



# THE IMPACT OF WAR ON WOMEN LIVING WITH HIV IN UKRAINE

COMMUNITY-LED RESEARCH



KYIV, 2024

# ORGANISERS OF THE RESEARCH

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The charitable organisation “Positive women” represents the national community of women living with HIV, bringing together participants from all regions of Ukraine (except areas outside the control of the government of Ukraine), who advocate for the rights of women in Ukraine, especially those living with HIV and vulnerable to HIV. “Positive women” promotes ideas of empowerment, comprehensive support and development of HIV-positive women. The Organisation was created by women living with HIV in 2011, officially registered in February 2013. The Organisation’s mission is to unite women activists so that women living with HIV in Ukraine can exercise their rights and opportunities freely, without barriers and restrictions, and feel protected from stigma, discrimination and violence.

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*The views and opinions expressed in this document are those of the CO “Positive women” and do not purport to reflect the views or opinions of UNAIDS or UN Women in Ukraine.*

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# GLOSSARY

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<b>AIDS</b> .....	Acquired Immune Deficiency Syndrome
<b>ARV</b> .....	Antiretroviral (treatment)
<b>ART</b> .....	Antiretroviral therapy
<b>CO</b> .....	Charitable organisation
<b>CPH</b> .....	Center for Public Health
<b>HIV</b> .....	Human Immunodeficiency Virus
<b>IDP</b> .....	Internally Displaced Person
<b>MoH</b> .....	Ministry of Health
<b>NGO</b> .....	Non-governmental organisation
<b>OST</b> .....	Opioid Substitution Therapy
<b>PTSD</b> .....	Post-traumatic stress disorder
<b>SRH</b> .....	Sexual and Reproductive health
<b>STIs</b> .....	Sexually transmitted infections
<b>UN</b> .....	United Nations
<b>WHO</b> .....	World Health Organisation

# INTRODUCTION

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Most HIV-related research has been conducted in stable populations around the world, as it is usually dangerous for researchers to conduct research during armed conflict. People living with HIV in Ukraine, particularly women and children, also have to overcome the consequences of war. Until recently, the epidemiology of HIV and other sexually transmitted infections (STIs) was not considered [in the context of armed conflicts](#). Wars, migration, food insecurity and poverty make war-affected populations more vulnerable to HIV.

Under the results of a study conducted in 2011 on the determinants of HIV/AIDS [in armed conflict populations](#), there is a connection between conflicts and the vulnerability of women and children to HIV. People living with HIV in war are particularly vulnerable and have worse health outcomes compared to the general population, as HIV requires strict adherence to treatment regimens, and ensuring continued access to ART in conflict zones can be difficult. Usually, during armed conflicts, helping HIV-positive people is at the bottom of [the government's priority list](#), but Ukrainian statistics after two years of full-scale war show increased testing and **75% access to antiretroviral therapy (ART)** even for people living with HIV from areas where hostilities are taking place.

Overall HIV statistics show a decrease in incidence from **42.4 people per 100 000 population** in 2019 to **28.4 people per 100 000** in 2023. High adherence to treatment, provision of ART and access to services are the results of joint efforts of the Government, civil society, international organisations and donors, primarily the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. This collaboration secured vital supplies of ART, TB treatment and opioid agonist therapy (ART/OST), ensuring uninterrupted treatment and services for people living with HIV in Ukraine.

In 2022, Russian aggression in Ukraine started one of the largest and most destructive wars in the world since World War II. The cost of damage and the need for reconstruction have reached record levels, and the rate of decline in real GDP and industrial production exceeds the indicators of most countries during the wars of the second half of the 20th – early 21st century. Russia's full-scale invasion of Ukraine in February 2022 caused the largest refugee crisis since World War II, it even got its own name – the Ukrainian refugee crisis.

Despite the fact that the Council of the European Union extended the validity of the temporary protection mechanism for Ukrainians fleeing the war until March 2025, by the beginning of 2024 European countries, which gladly accepted Ukrainian refugees at the beginning of the full-scale invasion, are gradually winding down their support programmes for Ukrainian refugees, including housing and financial support programmes.

According to the UN Refugee Agency, more than **8 million** Ukrainian refugees have left for another European country since the beginning of the war, and about **4.8 million** applied for temporary protection in an EU country. Up to a third of the population was displaced within the country. Two years after the start of the full-scale invasion, **ten million** Ukrainians still cannot return to their homes. Almost four million remain internally displaced persons in Ukraine, and more than six million refugees have found refuge abroad, not only in Europe, but also on [other continents](#). Also, in just the first [three months of the full-scale war](#), **1.4 million** Ukrainian citizens, including **230,000 children**, were deported to Russia.

As of November 01, 2023, the number of Ukrainian women and men receiving ART abroad was **7,500**. A special protocol for clinical management and exchange of medical data between doctors – both in Ukraine and abroad – was developed for people living with HIV who are abroad but need constant treatment. This approach is embodied in the partnership of the Center for Public Health of the Ministry of Health and the World Health Organisation.

The mass migration of the population leads to the increase in the number of cases of human trafficking and sexual violence. An analysis conducted in 2022 showed that Internet searches related to the sexual exploitation of female Ukrainian refugees increased dramatically after February 2022. In March 2022, research revealed a global increase in such requests by **300%**. In the UK, there was a **200%** increase in searches for the phrase “Ukrainian escort” compared to six months before the full-scale invasion, while in Spain there was a **600%** increase in searches for the phrase “Ukrainian porn”, in Poland – by **130%**. There was also an increase in the number of searches for these terms [in Austria, the Czech Republic, Denmark, France, and Switzerland](#). There are other manifestations of abuse of the vulnerability of female Ukrainian refugees abroad. In particular, the language barrier sometimes forces refugees to accept undeclared and low-paid work.

In the two years since russia’s full-scale invasion of Ukraine, more than **14 million** people – almost a third of Ukraine’s population – [have left their homes](#). By the beginning of 2024, the number of officially registered internally displaced persons (IDPs) in the country reaches **4.9 million** people. Of these, **3.6 million** are persons who have been displaced (or re-displaced) after the start of a full-scale war. Of these, **2.5 million** have been displaced and [cannot return to their homes](#) (because their home is either destroyed, or located in a zone of active hostilities, or located in temporarily occupied territory). In contrast to refugees abroad, the share of women among IDPs is lower, about **60%**, and the share of elderly people is much higher, of whom almost a quarter are among displaced persons. It is worth noting that the real number of IDPs is higher, since some people do not register as IDPs because they do not need benefits or believe that the IDP status is temporary, hoping to return home; men do [not register](#) when moving to other oblasts, so as not to fall into the field of view of territorial centres of recruitment (TCR) and social support (SP).

The UN says that gaps in IDPs’ access to HIV services – either due to official restrictions or due to logistical, cultural and language barriers – have significant consequences: complicated access to healthcare, higher likelihood of infection and higher mortality, fewer opportunities to achieve the goals of universal access to treatment and reduction of the AIDS epidemic, and public health may face the emergence of [drug-resistant strains](#) as a result of treatment interruptions. In 2022, **2 960 people** living with HIV who arrived from other oblasts in connection with military operations were re-registered in other oblasts, and in 2023 – **2 909 people**, respectively, including **39 HIV-exposed children**.

