

ALLIANCE FOR PUBLIC HEALTH:
response to challenges caused by Russian aggression against Ukraine
(Situational report no. 7 of 04.04.2022, special issue:
***Situation in the temporarily occupied territories of Kherson and Kherson region*)**

SUMMARY



Photo: Work in Kherson is continuing. The paper says: 30.03.2022. We are working!

Kherson oblast has been the **most affected by Russian aggression** — virtually all of its territory with a population of around 1 million people is occupied. **Stocks of medications, including ART, are running low** (according to estimates ARV drugs will be enough **for 2-3 weeks, and some drugs - for several days**) and cannot be replenished. There is a strong **risk of interruption of OAT for 204 patients**. The supply of **TB drugs in Kherson** for the treatment of patients with sensitive TB will be enough **for approximately two months**, but one drug **is currently out of stock (Ethambutol)**.

Civic activists are prosecuted, movement is restricted and communications interrupted.

In these very difficult circumstances, prevention and treatment programs are continuing thanks to the dedication of civil society organization staff. Two APH partner organizations, Mangust and the regional branch of the Ukrainian Red Cross continue to work, but further provision of programs is threatened.

'Programs of the APH work, and we provide support wherever possible' – Yevheniia Lysak, head of our partner organization Mangust.

During the first month of the war, **105** people received preventive services (3 times less than before the war), ART drugs were delivered to **8** settlements (roads to 3 settlements are closed). All **8** OAT sites continued to operate (**641** patients), but there is a high risk of interruption for

204 patients in Skadovsk and Henichesk. A total of 15 patients successfully completed hepatitis C treatment.

Social workers achieve the near-impossible by delivering ART drugs through checkpoints, distributing them by bicycle or hitching rides. Delivering food packages is problematic, covering only 35% of needs.

Kherson still lives, fights, treats and helps!

SITUATION OVERVIEW



There are more than 1 million people in Kherson oblast, and around 300,000 in the city. Since 28 February 2022, Kherson city has been occupied by the Russian military, along with most of the oblast. Russian police units and Russian security service are operating in the city and there are multiple cases of kidnapping and detention of Kherson activists. Active fighting was limited, but some private homes, apartment buildings and schools have been damaged. Since 3 March 2022, **Kherson has been under blockade** with no possibility to supply food and medicines, restricted movement, unstable electricity supply and internet connection, and poor operation of mobile telephone networks. According to the mayor of the city, Ihor Kolykhayev, leaving the city through checkpoints is restricted, and Russian checkpoints block any access for volunteers, repairmen or ambulances to some settlements in the oblast. In the city itself, utility companies are still operating but public transport is limited because of critical fuel shortages. There are no humanitarian corridors for citizens to go to government-controlled territory of Ukraine.

They introduced a curfew, and the city was silenced. After the first shock passed, we had to keep living and helping. At first, we worked remotely and volunteered to donate blood, help refugees and wounded, and provide psychological first aid. We sent patients who would not be able to return home in time to air-raid shelters. The bridge across the river Dnipro was closed, the Kakhovka HPP dam too, so the whole city was besieged. When it became safer, with fewer explosions and air-raid alarms, we went to work. We distributed responsibilities among those who had stayed. The head of our organization held a general meeting and we all decided not to close, but to keep working and helping those who struggle even more than we do, and continue prevention work'.

