) that facilitates more efficient preparation to the training.	2009	700

Title	Target audience	Brief description	Year	Circulation
Handbook for Positive People	PLWH, social workers of care and support projects	This book contains information for HIV-positive people previously published by Alliance-Ukraine in a series of booklets developed within SUNRISE project. The original materials were fully updated, using the newest specialist information. The publication includes answers to the most vital questions facing HIV-positive people — those related to everyday life, nutrition, medication, and treatment. A special section is dedicated to the legal aspects of living with HIV in Ukraine and the rights of HIV-positive people. The handbook was produced in collaboration with the All-Ukrainian Network of PLWH and reviewed by a group of positive prevention trainers prepared by the Alliance Ukraine in the framework of SUNRISE project.	2009	20,000
Healthy Budget: the Practice of Financial Management for Ukrainian HIV-service Organizations	NGO managers, financial workers	The publication is addressed to the financial managers and leaders of local HIV-service organizations and contains both experience of local organizations in local fundraising and main guidance in attracting resources of local communities for further sustainable development of an organization. The guide gives special attention to the specifics of local fundraising for organizations that work with vulnerable communities and includes only those resource mobilization methods that are relevant to HIV-service NGOs. The manual also contains templates of a variety of documents including reports, agreements, letters to potential donors, announcements, and many others, as well as several examples of successful practice of local organizations, such as of the development of social enterprises.	2009	2,000
Management and Professional Development of Personnel in HIV-service Organizations	NGO managers, HR managers of NGOs	During assessments conducted by the Alliance-Ukraine most Ukrainian HIV-service organizations noted the shortage of qualified staff, limited understanding of functional duties, lack of professional development options, and high levels of professional burnout of employees. In response to these findings, in 2008 and 2009 the Alliance developed and conducted a series of special training workshops on HR management for field level. The publication is based on the materials of these workshops and the experience of HIV-service organizations in working with staff and volunteers. It offers practical suggestions on key aspects of HR management, including team building, human resources management, motivation of personnel, delegation of duties, leadership, conflict management, and work with volunteers.	2009	2,000
Training Modules on Prevention of Burnout Syndrome for Staff of NGOs working on HIV/AIDS	NGO managers	The manual contains training modules for diagnostics and prevention of professional burnout syndrome with emphasis on HIV-service NGOs. A separate part describes the methodology of prevention training and also contains useful tools for trainers.	2008	2,000
HIV/AIDS Digest: Partnership with local authorities	NGO managers	Digest contains detailed analysis of the areas of responsibility of executive authorities, discusses main forms of cooperation related to the delivery of services, as well as provides examples of international experience in the development of partnerships between NGOs and state/municipal authorities.	2008	2,000

Title	Target audience	Brief description	Year	Circulation
Regional Participatory Site Assessment	NGO managers, wide range of specialists working in the field of HIV/AIDS	The manual provides full information required to prepare and conduct a Regional Participatory Site Assessment. The Participatory Site Assessment as a qualitative research and management planning methodology based on active involvement of the target group in the collection, analysis, and verification of data. A regional assessment envisages collection of data relating not only to a specific community but also to the overall availability and accessibility of services in the assessment area/site. PSAs stimulate the development of new public initiatives and organizations, especially in small towns.	2008	2,000
Contribution of Ukrainian churches and religious organizations in the response to HIV epidemic and working with people living with HIV/AIDS	Wide range of specialists working in the field of HIV/AIDS, religious community	The report reviews the role and positions of Ukrainian confessions, as well as their mutual cooperation and collaboration both with the state and with non-governmental stakeholders involved in HIV/AIDS response. The publication presents the results of the survey. Analysis of HIV prevention and monitoring activities implemented by religious organizations of different confessions, as well as analysis of normative documents approved by the interconfessional community since 2005.	2008	3,000
HIV/AIDS News, Issues 1–2, 2007: Setting and achieving objectives in overcoming HIV epidemics	Wide range of specialists working in the field of HIV/AIDS	This bulletin summarizes documents setting of the national goals of overcoming HIV/AIDS epidemics with a special emphasis on the Ukrainian ‘road map’ on expanding universal access to prevention, treatment, care and support as well as the National HIV/AIDS Strategy.	2007	1,000
Analytical Report on the results of research Analysis of HIV prevention and monitoring activities implemented by religious organizations of different confessions	Wide range of specialists working in the field of HIV/AIDS, religious community	The research contains data on the activities of all religious confessions represented in Ukraine in the field of HIV/AIDS prevention and care.	2007	web
HIV/AIDS News, Issue 1, 2006: HIV/AIDS and Gender Perspective	Wide range of specialists working in the field of HIV/AIDS	This issue of the newsletter contains results of research into gender dimensions of the HIV epidemic in Ukraine, and provides recommendations regarding peculiarities of prevention activities targeting men and women.	2006	5,000
HIV/AIDS News, Issue 2, 2006: SUNRISE project	Wide range of specialists working in the field of HIV/AIDS	The issue analyses the results of the two first years of SUNRISE project implementation and provides perspectives of the project partners.	2006	5,000
HIV/AIDS News, Issue 3, 2006: First Eastern Europe and Central Asia AIDS Conference	Wide range of specialists working in the field of HIV/AIDS	The issue is dedicated to the results of First Eastern Europe and Central Asia AIDS Conference.	2006	1,000
Sex — Risk or Pleasure	Clients of projects, social workers, specialists in the field of HIV/AIDS	The publication includes detailed information on healthy sexual behavior and all necessary steps needed to be taken in order to avoid HIV infection.	2006	20,000