The consequences of a full-scale invasion of russia into Ukraine (from 2022 to 2024) in the field of healthcare are catastrophic: medical facilities have been destroyed, doctors have been killed, the environment has been polluted as a result of hostilities, the state of mental health of the general population has deteriorated significantly, in many communities there is a limited or no access to medical services. According to the Ministry of Health, in total, over **19 months** of full-scale war, the enemy damaged **1 449 medical facilities** and completely destroyed another **190 facilities** (they cannot be restored). The medical infrastructure of Kharkiv, Donetsk, Dnipropetrovsk, Mykolaiv, Kherson, Zaporizhzhia, and Kyiv oblasts suffered [the greatest losses](#).

Also, an important consequence of the war is the drop in the birth rate and the general reduction of the population, especially the population of reproductive age – at the expense of men who are in the army and women who have gone abroad in search of safety for themselves and their children. In 2023, **32%** fewer children were born than in 2021. In general, a decrease in the birth rate has been observed in Ukraine since 2013. From then until the start of the full-scale war, **6-7%** fewer children were born every year.

In 2023, **32 cases** of HIV, **9 cases** of AIDS and **4 deaths** from diseases caused by AIDS were registered daily in Ukraine. [Research shows](#) that before the beginning of the full-scale invasion of russia on the territory of Ukraine, women who are not part of the key populations made up **22.2%** of the structure of new HIV cases among adults over the age of **15** and this group accounted for **35.8%** of the entire number people living with HIV.

At the meeting on the elimination of vertical transmission of HIV in May 2024, the CPH presented a review of clinical cases of HIV infection among children born to HIV-positive women in 2023. The following data are worth noting: most women are over 30 years old, mostly late seeking of medical help by pregnant women (after 25 weeks pregnant/delivery), unplanned pregnancy in **47.2%** of cases, insufficient coverage of sexual partners with HIV testing (**37%, or 7 persons out of 19**), low adherence to treatment in 9 out of 13 pregnant women (**69%**) who were on ART.

According to the data of the Center for Public Health, as of December 01, 2024, the total number of IDPs living with HIV was **2 909: 53% men and 47% women**, including 10 pregnant women. Also, **39 HIV-exposed** newborns were registered among internally displaced persons.

As of the beginning of January 2024, there were **157 435 people** living with HIV under medical supervision, which is **384 people per 100 000 population**. The HIV incidence was the highest in the Odesa, Dnipropetrovsk, Mykolaiv oblasts and the city of Kyiv. At the same time, even during the war, the number of HIV-exposed children increased slightly. Compared to the state of affairs in 2022, the dispensary group in Ukraine remained almost unchanged. Losses were noted in Kherson oblast (**-9.5%**), Sumy oblast (**-9.0%**), Luhansk oblast (**-7.0%**), Donetsk oblast (**-5.6%**) and Odesa oblast (**-5.5 %**).

It should be taken into account that the actual number of patients in these regions may be significantly less than indicated in official reports.

Problems related to the protection of mental health became especially relevant after the beginning of a full-scale war. Participating in hostilities or being in a front-line zone, where rocket and artillery attacks, bombings, and occupation are constantly taking place, significantly increase the risk of psychosocial stress and contribute to the development of mental disorders such as depression, anxiety, post-traumatic stress disorder, etc. Similar consequences may arise as a result of the loss of a sense of security due to the vulnerability of the entire territory of the country to missile and drone attacks; change of residence and related loss of job and loss of usual, comfortable environment; household difficulties; financial problems; social isolation; uncertainty about the future and anxiety for family and loved ones.

The Ministry of Health predicts that more than **15 million** Ukrainian men and women will need psychological support due to the impact of the war, in particular, about **3-4 million** people will need medical treatment. After the conflict ends, at least one in five people may experience negative mental health effects. Post-traumatic stress disorder (PTSD) may develop in **20-30%** of survivors of traumatic events. In addition, the number of people with drug, alcohol and other addictions is expected to increase in 5-7 years. As a result of the psycho-emotional stress caused by the war, Ukrainian men and women can age 10-15 years faster, which will lead to the appearance of diseases characteristic of adulthood and old age 10-15 years earlier than before the start of the war.

Women living with HIV experience symptoms of depression, anxiety, and PTSD more often than men living with HIV and more often than women without HIV status. Mental health issues affect not only women's well-being and quality of life, but also HIV treatment and prevention of transmission. Women living with HIV are characterized by a high prevalence of cases of physical and sexual abuse, caregiving stress (for others), and increased internalized stigma, as well as multiple barriers to accessing mental health services. Women living with HIV are more likely to suffer from depression than women in the general population. The stigmatization of many women living with HIV can lead to social isolation and feelings of loneliness. All of these feelings – helplessness, anxiety, loneliness – are key elements of depression.

Women living with HIV are historically recognized as one of the most vulnerable social categories in Ukraine. However, after the start of a full-scale invasion and hostilities on a large territory of Ukraine, the situation of

people living with HIV, and women in particular, significantly worsened. The consequences of the war are the complication or lack of access to basic medical services, which is associated with the high level of hostilities, the destruction of logistical routes, the migration of the population, including medical personnel, the economic crisis, the deterioration of security conditions, and forced internal migration. [Conflicts and disasters](#) often put people at increased risk of discrimination and/or abuse, especially vulnerable groups: children, women, the elderly, and people with disabilities or chronic illnesses.

During military conflicts, women are more vulnerable than men due to a combination of factors. The consequences of the conflict for women can be different depending on their social, ethnic, cultural status. In 2000, researchers Judith Gardam and Hilary Charlesworth proved that armed conflicts reinforce inequality and discrimination that existed before the war. Among other factors, women's vulnerability is influenced by the lack of support from their partners, as male breadwinners are often involved in conflicts. Women may also experience sexual violence during hostilities or subsequently when they are forced to migrate due to hostilities.

Studying the state of affairs of women living with HIV in Ukraine during the war, as well as the needs of this group, will improve access and quality of services, which in turn will affect the HIV and AIDS epidemic. Understanding the needs of women living with HIV and responding to them will create a supportive and safer environment for HIV-positive women in Ukraine.

The community of women living with HIV is constantly involved in all legislative and policy-making processes related to women's health, HIV-exposed children, reproductive and other rights, health and safety issues. Despite the difficulties faced by the members of the CO "Positive women", the Organisation not only continued its work in the conditions of martial law, but was also able to reorganise and expand its activities taking into account the circumstances in which the community of Ukrainian women and girls living with HIV found themselves.

The Organisation focused its efforts on what HIV-positive women and women vulnerable to HIV needed most in crisis situations – provision of direct services, targeted assistance (antiretroviral therapy, food products, medicines, hygiene products, baby food, etc.), psychological and legal support. Preserving the sustainability of treatment, ensuring access to prevention services and protecting the rights of women living with HIV remain equally important areas of activity of the CO "Positive women" in all oblasts of Ukraine.