An employee of KhoCF Mangust

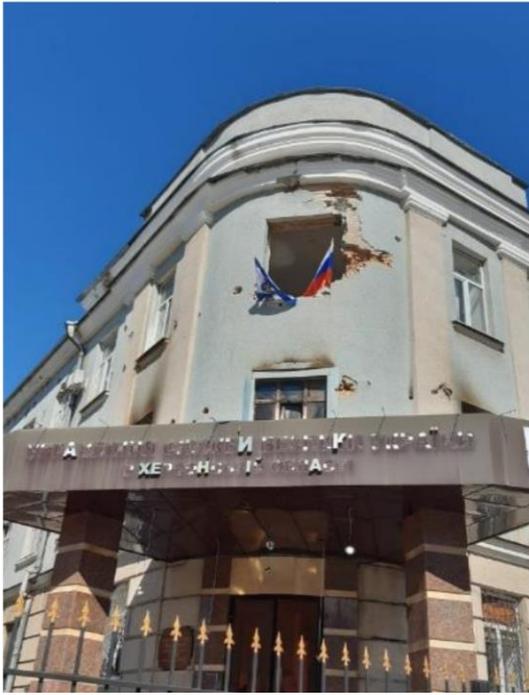


Photo: damaged SBU building in Kherson. Source: social media



Photo: Returning the Ukrainian flag to the building of the Mayor's Office in Kherson. Source: Facebook of Mayor, I. Kolykhayev

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An employee of KhOCF Mangust

ACCESS TO HIV PREVENTION SERVICES

Activities before the war

According to the Public Health Center of the MoH of Ukraine, as of 01.01.2022 in Kherson oblast there were:

- **4760 Registered PLWH and 1113** people with AIDS.
- **4013** patients were on ART
- In January and February 2022 there were **21** newly-registered cases of HIV.

From January 1 to February 23, prevention services in Kherson were provided to **391** persons (including 190 PWID, 54 SWs, 55 MSM, and 43 trans*persons). 200 vials of Naloxone were issued.

The main partner of APH for implementing the Global Fund's grant in Kherson is Kherson Oblast Charitable Foundation Mangust performing the following activities:

- Overdose prevention.
- Providing HIV prevention and detection services using Bogdan mobile clinic.
- Pre-exposure prevention (PrEP) among MSM and other key populations.
- Comprehensive package of services for HIV prevention among trans*people.

- Community-based case management/treatment (CITI) among PWID, SWs, MSM and their partners.
- Self-testing for HIV.
- Response to COVID-19 and mitigation of its impact on HIV/TB provision to key populations.

Activities after the start of the war

'On 24th February, the Russian army attacked... 27 and 28 February were very difficult days: there was fighting in the city. Our clients self-organized and helped to bring wounded people to the military hospital, delivering food and defending the city.'

'Some clients evacuated to the western part of Ukraine; Mangust staff provided coordination and helped them to register and continue taking OAT and ART.'

Yevheniia Lysak, Head of KhOCF Mangust

- **The mobile clinic can no longer continue** its regular routes providing prevention services. The only function is transport of medical staff of the AIDS Center and TB and Pulmonology Health Center to their work places. Currently, there is a schedule for transporting blood to AIDS Center the laboratory from Kherson city hospitals for testing for CD4, viral load and new HIV cases (mostly pregnant women and children).



KhOCF 'Mangust' continues its work

- **Overdose prevention** services are provided to a certain extent: since February 24, 50 vials of Naloxone have been issued; sites are operating with shorter working hours. Kherson pharmacies no longer have Naloxone vials and are not getting new stocks.
- Social workers continue **providing consultations** and testing at sites, and at the office and community center. HIV testing is available.
- **HIV prevention among trans*people continues** via phone. During war and occupation, people mostly require psychological support and coordination to meet their basic needs (information about locations of air-raid shelters, places to obtain certain foods, sources of medications, which doctors are still working and where they can be found, etc.)
- **Pre-exposure prevention:** during the war, two clients came for PrEP drugs and were referred to the AIDS Center.
- As part of '**Ensuring uninterrupted HIV and COVID-19 prevention services**' activities, social workers provided consultations on the need to take testing for COVID-19 and referred patients to HCFs for medical examinations.
- Under the '**Ensuring support and home-based nursing for PWID with disabilities during the lockdown**' component, four clients received services at home.

ACCESS TO TREATMENT

HIV Testing

Testing conducted under the HealthLink project is very limited. Work is conducted using remaining reserves of tests; there are no stocks of rapid tests left. In Hola Prystan, one new HIV case was found, but the patient has not been linked to care as he lives in a suburb where there is heavy traffic of enemy vehicles.

