Institutional Strengthening and Support for HIV Prevention Activities

TAMPEP

European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers

NATIONAL REPORT ON HIV AND SEX WORK

UKRAINE

This report was drawn from information provided by the organisation Salus Charitable Foundation, Lviv

This report is part of a series of reports produced by TAMPEP as part of the above project.

The series of reports include the following:

European Overview of HIV and Sex Work mapping

Bulgaria National Report on HIV and Sex Work

Czech Republic National Report on HIV and Sex Work

Germany National Report on HIV and Sex Work

Lithuania National Report on HIV and Sex Work

Poland National Report on HIV and Sex Work

Romania National Report on HIV and Sex Work

Ukraine National Report on HIV and Sex Work

Gap Analysis of Service Provision to Sex Workers in Europe

Skills/Training Audit and Good Practice Tools

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This report is part of a series of reports produced by TAMPEP with the support of UNFPA (*United Nation Population Fund*). It does not necessarily represent the views of UNFPA.

February 2007

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TAMPEP 7 is financed by the European Commission for Health and Consumer Protection / DG SANCO DC - Public Health and Risk Assessment, C4 - Health Determinants

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Population, total (millions)	47.1
Population growth (annual %)	-0.7
Life expectancy at birth, female (years)	74.1
Life expectancy at birth, male (years)	62.6
GNI/Gross National Income per capita, 2005	US\$ 1,520.00 ²
Inflation, consumer prices (annual %)	13.5
Unemployment, total (% of total labour force)	8.6
Internet users (per 1,000 people)	79

Demography and Economy³

Approximately 75% of the people living in Ukraine are ethnic Ukrainians, a Slavic people. The identification of Ukrainians with Russians is a common mistake made in the West. The Ukrainian language differs from Russian at least as much as Dutch or Swedish differs from German. However, almost all Ukrainians speak good Russian, because Russian was the dominant language in the Soviet Union and it is still often used in the Ukrainian media.

About 20% of the inhabitants are Russian. Russian immigration is mainly connected with industrialisation in the 19th century and in the 1930s. The majority of Russians live in the industrial cities of eastern and central Ukraine. Many of the Russian immigrants were also Soviet military officers and their families.

Crimean Tatars have lived in Crimea from the times of the Golden Horde (13th century). In 1944, all Tatars were forcibly moved in one day from Crimea to Soviet Central Asia after being accused by Stalin of collaborating with the Nazis. The Crimean peninsula was repopulated by Russians and Ukrainians. Only under Gorbachev were the Tatars allowed to begin to return to Crimea, a process that still continues today and has caused tensions and occasionally fighting over land.

Other ethnicities include Belarusians, Romanians, Moldovans, Hungarians, Greeks, and Poles. The majority of those living in the western part of Ukraine speak Polish because of peculiarities of the country's historical development.

In addition, Jews have lived in Ukraine for centuries, traditionally in rather closed communities. The Jewish Diaspora in Ukraine was one of the largest in the world. After WWII, the emigration of Jews to Israel and the West decreased their number in Ukraine significantly, and many prominent Israeli leaders are from Ukraine. Ukraine is the motherland of Hasidic Judaism, and many places in Ukraine are sacred for Hasidic Jews.

According to the 2001 census, the population is composed as follows⁴: Ukrainian 77.8%. Russian 17.3%, Belarusian 0.6%, Moldovan 0.5%, Crimean Tatar 0.5%, Bulgarian 0.4%, Hungarian 0.3%, Romanian 0.3%, Polish 0.3%, Jewish 0.2%, others 1.8%.

¹ World Development Indicators (2006), www.worldbank.org

² www.siteresources.worldbank.org / Atlas method

www.usukraine.org

www.cia.gov

Situation of Women⁵

Women account nowadays for around 33% of total unemployment figures in Ukraine. This situation leads Ukrainian women and girls to look for alternative jobs inside and outside the country. One of these alternatives is sex work.

The absence of an adequate equal opportunities policy has resulted in significant inequalities which in turn slow down the process of economic development and of building a democratic society in which all members, men and women, from different backgrounds, are able to contribute effectively and benefit from the development process. The gap between rich and poor continues to expand. Gender inequalities are experienced in the following critical areas:

- Leadership and Decision-Making following the elections of 1998, less then 10% of Verkhovna Rada Representatives are women (although this is double the number in the 1994 elections). Only 2% of ministerial/most senior government officials are women. The recent parliamentary elections in March 2002 show a further decline in representation by women in the Parliament. Thus, difficulties increasing the involvement and contribution of women in the development of national policies and implementation of development programmes continue to be significant.
- The <u>media</u> plays a key role in maintaining societal attitudes, which keep women out of public life and public management. Media monitoring undertaken by the GIDP indicated that nearly 70% of all print and TV news is dedicated to men and produced by men. It was found that women journalists do not necessarily do their work from a gender perspective women editors, for example, dedicated less space for women and gender issues in their news papers/magazines than their male counterparts.
- Higher Education there are more working women with higher levels of education (20.5%) than men (16.8%). As in other post soviet countries, the professional contributions of women are in the areas of education and health while the others lie with the men. This form of gender disparity may not contribute effectively to gender mainstreaming.
- Employment and Income Levels of employment among women dropped even lower than those of men (officially employed women 52%, men 60.7%). Salaries of women during 2001 amounted to 69.7% of those of men. Cuts in public spending and wage arrears affected the education and health sectors within which women form the majority of the workforce.
- Inequalities between men and women in the <u>farming sector</u> are increasing. Although 79% of economically mobile women in Ukraine are engaged in farming (as compared to 70% of men) women constitute only 10% of 41,599 officially registered farmers. Women face considerably more barriers than men in establishing and maintaining farms as agricultural businesses.
- Despite the higher employment level of women, women's time spent on <u>domestic work</u> exceeds men's by approximately 40%. Budget cuts in the social sector have placed the burden of social care at the family and community level on women.
- <u>Health and Life Expectancy</u> National statistics indicate that in 2001, men in Ukraine lived on average 11.1 years less than women (women 73.55, men 62.44). Within the active age group of 30-34, the death rate for men is four times higher than that of women.
- <u>Safety</u> women suffer more than men from violence, particularly domestic violence, sexual harassment and sexual exploitation, trafficking in women and coercion into sexual

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⁵ UNDP Programme Document, Supporting Equitable Access to Opportunities, Ukraine 2002

- exploitation through prostitution. According to the Ministry of Internal Affairs, officially registered sexual crimes increased from 260 in 1993 to 1948 in 2001.
- Legislation The constitution guarantees equal rights and opportunities for men and women (article 24). There is, however, no national mechanism to implement this guarantee. A Law on Gender Equality has been drafted and presented to the parliament, but has not yet been approved, mainly due to the proposal to impose a quota system of 50%. Examination of legislation from a gender perspective has revealed discrimination against both men and women in various laws, including the Family Code and Criminal Code

Migration

According to the World Bank, Ukraine ranks 4th in the world as a source country of emigrants (2003 or 2004). Many people from Ukraine go to Central European countries as well as Western European ones (e.g. Italy), and at the same time many come to Ukraine from Central Asia. Many people wish to migrate to the USA and Canada, but few achieve this goal due to difficulties with work permits (green cards).

