

International Council of AIDS Service Organizations

**Community-Based Advocacy and
Networking to Scale-Up HIV Prevention
in an Era of Expanded Treatment**

Mid-Term Review

July 2007

External Monitor's Report

Part III(d): Ukraine

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Recommendations

Substantive issues

1. *Capacity building for advocacy should focus on evidence-informed responses.*

This includes a discussion of if and how responses should change as the epidemic evolves in Ukraine.

2. *The Coalition should reconsider its current focus on primary prevention (i.e. HIV education for the general public) rather than focusing on vulnerable populations after discussions with the NCC, UNAIDS and the International HIV/AIDS Alliance and its members regarding the Coalition's comparative advantage in this area.*

If this strategic direction is reaffirmed, the reasoning should be made explicit to external stakeholders.

3. *The Coalition should continue its focus on building the networking and advocacy capacity of NGOs at sub-national levels.*

This is particularly true in non-USAID priority oblasts, which do not benefit from training under the 'Sunrise' project.

4. *The Coalition should continue its focus on capacity building for budget tracking, with support from other agencies.*

This will assist civil society to track expenditures on HIV prevention, and support greater transparency and accountability in this area. National advocacy for government transparency in this area would be a significant contribution.

5. *The Coalition should monitor the nature and coverage of 'positive prevention' services, and advocate jointly with the Network for increased attention to this area of HIV prevention.*

This is an area that should be expanded alongside increased availability of VCT and PITC.

6. *Opportunities exist for greater sharing of project successes with other national stakeholders and in oblasts and communities.*

Informants commented,

'It would be great if the Coalition was to publish or put stories together on what had worked and how it served the communities and oblasts (regions) – marketing and documenting best practices within this project.'

'It is very important to share the experience – internships for staff of younger organizations - in an experienced organization – no need for them to go through all the steps they can learn from somebody more experienced.'

7. *Opportunities for organizational capacity building should be explored with other agencies.*

Other organizations such as the Alliance also provide such capacity building. The Coalition response to these needs should be developed in this context.

8. *The Coalition could benefit from an internal strategic planning process to clarify its current and potential role of watchdog, and the relationship with its members regarding advocacy.*

This role was seen as useful by some informants, however it may be necessary to confirm broader membership support for an expanded watchdog role.

9. *Advocacy by the Coalition and its members would be more effective with greater clarity about which constituency is being represented.*

The Coalition should consider developing written policies on key HIV prevention, and treatment, care and support issues, to be discussed and endorsed by its members. In consultation with its members, the Coalition should develop a common advocacy agenda and strategic directions for 2008-2010.

10. *The Coalition should use its membership of the NCC and its subcommittees to ensure that relevant policies are adopted and disseminated at the sub-national levels.*

The positions taken on these committees will be strengthened by the development of a policy platform, as noted above.

11. *Advocacy for effective monitoring systems is needed to ensure the quality of testing and other services.*

This includes a focus on quality, including quality of counselling, accessibility, and affordability at oblast and community levels. NGOs should work with the government at national level on the development and approval of measurable indicators for quality of services, as well as for monitoring and evaluation of prevention and treatment programs.

12. *A national partner with expertise in gender should be identified and consulted on the greater integration of gender analysis into the project.*

This is also an area where ICASO and the international agencies could provide some guidance.

13. *A more in-depth analysis of the human rights dimensions of the epidemic in Ukraine and implications for prevention, would be useful.*

This could include a focus on issues of governance, and include advocates working on rights for women, children, IDUs and MSM.

Project management

14. *Outcomes at national and sub-national levels need to be tracked more closely.*

This includes the contributions of the Country Project Coordinator to the National Coordination Council on HIV/AIDS (NCC) and subcommittees, and outcomes of the workshops and other activities at sub-national levels. Innovative approaches to linking HIV and TB services should be documented and shared.

15. *The project staff could benefit from capacity development in monitoring and evaluation, and gender analysis applicable to the local context.*

This will assist reporting, and the design of workplans which respond to local gender issues.