ACCESS TO ART

According to estimates ARV drugs will be enough for **2-3 weeks, and some drugs - for several days**. Currently Alliance projects provide assistance to **209** clients with HIV, 90% of whom are on ART.

'**Expanding access to HIV treatment**' component supported by the CDC under 'Improving HIV Treatment Cascade for Key Populations through Differentiated Case Detection and Linkage to Care and Increased Capacity at the Center for Public Health and Strategic Information in Ukraine':

- **Sending ART drugs** to patients through Nova Pochta postal service is impossible as most of its offices are closed and parcels sent at the beginning of the war did not reach recipients. Consulting is provided by phone. ART medications, wherever possible, are delivered to patients by ad hoc transport or buses.
- **Transportation of blood samples from ART sites to the regional laboratory of the AIDS Center** is limited because of unsafe roads, checkpoints, limited fuel, and risk of vehicle confiscation. During the first weeks of the war, the laboratory was closed; then blood samples started coming from healthcare facilities, including maternity hospitals and antenatal clinics.



Delivering blood samples to the laboratory of the AIDS Center

- **CT/MRT examinations for patients with late HIV stage**. One patient received the CT exam service.

- **Providing legal services for restoring documents for HIV+ patients** is impossible because the State Migration Service is closed during the occupation. A lawyer provides consultations by phone. There is one unresolved case regarding missing documents.

- **No transportation** of severely ill patients or patients with disabilities to HCFs for examination is currently available.

- **No mobile units** are operating now.

- The head of Mangust obtained a **special transport permit** for the organization's vehicle **allowing delivery of ART and TB drugs** to HCFs in different districts. In March, deliveries were made to Oleshky and Hola Prystan (twice), and to Bilozerka. Deliveries to Skadovsk, Beryslav, Henichesk, Kakhovka and Chaplynka were completed using random cars going in those directions. Mangust had planned deliveries to Velyka Oleksandrivka, Novovorontsovka and Hornostaiivka, but it proved impossible because of heavy fighting. In Novovorontsovka, the local hospital has

been destroyed and a Mangust staff member has been evacuated.

- No new **diagnosis of patients receiving PrEP** is being done because of the lack of ART drugs for HIV+ people. Patients already on PrEP receive drugs.

'From the very first day, together with the doctors, we thought about how to provide medications to patients at sites where they had no stocks left. We took a risk and decided to deliver them ourselves. The first trips were very difficult... We placed ART drugs into unsealed boxes and prepared drug descriptions to show them at the checkpoints. At every checkpoint we had explain what kind of drugs these were, why we were transporting them and for whom. Every time is really hard: the guys checking us look as if they are stoned, they do not really believe we are delivering drugs for HIV-infected people: they open the boxes and look at the medicines... some, on the contrary, avoid even touching the boxes when they hear this is something for HIV+

people, they are afraid of catching the infection... Every trip is different, but every time it feels like the last day of your life...'

Yevheniia Lysak, Head of KhOCF Mangust

Before the war a mobile team of the **Mobile Case Finding (MCF) project implemented by APH with CDC support** worked mostly in Kherson and nearby locations and had planned to expand outreach to the whole oblast from spring. There are still six people on the team, including the driver. On average in peacetime when the team provided assisted testing to 390–300 clients (PWID and their partners) per month, around 8% tested positive, and 13–14 new clients started ART every month.

During wartime the team's focus has shifted to **retaining clients on ART**. Only since 23 March



2022 has the team been able to partially **renew provision of assisted testing services** for key populations, though without mobile work.

Since March 23, **the team has rapid-tested 21 clients for HIV, finding 1 HIV+, and put six new clients** (five tested positive in previous periods) and one client who had earlier interrupted treatment **on ART**.

The team continues active provision of services to clients involved in the ART adherence-building component, conducting personal meetings, providing phone consultations and delivering ART medications to 32 clients.