Female Labour Migration

Women's migration to European countries is mostly caused by unemployment. The majority of Ukrainian women going abroad look for work in Italy, Greece, and Germany, and work as babysitters, cleaners, housekeepers, and carers for the elderly. In the countryside they work in the fields as seasonal workers gathering fruits and vegetables. Before leaving, some women receive promises from companies and agencies of work as waitresses, dancers or strippers, but after arriving at their destination they are forced into sexual exploitation through prostitution.

HIV/AIDS6

The following text comes from a March 2005 report titled "HIV/AIDS in Ukraine – An Analysis of Statistics", by D. Murray Feshbach and Cristina M. Galvin⁷.

Ukraine is experiencing a serious demographic crisis. The country has the lowest birth rate in Europe and ranks third in the world in the projected population decline over the 2000 to 2005 period. With deaths currently almost twice the number of births, the population of 47.4 million people (as of October 1, 2004) is projected to decrease by up to 40% by 2050. This could mean a loss of up to 19 million people – even before factoring in deaths due to HIV/AIDS. Even lacking a set of statistics that are complete and accurate, it is clear that HIV/AIDS prevalence in Ukraine has already crossed the 1% threshold, and surpassed levels across all countries of Europe and Central Asia as well as India and China. The scale of the crisis is such that the implementation at currently budgeted levels of all domestic and international donor-supported programs is not sufficient to ensure the reversal of present trends. While it is beyond the scope of the current report to attempt a quantification of the amounts involved, a boost in both the outlay of resources such as has been authorised to date from external sources as the World Bank and the Global Fund for HIV/AIDS, Tuberculosis and Malaria, funds from domestic sources need to be found as well.

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⁶ 2006 AIDS Epidemic Update, Eastern Europe and Central Asia, WHO/ Ministry of Health Ukraine/ Ukrainian AIDS Centre

⁷ Woodrow Wilson International Centre for Scholars, Washington D.C.

It is important to stress from the outset that accurate, complete data on HIV and TB in Ukraine are unavailable. There is a wide discrepancy between registered official numbers of HIV cases and estimated 'real' figures and no consensus on the 'actual' total. The Ukrainian Ministry of Health agrees that registered cases significantly undercount the extent of the epidemic in the country. Given problems associated with poor surveillance, official figures can provide merely a thumbnail sketch of the scale of the present epidemic.

Available data show that while injecting drug users remain the group at highest risk of HIV in Ukraine at present, cases of heterosexually transmitted infection are increasing. A brief synopsis of the main trends in Ukraine's HIV epidemic follows.

Comparison of HIV/AIDS Adult Prevalence Rates (2003)8

	Population/mil.	Low Estimative	High estimative
Bulgaria	7.7	<0.1%	<0.2%
Czech Republic	10.2	0.1%	<0.2%
Germany	82.5	0.1%	0.2%
Lithuania	3.4	0.1%	0.2%
Poland	38.2	0.1%	0.2%
Romania	21.6	<0.1%	<0.2%
Ukraine	46.6	0.216 ⁹	2.1%

The Russian Federation and the Ukraine together account for approximately 90% of all people living with HIV in Eastern Europe and Central Asia. In 2006, few people were receiving antiretroviral treatment (13% of the 190,000 people needing drugs). Individuals who use non-sterile injecting equipment represent more than two thirds of HIV cases in the region and it is the predominant mode of HIV transmission. More than 45% of new infections were among injecting drug users.

In Ukraine at the end of 2005, 3,050 persons (33.5%) with advanced HIV infection were receiving antiretroviral combination therapy (ART). In 2006, 3,670 people living with HIV were receiving ART. Presently (early 2007), 4,753 people living with HIV are receiving ART. Treatment for 980 of the patients is paid by the budget of the country; that of the others is paid for by the Global Fund.

However, an increasing proportion of HIV infections in Ukraine (37% reported in 2005) are estimated to occur during unprotected sexual intercourse. Consequently, women (many of them below 25 years of age) are faced with a growing risk of HIV. In 2005 women accounted for 42% of new reported infections (compared with 38% in 2001).

Modes of transmission of HIV in Ukraine in the last 10 years are: 60% through injecting drug use, 25% though heterosexual intercourse, 12% though mother-to-child transmission and 3% undetermined.

The number of people living with HIV in Ukraine at the end of 2005 was estimated at 377,000. The epidemic is concentrated in the most-at-risk population: injecting drug users, sex workers and men who have sex with men.

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⁸ Source: Data above refer to the adult population, aged 15-49/2004 Report on the Global HIV/AIDS Epidemic. UNAIDS, Geneva, Switzerland. http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_32_en.htm

⁹ AIDSAlliance in Ukraine/ http://www.aidsalliance.kiev.ua/cgibin/index.cgi?url=/ua/library/statistics/index.htm

According to official data on 31 December 2006 30,000 women have been registered as HIV-positive. To have a sense of the real number we should multiply this figure by 10, giving approximately 300,000.

- There are 103,110 officially registered people living with HIV in Ukraine.
- There are currently 556 children with AIDS in Ukraine.
- In 2006 in Ukraine 9,727 people died of AIDS.

Among drug users, HIV infections in 2006 ranged from 10% in Sumy to 66% in Mykolayiv. In Kiev, about 50% of drug users are HIV-positive. 96,000 drug users in Ukraine are reached by projects (the actual number is likely higher), of whom 8,000 are sex workers. These are official data from the *International Alliance on HIV* in Ukraine, but this varies from region to region.

In Ukraine there are close to 60,000 female sex workers, almost 25% of whom are HIV-positive.

In Donetsk and Odessa, around 60% of all new HIV infections attributed to sexual transmission have been due to unprotected sex with infected drug-injecting partners.

Ukraine presents a vivid example of how swiftly an HIV epidemic can move beyond most-atrisk populations and into the general public. The proportion of persons infected through heterosexual transmission of HIV has increased from 14% of new cases during 1999-2003 to over 35% in the first half of 2006. Among the 8,000 newly reported cases of HIV in the first six months of 2006, 41% were women, most of them in their peak reproductive years.

As for sex workers, in Kiev in 2005, 8% of female sex workers were found to be HIV-positive. In other cities, HIV prevalence was considerably high, with at least one in four female sex workers infected with HIV (Poltava, Odessa, Lutsk and Donetsk), and almost one in three in Mykolayiv.

In Kiev there are 40,000 drug users¹⁰, of whom only 2-3000 are in contact with harm reduction projects. On average 1% of the Ukrainian population uses drugs.

Many sex workers engage in injecting drug use thereby increasing their risk of HIV infection. For example, results of rapid situation assessments (saliva tests) conducted by the Donetsk AIDS Centre, the Ukrainian Institute of Social Research/UNDP and the non-governmental organisations, Anti-AIDS programmes in Poltava and Yunitus in Mikolayiv, indicate that the numbers of sex workers injecting drugs range from 40% to 70%. In the region of Western Ukraine the rate of injecting drug users among sex workers is lower.

