Sociological research report

Key communities in Dnipro region after **February 24:** needs assessment

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According to the UN data, after the start of Russia's full-scale invasion approximately 6.5 million people left Ukraine and approximately 7 million people became IDPs. Among those who left the country or became IDPs there are many representatives of key communities (sex workers, injection drug users, LGBT+ people, and former prisoners). Unfortunately, presently we don't have reliable and accurate data about the amount of key community representatives who left the country or moved to another region.

The regions which took in internally displaced men and women from the territories of active hostilities and temporarily occupied territories enabled key community representatives to obtain HIV prevention and treatment services as well as substitution therapy.

Center for Public Health of the Ministry of Health of Ukraine promptly established a national hotline for questions about the closest AIDS Center or confidential office and also developed a Telegram bot and a website with the help of which HIV-positive IDPs can find out where they can get ART abroad, consult with a friendly physician and which organizations help Ukrainians from vulnerable communities who left the country.

However, there is a range of problems key community representatives faced due to active hostilies and forced displacement, mainly the following: challenges with work and housing; loss of documents; problems with registration at a new site to receive substitution therapy.

This article contains a situation review for vulnerable groups in Dnipro region: how the full-scale invasion modified needs and which problems emerged for community representatives.

To compile this article, we used open-source data published by Center for Public Health of MOH of Ukraine, Public Health Alliance international charity fund, and Free Zone charity fund. Besides, we conducted 20 semi-structured in-depth interviews: 11 with key community representatives, seven with social workers and two with doctors working in confidential offices in Dnipro region. 14 interviews in total were recorded in Kryvyi Righ and six in Dnipro. The average duration of an interview was about 50 minutes. The shortest interview lasted 25 minutes and the longest one, 185 minutes. The interview distribution is provided in the table below.

City	Community representatives	Social workers	Infectiologists
Kryvyi Rih	7	5	2
Dnipro	4	2	-

Key communities and IDPs in Dnipro region

Due to relative closeness to the zone of active hostilities in Donetsk, Zaporizhzhya and Mykolayiv regions as well as proximity to temporarily occupied territories of Kherson, Zaporizhzhya and Donetsk regions Dnipro region took in many IDPs. According to the data from Dnipro city council, the region hosted over 300,000 IDPs. However, we should remember that official numbers often err on the smaller sider as not all IDPs get registered and obtain a respective certificate in their new place of stay.

Dnipro region in general, but predominantly Dnipro and Kryvyi Rih also took in many IDPs who are key community representatives. According to Center for Public Health (CPH) of MOH of Ukraine, as of 1 July 2022 the number of people receiving ART in Dnipro region amounted to 25,611. Dnipro region is a leader by number of IDPs receiving ART (antiretroviral therapy to treat HIV). As of 1 July 2022, the region had registered 473 IDPs receiving ART (cf.: the second region by number of IDPs receiving ART is Lviv region (437 people as of 1 July 2022)). According to CPH, after Odesa region Dnipro region is also a leader in HIV detection: in July 2022, 278 new HIV cases were identified in the region (cf.: in Odesa region, 388 new cases were found).

Dnipro region is also a leader by the number of patients receiving substitution therapy. As of 1 July 2022, CPH was aware of 3,618 patients receiving substitution therapy in communal health care institutions and 15 patients receiving such treatment in private clinics. Among those, 98 people in communal health care institutions and 15 people in private clinics were new patients (as of 1 July). Cf.: in May, 184 new clients for substitution therapy were registered in Dnipro region communal health care institutions and 28 in private clinics.

1. Injection drug users

Substitution therapy is a way to treat addiction to opioid drugs and an important component of harm reduction strategy. Daily intake of medicines (methadone or buprenorphine) and participation in social reintegration programs helps patients on substitution therapy to overcome addiction to street

drugs and lead a full-fledged life. Ensuring continuity of substitution therapy and forming therapy loyalty are important components of overcoming HIV epidemic.

One of the main problems IDP patients receiving substitution therapy faced in Dnipro region is the complexity of registration at substitution therapy sites in a new place. According to social workers and community representatives, namely people with drug addiction on substitution therapy, many IDPs in Dnipro risked disruption of therapy intake due to incapability of substitution therapy site to promptly register IDPs and provide them with the drug.

Social workers and injection drug users note that some IDPs faced a situation when instead of being prescribed treatment in a new place they are only entered in the “waiting log”, without informing the patients how soon they will be able to start drug intake here. Some patients had to spend a month waiting, and some even more. Besides, the patients were not explained the reason of non-registration on a new site. According to social workers in Dnipro, some of these obstacles emerged due to unwillingness of medical staff to accommodate such patients and problems with influencing such staff.

Another obstacle faced by IDP representatives of injection drug users on substitution therapy is ungrounded reduction of the dose and the number of days the drug is provided for. According to key group representatives, before the war Dnipro narcology clinic was doing exceptional work, having proven its efficiency during COVID-19 pandemic among other things, when substitution therapy clients could quickly obtain the drug in the necessary amount. IDP patients on substitution therapy in Kryvyi Rih also complained about the ungrounded dose reduction. According to local social workers, many new clients who transferred from other regions had their dose reduced even though the patients provided documents from health care institution in another region confirming their dose of the drug. Besides, after the transfer to new substitution therapy sites many clients were asked to come for the drug in person for at least a week though before the transfer the patients had been able to receive the drug for a term of up to 30 days.