Title	Target audience	Brief description	Year	Circulation
HIV/AIDS News, Issue 3, 2005: Homosexual relations in the context of HIV/AIDS	Wide range of specialists working in the field of HIV/AIDS	The issue is dedicated to the problems of homosexual people in the context of HIV/AIDS.	2005	5,000
HIV/AIDS News, Issue 2, 2005: Regional Participatory Site Assessment	Wide range of specialists working in the field of HIV/AIDS	The publication provides first results of the implementation of innovative PSA methodology, aimed at lowering the rates of HIV transmission among the vulnerable communities, based on thorough analysis of situation in the chosen regional unit — site.	2005	5,000
HIV/AIDS News, Issue 1, 2005: Treatment in Ukraine	Wide range of specialists working in the field of HIV/AIDS	The whole issue is dedicated to the challenges , successes and specifics of providing ARV-therapy in Ukraine.	2005	5,000
Management of NGOs	NGO managers	This method guide was developed by the Alliance-Ukraine for organizations working in HIV/AIDS. It outlines main principles of managing a non-profit nongovernmental organization (NGO) and covers significant aspects of its functioning. It may also be of use to those with a general interest in capacity building of “the third sector” and transformation of social sphere.	2005	5,000
Package of information materials on VCT for PWID and vulnerable youth: 1. Booklet "HIV test and its purpose" with contacts of services across 7 regions. 2. Booklet for vulnerable youth (published within GFATM for SUNRISE sites). 3. Information cards with VCT service contacts in 7 regions covered by SUNRISE project	PWID, vulnerable youth	A set of outreach materials promoting VCT developed and disseminated in 7 regions of SUNRISE project implementation: 1. A booklet on VCT for people who inject drugs, 2. A booklet on VCT for young people at risk, 3. An information card with contacts and locations of VCT service outlets. Brochures are aimed at motivating target audiences for testing and provision of information about VCT as well as contacts of VCT service outlets. Two circulations of these materials were issued. Pilot circulation had been published with SUNRISE project funding and full circulation was published with support from GFATM program.	2005	4000 (Pilot circulation of the booklet and the card (2000 each) with SUNRISE funding) 28000 for SUNRISE sites (with GFATM funding)
Development of Informational Materials	NGO managers	This guidance developed for HIV service organizations outlines the process and methods of developing information products, sets quality standards for IEC materials and explains the legal framework for their production in Ukraine.	2005	5,000



International HIV/AIDS Alliance

Preece House, 91-101 Davigdor Road
Hove BN3 1RE, United Kingdom
Tel: +44 1273 718 900
Fax: +44 1273 718 901
E-mail: mail@aidsalliance.org
Website: www.aidsalliance.org

International HIV/AIDS Alliance in Ukraine

Dymytrova 5, building 10A, 9th floor,
03680, Kyiv, Ukraine
Tel: +380 44 490 54 85
Fax: +380 44 490 54 89
E-mail: office@aidsalliance.org.ua
Website: www.aidsalliance.org.ua