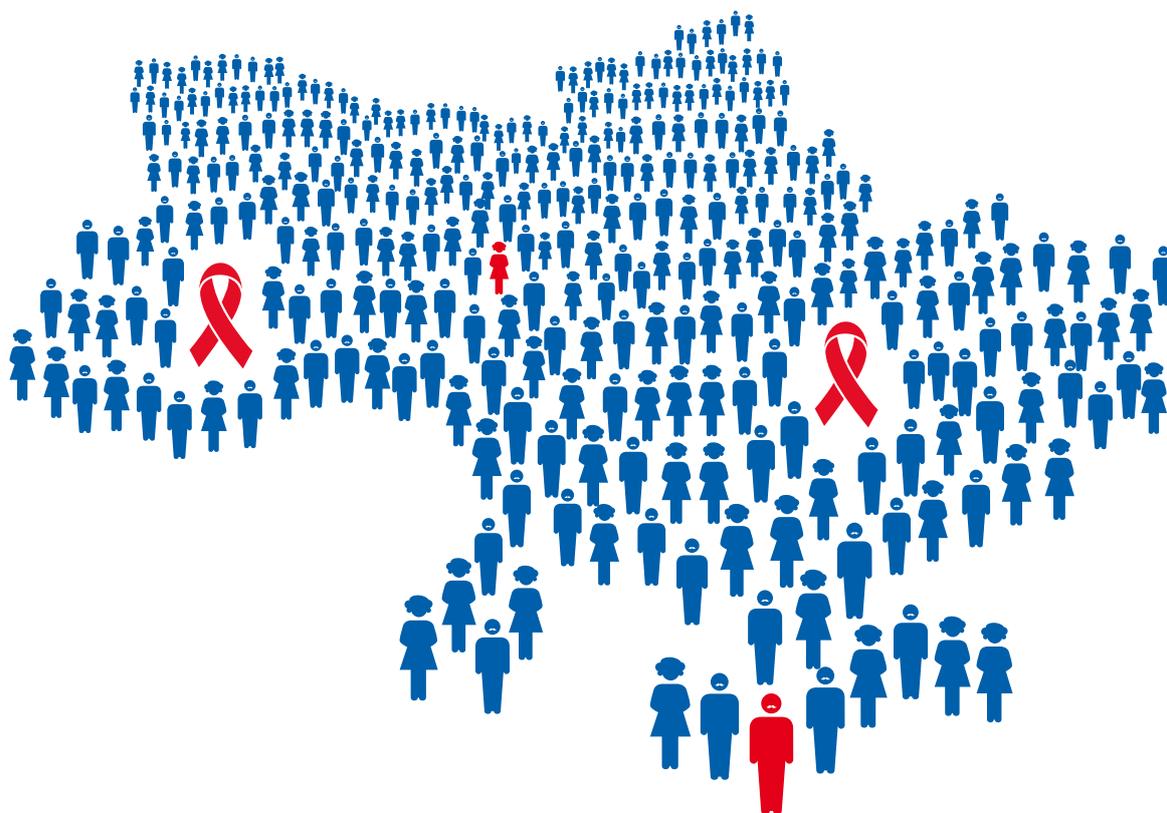


# ANALYTICAL REPORT



## ASSESSING VIOLATIONS OF RIGHTS OF INTERNALLY DISPLACED PERSONS LIVING WITH HIV

This survey has been conducted by the  
Oleksandr Yaremenko Ukrainian Insti-  
tute for Social Research

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SURVEY FOR THE PROJECT  
**'Assessing Violations of Rights of Internally Displaced  
People Living with HIV'**

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The overall objective of the report is to assess and profile violations of rights of internally displaced persons living with HIV.

We would like to express our sincere gratitude to the research group and all stakeholders involved for their contribution to the project.

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**City of Odesa:**

CF 'Faith, Hope, Love'

CF 'The Way Home'

CF 'Youth Development Centre'

Odesa City HIV/AIDS Prevention and Control Centre

**City of Kharkiv:**

Kharkiv Regional Office of AUCO 'All-Ukrainian Network of PLWH'

CF 'Parus'

Kharkiv Regional HIV/AIDS Prevention and Control Centre

We are infinitely grateful to all respondents for their willingness to participate in and contribute to the research, their trust and honest answers. The information that we received on violations of rights of internally displaced people living with HIV allows us profiling violations and planning further actions with the aim of minimising them.

# GLOSSARY

**ART** – antiretroviral treatment.

**HIV** – human immunodeficiency virus.

**AIDS** – acquired immune deficiency syndrome.

**IDP** – an internally displaced person.

**In-depth interview** – an information qualitative analysis technique that involves conducting a non-standard interview in order to explore a particular topic.

**HCI** – health care institutions.

**SMT** – substitution maintenance therapy.

**Desk study** – secondary data analysis. Analysis of existing data sources collected and processed earlier.

**C&T** – pre-test counselling, HIV testing and post-test counselling.

**PLWH** – people living with HIV.

**Personal (face-to-face) interview** – a face-to-face conversation of an interviewer with a respondent, in the course of which the interviewer reads questions and possible answers to the respondent and inputs responses in the questionnaire.

**UISR** – Oleksandr Yaremenko Ukrainian Institute for Social Research.

**AIDS centre** – AIDS prevention and control centre.

# INTRODUCTION

Mechanisms of medical and social assistance in Ukraine targeting a particular category of people living with HIV have undergone some changes as a result of armed hostilities in the east of the country. Therefore, national authorities together with NGOs and international foundations should establish as soon as possible effective mechanisms for the provision of various assistance to HIV-positive citizens who were forced to move from Donetsk and Luhansk regions and the Autonomous Republic of Crimea, which are the areas most affected by HIV/AIDS.

In 2014, because of the loss of control over some regions of the country, we are lacking official statistics that could be compared to the statistics of 2013. However, even despite this, we can assume that the HIV/AIDS epidemic is beginning to gain momentum again.

Among internally displaced persons who are forced to leave their homes because of armed hostilities in the east of Ukraine, there are tens of thousands of HIV-positive people, including those in need of regular care and support in the form of antiretroviral treatment and substitution maintenance therapy. Such people moved not only to the area controlled by Ukraine, but to the Russian Federation as well (despite the fact that under the law these nationals are subject to deportation)<sup>1</sup>. Many of them stayed within the temporarily occupied territory. Moreover, HIV-positive people who remained within the occupied territory and planned to leave the area of armed hostilities could face difficulties when Ukrainian authorities were not allowing displaced people to pass because of the system of passes introduced between the so-called DPR/LPR and the area controlled by Ukraine. In addition, HIV-positive IDPs encounter problems with registration at medical institutions of regions neighbouring with ATO zones if they were not registered at their former place of residence. At the same time, new registration issued at the territories controlled by DPR/LPR is not considered valid in Ukraine.

According to the data of the All-Ukrainian Network of PLWH, about 30% of HIV-positive residents of Donetsk and Luhansk regions have become displaced. In Donetsk Region 20 thousand people living with HIV were registered and almost 10 thousand were receiving antiretroviral treatment.

As a result of internal migration of PLWH caused by the armed conflict, HIV-positive migrants may have problems with de-registration and registration at AIDS Prevention and Control Centres.

Pursuant to the law, a person with special needs, including IDPs living with HIV, has the right to financial and medical assistance; however, handling the formalities and obtaining such assistance can now be complicated and take some time, which is critical for an HIV-positive person.

In one way or another, many IDPs suffer violations of their rights. For HIV-positive IDPs this problem is particularly acute and, therefore, it is mandatory to study such cases in order to promptly respond to the problems and avoid them in the future.

Violation of rights of IDPs living with HIV, such as the failure to provide medical assistance, can be caused by insufficient quantities of medicines at medical institutions as medicines are distributed among health agencies/institutions working with PLWH based on quotas. Because of uncontrolled displacement it is quite difficult to count how many medicines are required and what kind of institutions they should be distributed among. We can therefore say that there are specific problems with the provision of assistance to IDPs living with HIV as medical institutions

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<sup>1</sup> Federal Law dated 25 July 2002 No. 115-FZ (as amended on 28 July 2012) 'On Legal Status of Foreign Citizens in the Russian Federation'.

were not ready for this challenge and this explains their slow response. In order to address problems associated with violation of rights that may be faced by HIV-positive IDPs, immediate joint interventions of state institutions, charity foundations and NGOs at all levels are required.

# METHODOLOGY

**Objective of the survey** – to assess and profile violations of rights of internally displaced people living with HIV.

**Regions covered by the survey:** cities of Odesa and Kharkiv.

These cities have been chosen with consideration of official data of the state institution ‘Ukrainian Centre for Socially Dangerous Disease Control of the Ministry of Health of Ukraine’ regarding the number of HIV-positive people who came from Donetsk and Luhansk regions as well as the Autonomous Republic of Crimea and were placed under medical observation at AIDS centres during 2014<sup>2</sup>.

**Methodological approaches to data collection:** a comprehensive quantitative and qualitative survey, consisting of three consecutive levels.

**Level I. Desk study.** At this level current laws and regulations on IDPs and HIV-positive people were collected and analysed. Documents, reports, regulations on social welfare, protection of rights and assessment of services provided to HIV-infected people among IDPs were studied and analysed. The information that was gathered helped to gain a general idea of the situation and analyse the existing system of rights and service delivery to HIV-infected people among IDPs.

**Level II. Polling IDPs living with HIV.** At this level we polled internally displaced people living with HIV who had suffered from violation of their rights and limitation of access to medical and social assistance. With the objective of carrying out a multi-faceted analysis it was decided to include in the sample different categories of IDPs depending on when they came to know about their HIV-positive status and started treatment (Table 1). Altogether 50 respondents were polled: 25 persons in each city of the survey.

*Data collection technique* – a semi-structured ‘face-to-face’ interview at the respondent’s location.

*Criteria for selecting IDPs living with HIV:*

- aged 18 years or more;
- IDP’s status (a respondent with and without a certificate of registration as an internally displaced person);
- the respondent has suffered from violation of his/her rights as an IDP;
- HIV-positive.

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<sup>2</sup> HIV-infection in Ukraine. Newsletter, No. 43. – Ministry of Health of Ukraine, SI ‘Ukrainian Centre for Socially Dangerous Disease Control of the Ministry of Health of Ukraine’, SI ‘L.V. Hromashevskiy Institute of Epidemiology and Infection Diseases of the National Academy of Sciences of Ukraine’. – K., 2015 – p. 13.

Table 1

### Breakdown of sampled IDPs by their HIV-positive status

Target group	Selection criteria	Sample (persons)	
		Odesa	Kharkiv
Internally displaced HIV-positive persons	<ul style="list-style-type: none"> <li>Aware of their HIV status</li> <li>Were receiving treatment before displacement</li> </ul>	9	11
	<ul style="list-style-type: none"> <li>Aware of their HIV-status</li> <li>Were not receiving treatment before displacement</li> </ul>	9	8
	<ul style="list-style-type: none"> <li>Came to know about their HIV status after displacement</li> <li>Started to receive treatment after displacement</li> </ul>	7	6
<b>Total for the city</b>		<b>25</b>	<b>25</b>

**LEVEL III. Polling service providers.** We polled representatives of state institutions and NGOs that provide services for IDPs in order to analyse violation of legal rights and limitation of access to medical assistance and social services for the IDPs, with whom they had to work.

*Data collection technique* – in-depth interview.

*Criteria for selecting service providers:*

- Experience in working with PLWH of not less than 2 years;
- Experience in delivering services (social, medical, legal) to IDPs living with HIV;

For the in-depth interview service providers were broken into categories and polled with consideration of the quota – 1-2 representatives per organisation (Table 2).

Table 2

### Breakdown of sampled service providers by categories

City	Organisation/institution	Category of service providers	Sample (persons)
Odesa	CF 'The Way Home'	Social worker	1
	CF 'Faith, Hope, Love'	Project manager	1
	Odesa City HIV/AIDS Prevention and Control Centre	Deputy chief physician	1
		Doctor	1
	БФ «Молодіжний центр розвитку»	Lawyer	1
	<b>Total for the city</b>		
Kharkiv	Kharkiv regional office of AUCO 'All-Ukrainian Network of PLWH'	Manager of legal assistance project for IDPs living with HIV	1
		Lawyer	1
	Kharkiv Regional AIDS Prevention and Control Centre	Health worker	1
	CF 'Parus'	Deputy director	1
		Lawyer	1
	<b>Total for the city</b>		
<b>Grand total</b>			<b>10</b>

## SURVEY ETHICS

The survey ethics is based on the code of sociologists' professional ethics of the Sociological Association of Ukraine and Helsinki Declaration on Ethical Principles for Research. These documents are intended to ensure compliance with international ethical principles and address, inter alia, the following ethical issues:

- **Informed consent:** having been explained the topic of the survey and conditions for participation of respondents meeting the requirements, the latter were informed about the terms of their participation in the survey. The interviewer read information about the survey to the respondent and after receiving the respondent's consent placed his/her signature in the questionnaire, thus confirming that the information about the survey was delivered and the consent for participation was received.
- **Voluntary participation:** all respondents were clearly informed that participation in the survey is voluntary and that their refusal to participate will not entail any negative consequences.
- **Incentives for participants:** the participants received an incentive for taking part in the survey. It was a small compensation for the time and efforts invested and cannot be considered as 'bought participation'. The incentive was given in the form of money. The incentive for participation in the survey was not given in the form of drugs, alcohol, medical products, toxic substances or any other harmful substances/products.
- **Confidentiality and anonymity:** all participants were informed that their participation in the survey is confidential and anonymous. The data provided by a respondent are used in a generalized form and without respondent identification information. All data of the survey are kept respecting all principles of confidentiality. Representatives of the research team did not record family names or other identification data in survey questionnaires. After the data were collected, all survey tools were kept in a safe place.

## DATA QUALITY CONTROL

The quality of data was controlled through weekly reports of the regional facilitator submitted to the O. Yaremenko Ukrainian Institute for Social Research. These progress reports about the fieldwork of all levels of the survey described:

1. preparatory stage of the survey;
2. main difficulties encountered while establishing contacts with service providers;
3. number of respondents polled at the second level of the survey - IDPs living with HIV;
4. number of respondents polled at the third level of the survey - service providers.

With the objective of ensuring successful and timely implementation of the survey UISR reacted promptly to any force majeure situations or difficulties faced by the regional team at the stage of data collection, correcting the activities of the latter.

Each week the regional facilitator sent an electronic fieldwork progress report to UISR.

## DATA ANALYSIS

Considering that the sample consists of 50 respondents (the stage of polling IDPs living with HIV) and 10 respondents (the stage of polling service providers), the outputs of the analysis in this report are in absolute figures; percentage sharing is not provided. The report contains a description of survey results and quotations of respondents (IDPs living with HIV and experts providing services for a target group).

# DESCRIPTION OF SURVEY RESPONDENTS

This section contains a description of respondents polled at two levels of the survey:

- internally displaced people living with HIV;
- service providers for IDPs living with HIV.

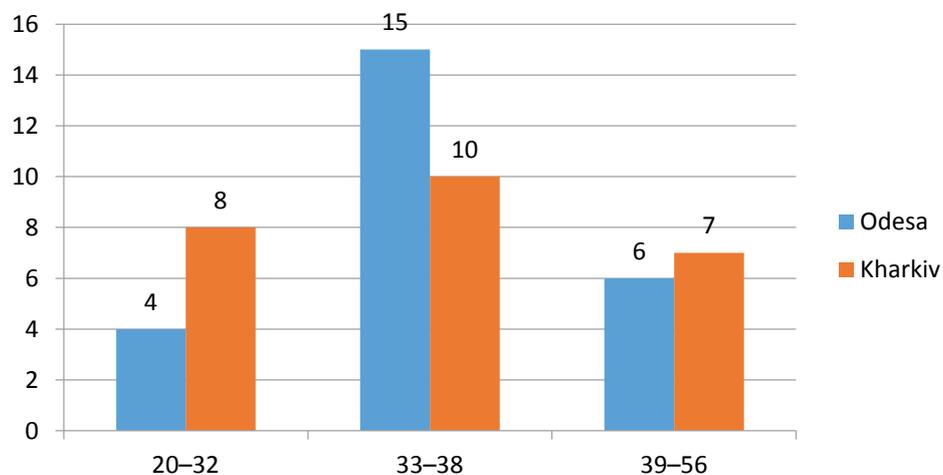
## DESCRIPTION OF INTERNALLY DISPLACED PEOPLE LIVING WITH HIV

During the survey 50 persons were polled in two cities – Odesa and Kharkiv, 25 respondents from each city. In each city surveyed, the gender distribution in the sample was 70% men and 30% women (Figure 1).



**Figure 1. Gender distribution of IDPs living with HIV, persons**

The survey covered respondents aged 20 to 56 years inclusive. Most of the respondents are aged between 33 and 38 (Figure 2).



**Figure 2. Age characteristics of IDPs living with HIV, persons**

The majority of the respondents reported moving to the places of the survey from Donetsk Region –19 respondents in Odesa and 12 respondents in Kharkiv. A little less than one third of the respondents came from Luhansk Region. Only 5 respondents polled in Kharkiv reported that they lived previously in the Autonomous Republic of Crimea. More than one third of the respondents said that they had come to the place of the survey from the regional centre.