According to the Harm Reduction Programme, in Kiev 10% of drug users reached by the programme are sex workers. The data for Mikolayiv are higher.

Harm reduction projects in Ukraine have made contact with 94,000 drug users, among them close to 10,000 sex workers.

The National HIV/AIDS Programme 2004-2008 mentions vulnerable groups, which include sex workers as per the definition used by the Ukrainian Government. The proposed programme will support the government in the following objectives: a) to ensure access for vulnerable groups to targeted activities and HIV/STI prevention programmes and b) to expand the practice of different approaches such as outreach and peer education when carrying out HIV prevention activities among vulnerable groups.

HIV prevalence among pregnant women in Ukraine is now among the highest in all Europe: 0.31% in mid-2006, having risen from 0.002% in 1995.

¹⁰ Data from Harm Reduction Programme (Main Narcotics Department, Dr. Anatolij Gilewski)

The number of children born to HIV-positive mothers also continues to rise, and reached a record of 1,320 in the first six months of 2006.

Studies of the role of sex between men in Ukraine's HIV epidemic are rare. Ukraine repealed the criminalisation of homosexual intercourse in 1991, but men who have sex with men remain stigmatised.

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PROSTITUTION MAPPING

Country	Major Group	Nationalities	Work Places
Bulgaria	90% Bulgarians	Migrants from Russia, Romania, Ukraine, Moldova, and Turkish Roma	55% indoor
Czech Republic	65% Czechs	Migrants mainly from Slovakia and Bulgaria	70% indoor, 10% highways and border area
Germany	60% migrants	55% CEE, 20% Asia, 15% Latin America, 10% Africa. A total of 38 different nationalities	80% indoor
Lithuania	85% Lithuanians	Migrants from Russia and Ukraine	70% indoor
Poland	70% Polish	Migrants from: Ukraine, Russia, Belarus, Bulgaria, Moldova, Romania	70% indoor, 30% outdoor
Romania	95% Romanians	Migrants from Moldova and Turkish Roma	55% street, 15% highways and border area
Ukraine	90% Ukrainians	Moldova and Russia	80% street

Structure

- Distribution of sex workers across sectors: bars and restaurants, hotels, motels, escort services, bars, massage parlours, saunas, swimming pools, on the streets, railway stations and at truck stops, with the proportion of each category varying widely by city. Number of sex workers: more than 50,000
- Level of migrant sex workers: 10%
- Countries of origin of migrant sex workers: Moldova and Russia
- Education: Most women have been educated to at least secondary level

There are several categories of sex workers in Ukraine:

- Elite category or "High society girls" well paid, working within organised groups in special places (so-called saunas, private clinics, massage rooms, in expensive hotels, restaurants etc., some of which are in fact brothels). They have security guards and personal doctors. Problems with the police are solved by pimps or "madams". They often share the same circle of clients.
- Second category call girls, organised groups in certain locations (near hotels, bars, strip clubs etc). Sometimes some book a small apartment or studio with a telephone and stay there waiting for clients to call. They earn around US\$25-50 per hour. They often have the same circle of clients. Part of their salary goes to pimps or "madams", who try to manage the situation with the police and clients.

¹¹ TAMPEP VII, 2006

■ <u>Third category</u> – women working on the streets, near/in small bars and motels, highways, parking areas, near train stations and bus stops, around cross-border areas. They work in groups. Some of the women who work on the streets are drug and/or alcohol users, displaced persons and homeless.

According to estimates from assessment studies carried out in 2005-2006, there are approximately 50,000 female sex workers in Ukraine, but this number is growing especially due to new forms of sex work, e.g. via the internet. Although most women are from urban areas, in some towns there is a considerable proportion of rural women. According to an extensive survey in Ukraine, most of the workers are nationals, but in some cities, there are some migrants as well, primarily from Moldova or Russia.

In addition to this there is migration of sex workers inside the country. In summertime when the weather is warm women from rural areas stay in the city selling sexual services. During this period there is an increase in the number of sex workers in the cities. When the weather becomes colder – from late autumn till early spring - the number of sex workers in cities falls.

For approximately two thirds of female sex workers, sex work is their sole source of income. Some of them have occasional jobs, but these jobs aren't enough to enable them to exit the sex industry.

There are no official statistics on sex workers in Ukraine. In keeping with various estimates it is thought that in Kiev (the capital of Ukraine, with a population of over 2 million) there are more than 10,000 sex workers and approximately 500 to 5,000 in every other big city. There are particularly large numbers in Crimea, Odessa, and in the region of Lviv. In Lviv, sex workers are aged between 15 and 36 years old, though there are cases of girls being sexually exploited through prostitution at the age of 12. The oldest woman contacted was 42.

In the South (Crimea, Transcarpathea) there is a large amount of women from villages and migrant sex workers (from Moldova and Russia). In the South and in Crimea (Mykolayiv, Sevastopol, Simferopol) during the summer months, the number of sex workers increases on a seasonal basis, as women try to solve their financial problems.

In big cities the amount of students working in the sex industry is rather high. They mostly come from villages and work in the sex industry sporadically to earn money for their education and rent.

Some of the women were previously trafficked and forced to work in the sex industry. Later they were afraid or embarrassed to return to their home cities and ended up working in the industry again.

As for educational levels, some sex workers have university degrees, but the majority have secondary education.

Most sex workers are divorced or are single mothers with one to three children. One reason for working in the sex industry is incarceration of their male partners. Very few sex workers are married.

Some of the women (less than one third) have an additional job (waitress, stewardess, bartender, etc. - even teacher). Others look for additional jobs just to disguise the fact that they work in the sex industry.

According to the SALUS Foundation's study of sex workers in Lviv region, close to 18% were raped and abused prior to commencing work in the sex industry. The majority had been raped not by strangers, but by men in their families - brothers, cousins, fathers, fathers-in-law etc.

Brief overview - Through information provided by the organisation *Doroga k Domu* in <u>Odessa</u>, and by a non-governmental *Health Care Service* in <u>Poltava</u>, below is a snapshot of the sex industry in Ukraine¹².

ODESSA

- Estimated number of sex workers: 2,500 (city population: 1,030 million)¹³
- Clients reached by the organisation's harm reduction programme: 600 (24%)
- Type of drug used: home-made opiates
- Injecting behaviour: 58% report injecting with a new needle/syringe each time they inject; 42% estimated that at least once every three months they injected with a used needle/syringe.
- Sexual behaviour: Most sex workers report high rates of condom use. Some report using no condom in order to earn extra money, or being careless when using drugs.
- Workplace: on the street, mainly highways and near the port.
- Most of them work independently.
- Age: between 18 and 35 years old.
- Sex workers' mobility: 60% come from other regions of Ukraine, Russia and Moldova. There are seasonal variations in their number.
- Services provided to sex workers: condoms, needle exchange, testing for HIV¹⁴, social and medical information and counselling, legal assistance, distribution of medicines, referral to other medical institutions, and assistance in paying for HIV/STI testing.