ART adherence in wartime – personal story

Even in peacetime, project clients often did not have mobile phones, let alone smartphones, so they had no access to information about life-saving services. In wartime this access is vital.

Social workers of the Mobile Case Finding (MCF) project, together with project clients, have organized a volunteering unit to monitor social media to find help and send requests for medications, food and essential commodities. These goods are delivered to project clients who need them the most.

Mykhaylo K., a client involved in the ART adherence-building intervention, has limited mobility and lives alone. Because of the war, he lost his income. The self-organized volunteers daily deliver hot food and help him with housework. A social worker brings him life-saving ART medications.

Opioid Antagonist Treatment (OAT)

Activities before the war

As of 01.02.2022, **657** people in Kherson oblast were receiving OAT at **8** sites:

- CNPP Kherson Oblast Psychiatric Care Facility
- CNPP TB and Pulmonology Health Center
- CNPP Henichesk Central Rayon Hospital
- CNPP Skadovsk Central Rayon Hospital
- CNPP Hola Prystan Central Rayon Hospital
- CNPP Oleshky Central Rayon Hospital
- CNPP Kakhovka Central Rayon Hospital
- CNPP Central Nova Kakhovka Town Hospital

Sites in Henichesk and Hola Prystan had been reconstructed and equipped with support from APH using funding from the Global Fund. APH also helped to open a new site at Daryivka Penal Colony (no. 10).

The following programs and projects were under implementation:

- **Psychosocial support (PSS) of OAT patients.** As of 1 February 2022, PSS services were provided to **186** patients (funded by the GF).
- **Transportation of OAT patients during COVID-19** project for the most vulnerable categories of OAT patients (funded by the GF).
- Expanding the **OAT program in the penitentiary sector** for people with opioid dependence kept in penitentiary facilities. Before the war began, there were **76** OAT patients at two sites at Daryivka Penal Colony (no. 10) and Pivnichna Penal Colony (no. 90). The OAT drug (liquid methadone), scales and electronic dispensers were procured by APH using funding from the Global Fund.
- **Improved Quality and Sustainability of Medication Assisted Treatment** (CDC-funded). Technical assistance and material incentives for site personnel and OAT patients, HIV testing services, referring PWID to OAT from stationary and mobile testing sites of other APH projects.

Activities after the start of the war

OAT sites continue working. All OAT patients have been switched to takeaway mode, except the site at the TB and Pulmonology Center in Kherson, where clients continue therapy in inpatient mode. All case managers provide information about how to receive the drug abroad or in other oblasts of Ukraine, and give references to refugees.

All case managers note that clients are very anxious about continuation of the program and availability of the drug, as everybody remembers the situation in Crimea when all programs were halted after Russian occupation. Every site now works with the drugs they had in stock; no new supply is expected so far. There is a **risk of interruption** for **204** patients (50 in **Skadovsk**, where they have no drug left in stock, and 154 in **Henichesk**, where there are enough drug stocks for two weeks).

- The site in **Kakhovka is** issuing 10–15-day supplies of drugs to patients. Stocks should suffice for a month; doctors are starting to reduce doses.
- The site in **Nova Kakhovka is** issuing 10–15-day supplies to the clients. The town is fully occupied, with ongoing fighting on the outskirts, and disrupted communications. Clients from nearby villages visit the site when they can, often at great risk. The site case manager is doing his best to normalize the psychological condition of the more than 100 patients, who are increasingly anxious.

Skadovsk has no OAT drug left at the site. Some clients still have personal stocks and are reducing the dose themselves. A new case manager started working after the war began. Clients who no longer have the drug visit the site doctor daily asking for help with withdrawal symptoms. Some clients cope by excessive drinking; social workers note many OAT clients coming to the local harm reduction site to obtain syringes, meaning they are returning to street drugs. In Skadovsk pharmacies, as everywhere in the oblast, there are no medicines to help OAT clients deal with withdrawal syndrome.