More than half of the survey respondents have a secondary education. One respondent from Odesa has only a primary-school education. Less than one third of the respondents have a higher education (Table 3).

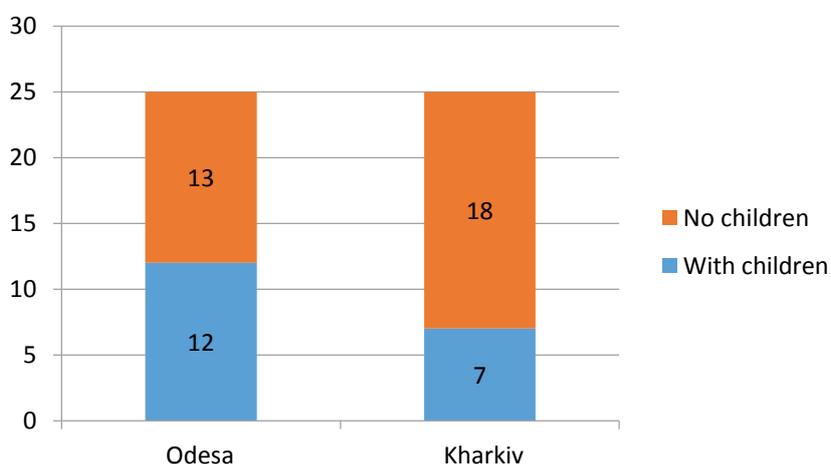
**Educational background of IDPs living with HIV, persons**

Table 3

	Odesa	Kharkiv
Primary education (less than 9 forms)	1	0
Basic (incomplete) secondary education (full 9 forms)	5	3
Full secondary education or vocational education (11 forms, etc.)	11	16
Basic higher education (technical school, higher education institutions of accreditation levels I, II)	5	2
Full higher education (higher education institutions of accreditation levels III, IV)	3	4

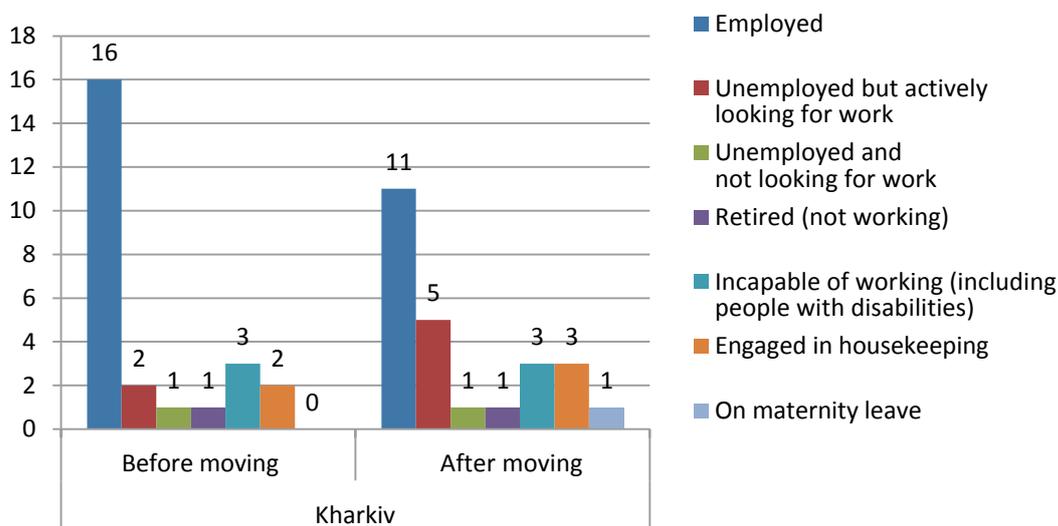
One third of the respondents reported not being married. In contrast, half of IDPs living with HIV said that they were married. Among them there is almost the same number of people who have their marriage registered and people who are in actual marital relations. The respondents from Odesa included 2 persons who were divorced or widowed, and in Kharkiv such respondents constitute more than one half of those polled.

Most of the respondents in Kharkiv (18 persons) reported having no children under 18. In Odesa the number of people with children under 18 and those who have no children is almost the same (Figure 3).

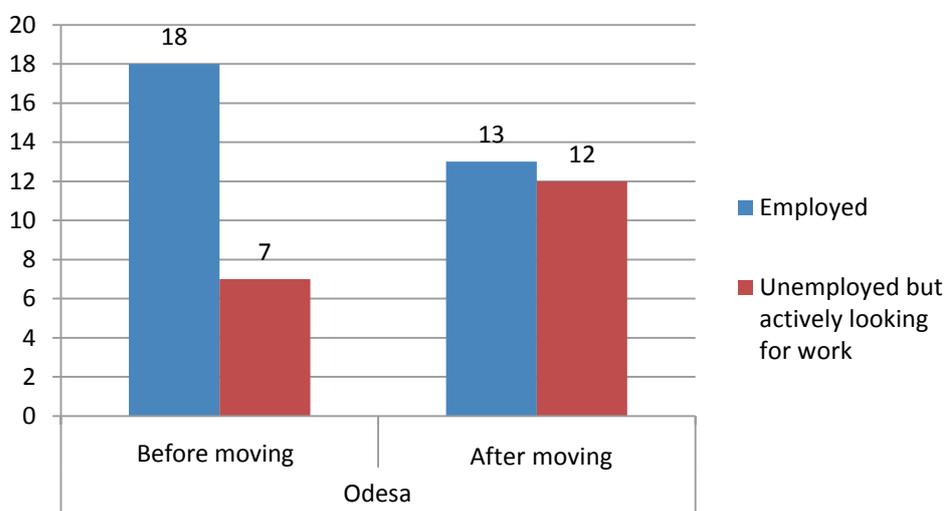


**Figure 3. Share of respondents with children under 18, number of persons**

As far as employment is concerned, the majority of the survey respondents both in Odesa (18 persons) and Kharkiv (16 persons) reported having been employed before moving. Less than half of the respondents polled in both cities –13 and 11 persons in Odesa and Kharkiv, respectively, have a job at the new location. It is noteworthy that a share of unemployed, who are actively looking for work, has increased after the place of their residence changed. Altogether in two cities 9 persons reported looking for work before moving and 17 persons said that they are looking for work at their new location (Figure 4, 5).



**Figure 4. Employment of IDPs living with HIV, city of Kharkiv, persons**



**Figure 5. Employment of IDPs living with HIV, city of Odesa, persons**

Most of the survey respondents reported a deterioration in their financial situation after their move and that they have to save money even on food. This was reported by 20 and 14 persons in Odesa and Kharkiv, respectively (Table 4).

Table 4

**Financial situation of IDPs living with HIV, persons**

	Odesa	Kharkiv
We have to save even on food	20	14
Enough money for food. We are able to save to buy the clothes and footwear we need	4	9
Enough money for food, clothes and footwear. For such purchases as a mobile phone, small household appliances (iron, vacuum-cleaner, etc.) we have to save up, borrow money or take out a loan	1	1
Enough money for food, clothes and other purchases. We are able to save, borrow or take out a loan to buy expensive items (large household appliances, TV, washing machine)	0	1

## DESCRIPTION OF SERVICE PROVIDERS FOR IDPs LIVING WITH HIV

The survey covered 10 experts from different organisations providing services for internally displaced persons living with HIV (Table 5).

Table 5

### Information about service providers for IDPs living with HIV, covered by the survey

City	Organisation/institution	Category of service provides	Number of persons	Years with the organisation	Years of work with IDPs living with HIV
Одеса	CF 'The Way Home'	Social worker	1	7 years	1 year
	CF 'Faith, Hope, Love'	Project manager	1	15 years	1 year
	Odesa City HIV/AIDS Prevention and Control Centre	Deputy chief physician	1	5 years	1 year
		Doctor	1	7 years	1 year
	CF 'Youth Development Centre'	Lawyer	1	11 years	2 months
Kharkiv	Kharkiv regional office of AUCO 'All-Ukrainian Network of PLWH'	Manager of legal assistance project for IDPs living with HIV	1	8 years	1 year
		Lawyer	1	5 months	1 month
	Kharkiv Regional AIDS Prevention and Control Centre	Health care worker	1	7 years	1 year
	CF 'Parus'	Deputy director	1	5 years	1 year
		Lawyer	1	5 years	1 year
<b>Total</b>			<b>10</b>		

### Training specialists and their experience in working with HIV-positive IDPs

All specialists participating in the survey reported being regularly engaged in professional development activities in the course of their work in the form of training sessions, seminars, courses, etc. In addition, such specialists as social workers and lawyers mentioned having been trained quite recently ('a month or two months ago') while providing services to IDPs, on the specifics of working with this target group. In the course of the training they got to know about psychological, social and legal aspects of work with the target group. At the same time the specialists emphasized a lack of experience in addressing this group as it is a new target audience for them. According to the survey specialists, continuous amendments in the legal framework, regulating the rights of this target group, might make interaction with IDPs living with HIV more complicated. Most of the staff reported no specifics in working with such category, i.e. the algorithm of interaction is the same for both IDPs living with HIV and those without such a status. However, they emphasized that IDPs living with HIV need more psychological support and that they come to visit a psychologist in a state of frustration. In addition, IDPs living with HIV make a point of not disclosing their status at the new location, as they are afraid of having problems when looking for an apartment to rent or job.

# SECTION 1

## DESK STUDY

### ANALYSIS OF LEGAL FRAMEWORK FOR INTERNALLY DISPLACED HIV-POSITIVE PERSONS

In accordance with the criteria of the Joint UN Programme on HIV/AIDS and World Health Organisation the HIV/AIDS spread in Ukraine is classified as a concentrated epidemic, being the highest among European countries<sup>3</sup>.

The Constitution of Ukraine guarantees all Ukrainian citizens the right to medical care, including the right to have access to such care and the right to receive adequate medical services. The right to adequate medical services is a social right of each citizen, the exercising of which is specific and depends on the economic potential of the state. However, under the international commitments, undertaken by Ukraine, the states must do their best to let citizens exercise all social rights. If we analyse the legal framework regulating the rights and freedoms of PLWH and internally displaced persons, Ukraine demonstrates that it is a democratic state which places priority on a person, his/her rights and freedoms. In contrast, if we take such a category of the population as HIV-positive IDPs, the situation with ensuring their rights, freedoms and social protection appears to be uncertain and inconsistent. When a person loses their home, sustainable social contacts, familiar social environment, he/she is most in need of state aid and coordinated actions of state institutions, non-governmental organisations, et.

When these issues are ignored, certain medical and social complications might arise:

- if numerous groups of people have to stay together during a long period under conditions when the classical system of vaccination and medical care are missing/destroyed, different epidemiological problems might occur;
- psychological threats appear as a result of uncertainty, conflicts and armed hostilities in the east of Ukraine;
- morbidity and mortality grow, thus decreasing life expectancy and healthy life expectancy<sup>4</sup>.

<sup>3</sup> National assessment of the situation with HIV/AIDS in Ukraine as of the beginning of 2009 [report]/Ministry of Health of Ukraine [Ukrainian Centre for AIDS Prevention and Control], ICF 'International HIV/AIDS Alliance in Ukraine', World Health Organisation [Bureau in Ukraine], Joint UN Programme on HIV/AIDS. — K., September 2009. — Page 4.

<sup>4</sup> E.M. Libanova. Involuntary Resettlement from Donbas: Scales and Challenges for Ukraine/Presentation. – Ptoukha Institute for Demography and Social Studies of the National Academy of Sciences (NAS) of Ukraine.

## 1.1. REGULATIONS ON INTERNALLY DISPLACED PERSONS

At first glance, the regulations of Ukraine demonstrate that in general the Ukrainian legislation on HIV/AIDS as well as on the rights and freedoms of IDPs is quite modern and meets international requirements. At present the Law of Ukraine *'On the Rights and Freedoms of Internally Displaced People'* dated 20 October 2014 No. 1706-VII (as amended on 27 March 2015) (clause 1, paragraph 1) defines the notion of 'an internally displaced person' as follows:

'An internally displaced person is a citizen of Ukraine, permanently residing within the jurisdiction of Ukraine, who was forced to leave or voluntarily left his/her place of residence as a result of or in order to avoid the negative effects of armed conflict, temporary occupation, situations of generalized violence, mass violations of human rights or emergencies of natural or man-made origin.'

These circumstances are considered well-known and not requiring disclosure, if the information about them is contained in official reports (notifications) of the UN High Commissioner for Human Rights, Organisation for Security and Cooperation in Europe, International Committee of the Red Cross and Red Crescent and Human Rights Commissioner of the Verkhovna Rada.

**In accordance with this law displaced persons have a right to:** receive at the expense of the state a place for temporary residence for 6 months; be deregistered and registered at an employment centre in absentia under a simplified procedure, even without an employment record book; continue education, in particular, at the expense of the state; receive a place at kindergarten or school for displaced children; shut down business activities under a simplified procedure and register as a legal entity or IE (individual entrepreneur) at the place of actual residence. In addition, the needs for social and financial assistance are entered into a unified registration database of displaced persons; a Certificate of a Displaced Person will be issued immediately on the day of application; humanitarian and charitable assistance to displaced persons is not subject to taxes; social benefits and pensions **will be restored at the actual place of residence.**

**Article 6.** Ensuring rights of internally displaced persons pertaining to the issuance of documents that prove Ukrainian citizenship, identify a person or his/her special status.

1. The central state executive body responsible for implementation of state migration policy (immigration and emigration) shall issue documents that identify a person and prove citizenship of Ukraine of internally displaced persons at the place of actual residence of the internally displaced person.

**Article 7.** Ensuring rights of registered internally displaced persons to employment, pension benefits, mandatory state social insurance, social services and education.'

However, both the above-mentioned law and additional laws, orders, programmes have no specific provisions for internally displaced HIV-positive persons. The legislative documents specify mandatory social and medical aid for all layers of society, singling out people with specific needs.

In Article 7, paragraph 3, it is stated that elderly citizens, disabled persons, disabled children and other persons in difficult circumstances, registered as internally displaced persons, **shall enjoy rights to social benefits in accordance with current legislation of Ukraine at the place of registration of actual residence of such internally displaced persons.**

In contrast, people who were forced to leave Donetsk and Luhansk regions as well as Crimea continue to face numerous problems, from seeking a place of temporary residence, receiving medical care to having to solve other social problems. Most of them have been left without documents. Because of that there is a pressing, unresolved problem as it is impossible to issue and re-issue documents proving identity and citizenship of Ukraine or documents confirming the special status of a person not at the place of registration of displaced persons but at the place of their actual residence.

At the same time the law on internally displaced persons specifies (Article 2, paragraph 1) that Ukraine takes all possible measures provided by the Constitution and laws of Ukraine and international agreements, which, pursuant to endorsement by the Verkhovna Rada of Ukraine, are binding, in order to prevent situations initiating the involuntary internal displacement of persons, protect and ensure observance of rights and freedoms of internally displaced persons, enable that such persons return to their abandoned residence in Ukraine and be reintegrated.

### **SPECIFIC RIGHTS OF IDPS**

In addition to general rights of the citizens of Ukraine, pursuant to Article 9 of the above-mentioned law IDPs enjoy specific additional rights on:

- safety of life and health;
- reliable information about potential threats to life or health within an abandoned residence, as well as place of temporary residence, its infrastructure, environment, ensuring of rights and freedoms;
- proper conditions for a person's permanent or temporary residence;
- provision by state executive bodies, local governments and private legal entities of possible free temporary accommodation (with payment for housing services) within six months from the date of registration of an internally displaced person; for large families, persons with disabilities and elderly persons this period may be extended
- medical supply in cases and in accordance with procedures provided in legislation;
- necessary medical assistance in state and municipal health care institutions;
- social and administrative services at the place of stay;
- receiving humanitarian and charitable aid.

The implementation of these rights is vested in state executive bodies, local governments and private legal entities. In particular, within their powers state local administrations shall ensure, if necessary, the provision to internally displaced persons with medical and psychological care and medical care at public health institutions on the basis of information on internally displaced persons who temporarily reside (stay) in the respective populated locality (Article 11).

Additionally, the law states that internally displaced persons enjoy the same rights and freedoms under the Constitution, laws and international agreements of Ukraine, as other citizens of Ukraine, permanently residing in Ukraine. It is forbidden to discriminate on the grounds that they are internally displaced persons when they exercise their rights and freedoms (Article 14).

## INFORMING IDPS ABOUT SOCIAL SERVICES

In accordance with the regulation of the Cabinet of Ministers of Ukraine 'On Registration of Internally Displaced Persons from the Temporary Occupied Territory of Ukraine, Anti-terrorist Operation Area and Populated Localities at the Contact Line' dated 1 October 2014 No. 509 (name of the regulation as amended by the regulation of the Cabinet of Ministers dated 15 April 2015 No. 264) the authorities should inform IDPs about social services when providing them with a certificate of an internally displaced person:

'When issuing a certificate an official of the relevant authority shall inform the internally displaced person that is being registered about opportunities for solving social protection issues, reinstating social benefits, the need to open a bank account at an authorized bank, if entitled to any financial support and provide information on the whereabouts of local executive bodies and local governments.'