POLTAVA

- Estimated number of sex workers: 400 (city population: 317,000)¹⁵
- Clients reached by the organisation's harm reduction programme: 240 (60%)
- Type of drug used: home-made opiates, Dimedrol, heroin, vint (a homemade drug containing pervitin).
- Injecting behaviour: no data available.
- Sexual behaviour: Some report foregoing condom use for extra money.
- Workplace: on the street, mainly highways.
- Age: between 18 and 35 years old.
- Sex workers' mobility: 50% are migrants from nearby villages.
- Services provided to sex workers: condoms, needle exchange, testing for HIV¹⁶, testing and treatment of STI¹⁷, social and medical information and counselling, legal assistance, distribution of medicines, referral to other medical institutions, assistance in paying for HIV/STI testing, work with potential clients (lectures and counselling for transportation businesses, military units, and educational institutions).

LVIV

- Estimated number of sex workers: 900-950 (city population: 790,000)
- Only 11 percent of sex workers use drugs: marijuana, home-made opiates.
- Injecting behaviour: Significantly low risk.
- Sexual behaviour: Some report foregoing condom use for extra money.
- Workplace: on the street, highways, near bars, near/in motels.

¹² Sex Work, HIV/AIDS, and Human Rights in Central and Eastern Europe and Central Asia, a report from the Central and Eastern European Harm Reduction Network, July 2005

¹³ Ukrainian Institute of Social Research, 2003

¹⁴ Clinics for Skin and Venereal Diseases generally offer free HIV testing. However, at the Odessa Clinic testing is NOT anonymous, unless it is paid for.

¹⁵ Ukrainian Institute of Social Research, 2003

¹⁶ Sex workers are sent to the Clinic for Skin and Venereal Diseases

¹⁷ Sex workers are sent to the Clinic for Skin and Venereal Diseases and to the gynaecological department of the Fifth City Hospital.

- Age: between 18 and 39 years old.
- Sex workers' mobility: 10-12% are migrants from nearby villages.
- Services provided to sex workers: condom distribution, testing for HIV and STIs, treatment of STIs and associated complications, social and medical information and counselling, legal assistance, referral to other medical institutions, drop-in centre.

Female sex workers

Women working in the sex industry do not face obligatory medical check-ups, they know very little about STIs/HIV prevention, and they know nothing or almost nothing about their human rights. If they do learn about AIDS and STI prevention and how to take care of themselves, it is exclusively thanks to the activities of different NGOs in this field. The sex industry is criminalised and thus stigmatised. Due to this situation, many sex workers become victims of violence and trafficking. Police and societal attitudes make sex workers one of the groups most vulnerable to HIV and STIs.

The educational level of the majority of sex workers is very low, as is their awareness and knowledge about reproductive health and safer sex. This leads to a high rate of abortions, increased risk of HIV and STIs, and reproductive health problems. The group at highest risk is low-paid street-based workers, constituting around 80% of all sex workers. Their access to information is extremely low and sometimes they do not know of the connection between injecting drug use, unprotected sex and HIV.

Transgender and male sex workers

Transgender and male sex work exists in Ukraine, but is not as widely developed as in some Central European countries, and is hidden underground. Due to these circumstances general information could not be provided.

Ethnic minorities

The majority of sex workers are citizens of Ukraine. They are Ukrainians or Russians by nationality. A very small number of women come from Moldova and Russia. Some of them, especially those from Moldova, may also earn money by begging in the streets.

Vulnerability and Self-Determination ¹⁸

HIV prevalence among sex workers in different cities in 2005 was as follows: Kiev 8%, Kherson 13%, Zhytomyr 18%, Lutsk 23%, Poltava 25%, Odessa 27%, Donetsk 29%, and Mykolayiv 32%.

The rate of HIV prevalence among sex workers is highly dependent on injecting drug use. Among those who reported injecting drug use, the prevalence rate was between 25 and 85%, whereas among those who did not report injecting drug use, the prevalence rate was between 0 and 20%. The range is so wide because of data gathered from different regions and by different organisations. The tendency is that there are less sex workers who are drug users. Pimps prefer to work with those who are not injecting drug users in order to avoid problems with police. There are also fewer injecting drug users in Western Ukraine than in East Ukraine.

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 $^{^{18}}$ Ukraine: National Report on the Follow-up to the UNGASS Declaration of Commitment on HIV/AIDS, Kiev, 2006

These results indicate that sex workers are highly vulnerable to HIV infection, which contributes to a continuing rise in the epidemic. The latest data indicate that the coverage and intensity of prevention programmes among sex workers need to be urgently increased to protect both these women and their clients from HIV.

Sex workers are an extremely vulnerable group, due to their legal situation in Ukraine, negative attitudes towards them from the general public as well as from the services designed to assist them, lack of governmental and other funding, and a lack of an integrated strategy to address multiple aspects of sex workers' circumstances and needs.

According to research by the Ukrainian national network of NGOs working with sex workers:

- About 60% of sex workers have STIs
- About 35% have hepatitis
- About 40% have syphilis
- About 13 % are HIV-positive
- Most women have reproductive system disorders mostly pelvic inflammatory diseases
 (PID) and other health problems
- Around 40% have never had another job
- For around 70% sex work is their sole source of income (UISR, UNICEF)
- Around 50% have dependants, on average two (UNICEF, 2002)
- Around 25% of sex workers interviewed said they would like to leave the sex industry but cannot due to lack of financial alternatives (UISR, 2000)
- In Ukrainian society sex workers are stigmatised. Usually clients are not judged, but sex workers are considered a social evil.

Impact of recent legislation

During the existence of the Soviet Union it was forbidden to talk not only about sex workers, but about sex in general. The official point of view was that sex work did not exist under socialism. Of course the sex industry existed, but in fact it was deeply hidden and only those in high positions people (policy makers, party leaders) were able to access sexual services. Since Ukraine received independence sex work in the country is illegal.

Routes into and out of sex work

<u>Into sex work</u> - In the last decade the sex industry has grown enormously in Ukraine. As a result of economic and social changes in the region, women are particularly affected by poverty, which results in a continuous rise in numbers of women and girls entering sex work, either voluntarily or against their will.

There are several kinds of women and girls working as sex workers.

The <u>first group</u>: Girls who are forced to sell sexual services by their relatives (brothers, fathers-in-law, mothers) because they have to support all the family members who are not able to survive without the money earned. Often they are very young and are not able to stand up to their relatives.

The <u>second group</u>: Mostly students living in hostels who are keen to improve their financial situation and to continue their study in colleges or high schools. They do not work in the sex industry permanently, only when they need money.

The third group: Sex workers who use drugs. Sometimes they work for drugs instead of money.

The <u>fourth group</u>: Women earning money for their child(ren). Sometimes they have a husband who does not work and they have to earn money for him as well. Sometimes the husband becomes a pimp.