Dnipro social workers also note that due to the war and migration of qualified medical staff from Dnipro to safer regions and abroad some medical institutions brought back doctors they had previously dismissed, including those noticed as intolerant towards substitution therapy clients.

With the beginning of the war, the number of substitution therapy sites in Dnipro has decreased. Besides, narcology clinic in the city had been merged with mental hospital though this decision was appealed against by the community before the start of the war. One of the fears in the community is that the policy of closing down substitution therapy sites in the city is intentional and its aim is to “clear” the city from an “unwanted” group, forcing all substitution therapy clients to pick up the drug in person at the site located outside the city. Therefore, social workers and key community representatives note that such policy will lead to fewer people in substitution therapy program in

Dnipro, the relapse among a part of community towards street drugs, and the growing amount of HIV cases in the city and region.

Similar concerns have been voiced by injection drug users in Kryvyi Rih: in particular, the community fears that as a result of health care institutions restructurization the number of substitution therapy sites in the city will go down. This raises significant concerns as many substitution therapy clients who live outside the city have to cover great distances to receive the drug.

2. Men who have sex with men (MSM) and transgender people

Russian full-scale invasion has negatively impacted the recruiting of key group representatives to prevention programs and HIV detection as the volumes and geography of testing decreased significantly. For example, according to Public Health Alliance, compared to the first quarter of 2021, in the first quarter of 2022 prevention programs covered 22 percent fewer MSM and 35 percent fewer transpeople. Therefore, one can assume that HIV prevention needs among MSM and transpeople remain partially unmet.

After 24 February active migration of MSM and transpeople from the south and east of Ukraine to safer western regions was observed. Though we don't have precise data about the amount of key community representatives who left temporarily occupied territories or regions of active hostilities and settled down in safer regions, we can make an estimate of MSM migration using, for example, Hornet app which can track down the moves of its users and also by looking at the dynamics of new patients recruiting into HIV PrEP programs in different regions. Just a reminder: HIV pre-exposure prophylaxis (PrEP) is a way to decrease the risk of contracting HIV by daily intake of antiretroviral medication prescribed by a medical professional. According to Public Health Alliance, during the first quarter of 2022 in Dnipro region the amount of new patients in PrEP program increased by 214% compared to the first quarter of 2021.

According to social workers and representatives of this key group, Dnipro region has taken in many IDP MSM from Kherson, Kharkiv and Luhansk regions. The main problems and obstacles faced by these IDPs are predominantly challenges with job and accommodation search. According to the representatives of this key group, a lot of support for IDP MSM in Dnipro region was organized by the community itself through local NGOs. The representatives of this key community had increased humanitarian needs (food, hygiene supplies, etc.) and needs for emotional support in the new place. Some community representatives also noted that access to condoms has been complicated: for some time it was harder to buy them as they weren't available everywhere. However, it is necessary to note that HIV prevention programs among MSM in Dnipro region resumed their work in March 2022, offering both IDPs and permanent residents of the region among MSM free

condoms, HIV, HBV, HCV and syphilis tests, PrEP and social accompanying if tested positive for HIV.

Community representatives also note that one of the problems that exacerbated after full-scale invasion is the search for facilities to organize shelters. Another barrier brought up by community representatives is the decrease in the amount of medical staff friendly to the key group and able to confirm the diagnosis; this happened due to their migration abroad or to the western regions of the country. Besides, due to Dnipro region's proximity to active hostilities, local medical staff is overloaded because of numerous wounded patients (both civilians and military). Therefore, the waiting time has significantly grown.

As for transpeople, community representatives and social workers noted that the main barrier the community faced since the beginning of full-scale invasion is the complicated access to hormonal medications and the impossibility to have a sex reassignment surgery. Besides, a part of the community notes that a significant barrier for transwomen is the challenge of de-registering from service list if there is no F64.0 certificate available. Moreover, due to checkpoints and frequent document checks, mobility among transpeople has decreased. This especially hit the transpeople who were on hormonal therapy leading to changes in their appearance but did not apply for F64.0 certificate and did not start the document change process. Another barrier IDP transpeople coming to Dnipro region faced is the challenge of finding accommodation due to transphobic attitudes among homeowners.

3. Sex workers

Russian full-scale invasion also had a negative impact on the situation of sex workers and their access to HIV prevention programs. For example, according to Public Health Alliance, due to active hostilities during the 1st quarter of 2022 HIV prevention programs in Ukraine were able to cover 30 percent fewer sex workers compared to the first quarter of 2021.