This report was developed by the CO “Positive women” in cooperation with UNAIDS UBRAF Country Envelope and the UN Women in Ukraine project “Transformative Approaches to Achieving Gender Equality in Ukraine” funded by the Government of Sweden and implemented in cooperation with the Office of the Vice Prime Minister for European and Euro-Atlantic Affairs integration. The goal of the project is to apply transformational approaches to promote gender equality and empower women, which are aimed at eliminating the root causes, structural barriers and patriarchal social norms that underlie the maintenance of gender inequality in various life settings. In this case, a transformational approach means engaging with various key institutions that can pave the way for greater gender equality and women’s empowerment: government, parliament, women’s CSOs, mass media and the private sector.

UN Women is the UN entity dedicated to gender equality and the empowerment of women. UN Women’s activities in Ukraine are focused on three key thematic areas: Women, peace, security, and gender-based violence, as well as gender-responsive governance, including gender-sensitive recovery and European integration and humanitarian assistance. To achieve gender equality goals, UN Women provides technical assistance for developing and implementing sectoral policies, advocacy, social mobilization, and capacity-building for government authorities at all levels, human rights institutions, women’s rights groups, civil society organisations, and the private sector. Every year, the UN entity joins various global and national initiatives aimed at overcoming social stereotypes, discrimination and violence against women and girls, expanding their rights and opportunities in professional and social life.



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# SUMMARY OF RESULTS

The research “The impact of war on women living with HIV in Ukraine” is a community-led quantitative and qualitative research conducted by CO “Positive women”. Data collection was carried out in December 2023 – January 2024 using survey methods and semi-structured interviews. **320 women living with HIV participated in the research.**

## EMPLOYMENT, ECONOMIC, PROPERTY STATUS AND RELATIONSHIPS



After February 24, 2022, the majority of respondents lost their income – partially (**41.3%**) or completely (**16.6%**), and their household economic well-being worsened (**71.6%**). Half of the research participants assessed their economic status as not particularly wealthy (**49.7%**), and **44.7%** – as completely poor. For **39.7%** of respondents, the income of their household is not quite enough to meet their daily needs, and for **26.3%** – it is not enough at all.



More than a third of respondents experienced property losses. In every tenth, the property remained fully occupied (**10.3%**), in **3.1%** – partially occupied. One in eight had their property partially destroyed (**13.1%**), **3.1%** of respondents had their property fully destroyed, and **4.7%** lost all their property because of the war. Also, some of the interviewed women noted that even if they have undamaged property in the unoccupied/de-occupied territory, they cannot use it due to constant shelling and are forced to rent new housing.



After the full-scale invasion, **17.8%** of the interviewed women lost their jobs or businesses. **13.8%** of respondents changed jobs, **9.4%** became temporarily unemployed, **5.3%** got a job, and **3.4%** went on maternity leave.



Every fifth respondent was not in a relationship until February 24, 2022 (**22%**). In **5%** of the interviewed women, the partner defends Ukraine in the ranks of the Armed Forces or other structures, and 8 women (**3%**) lost their partner due to the war (died). In **45%** of respondents, the relationship with their partner did not change under the impact of the war. **9%** of respondents ended their relationship, and **8%** started a new relationship after February 24, 2022. **3%** of women live with a partner in different oblasts of Ukraine, and **6%** – in different countries, maintaining relationships.

## RAISING CHILDREN



**18.8%** of the research participants have no children. **44%** of respondents have one child, **25%** have two children, **8%** have 3 children, and **5%** have 4 or more children. 4 women (**2%**) raise an HIV-positive child and take care of their access to services. **10%** of women gave birth to a child after February 24, 2022 and take care of their timely supervision.



**When asked about difficulties in raising children**, a third of mothers said that their child(ren) are constantly studying online and this requires additional attention and care (**32%**). A quarter of women now find it more difficult to raise a child (children) because their partner and close family are not close by (**26%**). In every fifth mother, the child(ren) find it difficult to adapt to a new place of residence (**21%**) or to a new social circle (**20%**). Among other difficulties, women mentioned forced separation from their children (different oblasts of Ukraine or another country), the need to provide psychological support to the child when the woman herself is under stress, the lack of skills to “talk about the war” with the child, the need to master the missed educational material after returning to Ukraine, etc.

## MIGRATION PROCESSES CAUSED BY WAR



From the moment of Russia’s full-scale invasion of Ukraine on February 24, 2022 and until the time of the survey (December 2023 – January 2024), respondents most often left and did not return to Donetsk, Kherson, Kyiv oblast and the city of Kyiv, Kharkiv, Zaporizhzhia, and Luhansk oblasts. Most often, respondents moved to another country, as well as to Vinnytsia, Khmelnytskyi, Lviv, and Dnipropetrovsk oblasts. Almost a third of respondents have the official status of an internally displaced person (IDP) after 2022 (**32%**), and **6%** of the participants – since 2014. Women mostly explained the lack of a certificate of IDP by returning home.

A third of respondents (**33%**) **moved to another country because of the war**, and one in five of them returned to Ukraine. The respondents most often moved (including temporarily) to Poland (**33%**), Germany (**19%**), Italy (**10%**), the Czech Republic (**9%**) and France (**8%**). The vast majority of women who migrated abroad have or had **temporary protection** in the host country (**90.5%**).



Women's lack of temporary protection was mostly explained by returning home to Ukraine. Usually, women receive social support abroad, which varies depending on the country of stay. The most favourable reviews were given to Germany, which also affects the decision not to return to Ukraine.



## IDENTITIES, VULNERABILITIES, SEXUAL LIFE



The vast majority of respondents are **heterosexual women (96.3%)**. A third of respondents had sex during the last week (**32.5%**) and **14.1%** – during the last month. **7.8%** of women have not had sex for more than a year, and **18.1%** – for more than 2 years. Almost half of respondents **are in discordant couples (43.4%)**, that is, they have one or more partners who are not living with HIV. A third of respondents do not have a sexual partner now (**33.4%**).



More than a third of the interviewed women indicated the experience of **using drugs (35.3%)**. **11.3%** of respondents are participants in **the opioid substitution therapy (OST)** programme. **25.9%** have partners with drug use experience. Every eighth respondent was in the past in **a correctional facility (12.5%)**, and every sixth – in **a pre-trial detention centre/isolator (17.5%)**. **6.6%** had sex in exchange for money, goods, services, drugs or shelter. Every fifth respondent has a history of **tuberculosis (20%)**. **40.3%** of interviewed women had or have **hepatitis C**. One participant reported **the interruption of OST and ART** during her evacuation from Mariupol and during the first two months of her stay in Poland. Problems with **obtaining OST** abroad most often relate to the geographical remoteness of the medicine dispensing facility and the need for frequent visits to these facilities.



**68.8%** of interviewed women sometimes or often experienced at least one of the four types of violence after February 24, 2022. Among them, physical violence accounted for **11.9%**, psychological – **66.3%**, economic – **45.9%**, sexualized – **3.7%**. Comparing the types of violence experienced by women before and after February 24, 2022, an increase in the manifestations of psychological (by **12.2%**) and economic violence (by **9.7%**), and a decrease in the manifestations of physical (by **7.2%**) and sexualized violence (by **4.4%**) in relation to women living with HIV were noted.