Thus, internally displaced PLWH shall be immediately informed by the authorities about opportunities for meeting their specific needs.

## FINANCIAL SUPPORT

Families with specific needs (including HIV-positive IDPs) are entitled to financial support and medical care in accordance with the regulation of the Cabinet of Ministers of Ukraine 'On Providing Monthly Targeted Support to Internally Displaced Persons from the Temporary Occupied Territory of Ukraine, Anti-terrorist Operation Area and Populated Localities at the Contact Line to Cover Livelihood, Including Housing and Utilities' dated 1 October 2014 No. 505:

'**The financial support** shall be provided to citizens of Ukraine, foreigners and stateless persons permanently residing on the territory of Ukraine, that move from the temporarily occupied territory of Ukraine [...] and **that are registered at social protection departments of executive bodies** of district and Kyiv city state administrations, social protection departments of executive bodies of city, city sub-district (if established) councils (hereinafter referred to as the relevant authority), **from the date of application** for such financial support and shall be paid until the month of getting de-registered, however, for no more than **six months**'.

Total amount of the financial support per family is calculated as a sum of benefits for each family member but shall not exceed UAH 2,400. In case of changes in composition of a family, which was granted a financial support, the amount of the financial support shall be recalculated as of the month following the month of such change, at the request of the authorized representative of a family or at the report of the competent authority.

In accordance with this regulation financial support to families with special needs shall be provided by social protection departments of regional and Kyiv city state administrations, which shall submit to the Ministry of Social Policy a summary application with a breakdown by administrative units.

The Law on the rights of IDPs<sup>5</sup> also puts all the responsibility for financial support on local governments:

**Article 15.** Sources of financial, material and technical support of rights and freedoms of internally displaced persons

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<sup>5</sup> Law of Ukraine 'On the Rights and Freedoms of Internally Displaced Persons' dated 27 March 2015 No. 1706-18.

1. Financial support of rights and freedoms of internally displaced persons at budget costs shall be accomplished in accordance with budget legislation. Measures on receiving, transporting, accommodating and arranging settlement of internally displaced persons are expenditure obligations of Ukraine and local governments under their jurisdiction to ensure social rights and guarantees of citizens of Ukraine<sup>6</sup>.

However, the infrastructure of medical and educational services has been designed for local inhabitants and cannot satisfy a much greater number of people concentrated in a certain place or region. Financing of social benefits for displaced persons has not been provided for by local budgets, though local authorities are in charge of it.

That is why because of limited budget resources, lack of mechanisms for reallocation of budget funds meant for educational and medical services for displaced people between regions and poor coordination between central and local authorities HIV-positive displaced people do not enjoy a full range of aid and treatment<sup>6</sup>.

In fact, the needs of internally displaced persons are mainly met by volunteers and active representatives of the civil society. However, the potential of charity is limited, and without a systemic national coordination mechanism it will hardly be possible to ensure a long-term sustainable support, especially if the number of displaced people continues to grow.

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<sup>6</sup> I. Akimova. Resolving the Problems of Displaced People within a Short-term and Mid-term// Presentation. – Analytical Centre 'New Social and Economic Policy'.

## 1.2. REGULATIONS ON HIV-POSITIVE PERSONS

In fact, the legislation of Ukraine has unfortunately not yet set the rights of IDPs living with HIV. In the Law of Ukraine 'On Combating Proliferation of Diseases Caused by Human Immunodeficiency Virus (HIV), Legal and Social Protection of People Living with HIV' only persons with a status of a refugee are mentioned. However, IDPs and refugees are different categories of citizens. A refugee means any person that through justified apprehensions of becoming a victim of persecution because of his/her race, religion, citizenship, inclusion into a specific social group or political views is **outside of the country** of his/her nationality and cannot be protected by this country or is not willing to have such protection because of mentioned apprehensions<sup>7</sup>. IDPs include citizens of Ukraine, foreigners or stateless persons that were living in Ukraine before their displacement, and also **live in this country now**.

Using the above mentioned differentiation we can conclude that the concepts of a refugee and IDPs cannot be considered equal. The same concerns the Convention and additional protocols on a refugee status, which cannot be used neither directly, nor by analogy for protection of IDPs. Considering that IDPs do not receive any special status in international law, protection of their rights shall be based on common human rights principles and provisions.

According to Article 14 of the Law 'On Combating Proliferation of Diseases Caused by Human Immunodeficiency Virus (HIV), Legal and Social Protection of People Living with HIV' citizens of Ukraine enjoy all the rights and freedoms provided by the Constitution and laws of Ukraine as well as other regulations of Ukraine. Therefore, in addition to general rights and freedoms, they have a number of additional rights. The Law forbids refusing from accepting people living with HIV/AIDS to medical treatment facilities, limiting their rights because they are HIV/AIDS-infected and limiting the rights of their family members and friends on the same ground (Article 16 of the Law). Misconduct of officials violating the rights of HIV-infected and AIDS patients as well as of their family members and friends can be appealed in the court. This is stated in Article 16 of the Law.

In accordance with this Law, citizens of Ukraine have **state guarantees** for combatting proliferation of diseases caused by HIV, in particular:

- access of people to preventive measures which make it possible to prevent infection and proliferation of HIV (Article 4);
- social protection of people living with HIV, members of their families as well as provision of people living with HIV with the necessary medical care and social services (Article 4);
- the right for a free-of-charge and voluntary testing, for a repeated free-of-charge testing, which can be done by medical institutions irrespective of their ownership and subordination, social assistance services and other organisations combatting proliferation of diseases caused by HIV (Article 6);
- the right of people living with HIV to be informed about psychological, social and legal support and to receive such support, if applicable, in a way that will not disclose their HIV status (Article 13).

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<sup>7</sup> Convention and Protocol Relating to the Status of Refugees – Office of the High Commissioner for Refugees ([www.unhcr.ru/files/convention.pdf](http://www.unhcr.ru/files/convention.pdf)).

In addition to general rights and freedoms of a person and citizen, pursuant to Article 15 of the Law people living with HIV have also the right to:

- be compensated for the damage incurred as a result of limitation of their rights because of divulgence or disclosure of information about their HIV-positive status;
- receive free-of-charge ARVs and medical products for treating opportunistic infection in accordance with the procedure set by a central executive body in the health sector;
- participate in HIV-related scientific studies, tests of relevant medical products and methods, training process, photo sessions, video- and movie-shooting upon their written consent.

Protection of the right to work and other social rights of people living with HIV, their family members and friends, in particular:

- Dismissal, denial in employment, denial in admission to educational and medical institutions, institutions of social guardianship and care, social services as well as denial of medical care and social services, limitation of other rights of people living with HIV because of their HIV-positive status and limitation of rights of their family members and friends on that ground is forbidden (Article 16).

There are relevant provisions on the rights of HIV-infected children and children suffering from diseases caused by HIV. For instance, they are entitled to rooming in hospital in-patient department with children under 14 and receiving a monthly state aid in the amount established by the Cabinet of Ministers of Ukraine (Articles 18-19). It should be understood that these rights also apply to HIV-positive displaced persons.

In addition (however, without referring to HIV-positive IDPs), the order of the Ministry of Health 'On Approval of Regulations on Improvement of Medical Care Arrangements for People Living with HIV' dated 10 July 2013 No. 585 provides for receiving such social and pedagogical services as consulting of PLWH who have children on the specifics of communication, education and development of children, building their marital and family relations, in particular, with regard to HIV-infected children. These services are provided by health workers (doctor, mid-level medical staff), social workers, social care teachers, experts in social issues, volunteers (depending on the content of the service), and they aim at ensuring access of service recipients to medical services, motivating service recipients to pass through diagnostics and get treatment with a pre- and post-test counselling.

It is noteworthy that there are state standards regulating provision of social services related to care and support of people living with HIV/AIDS. In particular, the order of the Ministry of Health, Ministry of Social Policy, Ministry of Family, Youth and Sports of Ukraine 'On Approval of Standards for Provision of Social Services to Representatives of Most-at-Risk Populations' dated 13 October 2010 provides for the following:

helping PLWH receiving in-kind assistance: medicines, vitamins, food packages, hygiene sets, child care products, clothes, footwear, linen, other articles of daily necessity (if required by service recipient within the norms set by an entity providing social and household services); directing PLWH to other institutions/facilities and organisations for receiving social and household services in a bigger volume (if necessary).

Psychological services provide for the following: psychological counselling, psycho-diagnostics, crisis counselling, therapeutic groups, psychological correction of service recipients

as a result of difficult circumstances, because of being affected by HIV, developing safe behaviour skills among PLWH in order to prevent a repeated ingress of HIV-infection.

These services are provided by health workers (doctor, mid-level medical staff), social workers, social care teachers, experts on social issues, volunteers (depending on the content of the service), and they aim at ensuring access of service recipients to medical services, motivating service recipients to pass through diagnostics and get treatment with a pre- and post-test counselling.

## 1.3. NATIONAL TARGET SOCIAL HIV/AIDS PROGRAMME FOR 2014-2018

The National Target Social HIV/AIDS Programme for 2014-2018 declares the following objectives: to reduce morbidity and mortality from HIV/AIDS, provide high-quality and affordable services on HIV prevention and diagnostics, first of all to representatives of most-at-risk groups regarding HIV-infection, treatment, medical aid, care and support to people living with HIV within the framework of the health reform.

It is stated separately that combatting HIV/AIDS is one of the priorities of the national policy in the sector of health and social development and the subject of international commitments of Ukraine on combatting HIV/AIDS, in particular on achieving the United Nations Millennium Development Goals and implementing the 2011 United Nations Political Declaration on intensification of efforts to uproot HIV/AIDS.

It is significant that this programme was approved on October 20, 2014 when Ukraine was already engaged in active armed hostilities in the east, and the regions started to receive displaced people. At the same time the programme does not consider at all the needs of internally displaced persons and its budget does not provide for additional financing of local budgets of regions – places of displaced persons location.

## 1.4. SECONDARY ANALYSIS OF DATA AND REPORTS ON THE PROBLEMS OF INTERNALLY DISPLACED HIV-POSITIVE PERSONS

Humanitarian needs in Ukraine grow with the situation in the east of the country remaining tense and more than 1,438,000 IDPs already registered. This was communicated by the UN High Commissioner for Refugees in Kyiv on 14 August 2015.

Among displaced people, 181,895 adults (1,445 per week) and 101,351 children (701 per week) sought medical care (as of 25 June 2015), of which 116,527 adults (1,039 per week) and 63,544 children (120 per week) were registered at medical institutions, 39,289 adults (343 per week) and 22,145 children (240 per week) were hospitalized. 232,694 (2,432 per week) medical instrumental examinations and check-ups of internally displaced people were carried out. Women of this category delivered 4,379 babies (47 per week)<sup>8</sup>.

According to the newsletter 'HIV-infection in Ukraine'<sup>9</sup>, over 2015 the number of HIV-infected persons that arrived from Donetsk and Luhansk regions and the Autonomous Republic of Crimea and started to receive medical care at health institutions of the AIDS Service in other regions throughout 2014 amounts to 360 persons (Table 1.4.1).

Table 1.4.1

### Number of HIV-infected Persons that Arrived from Donetsk and Luhansk Regions and the Autonomous Republic of Crimea and Started to Receive Medical Care at Health Institutions of the AIDS Service in Other Regions throughout 2014

Region	Total persons under care	Regions from where HIV-infected people arrived		
		Donetsk Region	Luhansk Region	Autonomous Republic of Crimea
<b>Ukraine</b>	<b>360</b>	<b>216</b>	<b>94</b>	<b>50</b>
Vinnysia Region	18	17	-	1
Volyn Region	7	4	0	3
Dnipropetrovsk Region	13	9	3	1
Zhytomyr Region	3	1	1	1
Zakarpattia Region	7	5	1	1
Zaporizhzhia Region	16	12	1	3
Ivano-Frankivsk Region	1	0	0	1
Kyiv Region	0	0	0	0
Kirovohrad Region	3	2	0	1
Lviv Region	13	5	4	4
Mykolaiv Region	16	4	7	5
Odesa Region	56	35	16	5
Poltava Region	9	5	3	1
Rivne Region	2	2	0	0
Sumy Region	20	16	3	1
Ternopil Region	6	5	1	0

<sup>8</sup> Inter-institutional coordination centre on social assistance to citizens of Ukraine displaced from the anti-terrorist operation area and temporary occupied territory. – State Emergency Service of Ukraine ([www.mns.gov.ua/news/34232.html](http://www.mns.gov.ua/news/34232.html)).

<sup>9</sup> HIV-infection in Ukraine. – Newsletter, No. 43, 2015. – 111 pages ([drive.google.com/file/d/0B3ip9NO\\_Lj8TOGxBM2J5SnJESGc/view?pli=1](https://drive.google.com/file/d/0B3ip9NO_Lj8TOGxBM2J5SnJESGc/view?pli=1)).

Kharkiv Region	11	4	6	1
Kherson Region	5	2	2	1
Khmelnytskyi Region	7	5	2	0
Cherkasy Region	0	0	0	0
Chernivtsi Region	14	8	3	3
Chernihiv Region	3	0	2	1
Kyiv city	130	75	39	16

Considering the total number of displaced people as well as those who applied for medical care in general, it becomes clear that the number of HIV-positive IDPs who were registered is negligible. As the process of setting up a centralized registration system is still underway, the number of persons displaced inside the country and those who applied for any assistance remains unknown and could be higher<sup>10</sup>.

The situation with 'internally displaced persons in Ukraine' is beyond the control of state bodies. Social protection bodies and offices of the State Emergency Service register mainly those people who come by themselves. Most of them are families entitled to state aid. There is no information about people and families that were forced to move and managed to find temporary residence in different regions of the country independently, or people that joined their relatives and acquaintances during summer months. Thus, the real scale of displacement has not been assessed. This means that it is not possible to assess the scope and cost of different forms of state aid or to elaborate a well-grounded programme on re-adaptation and social assistance for displaced persons and families.

Social studies of the problems of IDPs show a whole range of problems of household, financial, social and psychological origin. The priority tasks include provision of medical services at the places of residence of displaced persons (which includes affordability of specialized medical aid for people in need). This especially concerns state aid to HIV-positive people. Recently, on 1 July 2015, AUCCO 'All-Ukrainian Network of PLWH'<sup>11</sup> performed a protest action directed at the Cabinet of Ministers as MoH has not yet purchased medicines for infected people and the Cabinet of Ministers has not controlled implementation of state treatment programmes. As a result, 30 thousand HIV-infected Ukrainians are left without medicines. Active members of the Network and patients tried to speak to Prime-minister A. Yatsenyuk in order to solve this problem<sup>12</sup>. It was discovered that the medicines purchased in 2014 are not yet in hospitals and AIDS centres. The Cabinet of Ministers of Ukraine promised to solve this problem by 10 June 2015 and the Ministry of Health of Ukraine reported that the medicines for 30 thousand HIV-infected patients are expected to be delivered on 22 June 2015. Although NGOs distributed medicines among regions independently, their reserves are almost exhausted. The situation with treatment remains unsolved and at a critical level.

It is clear that this issue is extremely pressing for HIV-positive IDPs and they cannot solve it by themselves. Indeed, as shown by the results of the sociological survey 'Assessing the Needs of Internally Displaced Women and Elderly People in Ukraine' (December 2014 – January 2015) carried out by UISR under the technical support of the UN Population Fund in Ukraine, IDPs currently assigned to the risk category of 18-35 years cannot financially satisfy even their own first priority needs:

<sup>10</sup> Donors. – UNHCR ([unhcr.org.ua/uk/partneri/donor/2-uncategorised](http://unhcr.org.ua/uk/partneri/donor/2-uncategorised)).

<sup>11</sup> A queue to the Cabinet of Ministers to obtain a sick-leave certificate. – All-Ukrainian Network of PLWH ([network.org.ua/media/actions/chergha-za-likuvanniam-v-kabmin-30-tysyach-smertel%60no-khvorykh-lyshyly-bez-likuvannya](http://network.org.ua/media/actions/chergha-za-likuvanniam-v-kabmin-30-tysyach-smertel%60no-khvorykh-lyshyly-bez-likuvannya)).

<sup>12</sup> Demanding the purchase of medicines for HIV-infected persons from the Cabinet of Ministers. – The League. News ([news.liga.net/photo/politics/6102048-pod\\_kabminom\\_trebuyut\\_zakupit\\_lekarstva\\_dlya\\_bolnykh\\_vich\\_foto.htm#1](http://news.liga.net/photo/politics/6102048-pod_kabminom_trebuyut_zakupit_lekarstva_dlya_bolnykh_vich_foto.htm#1))

- more than 60% of young people among IDPs reported being unemployed;
- more than 40% of the survey age group of 18 – 35 are not looking for a job;
- only 14.3% of unemployed people registered with the employment office;
- the income of 66.4% of IDPs was lower than UAH 1,200 per month, which is less than a subsistence level at the time of the survey;
- for almost half of the women among young IDPs (45%) it is not their own income that constitutes the main source of revenue;
- every fifth woman polled (22% to 26%) of the age group of 18 – 35 could not afford to buy food, medicines, pay for accommodation rent, etc.;
- it was learned that IDPs of the age group of 18 to 35 treat integration in the existing community better as compared to elder representatives of this group.