16. *Project information should be shared more widely with national partners.*

This includes, but is not limited to, posting project information and reports on the project website. A communications strategy would include a list of national partners and how the project information will be disseminated: mailgroups, list-serves, website, newsletters, etc. Options for feedback should also be included (feedback sheets, space for comments and suggestions, quick evaluation form.)

Country background

Ukraine has a population of about 46 million people and had an estimated HIV prevalence among persons aged 15-44 in 2005 of 1.4 - 4.3%. Ukraine reports the highest number of annual AIDS deaths in Europe. In the majority of the cases, the deceased had not had access to antiretroviral therapy.

The most affected regions are Dnipropetrovs'k, Donetsk, Odessa, Mikolaev and Crimea. Injecting drug use remains the most common mode of transmission. The percentage of IDUs among new HIV cases has decreased significantly in recent years (from 84% in 1997 to 45% in 2005) as sexual transmission becomes a more significant mode of transmission.

Sentinel surveillance conducted in several regions in 2004 identified the average prevalence of HIV infection among IDUs as 39%. Prevalence rates among CSWs average 11%, rising as high as 83% among CSWs who inject drugs.

In 2004, 98% of all pregnant women were tested for HIV. The high take-up is due to a combination of factors: the integration of government programmes for preventing HIV infection in infants, a universal opt-out strategy for voluntary counselling and testing during pregnancy, and the provision of antiretroviral prophylaxis. Mother-to-child transmission rates were successfully reduced from around 30% to 10% in 2004.

Challenges to HIV prevention include continuing political instability and consequent lack of national leadership, the failure to disburse available prevention funds at local levels, and the focus on 'priority' oblasts to the detriment of other areas also affected. Other factors include repressive official attitudes towards drug use, and negative social attitudes towards sexual minorities.

The relatively recent civil society response has focused on a service delivery rather than advocacy role, although this is changing with sustained technical assistance from international agencies. (Sources: UNAIDS & WHO data; 2005 baseline.)

Report background

The review team consisted of David Patterson (External Reviewer and Team Leader), Marija Subataite (Project Coordinator, Coordinator of AIDS Action Europe Eastern Office), and Valérie Pierre-Pierre (ICASO Monitoring and Evaluation Officer). The review team visited Kiev, Ukraine, from 2-8 July 2007. (Refer to annex for a list of persons interviewed.) Interviews were conducted through an interpreter when required.

Although the interviews in Ukraine were conducted and documented jointly by the External Reviewer and the ICASO Monitoring and Evaluation Officer, the findings and conclusions contained in this report are the sole responsibility of the External Reviewer. Information in the report is accurate as of 8 July 2007.

Main findings

Concept operationalization

1. Attribution of results to the project remains a challenge.

The joint nature of many activities makes it more difficult to ascribe results to PTAP. The outcomes of the activities of the Country Project Coordinator, such as her active participation in the NCC and sub-committees and other forums, have not been fully tracked in the country reports as they did not fit squarely in a recognized activity. The PTAP contribution to the outcomes needs to be documented, at least for the internal project monitoring purposes and for eventual scale-up.

2. The focus on HIV in the workplace needs further explanation to external stakeholders.

Some informants considered that primary prevention, specifically HIV in the workplace, may not be the most useful focus for PTAP in Ukraine at this time. Informants from both UNAIDS and the International HIV/AIDS Alliance in Ukraine ('the Alliance') suggested that in a still largely concentrated epidemic, the Coalition should maintain its focus on HIV prevention among vulnerable groups. There is thus a need for further discussion amongst stakeholders about 'the appropriate mix of evidence-informed HIV prevention strategies', and respective roles and responsibilities in primary and secondary prevention.

3. New prevention technologies are not regarded as a priority for capacity building at this stage

The project component on new prevention technologies was not perceived as a priority for capacity building by many of the participants in the workshop on microbicides. The Country Project Coordinator decided not to emphasise this activity, nor to follow up with training on HIV vaccines, as it will be many years before a vaccine for HIV becomes available.

4. The focus on linking HIV and TB services is innovative and should be documented and disseminated.

The linking of HIV and TB services, conceived and promoted in Ukraine by the Coalition, is a significant contribution to prevention which can be explored in other PTAP countries.