## FAMILY PLANNING



**7.8%** of women gave birth after February 24, 2022. **2.5%** were pregnant or probably pregnant and **4.4%** were trying to conceive at the time of the survey. Among women who can have children, the vast majority did not change their plans to have children because of the war (**81.9%**). **7.2%** of respondents decided to postpone the decision to have a child in the near future, and **5.4%** decided that they did not want children while they wanted children before the war. At the same time, **2.3%** decided that they wanted to have a child sooner, and **3.2%** decided that they wanted children while they did not want children before the war. A third of women did not use birth control methods after February 24, 2022 (**33.5%**). One in five used contraceptive methods all the time (**20.4%**), **9.5%** – most of the time, and **13.6%** used it sometimes.

## STATE OF HEALTH AND ACCESS TO SERVICES



In the majority of interviewed women, **the general state of health** worsened (**36.3%**) or significantly worsened (**23.1%**) compared to the period until February 24, 2022. Among **the mental health** disorders after February 24, 2022, women most often experienced fear, anxiety, panic attacks, insomnia, and depression.



For the majority of respondents, **access to ARV treatment (69.1%)** has not changed compared to the period until February 24, 2022. For **14.1%**, access became even easier, and for **11.6%**, access to ART worsened. 4 women (**1.3%**) **interrupted ART**, and 7 women (**2.2%**) **discontinued ART** after invasion. **1.9%** of women were not taking ART before the invasion. Respondents who are (or were) migrants reported that they continue to receive ART in Ukraine, maintain contact with HIV medical specialists, and are grateful for the possibility of obtaining ARV treatment for a longer period. Good rates of adherence to virological monitoring can be demonstrated. The vast majority of women **had their viral load measured** within the last year.



For the majority of respondents, access to **peer support** as a woman living with HIV has not changed (**43.8%**) or improved (**21.6%**) since February 24, 2022. At the same time, this access became more difficult for **12.2%** of women. For **44.1%** of respondents, access to **sexual and reproductive health** services has not changed compared to the period until February 24, 2022.

However, the share of those for whom it became more difficult (**13.1%**) exceeds the share of those for whom it became easier (**9.1%**). For **20.9%** of interviewed women, access to **mental health** services has not changed compared to the period until February 24, 2022. For approximately the same share of women (**20.9%**), access to these services has improved, and for **7.2%** – access has become more difficult. Access to **protection against violence** has not changed for **17.5%** of women. **13.1%** of women believe that access has become easier now than before the invasion, and **1.9%** – that access has become more difficult.

## GEOGRAPHIC ACCESSIBILITY OF HIV SERVICES



More than a third of respondents found it more difficult to get to the nearest HIV facility or specialist compared to the period until February 24, 2022. Available finances allow most women to get to the nearest HIV facility or specialist (**67.2%**), sometimes allow (**27.2%**) and do not allow (**5.6%** of respondents). **14.1%** of respondents depend on their partner to pay for transportation to the HIV facility or specialist.

## QUALITY OF HIV SERVICES



The vast majority of respondents are satisfied with the overall quality of HIV services they received after February 24, 2022. The majority of respondents believe that the quality of HIV services they receive now has not changed compared to the period until February 24, 2022 (**60.9%**). **23.1%** of women believe that the quality has improved. At the same time, for **13.1%** of women, the quality of services has deteriorated.

## ADMINISTRATIVE ASPECTS



Among women who can compare whether the opening hours of an HIV facility have changed after February 24, 2022 (n=191), the vast majority answered that the opening hours have not changed (**77.5%**). The majority also noted that opening hours were and remain convenient (**56.0%**), and another **18.8%** of respondents said that they have become more convenient.

## NON-DISCRIMINATION, PRIVACY AND CONFIDENTIALITY



The majority of respondents noted that their feelings about discrimination did not change under the influence of the war (**60.3%**). At the same time, while one in five feels less discriminated now than before the invasion (**22.2%**), one in eight feels more discriminated (**12.5%**).



The vast majority of interviewed women know where to file a complaint if they experience discrimination due to their HIV status when receiving medical or other services. However, **16.9%** did not agree with this statement, and **3.1%** of women do not know what discrimination is.



The vast majority of respondents believe that privacy and confidentiality provided by an HIV facility or specialist are the same now compared to the period until February 24, 2022 (**77.2%**). For **15%** of women, privacy, and confidentiality are better now than before the invasion, and for **6.3%**, on the contrary, they are worse.



## SEEKING HELP IN OVERCOMING THE CONSEQUENCES OF THE WAR



Among the organisations or institutions to which, according to the respondents, they can turn for help in overcoming the consequences of the war, Ukrainian governmental and non-governmental organisations are leading the way. The expected trend is to apply for help to the organisation of women living with HIV in Ukraine (**71.9%**), because most of the respondents receive or have received services from the CO “Positive women”. **44%** of interviewed women believe that they can seek help from a national or local non-governmental organisation (HIV service, human rights, women’s, etc.) in Ukraine and **40.6%** – from a state institution in Ukraine. **27.2%** of women can turn to an international fund or organisation. **8.8%** do not know where to seek help.



Based on the sample of women who were abroad at the time of the survey (n=75), governmental institutions in the country where the woman currently resides (**60%**), lead in applying for help. A third of migrant women can seek help from the organisation of women living with HIV in Ukraine (33.3%). This indicator is higher than requests for help from national or local non-governmental organisations (HIV service, human rights, women’s, etc.) in the host country (**22.7%**), international funds or organisations (**21.3%**), and organisations of women living with HIV, in the host country (**14.7%**). Only **6.7%** of migrant women indicated that they can seek help from a governmental institution in Ukraine.

## RECEIVING SERVICES AFTER FEBRUARY 24, 2022



Most often, women received food support and other humanitarian aid (sanitary kits, clothes, power bank, etc.). Among permanent services, the respondents indicated social benefits (**50.6%**), food support (**24.1%**), participation in support groups for women living with HIV (**31.9**), as well as ART delivery services (**18.1%**) and humanitarian aid other than food (**18.4%**). Among one-time services, monetary support (**22%**), evacuation/transportation to a safer place (**20%**), dispensing of medicines (except ART), and payment of diagnostics (**20%**) were most often mentioned. Women often received a range of services from different organisations, including referrals and coordination between them.

## BARRIERS TO SEEKING MEDICAL, SOCIAL AND LEGAL SERVICES



When answering questions about barriers to seeking medical, social, and legal services and help after February 24, 2022, respondents most often mentioned the following factors: self-care took a back seat compared to other basic needs (**68.8%**), financial inability (**62.5%**), lack of information about services (**59.7%**), no energy to ask for help (**53.1%**).



The geographical remoteness of service providers (the road takes a lot of time and/or money) is an obstacle for almost half of the interviewed women (**47.8%**). Caring for children and/or other family members is an obstacle for **44.1%** of respondents. Fear of stigma and discrimination due to HIV-positive status remains a problem in seeking help for **42.8%** of women living with HIV. Loss of usual and comfortable surroundings (**45.9%**), lack of friendly HIV specialists (**41.9%**) and HIV service non-governmental organisations (**39.7%**) also became a significant barrier. The language barrier is a significant challenge for migrant women. In addition to the fact that this interferes with seeking services, respondents reported fear of disclosing their HIV-positive status or discrimination by interpreters.