<u>Out of sex work</u> - Members of the <u>first group</u> have very limited opportunities to exit the sex industry. They are unable to earn money for themselves to change their lives, because they are forced to give all their earnings to their family members.

Members of the <u>second group</u> have more opportunity to change their life: as they are mostly students they eventually complete their education and have the chance to find a job. As well as this they live and study among young people and have more chances to meet a boyfriend and get married. Usually after graduating high school they receive a reference letter accepting them at a company or business enterprise and they often have to move to another city or region of Ukraine.

The <u>third group</u>: Usually women are taken to hospital by the police for forced drug treatment, although there is no law to regulate this practice. Since it is illegal to possess drugs, a woman caught with them will "agree" to go for treatment in order to avoid accusations of being a drug dealer. After they return, they continue using drugs and working as sex workers. Their chances to leave the industry are very low.

The <u>fourth group</u>: Women with children are able to exit the sex industry when their children become self-sufficient, or when their husbands managed to find work and the financial situation of the family improves. There are some NGOs which can help with vocational training, but not with finding alternative employment.

Mobility

The break-up of the Soviet Union, followed by new political and economic structures, led to the high mobility of various groups from the countryside to cities and around the border areas, mainly involved with the informal trade between Ukraine and Poland.

The situation in Ukraine is similar to that of neighbouring countries. There is increasing female poverty in the region and consequently a rising number of women engage in sex work, both locally and across borders. A mixture of both push and pull factors determine whether individual countries are mainly origin, transit or destination countries for migrating sex workers. The countries with the largest number of women engaged in sex work are Russia, Ukraine, Romania and Moldova. There are several thousand sex workers in Eastern European capitals, and a few hundred or thousand in regional cities.

A still larger number of women migrate or are trafficked through Central to Western European countries each year. Mobility between countries in the region is very high. The very nature of the process of human trafficking includes various levels of risk that may significantly affect the victims' health. Trafficked women and girls face serious health risks: exposure to sexually transmitted infections and HIV; reproductive health problems such as sexual abuse/violence; unwanted pregnancy; complications associated with teenage pregnancy; physical traumas from severe beatings; psychological and mental health disorders which may be compounded by substance use; other infectious diseases such as tuberculosis and hepatitis.

SERVICES

Access to Health Care Services

Ukraine's medical system provides free of charge medical services for everyone. Each city is divided by district and each district has its own hospital and outpatients' clinic where people can visit a gynaecologist or sexual health specialist for testing or treatment. But in recent years, due to economic crisis in the country, state medical institutions have become very poor and are unable to provide visitors with indispensable items, tests, syringes etc. Patients who are obliged to stay in hospital for surgery have to bring surgical gloves, syringes, disinfecting substances, cotton, bandages and so on, and must buy their own medicines, because hospital budgets are too low to provide everything. There also tend to be queues outside the gynaecologist's office.

Sexual health specialists work together with dermatologists (in Ukraine these two fields are linked) and may have queues as well. Only a few clinics, mostly private ones, have a system of phone appointments. Therefore, patients wishing to see a doctor must waste a lot of time. If they prefer to go to a different hospital, they must obtain a special letter from their district physician.

Sex workers, like all citizens of Ukraine, can use these services, but usually they do it only in critical situations where there is no other alternative. In state clinics they do not tell doctors that they work in the sex industry - often they are afraid or ashamed to ask questions and to truthfully describe their health complaints. The exception is when NGOs dealing with sex workers develop an agreement with hospitals or physicians to set aside time to provide certain medical services. In such cases NGOs may use their own vehicles to transport women from the streets and highways to bring them for testing or counselling.

In every regional city of Ukraine there is an AIDS Centre providing people with HIV prevention tools, HIV testing, treatment for opportunistic infections and, since recent years, ART for some groups of HIV-positive people. Ukraine is made up of 25 regions and since 2004 there are AIDS Centres in each of them. Some centres are very powerful with 35-40 members of staff; others are not so large. This is why levels and availability of services in AIDS vary by region. Usually visitors can undergo HIV testing in AIDS Centres, but sometimes tests are not available. In recent years private clinics and medical centres have appeared in Ukraine. In contrast with the state ones, they aim to provide patients with all possible kinds of testing, but all the services are rather expensive and not everyone is able to become a private patient.

All the achievements in providing sex workers with medical services are due to the activities of the Ukrainian NGOs working in different regions of the country. The state healthcare system has not demonstrated an interest in sex workers in spite of their inclusion as a high-risk group in the 2004-2008 Programme of AIDS Prevention. Because of this, each NGO working with sex workers needs to think about continuation of services for sex workers after the end of the project. Sometimes the NGO has very limited options for continuing services when the project is over; other times services are interrupted because of lack of financing. Clearly, such breaks in providing access to medical services - sometimes lasting for months - have a negative influence on the health and behaviour of sex workers as well as on the continuation of the programme.

Most sex workers still do not have adequate access to services, as there are too few NGO running projects, hardly any user-friendly government services, and many projects seem to reach only a minority of sex workers in their cities.

In 2006, 15 non-governmental organizations in 14 cities work with female sex workers, mainly with street- and highway-based workers, reaching only around 35% of the target group in their cities, which constitutes a very low coverage.

Therefore, in spite of these activities most sex workers do not have sufficient access to adequate services. The NGOs running prevention projects have no or very limited resources and there are hardly any user-friendly governmental services.

Services provided 19

The percentage of individuals with STIs who were appropriately diagnosed, treated and counselled at state-owned and communal healthcare facilities in 2005 was 41%.

Services for the diagnosis, treatment and counselling of STIs are provided by a specialised network of Dermatology-Venereology Clinics located in every regional city. Usually such clinics have patient and outpatient departments and, like the overall system of state medical care in Ukraine, they have a very low budget for diagnostics and treatment. Confidential information has been known to leak from institutions.

At the same time private medicine has introduced more up to date methods of testing for and treating STIs.

The quantity and volume of information about HIV on state-owned TV and radio during 10 months in 2005 was as follows:

National radio company of Ukraine
 National TV company of Ukraine
 Regional state TV and radio companies
 676 hours
 600 hours

During a survey carried out in 2004 in different Ukrainian cities, 30 organisations (GOs and NGOs) were approached:

- Most of them implemented some form of HIV education activity. 21 of them distributed posters, leaflets, booklets and organised workshops and lectures on HIV/STIs and drug use for employees and senior management.
- Condom distribution still remains the largest gap in HIV prevention programmes in the workplace. Only one private enterprise had in place condom distribution, and none of the state-owned enterprises distributed condoms.
- Voluntary counselling and testing services were available at 8 of the 30 enterprises. 12 of them also provided their employees with access to services for STI treatment.
- Treatment for people living with HIV in Ukraine is available only at state healthcare facilities, in accordance with the procedures established by Ukrainian legislation on HIV. None of the enterprises provide their employees with ART²⁰ to treat HIV-related conditions, nor do they have a policy to cover its cost.