## KEY FINDINGS OF SECTION 1

The legal framework does not properly regulate the rights and freedoms of internally displaced HIV-positive persons. In accordance with legislation all the responsibility for social, medical and financial assistance is placed on local governments. At the same time local budgets do not receive special funds, although they encounter the additional burden of having to receive a considerable number of displaced persons.

Thus, internally displaced HIV-positive persons are the group suffering most from the problems. Being displaced persons, they face logistical, social and financial problems. They also feel prejudice from local inhabitants. In addition, as persons with a HIV-positive status, because of insufficient funds at local budgets, they do not receive medical treatment, which places their lives under threat.

This situation calls for a comprehensive study aimed at identifying specific needs of IDPs living with HIV, as under permanent stress, information dissonance, and financial instability there is a serious threat not only to this category of people but to the whole country.

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3. Website of the State Emergency Service of Ukraine ([www.mns.gov.ua/news/34232.html](http://www.mns.gov.ua/news/34232.html)).
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## **SECTION 2**

# ANALYSIS OF VIOLATIONS OF RIGHTS OF INTERNALLY DISPLACED PEOPLE LIVING WITH HIV

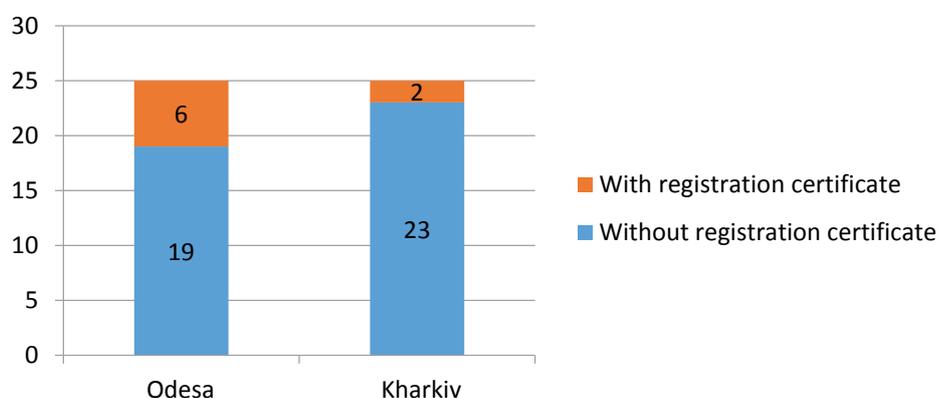
Because of the complicated structure of the subject of the survey a three-dimensional approach was used to assess violations of rights of internally displaced people living with HIV.

To that end, the focus of the survey was placed on three levels: observance of human rights in general, observance of rights of internally displaced persons and observance of rights of PLWH.

This logic underpins the findings of the survey.

## 2.1. EXPERIENCE IN SEEKING HELP FROM VARIOUS INSTITUTIONS AFTER MOVING

The survey covered the respondents that received a certificate of registration as an IDP and those who did not receive such a certificate (Figure 2.1.1).



**Figure 2.1.1. Share of respondents with an IDP registration certificate, persons**

Almost all respondents reported seeking help at an AIDS prevention and control centre after moving. NGOs working with female sex workers were approached by 3 respondents from Odesa. In addition, most of the respondents from Odesa (20 persons) approached NGOs working with injecting drug users while, in Kharkiv, the same was reported by less than one third of the respondents (Table 2.1.1). The most frequently mentioned reasons for seeking help include: to register at the AIDS centre, receive ARVs, syringes, condoms, find accommodation and a job. Only one respondent from Odesa reported seeking consultation from a lawyer.

Table 2.1.1

### Institutions approached by IDPs living with HIV after moving, persons

	Odesa	Kharkiv
<b>Medical institutions</b>		
AIDS centre	23	25
Health care facilities (website of SMT; hospital, out-patient clinic; tuberculosis dispensary; regional VD clinic)	18	9
<b>Non-governmental organisations</b>		
'All-Ukrainian Network of PLWH'	0	14
Non-governmental organisations working with female sex workers (public movement 'Faith, Hope, Love', Odesa)	3	0
Non-governmental organisations working with injecting drug users (CF 'The Way Home', international non-governmental organisation 'International Centre of the Roerichs', public movement 'Faith, Hope, Love', Odesa, Drug Rehabilitation Centre 'Parus', CF 'There is Hope', Kharkiv)	20	10
Other non-governmental organisations (ICF 'Skhody', international NGO 'International Centre of the Roerichs', ICF 'Caritas Ukraine')	3	0
Volunteer organisations	1	1
<b>Government institutions</b>		
Employment centres	3	8
Temporary accommodation centres	12	5
Department for Social Protection of the Population	1	15
Service for children	1	0

Centre of social services for families, children and youth	0	1
Departments of education	1	0
Inter-institutional coordination centre on social protection of internally displaced citizens of Ukraine from the anti-terrorist operation area and the temporarily occupied territory	3	0
<b>Personal contacts</b>		
Acquaintances, friends, colleagues, etc.	11	12
People with similar HIV problems	14	8
Strangers they became acquainted with after moving	19	1
Church communities	1	2

## 2.2. VIOLATIONS OF HUMAN RIGHTS TO SAFETY AND FREEDOM AT THE NEW LOCATION

According to Article 33 of the Constitution of Ukraine each person whose presence in Ukraine is legal is guaranteed the freedom of movement and a free choice of the place of residence.

This section describes how voluntary the decision was to move to a new location and the main reasons for such a choice. The main reasons include violations of human rights to life, freedom and inviolability of person.

In addition, it was important for the survey to determine whether the respondent sought help and support from governmental and non-governmental organisations.

Considering the situation in the country, when making a decision to move to a new place the person hopes to improve his/her conditions of life and work. However, it is very important to understand whether the situation will really get better.

### 2.2.1. REASONS FOR MOVING

According to the survey, most HIV-positive IDPs decided to move to Odesa (18 persons) and Kharkiv (25 persons) on a voluntary basis. HIV-positive IDPs moved to Odesa and Kharkiv mainly because of the lack of adequate security ('it is not safe in the city/village', 'more and more acts of violence in the city') and necessary conditions for life ('no electricity/water/gas supply', 'limited access to drinking water', 'inability to buy food', 'inability to buy necessary medicines'). IDPs living with HIV were also leaving their place of residence because of a lack of social conditions for life ('inability to receive social benefits', 'impossible to find a job') as well as because of the fear for the future of their children ('I do not see a future for my children', 'I fear for the life and health of my children', 'educational institutions are destroyed') (Table 2.2.1).

Table 2.2.1

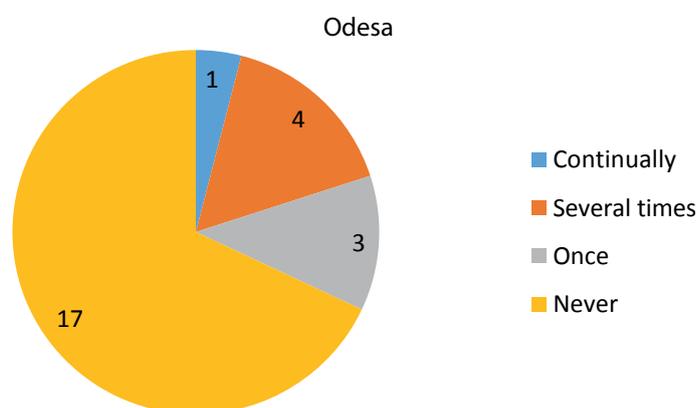
**Reasons of HIV-positive IDPs for moving, persons**

	Odesa	Kharkiv
House (apartment) is completely or partially destroyed	12	9
Limited or no access to drinking water	23	2
Inability to buy food	23	4
It is not safe to stay in the city/village	25	12
No electricity, water, gas supply	25	4
Inability to receive medical care	23	19
Inability to find a job	24	8
Inability to receive social benefits	16	6
Educational institutions are destroyed	9	0
Inability to buy necessary medicines	20	18
Fear of persecution because of religion	1	0
Fear of persecution because of political position	1	3
Fear for life and health of children	9	2
No future for children	10	1
Inability to carry out business activities	0	1
More and more acts of violence in the city	19	0

*Total responses do not equal 100% because each respondent could choose several answers.*

## 2.2.2. THREAT TO PERSONAL SAFETY

After moving to a new location internally displaced HIV-positive persons have almost never faced situations threatening their personal safety or safety of their relatives. In particular, all respondents from Kharkiv reported not feeling in danger after moving. IDPs living with HIV in Odesa reported feeling in danger after moving (Figure 2.2.1).



**Figure 2.2.1. Frequency of cases when IDPs living with HIV felt threat to their personal safety or safety of their relatives, persons**

HIV-positive IDPs who moved to Odesa felt threatened in cases related to such reasons: rejection and prejudice against them by some representatives of the local community – *‘Downtown where we live the neighbours, when they get drunk, do not appear happy that we moved here and cause (provoke) scandals’*; difficulties in finding housing to rent – *‘When we were kicked out of our apartment and did not have a place to spend the night’*; *‘We live where we can, continually moving’*; risk for sex workers during work – *‘I was threatened by clients from the Caucasus when standing along the road’*.

## 2.2.3. VIOLATIONS OF RIGHTS OF PERSONAL SAFETY AND FREEDOM AND REASONS FOR SEEKING HELP

The most typical violations of personal safety and freedom rights of HIV-positive IDPs who moved to Odesa include extorting money (12 persons), humiliating and insulting behaviour in private or in the presence of other people (7 persons), threatening to inflict pain or harm friends and intimidating (6 persons). In addition, IDPs living with HIV who moved to Odesa report being deprived of property (2 persons), having their expenses controlled (1 person), having to work without being paid or for negligible money (3 persons), having to provide sex services for payment (food, money, accommodation, etc.) (2 persons), being forced to have sex without consent (2 persons), being kicked out of a house/apartment (1 person), being prevented from working/going for work (1 person) and prevented from having the chance to study (1 person).

HIV-positive IDPs who moved to Kharkiv in comparison with IDPs who moved to Odesa faced fewer violations of their personal safety and freedom rights. First of all, these were violations related to coercion to work without being paid or for negligible money (3 persons), limitations on communication with family members and other people (1 person) and deprivation of their house/apartment (1 person) (Table 2.2.2).

Table 2.2.2

### Violations of personal safety and freedom rights of HIV-positive IDPs, persons

	Odesa			Kharkiv		
	Before moving	When moving	After moving	Before moving	When moving	After moving
Money taken or extorted	18	15	12	0	6	0
Deprived of property	17	8	2	0	0	0
Documents expropriated	10	3	0	0	0	0
Expenses controlled	12	1	1	0	0	0
Forced to work without being paid or for negligible money	18	1	3	1	1	3
Prevented from working/from going to work	22	0	1	0	0	0
Prevented from studying	3	0	1	0	0	0
Humiliated and insulted (in private or in the presence of other people)	23	11	7	0	0	0
Telephone conversations monitored (both landlines and mobiles)	3	0	0	1	0	0
Text messages or online communication monitored	2	0	0	0	0	0
Limitations on communicating with family members (other people)	4	0	0	1	0	1
Kicked out of house/apartment	9	0	1	0	0	1
Threat to inflict pain or harm relatives, intimidation	23	6	6	1	0	0
Suffered injuries (bodily blows)	18	4	2	3	0	0
Threatened with weapons (knife, gun, etc.)	15	1	0	1	0	0
Forced to have sex without consent	2	2	2	0	0	0
Forced to provide sex services for payment (food, money)	2	2	2	0	0	0
Forced to beg for money, take weapons in hands, sell drugs	2	0	0	0	0	0
New authorities do not understand HIV-positive people	0	0	0	1	0	0

Total responses do not equal 100% because each respondent could choose several answers.

According to experts there are no violations of human rights of HIV-positive IDPs: 'We also observe a tendency that often people describing their situations, difficulties or needs do not fully understand what is meant by a legal domain. They do not understand that their rights were violated somewhere, they simply say that faced something. At some places they were given less than required, they were told they are not suitable for a certain category' [social worker, Odesa]; 'There is no such problem as threat to life and health' [lawyer, Odesa].

Experts also speak about the emotional willingness of HIV-positive IDPs to exaggerate the assessment of the situation related to violation of their rights: 'of people who are categorical in saying that it is not safe and there is a violation of rights? Most often there are the people who felt the same at the previous place of residence as well. These are the people with a specific lifestyle resulting from their discrimination by the society' [social worker, Kharkiv]. This means that the main problems of IDPs are mainly concentrated in the legal domain: 'The main problem they have is that many of them simply do not know about the legal basis governing their stay in another city. This means that they do not know that there are special state programmes to support them. In other words they are entitled to receive an allowance' [medical worker, Odesa].

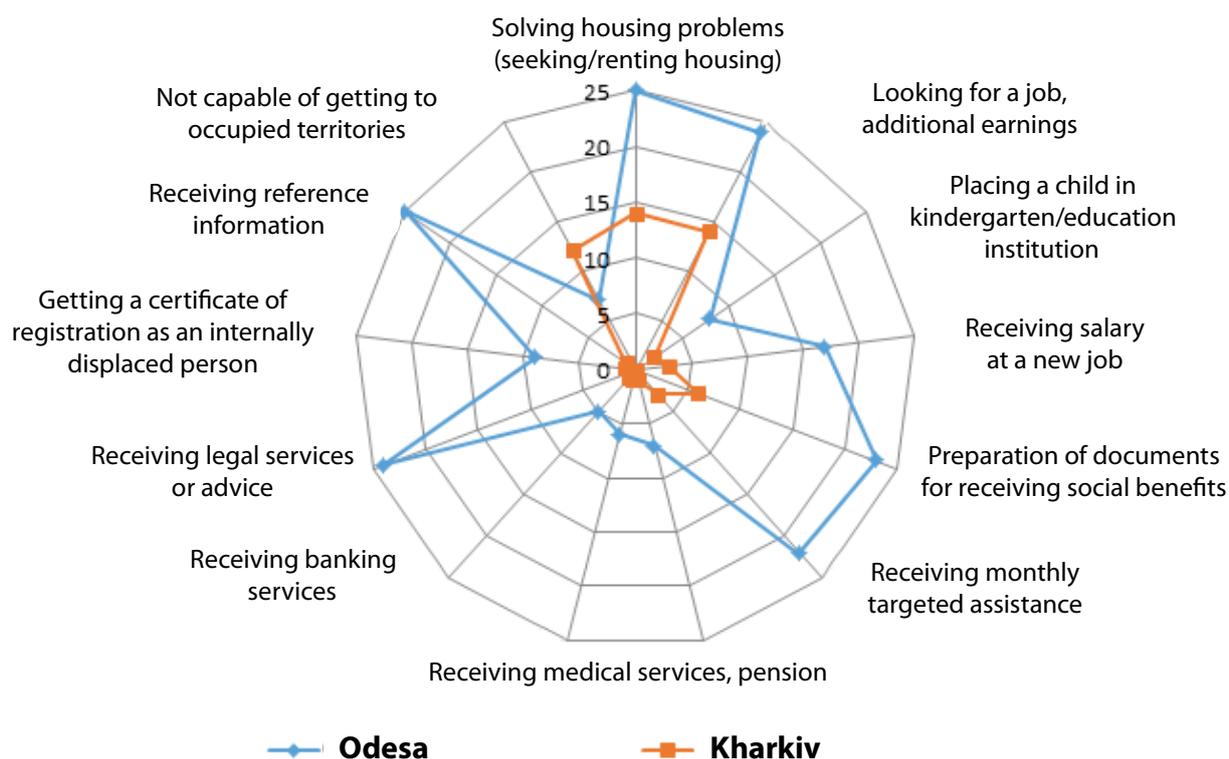
## 2.3. VIOLATIONS OF RIGHTS RELATED TO THE STATUS OF AN INTERNALLY DISPLACED PERSON

In the previous sections we discussed possible changes and trends in ensuring basic human rights to life, security and freedom. However, it is also important to understand whether the status (official or unofficial) of an internally displaced person influences household activities of the person, provision of medical care, social services, employment opportunities and social relations in general.

### 2.3.1. VIOLATIONS OF RIGHTS OF INTERNALLY DISPLACED PERSONS AND REASONS FOR SEEKING HELP

According to the survey, IDPs who moved to Kharkiv as compared to IDPs who moved to Odesa had fewer situations when they experienced difficulties related to their status of a displaced person. For example, IDPs who moved to Kharkiv faced fewer problems while obtaining legal services or advice, banking services, pensions, placing a child in kindergarten/school, receiving reference information, getting a certificate of registration as an internally displaced person and social benefits, obtaining subsidies, etc., finding a job and additional earnings.