- The site in **Hola Prystan** is issuing 10–15-day supplies of drugs to patients; stocks should suffice for a month; doctors are starting to reduce doses.
- The site in **Oleshky** is issuing 10–15-day supplies to clients. Clients from villages visit the site when possible, even during active fighting, making appointments with the case manager. The site case manager could not leave the hospital premises when fighting in the town started, so she stayed and took care of the wounded who were brought to the hospital.
- The site in **Henichesk** still works and issues takeaway drugs. In order to eke out stocks, the doctor gave prescriptions to patients who could afford to buy the drug while it was available at pharmacies. Currently, clients have enough drugs for 4–6 weeks. In the early days of the occupation, clients panicked and all 150 people came to the OAT

site, which the occupiers saw as a threat and wanted to disperse the crowd. After that, an arrangement was made for clients to come to the site in groups of four, and the occupiers would not harm them.

- The site in Kherson issues 10-day supplies of the drug; currently, this is the largest site with **256** clients. The drug should suffice for 2–3 months. After an initial panic, patients are relatively calm thanks to professional work of the case manager and health personnel, and receive the drugs according to schedule.
- At the site of the TB and Pulmonology Center (**Kherson**), all 11 clients receive the drug on the daily basis. The drug will suffice until the end of the year, as the site was lucky to receive a batch just before the war started.

It is impossible to deliver the drug to this region because there are no humanitarian corridors, and fighting continues. There has been no mass exodus of OAT patients (as of 28 March 2022, there were **641** patients), as they are very closely tied to the program, and dropping out is very dangerous for this population.

Activities of projects and programs:

- **Psychosocial support** of OAT patients: support is provided, clients are referred and escorted to doctors to receive extra medications.
- OAT program for the **penitentiary sector**. All patients are now receiving **detoxification** and will temporarily stop receiving liquid methadone.
- CDC-supported project of APH is focusing support on the local coordinator of the project, a narcology doctor in Kherson who is trying to coordinate and preserve the OAT program in the city of Kherson and Kherson oblast.

Comment from the head of the organization:

On February 24, the war began, and Henichesk, Lepetykha, Novotroiitsk, Kakhovka, Nova Kakhovka and Oleshky were occupied. Our army was able to hold the ground only at Antonivskyi bridge before Kherson. One OAT client from Henichesk received severe burns, and I helped to hospitalize him at a burns unit; now, the client is stable and has been moved to another hospital to ensure his safety.

Many clients are basically starving. It is difficult to obtain food in the city, the stores are empty, and prices in the markets are very high. Companies are not working, no one has a job. The city is closed, they do not let humanitarian aid in. Our organization is raising funds to purchase food and distribute it to our clients.'

Yevheniia Lysak, Head of KhOCF Mangust

TUBERCULOSIS

As of 24.02.2022, APH partner organization **Kherson regional branch of Red Cross** was supporting **181** clients with TB and **175** clients with DR-TB. During the war, **22** new clients were added, including 12 with TB and 10 with DR-TB. More than 10 clients have been evacuated. The data are not accurate, as contact with some clients has been lost.

The supply of TB drugs in Kherson for the treatment of patients with sensitive TB will be enough for approximately two months, but one drug is currently out of stock.

- Many of the occupied regions of the oblast cannot be reached to deliver TB drugs, food and hygiene packages used as incentives.
- Many project clients have moved to the city of Kherson as active fighting is going on in their villages in the oblast.
- DOT providers and case managers keep in daily contact with project clients and, where required, with the project medical consultant.
- Since 17 March 2022, they purchased and **started distributing motivational food packages to project clients**. Altogether, 600 food packages have been purchased, which is approximately 35% of what is needed.
- 300 hygiene packages have been purchased, which is 100% of the need, as one hygiene package is given to every client once every three months.
- Because of problems with public transport, NGO members use other means, such as bicycles, to deliver packages to clients in Kherson.
- Food and hygiene packages and TB drugs have been delivered to Oleshky, Hola Prystan and Chaplynka which can be reached through Russian checkpoints by a UCR vehicle.
- Psychologists and the project legal advisor consult clients by phone.
- Information on evacuated clients is collected and sent to other oblasts. So far, 10 clients have been evacuated.
- CNPP TB and Pulmonology Health Center is located in the suburbs of the city of Kherson closer to Mykolaiv. The biggest threat for health workers and patients is the Russian checkpoint just 100 meters away from the site. It is difficult for both health workers and patients to reach the facility because of limited public transport and increased fares. In order to better meet the needs of patients in TB care, health workers of the polyclinic department of this HCF have been transferred, and provide care in rayon polyclinics of the city of Kherson.