According to a survey conducted in 2004, when 1,413 sex workers were approached over a 12-month period:

■ 32% were tested for HIV and knew the result (30% of those under 25 years old, and 38% of those over 25)

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¹⁹ Ukraine: National Report on the Follow-up to the UNGASS Declaration of Commitment on HIV/AIDS, Kiev, 2006

²⁰ ART/ Anti-Retroviral Treatment

- 34% were reached by prevention programmes (26% of those under 25 years old, and 51% of those over 25)
- Only 8% correctly identified ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV transmission (6% of those under 25 years old, and 11% of those over 25)
- Around 80% of female and male sex workers reported using a condom with their most recent client. (77% of those under 25, and 75% of those over 25)

Services available to drug users include rehabilitation, needle exchange, legal assistance, methadone, social assistance, assistance in setting up businesses for those who successfully underwent detoxification, and counselling before and after HIV testing. Medical workers visit drug users and provide testing on outreach.

Strategies for reaching sex workers 21

Having recognised the HIV epidemic as a national threat, the Ukrainian Parliament and the Government identified a strategic response to AIDS as one of the top priorities of state policy in the sphere of health care and social development; the National AIDS Programme was written for 2004-2008.

In accordance with current legislation, the Ministry of Health of Ukraine is responsible for the management and coordination of national HIV/AIDS activities, in collaboration with other central and local governments, as well as private enterprises, institutions, organisations and communities.

In May 2005, the National Coordination Council on HIV/AIDS was established, headed by the Vice Prime-Minister of Ukraine.

The amount of national funds spent by the Cabinet of Ministers of Ukraine on HIV/AIDS in 2004 was approx. US\$3 billion. Funds have also been committed by USAID, the European Union, Canadian CIDA, Swedish SIDA, and DFID.

Currently the national program on HIV focuses on two main strategic areas: prevention and access to treatment.

The international agencies in cooperation with the Ministry of Health have therefore identified an urgent need to carry out prevention activities among sex workers based on:

- Increasing the local capacity of NGOs involved in HIV prevention efforts
- Strengthening and expanding local NGOs' responses in delivering HIV information and services to high-risk populations
- Promoting a human rights approach in dealing with sex work

The Ukrainian Government gave US \$90 million to the *Ukrainian State Centre for Youth Matters* to organise drop-in/counselling centres for drug users and sex workers. NGOs, among them UHRA, trained the State workers of these organisations. The NGOs provided the training because they have been active much longer - this centre for youth has only been active for a year.

Sex workers are particularly vulnerable to HIV infection because they are socially marginalised, excluded from education, find themselves in a difficult economic situation, live in poor conditions, and are criminalised and exploited.

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²¹ Ukraine: National Report on the Follow-up to the UNGASS Declaration of Commitment on HIV/AIDS, Kiev, 2006

Strategies for reaching drug users

The UHRA branches publish various local magazines for injecting drug users and sex workers, distributed at needle exchange centres. Injecting drug users circulate them among their peers. The magazines give information on many common problems experienced by injecting drug users, and also provide telephone numbers and addresses for further information and support.

Barriers to access of services

Obstacles that prevent an expansion of services include:

- difficulties in identifying and reaching sex workers, especially those working in closed groups and those who are very mobile
- lack of adequate and sustained financial support
- lack of understanding and/or indifference of NGOs and state institutions regarding sex work issues
- the new legislation in Ukraine and the general negative public attitude towards sex workers.

Barriers for drug users

- Restrictions on allowed amounts of drugs
- Intolerant and aggressive approach to injecting drug users
- Many injecting drug users steal when in need of money, which increases stigmatisation
- It is thought that substitution treatment would enable people to abandon the vicious cycle of stealing, drug use, and stigmatisation, but this treatment is not available.

Services for victims of trafficking

Two important international organisations work in Ukraine on trafficking prevention – IOM and OBSC. They develop and produce materials, deliver training, and organise round tables for representatives of NGOs and state institutions. Additionally, in each city of Ukraine there are several institutions dealing with this problem on the level of prevention, informing women who are planning to migrate abroad about possible problems. Usually women's and gender-based NGOs deal with this problem, however state Departments of Family, Youth and Sport at state, region and city levels are involved in this work as well.

In 2003-2005 SALUS Charitable Foundation was one of four partners implementing a project developing an innovative network providing services to women victims of trafficking. This project was supported by the IBPP program of the EC.

The **La Strada Network** office in the Ukraine²² offers the following services:

- broad range of assistance for trafficked persons

²² International Women's Rights Centre

"La Strada-Ukraine" PO Box 246 01030 Kiev Ukraine

tel/fax: (380-44) 224-04-46 e-mail: <u>lastrada@ukrpack.net</u> website: <u>www.brama.com/lastrada</u>

- "Hotline" for emergency telephone assistance
- research on violence against women
- expertise on legislation in an advisory capacity concerning women's status in Ukraine
- educational programmes for youth on women's rights, prevention of trafficking in women, and other kinds of violence and exploitation
- cooperation with mass media and distribution of information about the issues
- publishing and distributing materials, bulletins and leaflets
- seminars and conferences
- cooperation with governmental and non-governmental organizations in Ukraine and abroad with the goal of preventing trafficking in women and providing assistance for trafficked persons
- cooperation with law enforcement bodies and lawyers in the field of improving Ukrainian legislation concerning trafficking in human beings, and trafficked persons' protection.

4

GOOD PRACTICE

Reducing vulnerability

Developing and performing outreach work is an ideal opportunity to reduce vulnerability through providing sex workers with information, disinfectants, syringes and condoms. After carrying out the first mapping of the sex industry scene in Lviv and the surrounding region, and conducting a needs assessment of the target group, the outreach work was set up. During the first six months outreach services were provided to various groups of sex workers in locations including bars, streets, motels and discothèques. The sex industry scene in Lviv and the region is stratified and subject to varying forms of control exercised by various actors, such as madams, pimps, "protectors", and police. Outreach provides condom distribution, counselling, referrals to the drop-in centre, and distribution of informational materials. Four staff conduct outreach work twice a week.

In 2005 UHRA succeeded in changing the legislation on prostitution. **14 organizations from the UHRA network were involved in advocating for this change.** In January 2006 sex work was decriminalised in Ukraine.

Improving access to services

Within the frame of activities directed at sex workers, certain special services for sex workers have been established.

Three years ago the first peer support groups were identified and contacted. Following completion of special training, they are active among their peers, taking the role of key intermediaries between the target group and the drop-in centre services. The first experimental workshop on negotiating with clients and the boundaries of power relations with madams was delivered to 30 sex workers. Peers inform their fellow sex workers about their options to receive medical counselling or testing for HIV and STIs.

UHRA created a network of sex workers' organisations. In October 2006 UHRA organised a meeting of sex workers (another is planned for March 2007) with the objective of creating the Ukrainian Network of Sex Workers. 10 organizations of sex workers participated in this initiative. They want to cover 15 regions.

During the last 5 years, all the activities of the SALUS Foundation directed at sex workers have been focused on providing them with better access to different services. Four medical doctors and one nurse together provide medical services which are anonymous and free of charge.