# RESEARCH OBJECTIVES AND METHODOLOGY

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## PURPOSE OF THE RESEARCH:

to study the experiences and challenges of HIV-positive women, caused by Russia's armed aggression against Ukraine, regarding access to medical, social and other services.





## RESEARCH OBJECTIVES:

-  To study the socio-demographic characteristics of women living with HIV after the full-scale invasion of Russia on the territory of Ukraine.
-  To examine the impact of war on women's access to services related to HIV, sexual, reproductive and mental health, protection from violence.
-  To develop recommendations for planning an information and advocacy campaign to reduce barriers to receiving services by women living with HIV in Ukraine.

## RESEARCH TARGET GROUP AND SAMPLE:

320 women living with HIV.

## CRITERIA FOR INCLUSION IN THE RESEARCH:

-  Women living with HIV
-  Above 18 years of age
-  "HIV-infection" was diagnosed before 24 February 2022
-  Resided on the territory under control of the Government of Ukraine before 24 February 2022

## DATA COLLECTION AND ANALYSIS PROCESS:

A semi-standardized questionnaire was developed for the use in the research. The questionnaire consists of closed and opened questions, and included the following key sections: socio-demographic characteristics; identities, vulnerabilities, sexual life; family planning; general assessment of access to services; geographic accessibility and quality of HIV services; non-discrimination, privacy and confidentiality; services and barriers in seeking help. Pilot testing of the questionnaire was conducted by the leaders of the community of women living with HIV. They provided recommendations for its improvement. Respondents answered questions read by trained interviewers who are representatives of the community of women living with HIV (regional coordinators of the CO "Positive women"). The respondents' answers were first entered into a printed questionnaire, and then transferred to an online Google form. To better understand the peculiarities of migration processes and the challenges of taking antiretroviral therapy (ART), 10 in-depth interviews were conducted with migrant women and IDPs, and women who discontinued and interrupted ARV treatment, using a guide for interviewers. Quantitative data analysis was carried out in an Excel table.

Analysis of open questions was carried out by selecting and grouping common topics. In the report, the original writing of the respondents' answers has been preserved as much as possible.

#### **DATA COLLECTION PERIOD:**

December 2023 – January 2024.

All respondents signed **an informed consent to participate in the research**, which declares:



**voluntar participation** (participation in the research is entirely voluntary, woman may decide not to participate in the research before its start or refuse to continue to participate at any stage of filling in the questionnaire),



**confidentiality** (women's first name, second name and place of residence will not be mentioned anywhere in connection with the information she provides; all results will be presented only in the total array, and not individually; all data collected during the research will be accessible only to the Research Team),



**possible inconveniences** (some research questions may touch on intimate, personal and/or emotionally difficult topics; this research does not foresee emergency situations, however, in the event of such, you will be provided with psychological assistance).

If necessary, crisis or motivational counseling is applied to each respondent.



On November 21, 2023, CO "Positive women" conducted training for regional coordinators and Secretariat staff. The training was aimed to strengthen the capacity of the community of women living with HIV to conduct community-led research. During the training, the participants discussed the research goals and methodology, selection criteria, coding of respondents, deadlines, performance of indicators and relevant reporting; planned the process of research data collection, storage, and exchange.

#### **RESEARCH LIMITATIONS**

For security reasons, the research sample did not include women who, at the time of the research, lived in the territories of Ukraine temporarily occupied by russia. The research did not cover women who live in regions where there are no regional representatives of the CO "Positive women", namely the Volyn, Zakarpattia, and Ternopil oblasts. The research is not representative.

# RESULTS OF THE RESEARCH

320 women living with HIV participated in the research, among them:

-  120 women (**38%**) have been officially displaced, including 19 women (**6%**), since 2014;
-  105 women (**33%**) have been displaced, including temporarily abroad.

Ten in-depth interviews were additionally conducted with women who had experience of migration to another country or those who had interrupted or discontinued ARV treatment (two of them were not interviewed).

## SOCIO-DEMOGRAPHIC CHARACTERISTICS

The average age of the research participants was 41.6 years (range of 20-70). At the time of the research, almost half of the respondents were aged 35-44 (48%), every fourth (26%) was aged 45-54, and every sixth (16%) was aged 25-34. Less represented are women in the age group of 55 years and older (8%), much less – in the age group of 18-24 years (2%).

There are significantly more women with professional education (45%), but fewer with higher education (19.7%) or incomplete higher education (10%).

43.8% of respondents indicated that they are in a relationship and live with a partner, 15.6% are in a relationship but do not live together, 34.4% are not in a relationship and do not have a sexual partner(s).

18.8% of the research participants have no children. 44% of respondents have one child (64.3% of them are minors), 25% have two children (55% of them are minors), 8% have 3 children (56% of them are minors), 5% have 4 or more children (40% of them are minors). *See Diagram 1.*

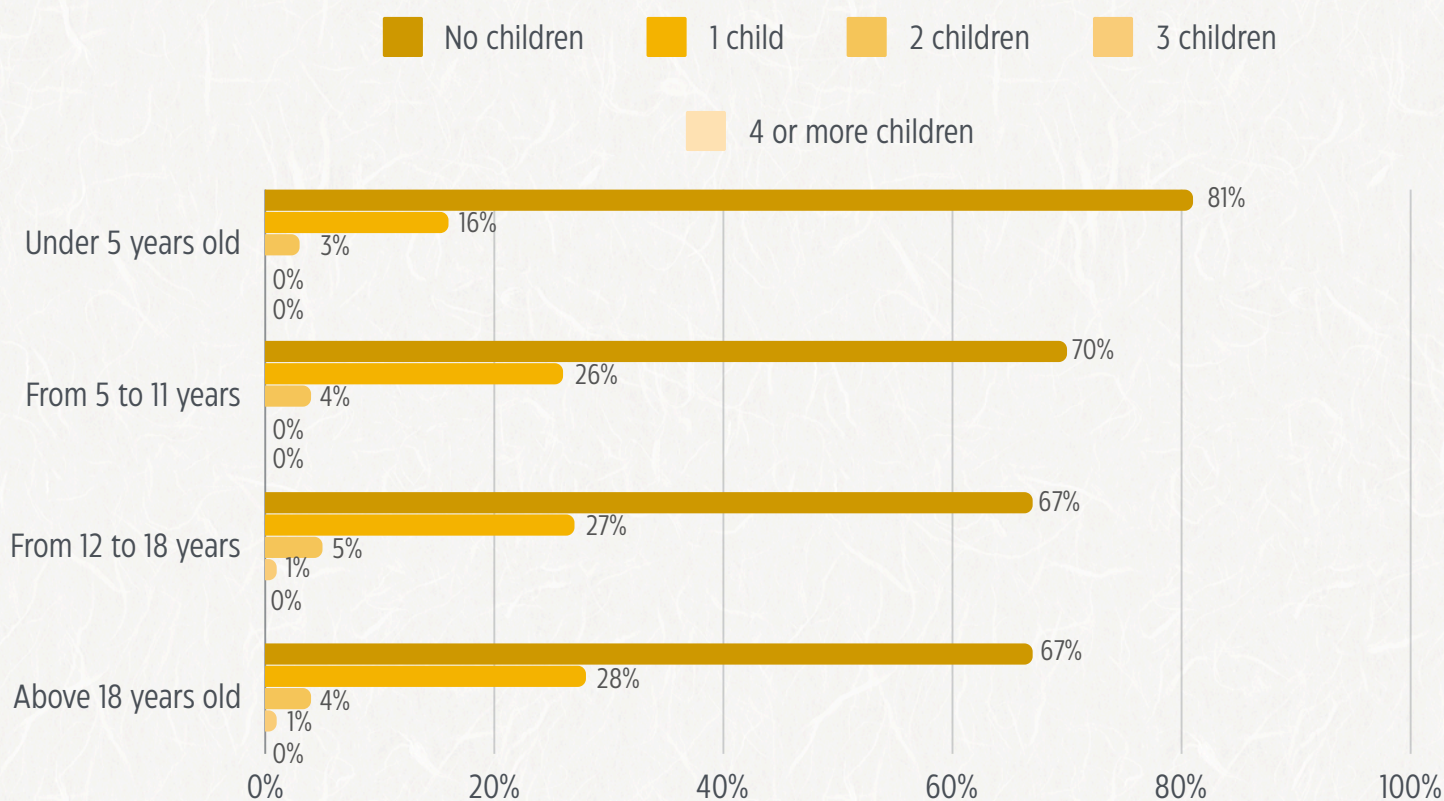
39.7% of respondents answered that the income in their household is not quite enough to meet daily needs, and for 26.3%, it is not enough at all. Half of the research participants assessed their economic status as not particularly wealthy (49.7%), and 44.7% – as completely poor.