5. Positive prevention is currently addressed by the All-Ukrainian Network of People Living with HIV

The Network has received funding from USAID for the 'Scaling up the National Response to HIV/AIDS through Information and Services (SUNRISE)' project, which operates in eight oblasts. The Coalition acknowledges that the Network wishes to take the lead on 'positive

prevention’.¹ This aspect of HIV prevention will become increasingly important as HIV testing becomes more accessible and more people become aware of their HIV status.

Project Purpose

6. The project is on track to achieving its purpose.

The project is strengthening the national Coalition of HIV-Service NGOs (‘the Coalition’) and its members and other national groups such as the All-Ukrainian Network of PLWH (‘the Network’), and contributing to the formation and strengthening of coalitions of HIV prevention and treatment advocates at sub-national levels.

Project Goal

7. The project is on track to achieving its goal.

Since 2005 there has already been a policy and programming shift to increase access to comprehensive prevention services alongside expanded treatment services in Ukraine, and PTAP has contributed to this shift. This is evidenced, for example, by the increase in the proportion of the Global Fund grant round 6 to HIV prevention activities. Informants commented that the Coalition, with PTAP support, had been instrumental in achieving this shift.

Capacity building

8. NGO representatives have increased skills and confidence in participating in government forums.

An NGO representative observed,

‘...Another achievement from the trainings in the project is that representatives from the NGOs became members of coordination councils at rayon level, oblast level, national level – now they are skilled to represent their organizations on these councils.’ (Note: a rayon is an administrative district larger than a city but smaller than an oblast.)

An agency representative commented,

‘I can see the difference in the dialogue between the government and the CBOs. NGOs feel more confident to dialogue, to promote something, to request something, to sit at the table and talk with government. On the National Coordination Council I observed the difference how they worked... The same at the oblast level, I would say the same. NGOs and PLHAs started to feel more confident, maybe because of the years of experience, and the capacity building that was provided, compared with the years before it is a big difference. Even at the personal level, how they dialogue, is a big difference... At the oblast level they are not always seen as equal partners. NGOs need to spend energy on this. Governments at this level

¹ ‘Positive prevention’ is defined by PTAP as ‘activities to allow PLWH to protect their sexual and reproductive health and rights, avoid new sexually transmitted infections as well as HIV re-infection, delay HIV/AIDS disease progression, and avoid passing their infection on to others.’

don't see the value of involving NGOs. NGOs, especially PLHA groups, are not always professional enough to hold this dialogue.'

According to this observer, more effort is needed to build the advocacy capacity of NGOs at the sub-national level. The Alliance is now the principal recipient for the Global Fund grant to Ukraine, and the Alliance role in capacity building for advocacy is more limited than before. The Coalition capacity development for networking and advocacy thus complements and builds on the previous Alliance work..

9. NGO capacity building is contributing to expanded HIV prevention activities

Participants in capacity building workshops supported by the project reported applying the information and skills they gained to increase HIV prevention activities in their local areas. One project beneficiary reported the following:

'The first seminar I attended was the public relations (PR) activity of NGOs. Our organization works in the field of primary prevention. With the knowledge we received at the training we started PR in our organization to do prevention work in schools. We started writing articles in local newspapers describing the project (prevention in schools) and our participation in it. We showed the materials to the headmaster of one of the schools. He supported us and allowed us to do this prevention activity in the school.

Another training was about defining and influencing stakeholders. After that training we managed to reach the deputy mayor of our city and involved him in our work – after that three more schools were covered by the project. We were looking for people with whom we can cooperate – people in the field of prevention, as that is our specialty. Thanks to the knowledge we acquired at the training, we managed to identify the key people in this area, and signed a cooperation agreement with the Centre for Social Services, and are now implementing a prevention project in two summer camps. Now the Centre involves us in their work. They are implementing a harm reduction project and we are involved in that as well.'