Personal story

'I truly appreciate your help, especially now. It is very difficult now in rural areas, it is hard to acquire food and cleaning supplies', says Oleh, who receives TB treatment and, since early January, has been receiving medical and psychosocial support from Kherson Oblast Organization of the Ukrainian Red Cross. Early in the war, he and his family moved to Kherson from a village, as he believed it would be safer there. Having come to the city for TB drugs, he was also given a food package and a hygiene package.*

**patient's name has been changed*

TB case finding among homeless people and former inmates continues in Kherson. Twice a week personnel conduct screening in Ostriv district near heating lines and basements; potential patients are referred for diagnosis.

HEPATITIS C

Thanks to the heroic efforts of Mangust, 10 PWID and 5 TB patients in Kherson oblast have successfully **completed courses of HCV treatment**. We should acknowledge the work of Raiisa Maksymets, a social worker who has been cooperating with APH on HCV and OAT for many years. Raiisa and her husband are providing transport for doctors in occupied Kherson so they can continue helping patients.

HUMAN RIGHTS

According to the regional coordinator of REAct project, Volodymyr Kutsenko: *'As the state now cannot fully control the situation in the oblast because of the occupation, human rights violations occur specifically because of the armed aggression of the RF.'* REActors work remotely.

The number of calls after the start of war has significantly increased in Kherson oblast. This is true for all populations.

Usually, people make requests regarding the following:

- need for food;
- need for drugs or treatment;
- psychological support;
- social benefits;
- evacuation;
- compensation of harm caused by large-scale military action and armed aggression in Kherson oblast.

Our partner organization — KhOCF Mangust requires help and support!

Kherson Oblast Charitable Foundation 'Mangust'

Bank details for financial support in UAH:

JSB Ukrgasbank

IBAN UA733204780000026003924919373

Bank details for financial support in EURO:

SWIFT: UGASUAUK

JSB Ukrgasbank Kiev Ukraine
IBAN UA733204780000026003924919373

Bank details for financial support in USD:

SWIFT: UGASUAUK
JSB Ukrgasbank Kiev Ukraine
IBAN UA733204780000026003924919373

To support our emergency efforts, please donate to the following accounts:

Beneficiary: **International Charitable Foundation "Alliance for Public Health"**
EDRPOU Code: 26333816

UAH:

Name of the bank: JSC "CREDIT AGRICOLE BANK"
Current account: UA713006140000026009500198916, Payment purpose: Charity.

Details for foreign currency transfers

Beneficiary: ICF "Alliance for Public Health"
Address: 24 Bulvarno-Kudriavska St., 01601 Kyiv, Ukraine
Bank name: JSC "Credit Agricole Bank",
Bank address: 42/4, Pushkinska St., Kyiv – 01004, Ukraine
SWIFT code: AGRUUAUKXXX

USD:

Account number: UA073006140000026009500299105
Correspondent bank details for USD: Credit Agricole SA (France)
SWIFT: AGRIFRPP, account number: 20586620000

EUR:

Account number: UA063006140000026000500198937
Correspondent bank details for EUR: Credit Agricole SA (France)
SWIFT: AGRIFRPP, account number: 20586612000

GBP:

Account number: UA773006140000026008500198939
Correspondent bank details for GBP: Credit Agricole SA (France)
SWIFT code: AGRIFRPP, account number: 21185549000

Purpose of Payment: Donation.

Together we are strong!

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