Based on the survey, HIV-positive IDPs had considerable difficulties when encountering the following situations: (Figure 2.3.1):

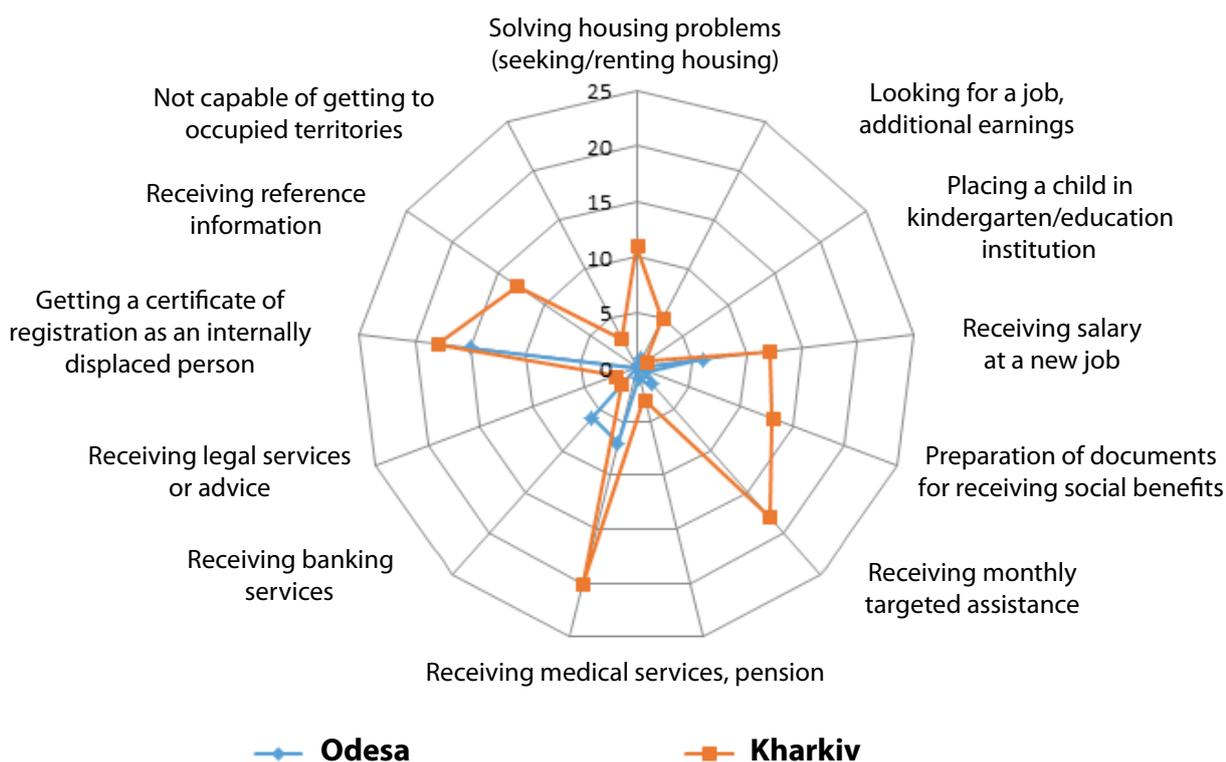


**Figure 2.3.1. Difficulties faced by HIV-positive IDPs after moving from ATO zone, persons**

- solving housing problems (Odesa – 25 persons, Kharkiv – 14 persons);
- finding a job and additional earnings (Odesa – 24 persons, Kharkiv – 14 persons);
- getting social benefits, subsidies, etc. (Odesa – 23 persons, Kharkiv – 6 persons);
- receiving monthly targeted assistance (Odesa – 22 persons, Kharkiv – 3 persons);

- receiving reference information (Odesa – 25 persons, Kharkiv – 1 person);
- receiving legal services or advice (Odesa – 24 persons);
- receiving a salary at the new job (Odesa – 17 persons, Kharkiv – 3 persons);
- not capable of getting to occupied territories (Odesa – 7 persons, Kharkiv – 12 persons);
- placing a child in kindergarten/educational institution (Odesa – 8 persons, Kharkiv -2 persons);
- getting a certificate of registration as an internally displaced person (Odesa – 9 persons, Kharkiv – 1 person);
- receiving medical services (Odesa – 6 persons, Kharkiv – 1 person);
- receiving banking services (Odesa – 5 persons, Kharkiv – 1 person);
- receiving a pension (Odesa – 3 persons, Kharkiv – 1 person).

HIV-positive IDPs and members of their families that moved to Odesa and Kharkiv had fewer difficulties after moving in the following situations (Figure 2.3.2):



**Figure 2.3.2. Situations when HIV-positive IDPs did not have difficulties after moving from ATO zone, persons**

- getting a certificate of registration as an internally displaced person (Odesa – 15 persons, Kharkiv – 18 persons);
- receiving medical services (Odesa – 7 persons, Kharkiv – 20 persons);
- receiving monthly targeted assistance (Odesa – 2 persons, Kharkiv – 18 persons);

- receiving social benefits, subsidies, etc. (Odesa – 1 person, Kharkiv – 13 persons);
- receiving a salary at the new job (Odesa – 6 persons, Kharkiv -12 persons), etc.

Comparing life experience of HIV-positive IDPs who moved to Odesa and Kharkiv, we can state that HIV-positive IDPs who settled in Kharkiv faced generally fewer difficulties related to their status of a displaced person than IDPs who settled in Odesa (Figures 2.3.1, 2.3.2). However, HIV-positive IDPs and members of their families, irrespective of the place they moved to, have the same experience in combatting certain typical difficulties after moving from the ATO zone, which is explicitly or latently related to their status of a displaced person.

The difficulties and violation of rights appear mainly when people try to resolve their housing problems – unwillingness to provide housing for rent to IDPs: *'They did not want to rent their apartment to IDPs'* [Odesa]; *'They look at the address of registration and do not want to offer the place for rent'* [Kharkiv]; loss of money paid for housing: *'We were deceived when we paid for the apartment'* [Odesa]; *'I paid the money and was kicked out of the apartment'* [Odesa]; lack of permanent place of residence after displacement: *'I live where I can'* [Odesa]; living in premises provided by non-governmental organisations/centres when being unable to find accommodation: *'We live in a centre of temporary residence, I live in the rehabilitation centre 'Sofia', 'We live now with the family and children in an abandoned sanatorium'* [Odesa]; high cost of rented housing: *'It is very expensive to rent an apartment'* [Odesa]; *'Expensive housing'* [Kharkiv].

The experts polled agree that the problem is pressing for IDPs and that IDPs face violations of their rights: *'The thing is that people arrived and looked for housing as they decided to buy it in Kharkiv Region. They found a suitable option and gave the landlady (apartment owner) a holding deposit. Yet the owner of the apartment sold it to somebody else. I.e. the people were left without their money and apartment. And this problem can only be solved in court'* [social worker, Odesa].

Along with housing problems there are difficulties as well as violations of rights when people look for a job or additional earnings. HIV-positive IDPs face a small choice of vacancies on the employment market: *'It is hard to find a job', 'I failed to find a job'* [Odesa]; *'I have casual income'* [Odesa]; *'I am registered in Donetsk, which is why they were not recruiting me'* [Kharkiv]; *'They refuse to recruit me when they find out that I am from Donetsk'* [Kharkiv]. There are also cases when employers are prejudiced against IDPs: *'People are reluctant to hire displaced persons'* [Odesa]; no job matching specialisation: *'There is no job to suit my specialisation'* [Odesa]. HIV-positive IDPs can get employed for low-skilled jobs: *'I worked in a cigarette kiosk'* [Odesa]; *'I work as a loader'* [Odesa]; unofficial employment: *'I work as a seamstress, unofficially'* [Odesa]; employment for a low-wage job: *'They offer a low-wage job'* [Kharkiv]; *'The status of a displaced person did not help me find a well-paid job'* [Kharkiv].

In addition, IDPs face considerable difficulties when placing a child in kindergarten/education institution - there are no places for children at educational institutions: *'I cannot place my child in the kindergarten (they say there is a waiting list)* [Odesa]; *'We cannot place our children in school (the 1<sup>st</sup> and 4<sup>th</sup> forms)'* [Odesa]; extortion of money for placing a child in kindergarten: *'We have paid the first instalment (UAH 100). They ask money for renovation'* [Kharkiv]; *'There are no places at kindergartens, you should give a bribe'* [Kharkiv]. Specialists from non-governmental organisations say that they personally support IDPs when the latter place their children in kindergarten; the problem can be solved exclusively based on open legal support of IDPs: *'We placed children in kindergarten because there is a kindergarten close to us. Here is our centre and across the road there is the kindergarten. There were no problems there, the director did us a favour and accepted three children there. But when parents visited the kindergarten themselves, they were told about a waiting*

*list, stationery, paper towels, paper'* [social worker, Odesa]. According to the survey, non-governmental organisations contribute actively to solving and settling social problems encountered by HIV-positive IDPs undergoing adaptation to a new location: *'As far as the social sector and needs are concerned, if families or clients have children, they mainly have problems related to placing them in kindergartens, ensuring they are accepted at kindergartens and schools. Perhaps even university in terms of the submission of documents. If these are families with elderly or disabled people entitled to a pension, they also apply to us. Where is it possible to receive it, what is required for that, what is a person entitled to?'* [social worker, Kharkiv].

When receiving wages at a new job HIV-positive IDPs face situations of not being paid in full: *'They pay half of the salary'* [Odesa]; *'They pay what the employer decided'* [Odesa]; *'They did not pay everything'* [Odesa]; *'They shafted me out of my money'* [Kharkiv]; *'The remuneration is always less than expected'* [Odesa] and delays in paying the wages: *'They delay paying the wages'* [Kharkiv].

When it comes to social benefits, subsidies, pensions and monthly targeted assistance, HIV-positive IDPs appear to be unaware of the possibility of receiving social allowances: *'I did not know they exist'* [Odesa]; of institutions to apply to exercise this right: *'I do not know where to apply'* [Odesa]; of the size of payments to IDPs: *'I applied as a refugee, first they were paying UAH 400, then UAH 200 and recently UAH 150'* [Odesa]. Furthermore, the respondents report queues when applying for social benefits: *'Queues to see specialists to apply for social benefits'* [Kharkiv]; *'Queues to see staff and impolite nature of social institution employees'* [Kharkiv]; delays in paying social benefits: *'They have not paid for 3 months'* [Kharkiv]; *'Delays in paying financial aid'* [Kharkiv]. In particular, experts (social workers) say that HIV-positive IDPs are not willing to wait for social assistance from the state, which 'stretches' in time: *'Please wait, you will be paid some money, UAH 400 or UAH 800. Finally, you can approach any organisation and get services there. You can apply here for a blanket, clothing and medicines. We can help you with this. People from housing and utilities services gave me this look and laughed: 'While they will be helping us, we will earn by ourselves'* [social worker, Odesa]. Problems with payments due to HIV-positive IDPs get solved as soon as they register themselves as IDPs at the place of their location: *'However, I tell you, thank God, if a person arrives today and gets registered, there are no problems. All payments are renewed. Who has problems? They do not receive payments because they are not registered. These are women providing sex services for money. Just yesterday I was talking to young girls that had arrived: 'Girls, have you registered yet? No, what for?'* [social worker, Odesa].

Problems faced when receiving medical services are related to the need to pay for them: *'Everybody asks for money, whatever you can'* [Odesa]; *'They ask money for all services'* [Odesa]; the need to prepare a considerable amount of documents in order to receive SMT: *'A lot of certificates required for SMT'* [Odesa]; *'A lot of certificates for SMT, a certificate from Luhansk Chief Physician that I am registered'* [Odesa]; formal approach to registration at medical institutions: *'Without a medical card, they will not register us at the out-patient clinic'* [Kharkiv]; bureaucracy when issuing documents for HIV-positive IDPs: *'The Head of SMT Department did not want to provide information when switching from one site to another'* [Kharkiv]. Social workers draw attention to the fact that health workers are prejudiced against HIV-positive IDPs: *'Still, in all honesty, the attitude of health workers is far from positive, to put it mildly. This concerns everybody'* [social worker, Odesa].

When receiving banking services IDPs encounter difficulties and a formal approach to issuing banking documents: *'It took them one month to issue me a bank card'* [Odesa]; *'In the beginning I had no certificate of registration, they issued the documents only when all papers were collected, we had to wait for two months'* [Odesa]; *'I have no documents and cannot receive a card'* [Odesa]; besides, with the status of an IDP it is not possible to get credit: *'They were not giving me a loan as I am a displaced person'* [Kharkiv]. It is noteworthy that the experts polled share the opinion that

these problematic issues are pressing for IDPs: *'There are many people, who had loans and relations with banks. They have problems related to property that was left or material values left in Donetsk and Luhansk regions, something like that. There are clients, a small percentage, facing problems of criminal liability'* [social worker, Kharkiv].

When receiving legal services or advice HIV-positive IDPs face the problem of having no money for obtaining legal support on a commercial basis: *'I have no money for the lawyer', 'Lawyer's consultations are expensive'* [Odesa]. The respondents also state that there is a need to raise awareness about their rights as internally displaced persons: *'I need to consult a lawyer to get to know about my rights'* [Odesa]; *'I do not know about my rights as a displaced person'* [Odesa].

When it comes to a certificate of registration as an internally displaced person it appears that respondents are not aware of institutions issuing such certificates: *'I do not know where to get it'* [Odesa]; *'I do not know where to apply for it'* [Odesa]. There are difficulties in receiving such certificate if the populated locality where the respondent used to live is in the uncontrolled territory: *'Initially my village was not in the list of territories occupied by DPR and they were not registering me'* [Kharkiv].

In their own turn, as stated by social workers, they pay special attention to the problem of receiving a certificate of registration as an internally displaced person, considering that it resolves other problems of IDPs: *'It's hard, there are difficulties related to bureaucracy and the issuing of documents, papers'* [social worker, Odesa]. *'Pursuant to national regulations and laws in order to register people need to have a certificate of a displaced person. I.e. actual documentary confirmation of their status. And this is when people call for information support. Where can they get it, what is necessary for that?'* [social worker, Odesa]. *'There is a 'link' to the place of residence. People should be registered. You never know what kind of a service people will need, and there is a snag with documents. Sometimes they arrive without any documents'* [social worker, Kharkiv]. In addition, registration as an IDP is required for ART: *'As for ART, we need to know at least the address where a person lives. Without knowing the address, no treatment can be provided'* [social worker, Kharkiv]. *'Those who come for registration will receive ART in any event. There are problems today with prescription of this treatment not only for IDPs. There are tenders, purchases – it is the problem of the state. This problem covers all HIV-positive people'* [social worker, Kharkiv]. A similar situation appears when a decision should be made about extension of substitution maintenance therapy for IDPs living with HIV: *'We often receive applications from SMT clients who have left their homes. They are immediately accepted at our websites. They do not need to stand in queues like other people who are registering. Because they were already registered. This procedure is considered a transfer'* [social worker, Kharkiv]. *'If IDPs were already registered as SMT-recipients, they continue to be serviced here. However, if they are to register anew, they will wait in the queue. And the queue moves slowly'* [social worker, Kharkiv].

Registration of HIV-positive IDPs helps solve the problem of medicines for IDPs: *'If they have no registration and no place of residence, they face a problem because they cannot be prescribed this treatment without being registered in the city of Kharkiv. We have tablets for the city and the region. I.e. you need to be registered'* [social worker, Kharkiv].

The IDPs surveyed complain about the absence of proper information support for IDPs with reference information: *'I do not know where and what kind of organisations I should apply to'* [Odesa]; *'I do not know where I can receive all the information'* [Odesa]; *'I do not know where to receive information; we need a social video about our needs'* [Odesa].

IDPs encounter a significant and important problem of not being able to get to the occupied territories: *'It is impossible to get there'* [Odesa]; it is impossible to get a pass: *'It is not possible to get a pass, they do not issue it officially'* [Kharkiv]; a trip to the ATO zone is associated with significant financial expenses: *'To get there through Russia is expensive, the trip is expensive'* [Kharkiv].

Attention should be drawn to the fact that experts emphasize discrimination of HIV-positive IDPs: *'The biggest problem for them is if people get to know about their status. And they will not be able to find work'* [social worker, Odesa]. *'IDPs, including those who are HIV-positive and have specific diseases are discriminated against in society, i.e. stigmatized'* [social worker, Odesa]. *'For instance, HIV-positive IDPs should be operated. People need these operations and therefore disclose their status. Or there can be some medical manipulations required and they disclose their status. Then yes, they face discrimination'* [social worker, Odesa].

## 2.4. VIOLATIONS OF RIGHTS RELATED TO PROVISION OF MEDICAL CARE

This sub-section is devoted to the problem of the HIV-positive status of a person. In fact, depending on when the person came to know about being HIV-positive and when treatment started, the respondents can be divided into 3 qualitatively different groups:

- IDPs who know about their HIV-positive status and were on treatment before displacement;
- IDPs who know about their HIV-positive status and were not on treatment before displacement;
- IDPs who came to know about their HIV-positive status after displacement and started to receive treatment.

According to this distribution the specifics were analysed with regard to violation of rights related to provision of medical care to IDPs living with HIV.