NGO representatives who were part of a group consultation for the purpose of this review reported the following gains as a result of their participation in training and other events supported by the project:

- NGO members are more active in local Coordination Councils (increased participation in discussions and decisions making).
- Participation in the conferences allowed contacts to be established between the representatives of target groups and decision-makers.
- Training on prevention in the workplace resulted in linkages between HIV-service NGOs and business representatives;
- AIDS Centers were established in two regions of Ukraine (Town of Ternovka – Dnepropetrovskaya Oblast; and Town of Chernovtsy – Chernovetskaya Oblast) with the help of information and advocacy skills obtained at the workshops.
- Experiences shared with persons from different kinds of organizations
- Support with surveys and research

- Development of strategic planning skills, and how to operate in a market economy environment

The Country Project Coordinator also reported that Kyiv City Ambulance staff developed a program on HIV prevention in the workplace after they participated in PTAP HIV prevention information lectures in 2005. In 2006 the Kyiv City Ambulance HIV prevention program received an award at the ceremony for the Second National Awards on HIV Prevention in the Workplace.

10. Capacity building on understanding government budgeting processes is particularly useful.

This facilitates advocacy for transparency in planning and tracking government budget allocations to scale up for HIV prevention.

One of the new strategic directions for the Coalition is strengthening leadership of NGOs at the local level, and advocacy for contracting services from local NGOs at local level, with funds coming from local (city or rayon) budgets. Training materials on budgeting are needed, and an offer of funding has been secured from the Renaissance Foundation to support the development of these materials.

11. Continuous capacity building is needed in evidenced-based responses, as the epidemic evolves in Ukraine.

With an average HIV prevalence in 2005 among persons aged 15-44 of up to 4.3%, there is a debate in Ukraine about whether HIV prevention should shift substantial resources to focus on primary prevention (i.e. HIV prevention for the general population), or largely continue the focus on HIV prevention among vulnerable groups. There is also a debate around where most NGOs, including members of the Coalition and the Coalition itself, should focus their attention, given their skills and interests. It may be more appropriate for the Coalition to focus on advocacy for HIV prevention for the general population (e.g. in the workplace context), rather than to attempt to provide such services directly. On the other hand, CBOs typically have greater experience in working with marginalised populations. More informed discussion is needed about the limitations of general IEC campaigns, and of targeted interventions appropriate to a generalized epidemic. Advocacy messages for HIV prevention need to be evidence-informed, and capacity in this area needs to be continuously strengthened.

12. NGOs also need organizational capacity building.

Informants commented that NGOs need organizational capacity building, not just in substantive areas such as networking and advocacy.

‘This project is very important for capacity building of civil society. We need more NGOs and they need more capacity, especially at the regional level. Their capacity is low in different areas e.g. on strategic planning, M&E, resource mobilization, development of projects, skills in working with government, and with each other.’

Other organizations such as the Alliance also provide such capacity building, so the Coalition response to these needs should be developed in this context.

Networking and partnerships

13. The Coalition has developed good relationships with related programmes

Good working relationships have been established with agencies and organizations including UNAIDS, the Alliance, and the Health Policy Initiative (HPI). This has resulted in expanded joint activities and increased resources towards the project objectives. This is a major strength of PTAP in Ukraine.

For example, the Coalition strategic plans were developed in cooperation with the Alliance. The Alliance helped the Coalition to register as a non-governmental organization. Also, in 2007 HPI held a seminar on 'Establishing Referral System Between AIDS Centers, TB Clinics and NGOs.' Funding from PTAP was used to support the attendance of participants from the oblasts not currently identified as a priority by USAID, which supports the HPI project.

The Coalition uses materials developed by other organisations for training purposes where appropriate, rather than develop new materials. For example, in the field of advocacy, training materials are available in Russian from the Alliance, EuroCASO and the Policy Project. Of these sources, the EuroCASO materials were judged to be the most appropriate and these were adapted by the facilitator for the advocacy workshop in September 2006. The Alliance guide was also provided to the participants.

14. Networking and partnerships between NGOs and between NGOs, the government and other stakeholders have been strengthened.

Informants agreed that networking and partnerships between NGOs have been strengthened. The Coalition was formed with 30 members, and now has 70 members. Regional networks have formed in some regions. The Coalition is represented on the NCC and its sub-committees. The All-Ukrainian Network of PLWH is represented on the Project Advisory Team, and members participate in Coalition workshops and other events.