In the context of Ukraine, where prostitution (as a main source of income) is forbidden by national law and is subject to severe fines and ultimately prison, sex workers face extreme marginalisation and exclusion from access to healthcare. Parallel to this, the public system of testing and treatment for HIV/STIs is inadequate and poor, particularly for marginalised groups such as sex workers. The government's system for managing STIs is based on compulsory testing, tracing of contacts and compulsory treatment for syphilis and gonorrhoea in special sexual health clinics (known in Ukraine as dermatology-venereology clinics). Usually people don't like these clinics and avoid visiting them.

As a response to these circumstances, the Medical Centre run by SALUS appears to be very necessary, especially for populations at risk. The Medical Centre services are accessible and free to sex workers, and offer gynaecological care and STI testing and treatment, delivered by a trained staff consisting of two sexual health specialists and two gynaecologists, assisted by laboratory workers, nurse and receptionist. Due to the projects developed, the services of the Medical Centre have been adapted to receiving more clients; for example, the consultation hour has been set up at a time more convenient for sex workers. The basic principle of the protection of service users' anonymity with regard to testing and results required official recognition of the important function of the centre from public authorities along with recognition of the principle of prevention and care for at-risk populations.

There is a State Regional AIDS Centre in every larger city.



LEGAL FRAMEWORK

Migration

According to data from the International Office of Migration, close to 500,000 Ukrainian women work abroad. Usually they go abroad looking for work and to improve their quality of life. Some of these women work as babysitters, housekeepers, nurses and cleaners. The others are usually promised work as dancers, singers or waitresses and sometimes they really receive these jobs. But the majority of girls and women are forced to work in the sex industry.

Nina Karpachova, the Ukrainian Parliament Commissioner for Human Rights, mentioned in her report that the total number of Ukrainian migrant workers abroad was between 3 and 5 million people and the majority of them were women.

According to data provided by the Ministry of Foreign Affairs of Ukraine, 300,000 Ukrainian citizens are in Poland, 200,000 in the Czech Republic, 200,000 in Italy, 150,000 in Portugal, 100,000 [please check] in Spain, 40,000 [please check] in Turkey, and 20,000 in the USA.

Taking into consideration that Ukraine has approximately 29 million adults in its working population, it is possible to calculate that one in five Ukrainian adults working abroad.

Social research conducted by the "Social Monitoring" Centre at the end of 2002 concluded that 51% of Ukrainian youth are interested in looking for work abroad, and 31% think that, in Ukraine, good quality of life is not accessible by solely honest and legal work.

Sex Work²³

In Ukraine, until September 2001, prostitution was considered an administrative offence, punishable by a fine. In the new Ukrainian Criminal Code which came into effect in September 2001, individual prostitution was considered a criminal offence (article 303, Criminal Code) and punished either by a large fine or by forced labour (correctional work for 120 hours). However, this regulation ended in December 2005, due to advocacy and lobbying by numerous institutions, including NGOs. Prostitution is again considered an administrative offence. Sex workers are rarely fined, but when they are they have to pay US\$35, whereas sexual services cost between US\$1 and US\$2.

Ukraine's parliament decriminalised prostitution in January 2006 by approving an amendment to the country's Criminal Code, thus redefining it as an administrative offence incurring fines, rather than prison terms, for both those who solicit and their clients. However, the provision of middleman services by pimps and madams is still considered a serious crime. Pimping is a criminal offence (article 302-303, Criminal Code). Offenders are fined or imprisoned for up to 2 years. If pimping is committed by an organised group, it can lead to imprisonment for 5 to 7 years.

Keeping a brothel is a criminal offence (article 302, Criminal Code). Offenders are fined or imprisoned for up to 5 years. If committed by an organised group or by a person with prior convictions, it leads to imprisonment of up to 5 years. If the crime relates to a minor, imprisonment lasts from 2 to 7 years.

When sex work was included in the penal code, no-one was convicted. Now that it has been taken out of the criminal code, and included in the administrative one, there is no change for the sex workers. The law was not applied before and is not applied now. The only people who might execute it are the police, and the practice of "Subotnik²4" leads sex workers to offer free services due to the threat of being fined or reported as sex workers. In Krim the situation is much worse because police are much more corrupt. Nevertheless, there is a very high percentage of sex workers there due to tourism in the region. The region is autonomous, with a micropolitical situation and high influence from Russia.

<u>Trafficking in Women</u>²⁵

Involvement in coercion into prostitution is a criminal offence (article 303, Criminal Code). Offenders are fined or arrested for 6 months or imprisoned for 1 to 3 years. If the offence is in relation to a minor or is committed by an organised group, imprisonment lasts from 3 to 5 years. Trafficking is a criminal offence (article 149, Criminal Code), incurring sentences of 3 to 8 years. In cases of aggravating circumstances (against a minor; organised by a group; committed repeatedly or with prior agreement; if a child is involved), sentences last from 5 to 15 years and may additionally incur confiscation of property.

Ukraine signed the Palermo Protocol in November 2001 and ratified it in May 2004²⁶.

²³ Sex Work, HIV/AIDS, and Human Rights in Central and Eastern Europe and Central Asia, a report from the Central and Eastern European Harm Reduction Network, July 2005

²⁴ "Subotnik" means that sex workers give free sexual services to policemen and/or other authorities.

²⁵ Sex Work, HIV/AIDS, and Human Rights in Central and Eastern Europe and Central Asia, a report from the Central and eastern European Harm Reduction Network, July 2005

²⁶ www.unodc.org/ United Nations Office on Drugs and Crime/ Protocol to Prevent, Supress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime.

Drug use

UHRA (Ukrainian Harm Reduction Association) is currently trying to change the classifications of doses of narcotic substances. Under the existing classifications any drug users may be criminalised. The police however do not wish to change their methods of work and there is a plan to bring about the detention of drug users.

Needle exchange is legal. From the 2006 state budget 9.0 million grv. (about US\$1.8 million) has been allocated for methadone treatment. The Harm Reduction Programme is part of the state's plan for tackling HIV. It will enable 3,000 drug users to access ART.

According to data from the *Ukrainian Harm Reduction Association* (UHRA), in 2006 the Harm Reduction Programme reached about 10,000 sex workers across the country. In the UHRA network there are 43 organisations which carry out 47 projects. They cover 94,000 drug users, including 10,000 female sex workers. All these projects are funded by the Global Fund and via the Alliance.²⁷

According to experts in Ukraine there are around 400,000 injecting drug users, of whom about 35% are HIV-positive.

There are around 50,000 persons working in the sex industry in Ukraine.

The harm reduction projects reach around 90,000 drug users and around 10,000 sex workers. 43 organisations deliver harm reduction services in the country, financed by the Global Fund.

In 2006 there were significant positive changes in Ukraine:

- Programmes in nine areas of the country have begun to offer substitution treatment using buprenorphine.
- The analgesic Metadol was registered, replacing Metadon. In 2007 there will be an expansion of substitution treatment programmes in fifteen areas of Ukraine. This is expected to reach 3,000 drug users.
- The *Ukrainian Harm Reduction Association* (UHRA) is a member of the *Sex Workers' Rights Advocacy Network* (SWAN). UHRA plans to hold an international meeting in Kiev, and is organising the *Ukrainian Network of Sex Workers*.