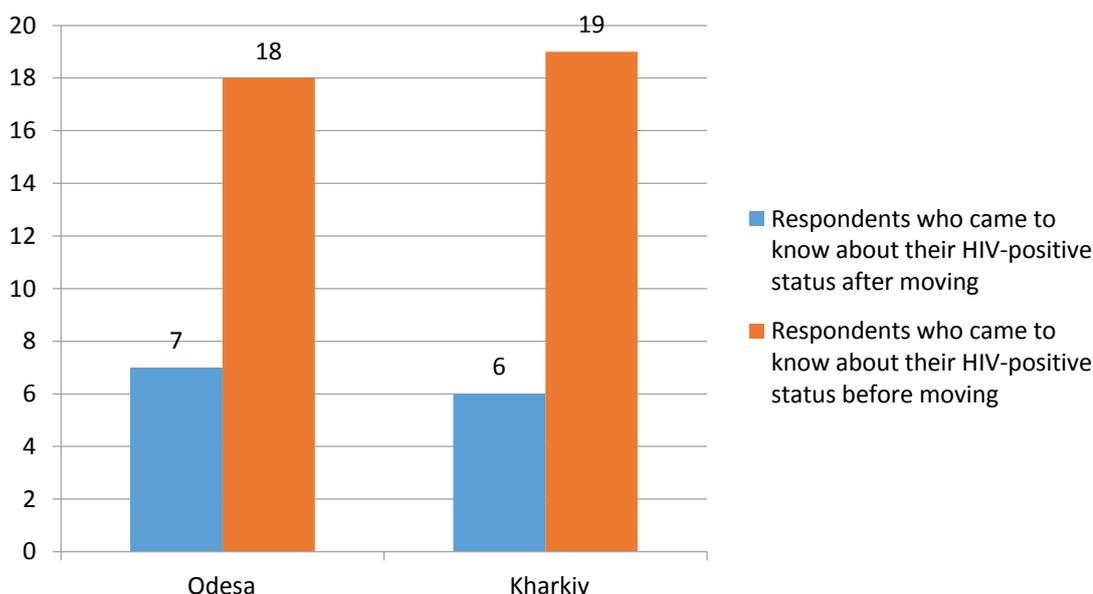
The objective of this section is also to identify problematic aspects associated with registration of people at the AIDS centre, such as: delivery of comprehensive consultations, access to specialists, provision with medicines, organisational issues, guaranteeing confidentiality etc.

According to the survey 'Assessing the Needs of Internally Displaced Women and Elderly People in Ukraine' carried out by NGO 'Oleksandr Yaremchenko Ukrainian Institute for Social Research' in early 2015, after moving to another area 46% of IDPs needed help obtaining medical services and 27% needed medicines. However, every sixth of those in need of medical services has not received them.

Persons who have such a serious disease as HIV are most likely more prone to other diseases and require more attention from doctors. That is why it is important to know whether it is possible to satisfy these demands and what the barriers are, if any.

### 2.4.1. SEEKING HELP FROM THE AIDS CENTRE

The survey covered 7 IDPs who moved to Odesa and 6 IDPs who moved to Kharkiv that came to know about their HIV-positive status after moving from the ATO zone. Most of IDPs who moved to Odesa and Kharkiv knew about their HIV-positive status before leaving the ATO zone (Odesa – 18 persons, Kharkiv – 19 persons) (Figure 2.4.1).



**Figure 2.4.1. Share of respondents that came to know that they are HIV-positive before and after moving, persons**

All IDPs who live with HIV and came to know about their HIV-positive status after moving, reported pre-test counselling on HIV directly at places where they moved to from the ATO zone. Pre-test counselling was mainly provided by health workers – doctors (Odesa – 6 persons, Kharkiv – 3 persons) and social workers (Odesa – 3 persons) and outreach workers (Odesa – 2 persons).

The vast majority of IDPs who moved to Odesa were receiving pre-test counselling on HIV at the AIDS centre (5 persons). In accordance with the procedure first IDPs had a consultative discussion of the HIV test and its possible consequences involving social workers that represented non-governmental organisations and a doctor from the AIDS centre (4 persons). An IDP living in Odesa (1 person) received pre-test counselling on the outreach itinerary.

During pre-test counselling internally displaced persons living in Odessa received information on the ways of HIV transmission, consequences of HIV, HIV infection and future life with HIV, as well as the proposals for getting ARV therapy. Two internally displaced persons living in Odessa were accompanied to the city AIDS centre. Internally displaced persons living in Kharkiv were informed during the pre-test counselling on how to live with HIV and how to participate in the ARV therapy programmes.

Post-test counselling for IDPs in Odesa was provided mainly by doctors (7 persons), social workers (3 persons) and outreach-workers (2 persons) in the premises of the city AIDS centre (5 persons). In the course of the post-test counselling IDPs were informed about HIV treatment and received relevant referrals for further tests in order to confirm HIV-positive results (Table 2.4.1).

Table 2.4.1

**Description of the procedure of pre-test and post-test counselling for IDPs at the new location, (among those who came to know about their HIV-positive status after moving), persons**

	Pre-test counselling		Post-test counselling	
	Odesa	Kharkiv	Odesa	Kharkiv
<i>Provided by</i>				
Doctor	6	3	7	–
Social worker	3	0	3	–
Outreach worker	2	0	2	–
<i>Circumstances under which post-test counselling was provided</i>				
When approaching the city AIDS centre	1	0	1	–
Counselling was first provided by a social worker from NGO, and then by a doctor from the AIDS centre	4	0	4	–
On the itinerary during outreach activities	1	0		–
<i>Information provided during counselling</i>				
Ways of HIV transmission	1	0	–	–
Consequences of HIV-infection	1	0	–	–
Proposal to take ARV therapy	1	1	–	–
What is HIV?	1	0	–	–
How to live with HIV?	1	1	–	–
Joint visit to the city AIDS centre	2	0	–	–
HIV treatment	–	–	1	–
Referrals for tests in order to confirm the positive result	–	–	2	–

*Total responses are not 100% as the respondent could choose several answers.*

Those who knew about their HIV-positive status before moving, during counselling at the new place of residence at AIDS centres in Odesa and Kharkiv receive first of all information about treatment opportunities and psychological support (Odesa – 17 persons, Kharkiv – 16 persons), recommendations to bring their sexual partner for an HIV-test (Odesa – 15 persons, Kharkiv – 8 persons), information about peculiarities of living with HIV-infection (Odesa – 17 persons, Kharkiv – 7 persons) and psychological support (Odesa – 17 persons, Kharkiv – 6 persons) (Table 2.4.2).

In addition, city AIDS centres inform IDPs about the specifics of the functioning of the social infrastructure and service delivery to people living with HIV; in particular, 'where it is possible to get psychological and social support' (Odesa – 17 persons, Kharkiv – 4 persons), 'where it is possible to get clean syringes' and 'where it is possible to get condoms' (Odesa – 17 persons, Kharkiv – 2 persons) as well as about 'the importance of a healthy lifestyle' (Odesa – 17 persons, Kharkiv – 3 persons).

In addition, IDPs living with HIV were informed at Odesa and Kharkiv AIDS centres on 'how to prevent HIV transmission to other people' (Odesa – 15 persons, Kharkiv – 4 persons) and on 'SMT programmes' (Odesa – 14 persons, Kharkiv – 5 persons).

Table 2.4.2

**Information received by IDPs living with HIV in the course of counselling at the AIDS centre at the new location** (among those who knew about their HIV-positive status before moving), persons

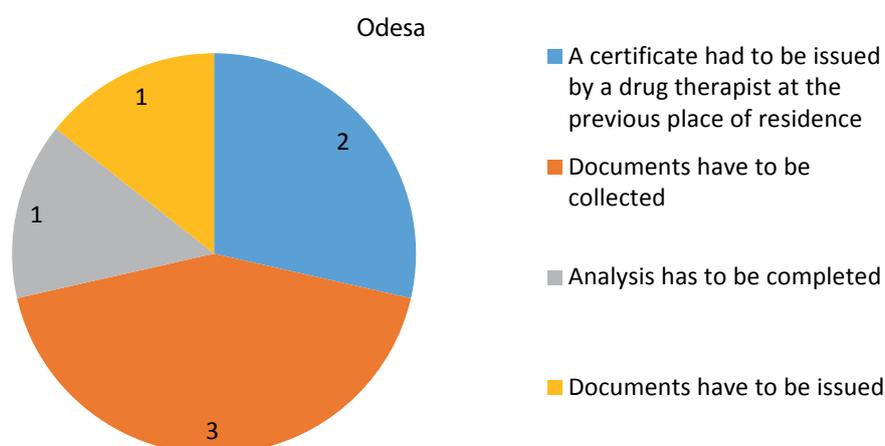
	Odesa	Kharkiv
On treatment and possible psychological support	17	16
How to live with HIV?	17	7
Received psychological support	17	6
On importance of a healthy lifestyle	17	3
How to prevent HIV transmission to other people	15	4
Were recommended to bring their sexual partner for an HIV-test	15	8
Where it is possible to get condoms	17	2
Where it is possible to get clean syringes	17	2
Where it is possible to get psychological and social support	17	4
SMT programmes	14	5

Total responses are not 100% as the respondent could choose several answers.

Among IDPs who knew about their positive status before moving only one third was not registered at the AIDS centre (Odesa – 6 persons, Kharkiv – 12 persons).

Among the main reasons for not being registered at the AIDS centre HIV-positive IDPs mention 'a delay in issuing relevant documents' [Odesa], 'unwillingness to inform people around them about their HIV-positive status' [Kharkiv], as well as household problems that prevented them from registering at the AIDS centre: 'it is a long journey to get to the AIDS centre – the transport runs poorly, it is far to go' [Kharkiv]. Among HIV-positive IDPs polled at the new place of residence there are 16 persons registered in the Odesa AIDS centre and 25 persons registered in the Kharkiv AIDS centre. Among HIV-positive IDPs who are not registered at the AIDS centre 8 persons were trying to register and only 1 person who arrived to Odesa from the ATO zone did not try to register.

According to the survey, one third of IDPs living in Odesa failed to register at the AIDS centre because of paperwork problems and the need to complete the necessary analysis: 'a certificate had to be issued by a drug therapist at the previous place of residence,' 'the relevant documents had to be prepared and collected' and 'analyses have to be completed' (Figure 2.4.2).



**Figure 2.4.2. Reasons through which IDPs with HIV are not registered at the AIDS centre** (among those who tried to register at the AIDS centre; N=7), persons

At the new place of residence IDPs living with HIV when trying to register at the AIDS centre reported the following problems: waiting for confirmation of HIV-status (Odesa – 4 persons), long queue to be received at the AIDS centre (Odesa – 4 persons), lack of the requisite specialists (Odesa – 3 persons), the need to complete analyses again (Odesa – 3 persons), lack of documents (Odesa – 2 persons).

In addition to the problems IDPs face when trying to register at the AIDS centre, the following can be added: preparation of a large number of documents (Odesa – 1 person), the work between subdivisions and specialists is not coordinated (*'redirecting from one office to another'*) (Odesa – 1 person), an IDP with a disease – hepatitis C (Odesa – 1 person), the need to complete analyses on a commercial basis (Odesa – 1 person) (Table 2.4.3).

Table 2.4.3

**Problems encountered by IDPs living with HIV at their new location when registering at the AIDS centre, persons**

	Odesa
I had to wait a long time before being received	4
Waiting for confirmation of status	4
The required specialist was not available (infectologist)	3
I had to complete analyses once again	3
I had to prepare a lot of documents	1
No documents	2
I was redirected from one office to another (from specialist to specialist)	1
With hepatitis C disease	1
Analyses on a commercial basis	1
<b>I had no problems</b>	<b>3</b>

*Total responses are not 100% as the respondent could choose several answers.*

According to the survey the majority of HIV-positive IDPs after moving to Odesa and Kharkiv were able to receive consultation from the right specialist at the AIDS centre (Odesa – 9 persons, Kharkiv – 12 persons). However, one third of respondents – internally displaced persons who moved to Odesa reported that it was not always possible for them to receive consultation from the right specialist at the AIDS centre.

Internally displaced HIV-positive persons could not receive consultation from the right specialist at the AIDS centre mostly because the specialist was on vacation or there were queues, they were unaware of the doctors' timetable for receiving patients or the timetable for receiving patients was not convenient, or they did not have the money to get there.

Health workers polled believe that IDPs have no barriers while seeking medical care at city or regional AIDS centres: *'For IDPs, as a rule, the key problem is where to be under medical supervision. As we have regional and city centres, if they are the residents of the city, they come here. Our offices are distributed in accordance with the dislocation of out-patient clinics, providing services to all sub-districts of the city depending on places of residence: by sub-districts, micro-districts. And that is why it is necessary to be clear where the person will live, i.e. what doctor he/she will be examined by'* [health worker, Odesa]. However, territorial localisation of HIV-positive IDPs is important for choosing the place of medical service delivery (city or regional): *'In Odesa we have only two state organisations: regional and city centres. Neither they nor we turn anyone away. The only thing is that if a person comes to a regional centre when they live in the city, they should be directed to us. Or if we people come to us who live somewhere in Belgorod-Dnestrovskiy, in Zatoka, then we send them to them. This is linked to the provision of local services. In principle, it is a normal thing to do as in any other health care institution'* [health worker, Odesa].

In addition, as assessed by health workers polled, it is important for IDPs to have medical records because if they have not, the internally displaced persons should pass an additional new examination: *'Many IDPs come here without their medical records. And sometimes it is difficult to get their medical records. That is why we have to examine them again and it takes time'* [health worker, Odesa]. It is noteworthy that if a HIV-positive IDP approaches the AIDS centre, he/she shall receive the necessary medical products for the period of implementation of a new medical diagnosis of his/her health: *'Judging by the experience gained throughout Ukraine it transpires that if a person comes without documents we take everything he/she says at face value and give him/her what we are told, including medicines, and then carry out an examination. However, examinations take at least one week or 10 days. We test a person once again for HIV, opportunistic infections and laboratory indicators. Together with the state, we lose about 10 days or so carrying out these free-of-charge analyses'* [health worker, Odesa].

At the same time additional medical examinations call for additional expenses: *'And, accordingly, expenses are directed to repeated analysis'* [health worker, Odesa]. However, according to the survey some health workers underline that it is possible to get free-of-charge analyses for HIV-positive IDPs: *'He/she passes all the examinations in our centre: detection of HIV, examinations regarding opportunistic infections and hepatitis markers. All that is passed here. And free of charge'* [health worker, Odesa]. IDPs should complete analyses that are not related to HIV-infection on a commercial basis: *'If there is something not related to HIV-infection, let's say, another kind of diseases, they do all that at an out-patient clinic. We can only prompt them on where it is better to go in such cases'* [health worker, Odesa].

#### 2.4.2. TREATMENT AT THE AIDS CENTRE. RECEIVING ANTIRETROVIRAL TREATMENT

According to the survey, more than one third of HIV-positive IDPs who moved to Odesa and almost all IDPs who moved to Kharkiv are the participants of an antiretroviral treatment programme. Those IDPs who are not participants of the programme in Odesa explain their non-participation with several reasons: they are undergoing analyses and waiting for the relevant confirmations; they have not yet made a decision because they feel well; they have a strong immunity and do not need therapy; they do not have the relevant documents. The respondents' reasons also include a lack of confidence that treatment will help them, no time to come for therapy products (Table 2.4.4).

Table 2.4.4

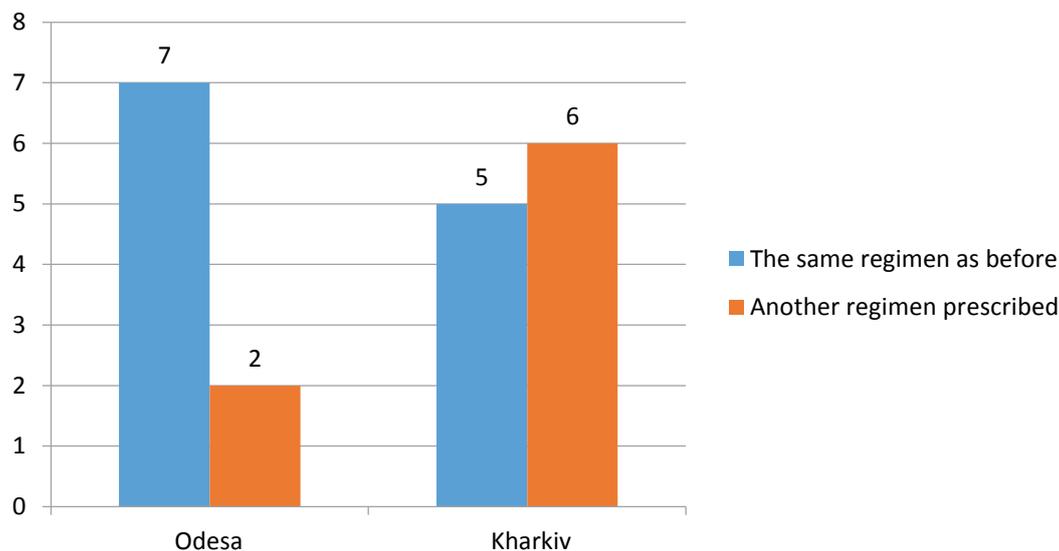
#### Reasons why IDPs living with HIV do not participate in the antiretroviral treatment programme, persons

	Odesa
They are undergoing analyses and waiting for confirmation	5
Strong immunity, ARV therapy is not needed	2
No documents	2
They feel well and need to complete analyses to make a decision	2
They are not sure it will help	1
They came to know about their HIV status several days before moving	1
No time to come and receive treatment	1

Before their move 9 IDPs who came to Odesa and 11 IDPs who came to Kharkiv were participating in ART. Those IDPs who were taking ART before, put the situation down to unawareness of their HIV status (Odesa – 1 person, Kharkiv – 6 persons) or late receipt of information about their HIV status because of armed hostilities (Kharkiv – 3 persons), lack of time to prepare documents for ART (Kharkiv – 2 persons), fear because of disclosure of this information to people around them and good state of health (Kharkiv – 1 person).