Informants at the NGO consultation reported the following gains in networking and partnerships:

- Local networks were formed between HIV-service organizations to advocate for the interests of NGOs and their clients. Cooperation allows strengthening the capacity for providing quality services, spotting the gaps and reacting quickly in solving emerging problems.
- Cooperation in developing the statement 'Nothing about us without us' helped to mobilize the communities and strengthen their potential (registration of new organizations with the board consisting of target groups representatives).
- Strengthening communication within the Coalition
- Involvement of new members
- Contribution to prevention scale up through introduction of new types of activities
- Partnership with different organizations, including both governmental and non-governmental organizations
- Development of a joint strategic plan
- Strengthening of communication and experience sharing
- Creation of a database of the experts providing services in different fields
- Creation of fundraising structures (foundations for community development)

- Creation of regional NGO networks (e.g. Western Ukrainian NGOs Network)
- Partnership with governmental structures
- Participation in the work of Coordination Councils and development of standards of services

One informant observed,

‘Now people understand the power of unity, speaking with one voice, and so this is starting to happen. More and more people understand the importance of treatment, but more and more the importance of prevention. In the first round of the Global Fund we spend millions on treatment, but we have not seen the difference in the HIV situation. NGOs are starting to understand that treatment is not the answer to the epidemic. There is more talk about prevention.’

Decision maker awareness and understanding

15. National advocacy for HIV prevention policies has been successful.

Informants reported that the Coalition contributed greatly to the development of the guidelines for rapid testing and the development of the universal access road map. The Coalition, with other stakeholders, also advocated strongly and successfully for the inclusion of funding for prevention services in the round six grant application to the Global Fund. The Coalition role in advocating for HIV prevention for vulnerable groups, including IDU (substitution therapy) and MSM, is also considered important.

‘Substitution therapy with methadone – the government has finally approved this. Also MOH ordered the implementation of substitution therapy for 3000 users. The NGO role – The Coalition and the Alliance - had an enormous role in this change. Substitution therapy is key to adherence and prevention.’

Some Coalition members do not undertake advocacy, preferring to leave this role to the Coalition. The Executive Director of one Coalition member organization noted,

‘We do not do advocacy ourselves. We give this to the Coalition to do this on our behalf, as do the majority of the Coalition members.’

16. Coalition advocacy resulted in the inclusion of HIV in broader national law reform initiative on discrimination.

The Coalition advocated successfully for the inclusion of HIV in a proposed legislative package to address discrimination in a range of areas. This proposal was developed with support from USAID, the Institute of Sustainable Communities USA, and Ukrainian Citizens Action Network (UCAN).

17. The Coalition can play a useful watchdog role in monitoring the national response.

Informants noted that the Coalition and its members have the opportunity to play a stronger watchdog role in monitoring the national and sub-national programmes, building on the current evaluation of the national programme. Informants commented,

‘A valuable role which the Coalition could play, is an independent critical voice... They are there, if they have the funds to be this critical voice, that would be useful... Some people in

the Coalition are cautious about playing a watchdog role – they have to be resourced to do this...

‘Priority is representation of voices at national and local level of CBOs and vulnerable groups – development of a constructive relationship with government.’

‘Being a watchdog on the side, watching what is being done by the national programme. Also focus on local and state budgets... the (Ministry of Health) focus is blood safety, testing of donors and pregnant women, and treatment. All the prevention money is scattered among the different Ministries and it is difficult to extract this information.’

One informant commented that this role could also extend to monitoring compliance with international commitments and the implementation of national laws.

‘Our law is very enabling, developed according to international standards. There is a lack of implementation and oversight. This is a very big problem. We have good laws on HIV, gender, on discrimination, however the mechanisms for implementation are poor.’

The Coalition was created as a watchdog organization, however today many Coalition members are largely interested in service delivery, not advocacy. They sometimes undertake advocacy, but it is not their main role. The Coalition could benefit from an internal strategic planning process to clarify this strategic direction and the relationship with its members regarding advocacy. Advocacy and service provision must be linked: experience from the ground (service provision) should feed into an advocacy agenda built from community to the national level. The Coalition members also need more clarity on different kinds of advocacy.