Dnipro region also took in sex workers who due to occupation and active hostilities had moved from Kharkiv, Donetsk, Zaporizhzhya and Kherson regions. Some barriers IDP sex workers faced include challenges with accommodation and client search in a new place and therefore decrease in earnings. Humanitarian needs of these IDPs (temporary housing, food and hygiene kits) were taken care of by the community itself via NGOs; it organized certificates for food, personal hygiene, first aid kits, and sleeping-bags.

Some sex workers who started working in the new place note that curfew complicates their activities, as for many of them working hours had mostly been in the nighttime. Saunas, clubs and similar places to search for clients don't work now, and many sex workers are afraid to look for them on highways. Those sex workers who provide services in apartments note that after February

24 the risk of apartment search by law enforcement through straw clients has grown. Representatives of this key group also note that after February 24 it has become harder to work even with permanent and seasoned clients as sometimes they change and become more aggressive. For those representatives of this key group who suffered from violence the need for psychological and emotional support is very acute.

4. Women with HIV

According to CPH, in July 2022 Dnipro region was a leader among Ukrainian regions by the number of children born of HIV-positive women whose diagnosis is at the confirmation stage. During the last six months, from January till June 2022,
Dnipro ranked second after Odesa region by the number of children born of HIV-positive mothers. Just a reminder: if the mother takes ART without interruptions and feeds the child with formula, most children after 18 months of life won't be HIV-infected anymore.

In general, for women from all key groups, especially HIV-positive women, full-scale invasion exacerbated the problem of finding formulas to feed children.
Just a reminder: to prevent HIV vertical transmission (from mother to child), HIV-positive mothers are prescribed formula feeding of a child. Before the start of full-scale invasion, funds to procure milk formulas for children during the first year of life were mostly provided from local budgets in all regions of Ukraine. After February 24, getting formulas became another barrier for HIV-positive women, especially HIV-positive IDPs.

Besides, due to destruction of hospitals and their overload in Dnipro region because of their proximity to active hostilities, HIV-positive people generally faced challenges in getting necessary medical assistance. Hospitals overload, fewer doctors, insufficient amount or even lack of medicines in some cases create new barriers for HIV-positive Ukrainians.

5. Former prisoners

According to Free Zone, due to Russia's full-scale invasion about 18,000 of convicts and prisoners became hostages to the situation and only about 3,000 of them were evacuated to penitentiary institutions located in safer regions of Ukraine. According to CPH, Dnipro region is a leader by the number of people on ART staying in places of imprisonment: the number is 820. Cf: Kharkiv region where 368 people in places of imprisonment are on ART is ranked second.

According to social workers and representatives of this key community, the martial law created additional mobility barriers for people who were released after February 24. Checkpoints and document checks meant additional inconveniences for former prisoners who had lost their

documents and could not reissue them before the start of full-scale invasion. Besides, deterioration and sometimes absence of transport between cities, towns and villages created additional barriers for this community, complicating their process of returning home to their families.

Moreover, representatives of this community who had been released from penitentiary institutions before or after February 24 and are registered in Dnipro region noted that due to the focus of most support programs on IDPs it was harder for them to obtain assistance in their own region – though the main needs of representatives of this community after release as well as problems that they face are actually similar to the needs and problems of IDPs: challenges with finding work and accommodation, food and hygiene supplies.

Common challenges faced by key group representatives in Dnipro region:

Complicated situation with transport: lack of transport connections between cities/towns/villages or their irregularity. Some patients on substitution therapy and ART in Kryvyi Rih district have to cover significant distances to receive medications.

Challenges with job search due to fewer vacancies and more people in the region. Most key community representatives predominantly have informal work experience, which further complicates job search.

Challenges with document reissue. Due to decrease or loss of earnings, key community representatives often cannot pay for document reissue themselves. At that not all NGOs working with key communities have programs helping with documents reissue. Or sometimes such programs are much too narrowly focused, leaving behind many of those who need such service.

Recommendations:

- To make humanitarian aid less narrowly focused, to expand criteria for receiving aid. This will help to decrease the amount of people escaping attention whose needs remain unnoticed.

- To simplify the application process for humanitarian aid.

- To improve job search programs for key communities. To ensure that the programs take into account the lack of official work experience among many community representatives and their need to periodically leave during working hours to receive substitution therapy or ART medications.

- To provide housing not just to IDPs from key communities but also to local key community representatives (this is especially relevant for those recently released from penitentiary institutions or those who lost housing due to inability to pay for it as a result of loss of earnings after February 24).

- To ensure that HIV-positive mothers are provided with milk formulas for their children.

- To envisage means of transportation for key community representatives between their place of residence, site issuing substitution therapy and/or ART, medical institution, and NGO office providing prevention services.

- To simplify document change process for transpeople.

- To provide a sufficient number of sites issuing substitution therapy and ART. To ensure that existing sites issuing medications have sufficient coverage of cities/towns and territorial communities so that patients don’t have to cover significant distances to receive treatment.

- To simplify the process of transfer from one site issuing substitution therapy to another without entering the patients in “waiting logs”, reduction of dose or time frame the medication is given out for.

- To regularly consult social workers contacting key communities and also key community representatives for careful tracking of their needs and timely response to changing needs and emergence of additional barriers.