Table 1. Socio-demographic characteristics

Socio-demographic characteristics								
<b>Age</b>	18-24	2,2%	7	<b>Relationships*</b>	Relationship with partner, living together	43,8%	140	
	25-34	15,6%	50		Relationship with partner, but not living together	16,3%	52	
	35-44	48,1%	154		Not in a relationship, but have sexual partner(s)	5,6%	18	
	45-54	26,3%	84		Not in a relationship and have no sexual partner(s)	34,4%	110	
	55+	7,8%	25		Divorced	7,2%	23	
<b>Education</b>	No formal education	0,3%	1		Widow	9,1%	23	
	Elementary school	1,3%	4		Other	0,9%	3	
	Secondary school	23,4%	75		<b>Children</b>	No children	18,8%	60
	Secondary special education	45,0%	144			1 child	43,8%	140
	Incomplete higher education	10,0%	32			2 children	25,0%	80
	Higher education	19,7%	63	3 children		7,8%	25	
Post-graduate school or degree	0,3%	1	4 or more children	4,7%		15		
<b>Household income to meet daily needs</b>	Fully enough	2,2%	7	<b>Economic status</b>	Not wealthy at all	44,7%	143	
	Mostly enough	15,3%	49		Not particularly wealthy	49,7%	159	
	Usually enough	16,6%	53		Wealthy	4,4%	14	
	Not quite enough	39,7%	127		Rather wealthy	0,6%	2	
	Not enough at all	26,3%	84		Very wealthy	0,6%	2	

\*multiply choice

**Diagram 1. Having children, by age (n=320)**



## THE IMPACT OF THE WAR ON EMPLOYMENT, ECONOMIC, PROPERTY STATUS AND RELATIONSHIPS

After February 24, 2022, for most women, the economic situation of their household worsened (71.6%), for every fifth it did not change (21.9%), and only for 6.6% it improved.

The majority of respondents lost their income – partially (41.3%) or completely (16.6%). A fifth of the interviewed women (20.6%) did not feel any changes, and only 8.8% saw an increase in income. 12.8% indicated that they had no personal income until February 24, 2022.

“

*“In general, the economic situation of my household has worsened, my husband has lost part of his income, but if compare my income “before” and “after”, then now, together with social benefits and salary, I receive more than I received in Ukraine.”*

”

More than a third of respondents experienced property losses. One in ten property was completely occupied (10.3%), 3.1% partially occupied. One in eight had their property partially destroyed (13.1%), 3.1% of respondents had their property completely destroyed, and 4.7% lost all their property due to the war. 65.6% of women did not experience significant property losses. Also, some of the interviewed women noted that even if they have undamaged property in the unoccupied/de-occupied territory, they cannot use it due to constant shelling and are forced to rent new housing.

“

*“My house is in a front-line city. Due to an explosion nearby, the house was cracked, the bathroom door and hood were blown off. I had to sell the car because of the debts incurred due to the war.”*

*“All my property (apartment, things, etc.) remained in Slovyansk, and, accordingly, I cannot use it, because I am afraid to return home.”*

*“For three months, together with my husband, his mother, and brother, we lived in the sports hall of the school.”*

*“My house is partially destroyed, but my apartment is not damaged. At the moment, I cannot use my property.”*

*“The psychologist of “Chernihiv Network” passed the therapy during the shelling through an acquaintance, I already had a two-week break at that time. An acquaintance was looking for us in bomb shelters to pass ART, because by that time our house had already been completely destroyed.”*

Before the full-scale invasion, half of the women were employed and receiving salary (50.6%), one in five was unemployed (21.6%), and one in ten was on maternity leave or caring for a child, including one with a disability (9.1%). 7.8% were retired, including on disability. 5.9% of respondents were self-employed or ran their own business, and another 5.6% worked in the informal sector or engaged in piecework. 3 women were students (0.9%).

After the full-scale invasion, 17.8% of interviewed women lost their jobs or businesses. 13.8% of respondents changed jobs, 9.4% became temporarily unemployed, 5.3% got a job, and 3.4% went on maternity leave. 18.1% of respondents did not experience changes in their employment status and continued to do the same work, but 6.9% had an increased workload, and 2.8% had a decreased workload. At the same time, 29.1% of respondents remain unemployed or retired, or take care of a child or are students.

*“I have completed an internship at a law firm. Due to a full-scale invasion, the company had to cut staff. Therefore, the vacancy for which I was interning was no longer relevant. I had to get a job in a coffee shop, as there were no vacancies in the legal field.”*

*“The employer insisted on submitting a resignation letter, but I refused. According to the latest information, I am in a status with job retention, without salary retention, but there is no way to check this information.”*

*“I still have a job in Ukraine, if I return, I will do the same job.”*

*“Until the full-scale invasion, I was financially supported by my foster parents. In April 2022, they brought me to the border with Poland, gave me a card with a scholarship and left. I never saw them again.”*

*“I got a job with the help of CO “Positive women”.”*

*“At the beginning of the full-scale invasion, the employer issued wages for several months in advance. In case I need to flee the country.”*

*“Now people are offered work, but they don't want to go to work, so from January 1, if a person is offered work three times at the employment centre and they refuse, they will stop receiving benefits. At the moment, I'm learning the language at school in order to get a job.” (Germany)*

*“Because of my age, it was important for me to find a job in Ukraine. At the age of 46, I started traveling abroad to earn money. I worked abroad for three months and returned home for three months. Before the start of the war, my friends and I got visas for six months and planned to rest in the summer, but it didn't work out.”*

*“I was fired from my job during the occupation. When I left the occupation, at first, I worked part-time. In the first months, I had to visit many foundations and organisations in order to stock up on products and basic necessities, because there were no funds for all of this. When I wanted to go full-time, I was fired because there was no way to offer me anything at that time. Then I worked for 8 months in a store, but on a very difficult schedule with 4 days off a month and 12 hours each day. The child's condition was severely neglected because I was constantly at work. The job was physically demanding, and I started losing my son due to lack of attention on my part. I had to choose between money and a child.”*

*“The biggest help for me is an invitation to work. I became economically independent from my husband, I have the opportunity to independently provide for almost all the needs of the children, which significantly improved my psycho-emotional state.”*

*“I am very grateful to the Club “Svitanok” for the fact that, despite the war and horror in our oblast, I have a permanent job.”*

During the interviews, migrant women noted difficult working conditions, which, among other things, affect access to examination and treatment.