18. Advocacy would be more effective with greater clarity about which constituency is being represented.

The Coalition is perceived as unbiased and independent in its advocacy for both prevention and treatment services, however informants noted that when Coalition members and representatives speak it is sometimes unclear which constituency is being represented. They commented that legitimacy and advocacy impact would be strengthened by greater transparency in consultations with members and other stakeholders on policy issues.

‘When these people speak at the NCC meetings. They speak in the name of the Coalition. This goes for other meetings. What is behind this – to what extent do they consult with their members?’

‘The Coalition has to be more serving as a coalition, rather than as a stand alone NGO – there are 60 entities behind them.’

‘They wear several hats. Some of the members are also part of other coalitions – Network of PLWH, or the Association on Harm Reduction. As separate organisations, members of the Coalition have sub-grantee status with the Alliance. This creates a complexity of relationships.’

The Coalition holds meetings with members to discuss its policy positions, and this process could be made more explicit, perhaps through the development of a policy document that is posted on the website.

19. The reorganization of the NCC and its sub-committees offers an opportunity to improve the effectiveness of these structures.

More intense preparation and networking may be needed to obtain the changes sought through the NCC committees. E.g. the VCT committee has not met since 2006. The recommendations from the committees should be disseminated further, e.g. to the regional coordination councils.

20. National advocacy for government transparency in disbursement of HIV prevention funding would be a significant contribution

One informant commented on the need for national level advocacy and strategic alliances to examine obstacles to disbursing the funds for HIV prevention earmarked in the current World Bank \$30 million loan.

21. Coalition members have used capacity for advocacy at national and sub-national levels.

Informants at the NGO consultation reported the following examples of advocacy resulting from the workshops:

- Establishment of new AIDS Centers.
- Representatives of vulnerable populations more self-assured (at a Harm Reduction Conference the clients themselves voiced their opinions on substitution therapy and IDUs)
- The knowledge acquired within the framework of the project allowed advocating for the rights of people living with HIV to receive ART.
- Following a round table with representatives of the Drugs Control Department, medical institutions, and NGOs, a policy was adopted which forbids police from confiscating the medicines of people receiving ART, and which obliges police officers to contact the AIDS center or NGO when a person receiving ART is detained.
- Advocacy for the rights of people living with HIV/AIDS in medical institutions
- Representation of the interests of clients' groups at all levels
- Participation in development of standards for social services
- Participation in National Coordination Council, as well as oblast and local coordination institutions
- Adoption by the governmental structures of the best practices of the project and using these practices as an example for other organizations.
- Strengthening the monitoring system of the projects, implemented in Ukraine (Global Fund, World Bank, etc.) in order to achieve better transparency and NGO involvement
- Advocating support for prevention programs from local budgets and business structures
- Advocacy for provision of comprehensive services, meeting various client's needs (case management)
- Advocacy for reducing discrimination against clients
- Advocacy for the interests of at-risk groups; increase of the coverage of population by services
- Advocacy for the interests of all populations related to prevention
- Highlighting in mass media problems of stigma and discrimination; publishing educational informational materials on human rights.

One informant observed,

‘I see changes in the interaction with governmental structures. Now government takes NGO opinion into account... For example, budget policy processes. Now we see our NGOs in the regions advocating for the increase of local budgets for HIV... We see a lot of NGOs working together at local level for advocacy for increase commitment by local authorities to HIV. Also for integrated referral systems for clients. This latter networking is among NGOs and also government services. This is a result thanks to this project.’

22. A shift in nature of technical assistance for advocacy may now be required.

Informants commented,

‘(NGO) absorptive capacity for formal training is exhausted – what they want is working alongside with them, supporting them in doing the work.’

‘Strategic planning for NGOs at oblast level is needed. They don’t need more training at national level. They need a facilitator who can help them develop their strategy at oblast level... (Name of one trainer mentioned) If they could afford this for other oblasts it would be excellent.’

‘...the second half should focus more on the regional level. Maybe the Coalition should have funds for the assessment of capacity and then do the training based on the needs analysis... ‘non-priority oblasts’ especially need support.’