HIV-positive IDPs who moved to Odesa and Kharkiv decided to participate in the ART programme primarily as a result of recognition of the need to maintain their health (Kharkiv – 8 persons), the desire ‘to live normally’ and ‘have a baby’ (Kharkiv – 4 persons) and thanks to a doctor’s initiative (Odesa – 1 person).

Those IDPs who participate in the ART programme have received mainly the same ART regimen at the new place of location that they had before moving from the ATO zone (Odesa – 7 persons, Kharkiv – 5 persons). Another ART regimen was received by 2 IDPs who moved to Odesa and 6 IDPs who moved to Kharkiv (Figure 2.4.3).



**Figure 2.4.3. Treatment regimen for IDPs living with HIV prescribed at the new location** (among those for whom regimen was prescribed), persons

Among reasons for changing ART regimen HIV-positive IDPs report the following: worsening of the state of health when moving from the ATO zone, considering the lack of ARVs and the change that resulted – ‘When moving the state of my health worsened as I was not able to receive ARVs. My treatment regimen was changed and strengthened. I started to feel much better, I could walk’ [Kharkiv]; change of ARV programme products – ‘The products are different and I started to feel much better;’ ‘The therapy “does not eat” methadone’ [Kharkiv]; update of the ARV programme, considering the results of analyses, – ‘I’m undergoing analyses. They are selecting the relevant therapy’ [Odesa].

During the survey health workers emphasized the need to update the ART regimen for IDPs who have moved, considering the results of their diagnostics (analyses), i.e. taking into account the need to carry out ART laboratory control: ‘The key point is analyses, undergoing analyses, because when you are on ART, you have to complete blood and urine analyses in order to determine your general state’ [health worker, Odesa]; ‘The main problem is the lack of medical records. The thing is that they need them in order to receive medical services here; it concerns people who were receiving medical services in any other health care institution, especially those who were registered or participated in ART (lifelong treatment, when medicines should be drunk every day at a particular time, treatment that should not be interrupted). When they do not have them but need serious medical products, which are expensive by the way, it is quite risky to issue prescriptions based on patients’ worlds without having the latest data. All this therapy needs continuous laboratory control, meaning they should constantly undergo analyses’ [health worker, Odesa]. However, it takes time to confirm or update the ART regimen for IDPs: ‘The person should have an extract from his/her medical record, confirming that he/she is infected with HIV. What kind of regimen was he receiving? If he/she was receiving medicines, then a

*relevant regimen was prescribed, what kind of medicines was a person receiving? If these documents are available – there are no problems and the person is registered the same day. If there is nothing, who knows? People happen to come without anything. In such a case we will be examining them over the course of one month’* [health worker, Kharkiv].

According to the survey, only 4 HIV-positive IDPs faced interruptions in treatment at the new place of residence (Odesa – 2 persons, Kharkiv – 2 persons). The interruptions in treatment were the result of the following reasons: an IDP had to undergo analyses (Odesa – 1 person), an IDP felt unwell (Odesa – 1 person), there was a fear that the new ARV regimen might worsen the health (Kharkiv – 1 person) and the failure to observe the ART regimen – ‘I kept forgetting to take the medicines’ (Kharkiv – 1 person).

Internally displaced persons who moved from the ATO zone to Odessa and Kharkiv and who were taking antiretroviral treatment at the time of the survey reported no problems in ensuring availability of drugs for the treatment, a long wait or a lack of drugs. If IDPs cannot provide medical documentation confirming HIV-positive status, the person receives medication lasting for three days:

Internally displaced persons that have moved from the ATO zone to Odesa and Kharkiv and are on ART, were not complaining at the time of the survey of problems related to the provision of medicines, a long wait the therapy or a lack of medicines. If an IDP cannot provide medical records confirming his/her HIV-positive status, the person receives medicines for three days: *‘In such cases when we know neither the status of a person (whether he/she is or is not HIV-infected), nor the medicines he/she was receiving, then everything is done based on the words of this person. We give medicines for three days. That means that he/she should come every three days and receive medicines’* [health worker, Odesa]. However, it is noteworthy that such experience was reported only by health workers from Odesa. In Kharkiv health workers reported that they first perform all necessary analyses, which take one month, and only afterwards, if HIV-positive status is confirmed, is ART provided.

All HIV-positive IDPs who moved to Odesa are equipped with relevant containers for storing ARVs. However, 4 HIV-positive IDPs who moved to Kharkiv complained of not being provided with containers for storing ARVs by the city AIDS centre.

Attention should be drawn to the fact that according to the survey all HIV-positive respondents who are participants of ARV-programmes do not consider that their status of an internally displaced person influences the quality of their treatment at the new location.

At the same time health workers note the lack of medical products, although their ‘deficit’ has not affected IDPs: *‘Today we face problems with procurement of medicines. We give medicines to all patients – irrespective of whether they are ours or refugees – for one month’* [health worker, Kharkiv].

### **2.4.3. PARTICIPATION IN SUBSTITUTION MAINTENANCE THERAPY**

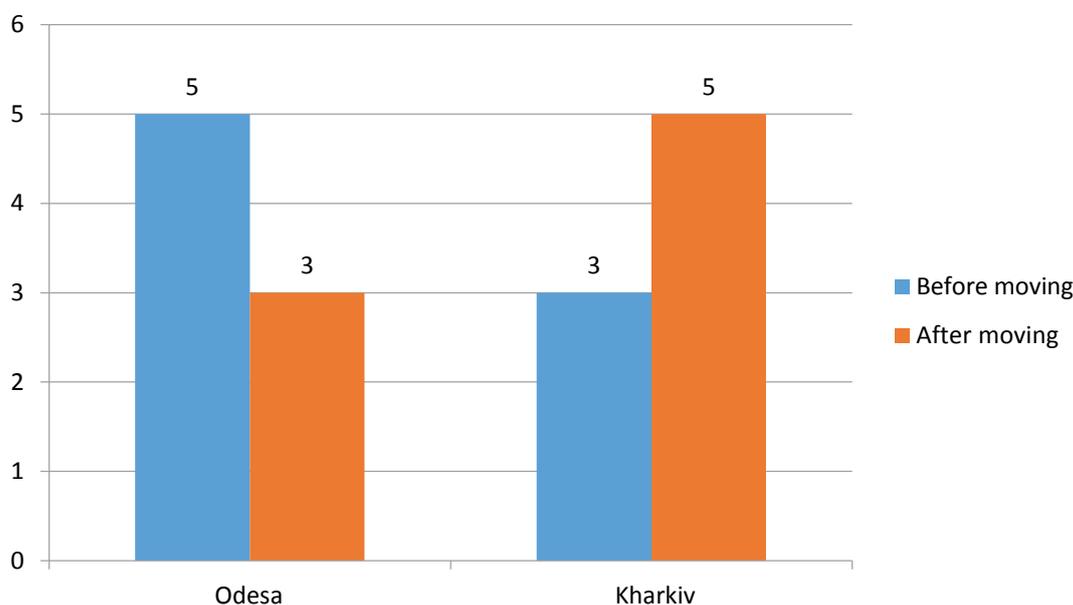
As far as participation in SMT programmes is concerned, health workers emphasize that substitution maintenance therapy for internally displaced persons is provided out of the general turn: *‘IDPs are received for substitution therapy out of turn. Generally speaking, we have a queue for SMT, but if they need it, we provide it out of turn’* [health worker, Kharkiv]. In addition, HIV-positive persons can move within Ukraine, keeping the possibility of receiving SMT: *‘If a patient is in a good state, he/she can move with a substitution therapy throughout Ukraine. A person knows that he/she will be going somewhere in one week to another city. We direct information to this city from this website notifying people about his/her arrival. They receive drugs for this person. He/she comes with documents and the drug is given. Then, before his/her departure the information is sent back saying that the person is*

leaving tomorrow. However, it is not possible to give a substitution therapy drug, bypassing this procedure. It is not allowed by the legislation. Despite the fact that these patients need to take substitution therapy drugs every day. That is why, unfortunately, we cannot give medicines until a patient passes narcotic detection tests' [health worker, Odesa].

For SMT a person should register with the relevant institution: 'In order to receive this therapy, a person should register here. Accordingly, he/she should have documents confirming that he/she is a temporary resident of the city so that we could use these medicines on him/her. It is the status of a temporary resident of the city that people have problems receiving because they do not know where to go and where to get this status from. In addition to that, they migrate: first they live in one place (as they rent apartments), then after some time they move to another one. Many of them, it appears, go back and, failing to find anything there, they return here. They can also leave for another city. And this problem of their migration, both inside the city and outside results in a possible interruption of the course; they can come to another city and register there again and apply for this therapy, although they are already registered here' [health worker, Odesa].

Among HIV-positive IDPs polled, the vast majority was and still is taking injecting drugs (Odesa – 22 persons, Kharkiv – 22 persons). Only a small share of HIV-positive IDPs who moved from the ATO zone to Odesa and Kharkiv was and still is not taking narcotic drugs (Odesa – 3 persons, Kharkiv – 3 persons).

Before moving only a small share of IDPs participated in substitution maintenance therapy (Odesa – 5 persons, Kharkiv – 3 persons). After moving, the number of persons joining the SMT programme among IDPs living in Odesa increased, while the number of participants of the SMT programme in Kharkiv decreased (Figure 2.4.4).



**Figure 2.4.4. Share of participants of substitution maintenance therapy** (among those who have used or are using injecting drugs; N=22), persons

Among the reasons for not participating in the programmes of substitution maintenance therapy by HIV-positive IDPs who moved to Odesa and Kharkiv is their subjective unwillingness to take part in it ('I do not need it'), fear of having side effects, inconvenient timetable for taking medicines, the need to be geographically 'tied down', the need to collect the relevant documents and undergo analyses and the fear of public disclosure of information about their participation in the SMT programme. 3 respondents from Odesa reported being denied the SMT programme (Table 2.4.5).

Table 2.4.5

**Reasons of HIV-positive IDPs who use injecting drugs for not participating in the SMT programme, persons**

	Odesa	Ukraine
They do not consider it necessary	10	12
Inconvenient timetable for taking medicines	2	0
They do not want to be 'tied down' geographically	2	0
Afraid of side effects	7	4
Afraid of information leakage about them		1
They were denied the SMT programme	3	0
The relevant documents/certificates have to be collected	1	0
They are undergoing analyses	1	0

Total responses are not 100% as the respondent could choose several answers.

According to the survey, IDPs who participate in the SMT programme do not consider that their status of an internally displaced person or their HIV-positive status has influenced the quality of their participation in the SMT programme at the new location. In addition, IDPs living in Odesa and Kharkiv did not experience problems with the SMT programme after they moved. The 'readdressing' procedure for the participant of the SMT programme was carried out with a due quality: 'I was readdressed and there were no problems' [Odesa]; 'We were transferred from the Donetsk SMT website to the Odesa website, we were given medicines for 10 days and we had no problems as the relevant documents were with us' [Kharkiv]; 'There were no problems. CF 'Parus' readdressed us to the AIDS centre' [Kharkiv].

#### 2.4.4. RECEIVING OTHER MEDICAL ASSISTANCE, CARE AND SUPPORT

As shown by the survey HIV-positive IDPs require assistance of non-governmental organisations (in particular, of 'All-Ukrainian Network of PLWH') in finding work and housing. It is also an urgent requirement to receive food packages, issue and renew documents.

In addition, HIV-positive IDPs reported the need for assistance with free-of-charge examination, SMT, ART and moral and psychological support (Table 2.4.6).

Internally displaced HIV-positive persons need assistance in receiving social housing, preparing documents for obtaining disabled-person status of a particular disability group, resolving legal issues, issuing documents for a child and placing children in boarding school/kindergarten, receiving consultations from phthiotherapists, gynaecologists and psychologists, receiving medicines and syringes.

Table 2.4.6

**Current needs of HIV-positive IDPs for assistance, treatment and support of non-governmental organisations, persons**

	Odesa	Kharkiv
Receiving free-of-charge examination (and the possibility to undergo analyses)	7	0
Receiving food packages	6	0
Assistance in finding work	12	0
Receiving ART	3	1
Assistance in registering at the unemployment centre	1	0
Assistance with housing	11	0
Receiving C&T (including free-of-charge services)	1	0
Placing children in boarding school/kindergarten	3	0
Gynaecologist's services	1	0
Phthisiotherapist's services	1	0
Psychologist's services	1	0
Receiving SMT	4	0
Legal assistance	2	1
Provision of medicines	1	0
Moral support	2	4
Assistance in preparation of documents (in particular, in renewing them)	4	1
Financial assistance	0	1
Receiving syringes	0	1
Consultation of social workers	0	1
Treatment of concomitant diseases	0	0
Treatment of concomitant diseases	0	4
Food	0	0
Assistance in registering as a disable person of a particular disability group	1	1
Assistance in preparing documents for a child as the money for the child is received by one of the parents, while the child lives with another	1	0
Social housing	1	1
<b>No assistance is required</b>	<b>0</b>	<b>6</b>

*Total responses are not 100% as the respondent could choose several answers.*

The experts polled confirm that HIV-positive IDPs seek help directly from AIDS centres and non-governmental organisations in order to solve their household, medical and psychological problems: 'Yes, the AIDS centre can help receive social benefits for a child. Or to receive baby food' [health worker, Kharkiv]. However, such organisations cannot solve housing problems of IDPs: 'Yes, they ask us to provide them with housing. Unfortunately, we cannot do it' [health worker, Kharkiv].

The latest majority of HIV-positive IDPs who moved to Odesa and Kharkiv assess their health state as 'satisfactory'. HIV-positive IDPs who moved to Odesa are more positive in their health assessments (21 persons) than internally displaced HIV-positive persons who moved to Kharkiv (17 persons). According to the survey, 4 HIV-positive IDPs who live in Odesa and 6 HIV-positive IDPs who live in Kharkiv consider their health as 'more bad than good'. Additionally, 1 HIV-positive internally displaced person from Kharkiv finds his/her health 'very bad'.

Almost half of HIV-positive IDPs surveyed sought other medical care not related to their HIV-positive status (Odesa – 11 persons, Kharkiv – 12 persons). HIV-positive IDPs who moved to Odesa and Kharkiv need first of all consultations of the relevant medical specialists (Odesa – 9 per-

sons, Kharkiv – 6 persons), in-patient hospital care (Kharkiv – 6 persons), consultations of general practitioners (Odesa – 1 person, Kharkiv – 2 persons).

After moving to Odesa and Kharkiv HIV-positive IDPs sought help from relevant medical specialists: gynaecologist (Odesa – 5 persons, Kharkiv – 1 person), dentist (Odesa – 4 persons, Kharkiv – 1 person), primary care physician (Odesa – 1 person, Kharkiv – 3 persons), surgeon (Odesa – 1 person, Kharkiv – 3 persons), etc. (Table 2.4.7).

Table 2.4.7

**Doctors approached by IDPs living with HIV, persons**

	Odesa	Kharkiv
Primary care physician	1	3
Dentist	4	1
Otolaryngologist	1	2
Phthisiotherapist	0	2
Drug therapist	1	1
Gynaecologist	5	1
Urologist	0	1
Proctologist	0	1
Surgeon	1	3
Endocrinologist	1	0
Neuropathologist	1	0
Allergologist	0	1
Infectologist	0	2
Traumatologist	1	0

*Total responses are not 100% as the respondent could choose several answers.*

In the course of the survey only 1 HIV-positive IDP who moved to Odesa reported denial of medical care and its improper delivery – *‘They were ping-ponging me back and forth from one doctor to another’* [Odesa] – and the IDP explains this attitude of health workers as mainly down to their prejudice against persons with an IDP status and HIV-positive status: *‘A refugee, without documents, HIV-positive – who needs him/her? Nobody!’* [Odesa].

## KEY FINDINGS OF SECTION 2

After moving to a new place of residence, HIV-positive IDPs first of all face problems of finding housing, a job and additional earnings, getting social benefits, subsidies, etc. as well as information on social adaptation and integration of IDPs, receiving legal services and wages at their new job. IDPs also report an inability to get to the occupied territories, difficulties in placing a child in kindergarten/educational institution as well as in getting a certificate of registration as an internally displaced person. They also encounter bureaucratic problems receiving medical or banking services.

According to the survey, IDPs who moved to Kharkiv as compared to IDPs who moved to Odesa had fewer difficulties related to their status of a displaced person; IDPs who settled in Kharkiv experienced fewer problems when receiving legal and banking services, getting social benefits and payments, placing a child in kindergarten/educational institution, receiving a certificate of registration as an internally displaced person and social allowances. They have not encountered as many difficulties when looking for a job or additional earnings as IDPs who moved to Odesa. As for IDPs who moved to Odesa, they had fewer problems when receiving medical services as compared to IDPs who settled in Kharkiv. And on the contrary, it was less difficult for IDPs who settled in Kharkiv to obtain the status of a displaced person than for IDPs who moved to Odesa.