“

*“It’s a slavish 12-hour day here. I worked for 2 weeks in the warehouse, but the working conditions, form, schedule, etc. are extremely unpleasant. They command you not to rest, not to sit down, not to go to the toilet more than 2 times, etc. Then my back seized up and I was able to get expensive medicine from the insurance. After that I did not work. It is also impossible to combine work with treatment due to overlapping work schedules. In the warehouse, the guards may not like you, and they will make you strip naked and squat. To make sure there is no theft.” (Slovakia)*

*“After all the visits to hospitals, I became very busy at work. They did not want to release me from work for 2-3 hours. They sent it to me once from Ukraine, but I had to go to Warsaw and fill out the documents in person. Then I did not have such an opportunity. They lay for a month and returned to the sender.” (Poland)*

*“I don’t see the point of going anywhere (for medical services) because of the threat of dismissal. I did not pass any tests. We pay high taxes for healthcare, more than 100 US dollars, and use minimal. It is not advisable to go on sick leave. Czechs more actively use the opportunity to go on sick leave, after which they may not be at work for months. We can’t do that, because the manager can simply fire us so that we “don’t get sick”.” (Czech Republic)*

*“(Where do you work?) In a sanatorium for the elderly. (Physically hard work?) Yes, both physically and morally hard. (Do you have enough earnings?) It is enough. I pay a lot for housing and transfer some money to my daughter in Ukraine. She rents an apartment in Lviv, which is quite expensive.” (Czech Republic)*

*“I had work since eight in the morning. I did two jobs: I cleaned a hotel, then a private house. Then I sold dumplings.” (Poland)*

”

In 5.3% of the interviewed women, their partner defends Ukraine in the ranks of the Armed Forces or other structures, and 8 women (2.5%) lost their partner due to the war (died). In 44.7% of respondents, the relationship with their partner did not change under the influence of the war. Every fifth respondent was not in a relationship until February 24, 2022 (21.9%). 9.1% of respondents broke off a relationship, and 7.8% started a new relationship after February 24, 2022. 2.8% of women live with a partner in certain oblasts of Ukraine, and 5.9% – in certain countries, maintaining relationships. See Diagram 2.

“

*“Now we are in a relationship, but we do not live together. My official husband remained in Ukraine. We see each other from time to time and maintain a free relationship. Now I have a sexual partner in France.”*

*“My partner was in a colony at the time of the full-scale invasion, our relationship was interrupted due to the fact that after his release he was not able to go to the controlled territory.”*

”

**Diagram 2. Changes in relationship under the influence of war (n=320)**

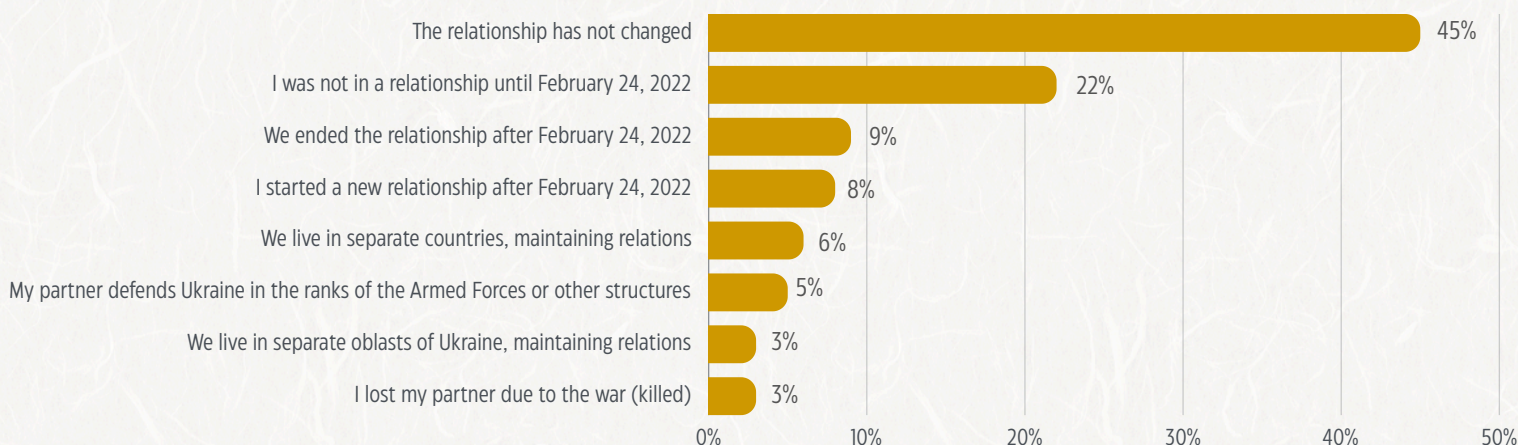


Table 2. Changes in employment, economic, property status and relationship after February 24, 2022

Changes in work, economic, property status and relationship			
<b>Economic situation of the household</b>	Economic situation of the household has worsened	71,6%	229
	Economic situation of the household has not changed	21,9%	70
	Economic situation of the household has improved	6,6%	21
<b>Income after February 24, 2022</b>	I completely lost all income	16,6%	53
	I lost part of my income	41,3%	132
	No changes	20,6%	56
	My income has increased	8,8%	28
	I had no personal income until February 24, 2022	12,8%	41
<b>Property status (real estate, cars, furniture, things)</b>	My property is partially occupied	3,1%	10
	My property is fully occupied	10,3%	33
	My property is partially destroyed	13,1%	42
	My property is fully destroyed	3,1%	10
	I lost all my property because of the war	4,7%	15
	I did not experience significant property losses	65,6%	210
<b>Were you employed as of February 24, 2022? (n=320, multiple choice)</b>	Employed and received a salary	50,6%	162
	Self-employed / Ran her own business	5,9%	19
	Worked in the informal sector / did piecework	5,6%	18
	Retired, including on disability	7,8%	25
	Maternity leave / Caring for a child, including one with a disability	9,1%	29
	Unemployed	21,6%	69
	Student	0,9%	3
	Other	1,6%	5
<b>Has there been any change in your employment status since February 24, 2022?</b>	Still unemployed / retired / taking care of a child / student	29,1%	93
	I lost my job / my business	17,8%	57
	I changed my job	13,8%	44
	I am temporarily unemployed	9,4%	30
	No change: I keep doing the same job	8,4%	27
	I continue to do the same work, but the workload has increased	6,9%	22
	I got a job	5,3%	17
	Maternity leave	3,4%	11
	I continue to do the same work, but the workload has decreased	2,8%	9
Other	3,1%	10	
<b>Has your relationship with your partner changed as a result of the war?</b>	The relationship has not changed	44,7%	143
	I was not in a relationship until February 24, 2022	21,9%	70
	We ended the relationship after February 24, 2022	9,1%	29
	I started a new relationship after February 24, 2022	7,8%	25
	We live in separate countries, maintaining relations	5,9%	19
	My partner defends Ukraine in the ranks of the Armed Forces or other structures	5,3%	17
	We live in separate oblasts of Ukraine, maintaining relations	2,8%	9
I lost my partner due to the war (killed)	2,5%	8	