There were however also negative developments:

- There is still mistrust on the part of the police regarding harm reduction and substitution treatment programmes. There is a discrepancy in the classifications of narcotic substances compared with European standards. An amount of heroin found in the blood is sufficient to press charges against someone. A table certified by the ministry of health states what levels of which drug are allowed in the blood. This table is commonly used against drug users, and less frequently may be used against harm reduction programmes to check the amount of drugs present in injecting equipment. Therefore, drug users presenting for needle exchange are always under the threat of having their needles checked. As a result, they prefer to throw the needles away on the streets, creating an extra risk. Police must deliver successful results in detecting drug users. 90% of drug users use "kompot" (homemade heroin).
- The "use" of sex workers as informants by the police. Sex workers are humiliated and forced to perform various tasks such as washing their cars, or offering sexual services.
- The targeting of drug users to increase arrest statistics.

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²⁷ These are data from UHRA, 2006

- Medical workers regularly infringe the rights of drug users and sex workers. Medical services sometimes refuse to provide services for outdoor-based sex workers, preferring indoor-based sex workers.
- Although Metadol is registered, there are no instructions regarding its use.



ORGANISATION

SALUS Charitable Foundation

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www.salus.org.ua

The **SALUS Charitable Foundation** is a Non Governmental Organisation (NGO) dealing with the problems of sexually transmitted diseases (STDs) and HIV prevention in Ukraine.

The SALUS Foundation was established in Lviv in January 1996and is a not-for-profit NGO. The Foundation's staff is experienced in STD/AIDS prevention. Staff members have experience in European and American STD clinics and STD centres (*The Mortimer Market Centre*, the *London School of Hygiene* and *Tropical Diseases* in London, *Hopital Saint-Lois* and *Institute A. Furnier* in Paris, the *Howard Brown Centre* in Chicago). Since 2002 the SALUS Foundation's president Dr. Olexandra Sluzhynska became a member of the European Board of IUSTI (International Union against Sexually Transmitted Infections).

GOALS

- STD and HIV prevention
- Implementation of new technologies in testing for HIV/STIs
- Dealing with groups at high risk groups of HIV and STIs

ACTIVITIES

Centre for Sexually Transmitted Diseases

With the support of the SALUS Foundation and financial assistance of the Open Society Institute the first Ukrainian Centre for Sexually Transmitted Diseases was established in Lviv in December 1996. It continues to work successfully.

Rape Crisis Centre

With the support of the SALUS Foundation and financial assistance of the International Renaissance Foundation the Rape Crisis Centre was established in Lviv in December 1996. It continues to operate thanks to the support of different partners and sponsors providing victims of rape and victims of trafficking with medical and psychological services.

Respect yourself, protect yourself

Thanks to the support of the *Commete Catolique contre la Faim et pour le Developpement* SALUS Foundation developed an information project consisting of 8 booklets on HIV, trichomoniasis, gonorrhoea, herpes, human papillomavirus, chlamydia, candida, and syphilis.

Centre for the Legal Protection for HIV-positive Sexual Minorities and Sex Workers

This programme was supported by the USAID (Counterpart Alliance Foundation). The work began in late spring [year?], establishment the Information Centre for the problems of STIs and AIDS prevention. Four leaflets STOP AIDS - for gays, lesbians, sex workers and HIV-positive people - have been edited and distributed among youth.

Beginning in 2000, SALUS participated as a partner in a NGO project working with sex workers developed by the **Ukrainian Institute of Social Research**. The purpose of the project was to study the needs of sex workers and development of peer support groups. The project was launched in 11 cities of Ukraine and later 6 more cities joined its activities.

In 2001, with financial support from the **Open Society Institute**, the project "Moonlight" – harm reduction project for sex workers - was launched in Lviv. It was the first SALUS Foundation project directed at outreach work with sex workers. The project provided distribution of informational materials, supplies (syringes, disinfectants, condoms, lubricants), and testing and treatment of STIs. The aim of the project was to increase knowledge levels of sex workers regarding their reproductive health, HIV/STI prevention, safer sex, support of the peer education network of sex workers, and protection of human rights and freedoms.

Later the activities of the SALUS Foundation aimed at sex workers were supported by other sponsors: Elton John AIDS Foundation, Global Fund for Women, PAUCI, Mama Cash, International Alliance on HIV/AIDS in Ukraine. Informational materials were developed and distributed within the projects: booklets "ABC for everybody", "Information for You", leaflets "Protect Yourself", "Hey girl, take care of yourself", posters, stickers, beer mats etc.

Thanks to the project "Hey girl, take care of yourself", developed in cooperation with the TAMPEP International Foundation due to financial support of the MATRA Programme, the mobile unit was established. It enables outreach to sex workers not only in the city of Lviv, but all around the region as well. In the frame of this project the drop-in centre was also introduced, and several workshops have been held in Lviv. Representatives of 12 NGOs dealing with sex workers from 11 cities of Ukraine participated in the workshops.

Victims of sexual exploitation and migrant sex workers are directed to the **Sexual Health Centre** by the organisations dealing with trafficked women and women in crisis (such as UMBRELLA network, TAMPEP network, LA STRADA, IOM, Women to Women). The SALUS Foundation has a social partnership agreement with the Sexual Health Centre and uses the Centre as a clinical location for performing testing and check-ups for sex workers.

In 2005 the SALUS Foundation successfully carried out the project "Information for you", raising awareness on HIV and STIs in women working in the sex industry. The project was financed by Global Fund against AIDS, TB and Malaria through the International Alliance against AIDS. The booklets published by the project have been distributed all over Ukraine. In the frame of this project a leaflet for sex workers has been developed and distributed among 12 Ukrainian NGOs working with sex workers.

As the result of long term activities aimed at developing services for sex workers, the SALUS Foundation has initiated creation of the **national network of institutions dealing with sex workers**, "**RELIEF NETWORK**". Six NGOs from different parts of Ukraine with experience in activities directed at sex workers have signed an agreement on developing the "RELIEF NETWORK". Its future activities will continue within the frame of the small **MATRA** project developed in 2006.

In October 2005, two delegates from the SALUS Foundation visited Brussels and participated in the **European Conference on sex work, human rights, labour and migration**, The Conference developed important documents which may be very important in future work with sex workers: Declaration of the Rights of Sex Workers in Europe, Sex Workers Manifesto and Recommendations.

The **ERATO** programme began in 2005 in partnership with the NGOs ACT UP HELLAS (Greece) and Odysseus (Slovakia). It is supported by the **Ministry of Foreign Affairs of Greece**. The project is aimed at providing access to testing and health services for sex workers and victims of human trafficking.

The project **HAND OF HELP** was initiated at the end of 2006. It is supported by the **International Alliance against AIDS** and focuses on outreach work with sex workers all around the Lviv region.