‘It would be important for the oblast to be able to assess their own needs. Each region should have instruments to assess their gaps, and how those gaps can be filled, including NGO capacity. (UNAIDS is) developing these assessment tools now. The goal is to equip all the oblasts to assess their technical support needs. There is a need for the Coalition to be more proactive about what NGOs in the oblasts need. Prioritising the issues would be important e.g. for PITC in Odessa where there is higher prevalence among high risk groups and their partners. If the Coalition is the one to bring the information to the region they should ask other partners for assistance.’

The Coalition has considered developing a database of members with expertise in advocacy. In areas where local expertise may need to be developed (such as gender analysis), international experts can contribute to the development of this capacity through mentoring.

23. Shift in focus from national to include sub-national (oblast, rayon) levels is now needed.

The focus on testing services - quality of counselling, accessibility and affordability - should now shift to oblast and local levels. Advocacy for effective monitoring systems is needed.

‘Early detection is a key part of VCT, but prevention is sometimes lost. The people at higher risk do not go to private labs – they want free testing. In many oblasts people have to pay for their HIV tests, even in the state sector.’

‘The capacity is here in Ukraine. In the ‘90s there was a massive influx of funds, VCT capacity is here. What is important is to assess these VCT sites within oblasts – what does

counselling entail? – is it focussed on the next step? – what is the post-test counselling and follow up, case management system, especially for clients at higher risk? - and compare across oblasts... The problems are immense – many oblasts cannot afford test kits – how to do they manage the clinics?...do they have sliding scales for clients to pay? They need to know these options. NGOs can bring best practices from other countries and more information.’

Cross cutting themes

GIPA

PLWH are represented on the Project Advisory Team, and this group is specifically included in workshops and other events. The Regional Project Coordinator noted,

‘The approach chosen by the project in Ukraine is that generally there are no separate activities under this activity (activity #4). We thought it should be integrated into all the project work. Of course GIPA is addressed by including those people in events organized. The Network of PLWH is consulted on the project. One good example is that regional coordinating councils on AIDS have representatives from the community in some cases these are PLWA. Sometimes they don’t have skills to participate actively. The project tried to address this by inviting these people to project events. In 2005 there was a seminar on how to get involved in the legislation process – how the community including PLWA could be involved.’

Gender

Gender issues in ex-Soviet countries are believed to be very different from other parts of the world. There is believed to be little discrimination against women in the way it exists in Africa, Asia, and even in some ways in developed countries. It is widely believed that women are treated as equal to men in all aspects and at all levels of society. Nonetheless, women are less equally represented in the Parliament and other high level government positions.

With the collapse of the Soviet Union and consequent regional economic collapse, many women entered sex work or were trafficked for sexual services. Thus economic and sexual vulnerability exists even though formal equality remains a prized remnant of the former Soviet system. Gender equality did not extend to homosexuals and MSM activity remains stigmatised, perhaps even more so with the recent resurgence of conservative religious beliefs and practices.

Few national informants were able to state why gender was important in HIV prevention in Ukraine, and the project does not have an explicit gender focus. Informants commented,

‘We need to stimulate the NGOs who specialize in women’s rights, not on the local level but on the national level. Start there.’

‘We don’t have a problem providing services to men and women. The problem is representation of women at a higher organisational level.’

‘We understand that female sex workers need specific services and we provide them. We look at the specific needs for each groups.’

‘Maybe for homeless people or prisoners, there can be a strict division between men and women, maybe with other groups we can be more flexible.’

‘It was not addressed at the beginning. I had the idea to work with women’s organizations, but they don’t work with HIV. There is a USAID project to support the parliament to address gender equality...’

The project could identify a national partner with gender capacity, and/or work with the Alliance, UNAIDS or other international agency to integrate gender into the project as required.

Human rights

The human rights aspects of the project are seen largely in terms of the response to stigma and discrimination.

This year we will organize a ‘training of trainers’ about stigma and human rights. We will give information about the bill, and how to support it. Regulations, courts, law enforcement. UNDP will support this, partially PTAP. We will hold a meeting to review the situation in about September. With the additional money from PTAP, we will support a national conference for former prisoners, together with UNODC and the Department of Corrections, in November, after the election.