While analysing IDPs' experience in overcoming difficulties with obtaining the status of a displaced person, we should highlight the following 'critical' points of IDPs' adaptation to new life conditions, which appear in the following situations:

- solving housing problems – the unwillingness of some local community representatives to rent housing to IDPs; high cost of rented housing; frequent loss of money paid by IDPs for housing to rent; living in social housing provided to displaced persons and in general instability with getting a permanent place of residence after moving;
- looking for a job and additional earnings – insufficient number of vacancies on the employment market, no job matching the person's specialisation, low-skilled and low-paid jobs for IDPs, prejudiced attitude of employers to IDPs;
- placing a child in kindergarten/educational institution, IDPs discover that there are no places and they are asked for money to place children in educational institutions;
- when getting paid at a new job, the wages are often not paid in full or are delayed;
- insufficient awareness of some IDPs of the mechanisms allowing them to apply for social benefits, subsidies, pensions, monthly targeted assistance, and the institutions they need to approach to get them;
- receiving medical services, IDPs cannot afford to pay for them, they have to spend a lot of time preparing a considerable amount of documents and analyses (in order to get ARVs, SMT);

- receiving banking services, they face difficulties and too many formalities to obtain their bank documents;
- receiving legal services or advice, IDPs encounter the problem of having to pay for legal assistance on a commercial basis and having no opportunities in general to obtain specialized legal support on issues related to social adaptation and integration of IDPs;
- when receiving a certificate of registration as an internally displaced person they face several bureaucratic barriers, they are asked to provide a considerable number of accompanying documents irrespective of the fact that special medical documents for HIV-positive IDPs are linked to their status of an IDP.

According to the survey, the experts emphasize the discrimination of IDPs because of their HIV-positive status and manifestation of discriminatory attitudes directed to HIV-positive citizens by medical institutions and specialists.

The vast majority of HIV-positive IDPs who moved to Odesa and Kharkiv assess their health state as 'satisfactory'. One third of HIV-positive IDPs who moved to Kharkiv came to know about their HIV-positive status after moving. IDPs received their pre-test and post-test counselling with regard to HIV-infection at the AIDS centre. As shown by the survey, AIDS centres in Odesa compared to AIDS centres in Kharkiv practice a more systemic approach when counselling IDPs (all specialists of the centre are involved, consultations are more extensive and informative). During consultations of IDPs at AIDS centres in Odesa and Kharkiv they are first of all provided with information on their treatment opportunities and psychological support, recommendations for bringing their sexual partner for HIV-testing, information on features of life with HIV-infection and direct psychological support.

Among IDPs covered by the survey who knew about their HIV-positive status before moving, only one third was registered at the AIDS centre; they tend to 'keep their distance' from AIDS centres. IDPs explain delays in preparing documents by their unwillingness to inform people around them about their HIV-status and current household problems that prevent them from registering at the AIDS centre. More than half of the IDPs surveyed are registered at AIDS centres at their new place of residence. In Kharkiv all IDPs covered by the survey are registered at the AIDS centre, in Odesa – more than half of them. According to the survey, IDPs living in Odesa, failed to register at the AIDS centre because of problems with documents to be prepared and relevant analyses to undergo. Of the main problems encountered when trying to register at AIDS centres, IDPs report the following: a lot of paperwork, lack of coordination between various subdivisions of the centre and an inability to get an appointment with the relevant specialist of the AIDS centre.

As shown by the survey, a considerable part of HIV-positive IDPs who moved to Odesa and Kharkiv are participants of the antiretroviral treatment programme. After moving to new places of residence, internally displaced people had their ART regimen changed and ART programme updated based on the results of analyses. IDPs participating in the ART programme that moved from the ATO zone to Odesa and Kharkiv did not complain during the survey of problems with procurement of medical products, long wait for the therapy or a lack of medicines. All HIV-positive respondents participating in the ART programme do

not consider that the status of an internally displaced person influences the quality of their treatment at the new location.

Among HIV-positive IDPs covered by the survey the vast majority has taken and is still taking injecting drugs. Before moving, only a few IDPs were taking part in substitution maintenance therapy, however, after moving, among HIV-positive IDPs who moved to Odesa, the number of persons who started to participate in SMT has grown. IDPs living in Odesa and Kharkiv have not experienced any problems while participating in the SMT programmes after moving.

# SECTION 3

## EXPERIENCE IN RECEIVING LEGAL SUPPORT

The human right to efficient legal protection is set out in the international document 'Convention for the Protection of Human Rights and Fundamental Freedoms'.

Being entitled to legal support is an important factor for getting adapted at the new location. We will discuss in this section specific problems faced by HIV-positive IDPs and their response strategy.

### 3.1. REASONS FOR SEEKING HELP AND INSTITUTIONS APPROACHED

HIV-positive IDPs who moved to Odesa sought help from the following institutions and entities that provide legal support to citizens:

- local executive authority – because of having no documents and being unaware of the procedure to renew them: *'I have no documents and do not know how to restore them'*;
- police and the courts – in order to reinstate property rights based on a court decision: *'We were deceived by a real estate agency (money stolen), court hearings are permanently postponed, although we have an agreement with the real estate agency'*;
- social services of Primorye and Kyiv sub-districts – for reinstating social payments to disabled people: *'They do not pay me my disability allowance, I cannot get it'*;
- city council – however, they were redirected with their request to another authority: *'We have been redirected to another authority'*.

The abovementioned experience of IDPs on reinstating property rights (resolving a dispute with a real estate agency) is considered by surveyed HIV-positive IDPs as their negative experience in seeking legal support after their movement from the ATO zone. Such institutions as the police and the courts, which have been approached and are supposed to facilitate the provision of legal support, have not contributed to solving the problem and denied support.

In addition, HIV-positive IDPs who moved to Odesa (5 persons) covered by the survey found themselves in situations when they experienced a negative attitude to them because of their status of a displaced person while applying for social or legal services. For instance, during readdressing of the SMT programme: *'In order to get SMT they ask first of all for a statement of the Luhansk Chief Physician, confirming that you were registered with a drug therapist; if you do not have this statement they do not issue the documents you need. How do I get this statement?'*; when applying for specialized assistance and support to be granted by social services: *'You need to know exactly where you are going to live in Odesa because social services start redirecting you from one organisation to another'*.

er'; when placing a child in kindergarten: *'They refused to place my child in the kindergarten, citing no places'*. However, the vast majority of HIV-positive IDPs polled reported no negative experience when applying for social or legal services, although they felt a negative attitude toward them because of their status of a displaced person or their HIV-positive status.

## 3.2. VIOLATIONS OF RIGHTS WHEN RECEIVING LEGAL SUPPORT

According to the experts – relevant lawyers experienced in working with HIV-positive IDPs, the pressing legal needs of these clients include the need to receive the necessary medical and social services, legal registration of disability and guardianship, the issues of employment, preparation of documents and petitions:

- *'So far not so many people have applied, but the questions were diverse, associated with medical and social services'* [lawyer, Kharkiv];
- *'Registration of disability. People need to visit a sub-district primary care physician at their place of residence. Then they write an application and register at the out-patient clinic at their place of residence. And only after that the primary care physician sends them to a doctor, who, in turn, directs them to the Medical and Social Expert Commission (MSEC). And it is MSEC that determines disability'* [lawyer, Kharkiv];
- *'We were approached by HIV-infected people who had experienced problems receiving ART and disability group, with social benefits and questions concerning these benefits. We were also approached with the question of registering custody and guardianship for children who remain here, in Kharkiv, while the parents are in the occupied territory'* [lawyer, Kharkiv];
- *'We were approached by people who wanted to register custody and guardianship for children. Two children are here, while their mother is in the occupied territory. Now grandparents are preparing documents for registering guardianship over them. In order to receive social benefits here, to place children in school or kindergarten. To receive treatment here, apply to an out-patient clinic or anywhere else, to get assistance. Yes, we were preparing an application for custody and guardianship bodies on behalf of parents so that they are granted this right'* [lawyer, Kharkiv];
- *'They approach us with employment issues. With registration at the employment centre, unemployment'* [lawyer, Kharkiv].

The experts stress that the mechanisms of resolving legal problems of IDPs are standard: *'All people have the same problems. Solutions to their problems are also the same. There are no differences'* [lawyer, Kharkiv]. However, in terms of the procedure, the mentioned problems are resolved on a stage-by-stage basis:

- as for disability status: *'It is a very long procedure. At the moment we have a person who cannot get it. Of course, this is related to our legislation. The person needs help now, but the process of collecting documents and receiving disability status is protracted over a very long period of time. There are two categories of IDPs. One category refers to people who have moved from the ATO zone during armed hostilities, and people who have become free from places of*

*detention; the situation with them is much more difficult. I.e. it is very hard for them to obtain the status of a displaced person' [lawyer, Kharkiv];*

- *as for re-registration of disability: 'The young man has had the status of a disabled person and disability group for 19 years already. First he had the second group of disability, then they reregistered him and gave the third group. He is from Donetsk Region. If he stayed in the second group, while he was still registered there, in Donetsk Region, it would be unlimited, for life. But he was re-registered in the third group, the status given for a particular duration. And this month this term expires. And he came to me, asking how and where. What kind of a procedure is to be used to re-register disability' [lawyer, Odesa];*
- *as for registration: 'The key problem for finding employment is the lack of an employment record book and registration. Incidentally, those who register in the department of social service or social protection of the population receive a certificate with a stamp on its reverse side. This certificate states that they hold the status of a displaced person and on the reverse side there is stamp of registration of their place of residence indicating their actual address in Odesa. In their passports they have former addresses and registrations, irrespective of whether it is Luhansk or Donetsk region' [lawyer, Odesa];*
- *as for restoration of documents: 'If a person is from the occupied territory of DPR or LPR, he/she doesn't have an official registration. To ask for such documents is not possible; did the person have a passport? Such foot-dragging. We have to solve it through Kyiv, through the ministries, institutions, identity and passport services and the migration services. There, in theory, they should have an All-Ukrainian database. Only by applying to the highest authorities, we try to restore people's documents [lawyer, Kharkiv]; 'There are problems with re-issuing documents, restoring passports and birth certificates. I believe that in principle this is one of the major problems related to protection of rights and legitimate interests of citizens. We have to restore documents facing huge problems. And the legislation describes the procedure of restoring identity rather vaguely. I mean the procedure for re-issuing passports. It is written for normal circumstances' [lawyer, Odesa].*

### 3.3. PRESSING LEGAL NEEDS

According to the survey, HIV-positive IDPs who moved to Odesa and Kharkiv now require the following legal support:

- *restoration of documents: 'We need to restore documents' [Odesa]; 'All documents were in a bombed-out house. We need all documents' [Odesa]; 'To issue documents (passport), to file a request to the prison settlement where I served time' [Odesa];*
- *reinstating social rights and guarantees, social statuses and social benefits: 'To reinstate a pension in Odesa' [Odesa]; 'I need to apply for a social security pension' [Kharkiv]; 'I need assistance in obtaining a disability status and group, I am incapable of working' [Kharkiv]; 'The payments are suspended. They used to pay UAH 400 per each of the four months, but I do not receive anything now' [Odesa];*
- *arranging legal documents: 'Issuing a free-of-charge proxy for my mother so that she can register and buy everything instead of me' [Odesa]; 'Writing complaints about social service employees' [Kharkiv]; 'Assistance in writing petitions and complaints to local officials regarding their attitude to displaced persons' [Kharkiv];*

- receiving legal advice and knowledge on the rights of IDPs: *'I'm completely unaware of my rights as a displaced person'* [Odesa]; *'I need legal advice on the rights of refugees and displaced persons'* [Odesa]; *'I do not know about my rights as a displaced person, how to use them and who to approach'* [Kharkiv]; *'There is a requirement in the code of rights for displaced persons'* [Kharkiv]; *'There is a requirement in legal courses for coverage of the rights of IDPs'* [Kharkiv];
- support in providing IDPs with housing: *'I want to executive my right for housing'* [Kharkiv];
- support in keeping information about the status of a HIV-positive person confidential: *'I do not want my status to be disclosed in the village council'* [Kharkiv];
- support with employment: *'I need assistance in finding work according to my specialisation'* [Kharkiv]; *'Displaced persons should have the same equal rights when seeking employment according to their specialisation'* [Kharkiv];
- support with placing children in kindergartens and educational institutions: *'I cannot place my children in the boarding school for 5 days per week – they do not take them'* [Odesa]; *'I cannot place my child in kindergarten, as there are no places'* [Odesa];
- support in protecting gender rights and rights of IDPs' children: *'Protection of mother's rights and the rights of IDPs' children'* [Kharkiv].

## KEY FINDINGS OF SECTION 3

The analysis of experience of HIV-positive IDPs in receiving legal support suggests that when applying for social or legal support IDPs encounter a negative attitude toward them because of their status of a displaced person.

HIV-positive IDPs require support for restoring their documents, reinstating social rights and guarantees, social status and social benefits. In addition, HIV-positive IDPs have a pressing need to receive legal advice and knowledge on IDP's rights, assistance in finding housing for IDPs, and support in keeping information about the status of an HIV-positive person confidential. The main needs of IDPs living with HIV also include support of specialized institutions and organisations in assisting with employment, placing children in kindergartens and educational institutions, protection of gender rights and the rights of IDPs' children.

HIV-positive IDPs most often apply to legal experts with the objective of receiving adequate medical and social services, legal registration of disability and guardianship, issues related to employment and preparation of petitions.

# RECOMMENDATIONS

## FOR CENTRAL AND LOCAL AUTHORITIES

1. Coordinate the activities of specialized state institutions (Ministry of Justice, Ministry of Health, Ministry of Education and Science, State Employment Centre, etc.), their regional offices and staff so that they provide proper information, counselling and prevent violation of rights and freedoms of HIV-positive IDPs.
2. Enhance efforts on raising IDPs' awareness of their rights, opportunities and freedoms, carry out consulting and educational activities in order to expand competence and strengthen social confidence of HIV-positive IDPs.
3. Draw up and implement local strategic action plans, social assistance programmes for HIV-positive IDPs focusing on the specifics of their adaptation to local communities and ensuring permanent coordination of the actions of all stakeholders.
4. 4Contribute to more active commissioning of social services for HIV-positive IDPs to non-governmental organisations: provide for selection, accreditation and the necessary financing of public associations experienced in working with HIV-positive persons.

## FOR NON-GOVERNMENTAL ORGANISATIONS

1. Develop a system of efficient readdressing to partner organisations that have additional resources for provision of social services and who might be useful for HIV-positive IDPs.
2. Initiate activities at local and national levels with the objective of exchanging experience between organisations providing services to HIV-positive IDPs.
3. Enhance the qualification of employees related to the provision of services to HIV-positive IDPs. Raise the human resources potential of their organisations, to be involved in activities of the organisation volunteers among IDPs living with HIV.
4. Intensify the work of representatives of non-governmental organisations in local steering committees with the objective of advocating, promoting and stimulating activities targeting HIV-positive IDPs.
5. Join awareness-raising campaigns in order to support HIV-positive IDPs in situations when their rights are violated by the state, local authorities, specialized state institutions and services.
6. Elaborate and start working on new areas of cooperation with state educational institutions in order to support children from IDPs' families, in particular, from HIV-positive IDPs' families.

## FOR LEGAL ADVOCACY ORGANISATIONS

1. Contribute to enhancing legal competence of HIV-positive IDPs through educational interventions, based on visual and modern technologies of information dissemination.

2. Advocate simplification and improvement of legislation in order to solve problems with formal legal procedures intended to provide life support to HIV-positive IDPs.
3. Advocate creation of legal mechanisms of 'express' confirmation of diagnosis and provision of antiretroviral treatment to HIV-positive IDPs.

#### **FOR HEALTH CARE INSTITUTIONS**

1. Provide adequate medical care and ensure tolerant attitude of the staff of health care institutions/facilities to HIV-positive IDPs.
2. Contribute to implementation of educational and awareness-raising activities among the staff of health care institutions/facilities with regard to stigmatisation and discrimination of HIV-positive IDPs seeking medical care.
3. Elaborate activities to provide a relevant 'corridor' in the event of new migration waves of internally displaced persons in order that HIV-positive IDPs promptly receive the relevant medical services and diagnostics required for starting or continuing ART and SMT programmes.

#### **FOR INTERNATIONAL ORGANISATIONS**

1. Contribute to assessing efficiency and effectiveness of governmental and non-governmental programmes and efforts that are designed to help HIV-positive IDPs.
2. Within international assistance programmes, update the component related to diagnostics and support of the interests of HIV-positive IDPs of other vulnerable groups.
3. Create educational and awareness-raising platforms in order to disseminate international experience and practices supporting HIV-positive IDPs with the objective of raising their quality of life.
4. Initiate and update international programmes to analyse, study and enable actual interests of HIV-positive IDPs.





# ANALYTICAL REPORT

## ASSESSING VIOLATIONS OF RIGHTS OF INTERNALLY DISPLACED PERSONS LIVING WITH HIV

This survey has been conducted by the  
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