A more in-depth analysis of the human rights dimensions of the epidemic in Ukraine (as in other PTAP countries), and implications for prevention, would be useful. This could include a focus on issues of governance, and include advocates working on rights for women, children, IDUs and MSM.

Sustainability

The Coalition will be a sub-recipient under the sixth Global Fund round for work in the area of advocacy and human rights protection. The Coalition will use these funds for advocacy for standards for social services, and for advocacy for vulnerable groups such as homeless people and children, with a focus on their HIV vulnerability.

Funding will also be received from USAID for the creation of four regional HIV services prevention centres. Funding will also be sought from businesses and other sources. Funds need to be channelled to the sub-regional levels

‘Ukraine needs \$100 million (for its HIV programme) in 2007. We have pledged \$150 million from all sources. Finding financial resources is not the issue – proper use is the issue. Most of these funds come to the national level, but services are provided at the regional, sub-regional or district or sub-district level. This is the service gap. The Coalition struggles for funds coming to the national level to work on workplace safety - they should struggle to get these funds to their members at the regional sub-regional and district levels.’

Project efficiency

Aspects which work well

1. *The project is generally managed well and meets reporting and other deadlines.*
2. *Collaboration in capacity building, sharing of resources*
As noted above, collaboration in capacity building and the sharing of resources is a major strength of PTAP in Ukraine.
3. *The relationship between the Country project staff, RS and IS works well.*
All three levels reported satisfaction with the present working arrangements.

Challenges

4. *More transparency is needed through disclosure of basic project information, including budget.*

Some partners said they would like to have more information about the project, its budget and activities. This information may be on the website, however it should be shared more proactively.

5. *The transfer of funds from IS is sometimes delayed*

The first payment of 50% is delayed, perhaps by the annual renegotiation of the MOU between the IS and the RS (common issue with other PTAP countries). This delays the start of activities. Delays also reported in the payment of the 10% from the previous year.

6. *Baseline not done in year II to indicate changes in country situation.*

The baseline report for 2006 does not indicate clearly any changes that occurred since 2005. To be useful, changes should be highlighted. Further, it may not be a priority to repeat the baseline every year. Perhaps the beginning and the end of the project are all that is required.

7. *Monitoring outcomes at sub-national level needs more attention.*

Workshop participants were surveyed by email to ascertain the outcomes of the training, however little feedback was received. Other methods of data collection should therefore be tried, such as using time at the next event to capture what people are doing after the previous workshop.

Annex

Individual interviews:

Ageyeva, Iryna	Senior Officer: NGO Support, All-Ukrainian Network of PLWH
Andrushachak, Lidia	Social Mobilisation and Partnerships Advisor, UNAIDS
Davis, Olena	Project Coordinator, Coalition of HIV-Service NGOs
Dovbakh, Anna	Head of Programme and Resource Development Team, International HIV/AIDS Alliance in Ukraine
Pavlenko, Paola	Director, Policy and Communication, International HIV/AIDS Alliance in Ukraine
Pidlisna, Natasha	Chair of the Board, Coalition of HIV-Service NGOs; Executive Director, Substance Abuse and AIDS Prevention Organization; member, Project Advisory Team
Nechosina, Elena	Executive Director, Coalition of HIV-Service NGOs
Subataite, Marija	Regional Project Coordinator, Coordinator AIDS Action Europe Eastern Office
Shakarishvili, Anna	Country Coordinator, UNAIDS
Schurpach, Ludmilla	Head of Team, International HIV/AIDS Alliance in Ukraine
Semeryk, Oleg	HIV/AIDS Deputy Director, Health Policy Initiative, Constella Futures
Subbotin, Yuriy	Operational Manager, UNAIDS/DFID Project on Three Ones Principles in Ukraine

NGO Consultation, 4 July 2007

Organisation

New Century
Life for Life
Centre for Educational Policy
Victoria Club
Trade Unions Federation
Podolavnya ('Overcoming')
Light of Hope
From Heart to Heart
Victoria Association
Solidarity
Coalition of HIV Service NGOs,
(TB Department)

Oblast

Mykolayiv
Chernovetska
Khmelnyska
Dneptopetrovska
National
Odessa + National
Poltavaska
Cherkaska
Khmelnyska
Ivano – Frankivst
National