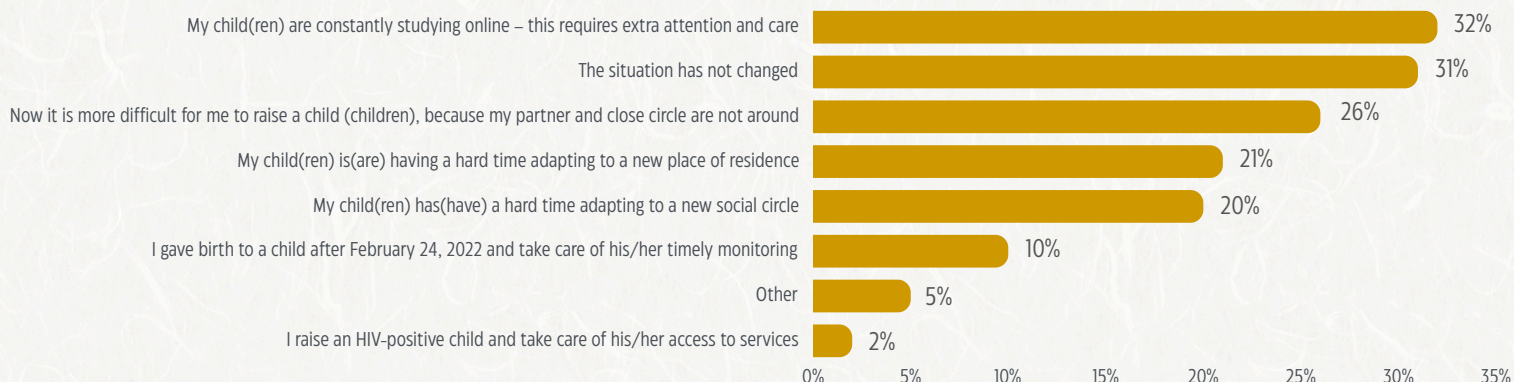
## DIFFICULTIES WITH RAISING CHILDREN UNDER THE INFLUENCE OF WAR

In a sample of women raising minor children (n=215), a third of mothers noted that their child(ren) are constantly learning online and this requires additional attention and care (32.1%). A quarter of women now find it more difficult to raise a child (children) because their partner and inner circle are not close (25.6%). Every fifth mother has a child(ren) having difficulty adapting to a new place of residence (21.4%) or to a new social circle (19.5%). The situation has not changed for almost a third of respondents who raise minor children (31.2%). 4 women (1.9%) raise an HIV-positive child and take care of their access to services. 9.8% of women gave birth to a child after February 24, 2022 and take care of its timely monitoring. See *Diagram 3*.

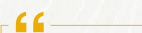
“In the country of our stay (the Netherlands), it was mandatory to attend the local school. The child returned from school at 4:00 p.m. The Ukrainian school did not provide the opportunity to study remotely. The child had to study the entire Ukrainian educational programme by himself. And this is completely impossible due to the child’s lack of time and the fact that I simply did not have the time and opportunity to help him in this. The class teacher demanded that we pass 24 test papers in order for the child to be transferred to the next semester and threatened that he would not be transferred if we did not pass all these test papers. It was psychological pressure and I took it upon myself so as not to injure the child. If I required the child to study all this and do the tests on his own, I am sure that this would have a very negative effect on his psychological state. As of today, when we returned to Ukraine, my son is very behind the general curriculum, but the teachers are not interested in conducting additional classes. The requirements for assessing knowledge are the same as for children who continued to study in Ukraine during the war. I don’t know what to do with it yet.”

“As for today, everything is fine. I lived alone with my children for more than a year, my husband stayed in Kyiv, it was very difficult for me alone.”

### Diagram 3. Difficulties with raising children under the influence of war (n=215, multiply choice)



Among other difficulties, the women noted the forced separation from their children (different oblasts of Ukraine or another country), the need to provide psychological support to the child when the woman herself is under stress, the lack of skills to “talk about the war” with a child, the need to master the missed educational material after returning to Ukraine, etc.



*“My sons’ access to education has improved. They have a disability and are under pedagogic patronage.” (Kherson-Cherkasy Vocational Education and Training Centre)*

*“The older child, due to constant stress, air alerts and quarrels that became more frequent between me and my husband after the start of the war, has become very nervous and needs psychological help.”*

*“My child went abroad with his grandmother, now they have returned and also live separately. I have no opportunity – neither financial nor physical – to raise my son now.”*

*“It is difficult to explain to children what war is and what its consequences are. Children remain children, they still want new toys and sweets. They cannot understand why dad has lost part of his income and is unable to fully provide for the family’s basic needs now.”*

*“It is difficult for me because my three children are now abroad with my parents. And the youngest, a six-month-old child with her father, who does not allow me to see her because of my status.”*

*“The child often asks about Ukraine; she worries about her relatives who remained in Mariupol. It’s hard for me to listen to this.”*

*“(Do you plan to return to Ukraine? Under what conditions?) Of course, when at least the safety of my children is ensured. When all the conditions will be there for them. No matter how difficult it is in Poland, I can treat my child at least a little, but there is no possibility of treatment there. My son has cerebral palsy. Here, at least once every four months, I can apply and send him to rehabilitation. Now I don’t do this because I can’t pay for it. In Ukraine, I can only go to the sanatorium once a year.”*

*“There have been more refusals from drivers of oblast minibuses for free transportation based on a certificate of a large family.”*

*“My son is 8.5 years old. The child has psychological issues. When we were taken prisoners, he saw everything, he saw the occupiers... Then I looked for a psychologist for myself and my son, who began to be afraid of all military and police officers. He and I went to Ohmatdyt for a month, we passed many examinations that I wanted to pass back in Kherson. Free, for which I am grateful to the doctors. Through the social service, we received help for four months. A very good psychotherapist who helped us a lot to get over our traumas. At that time, I told my son a lot that he should not be afraid, because these are our military and police, that they do not pose a threat. He had a lot of stress and aggression when he found out that his grandmother died. He cried a lot, and I felt guilty that she stayed there. He began to say aggressively that he would grow up and kill them all.”*



*“I really didn’t want to leave, even when a ballistic missile hit a military town very close by. Then my son was playing in the room whose windows face that side, he saw that flash. He started crying and telling me he didn’t want to die. I thought I was going crazy because I didn’t know what to say to him. I said that everything was fine, but everything was not fine. It didn’t sound real.”*

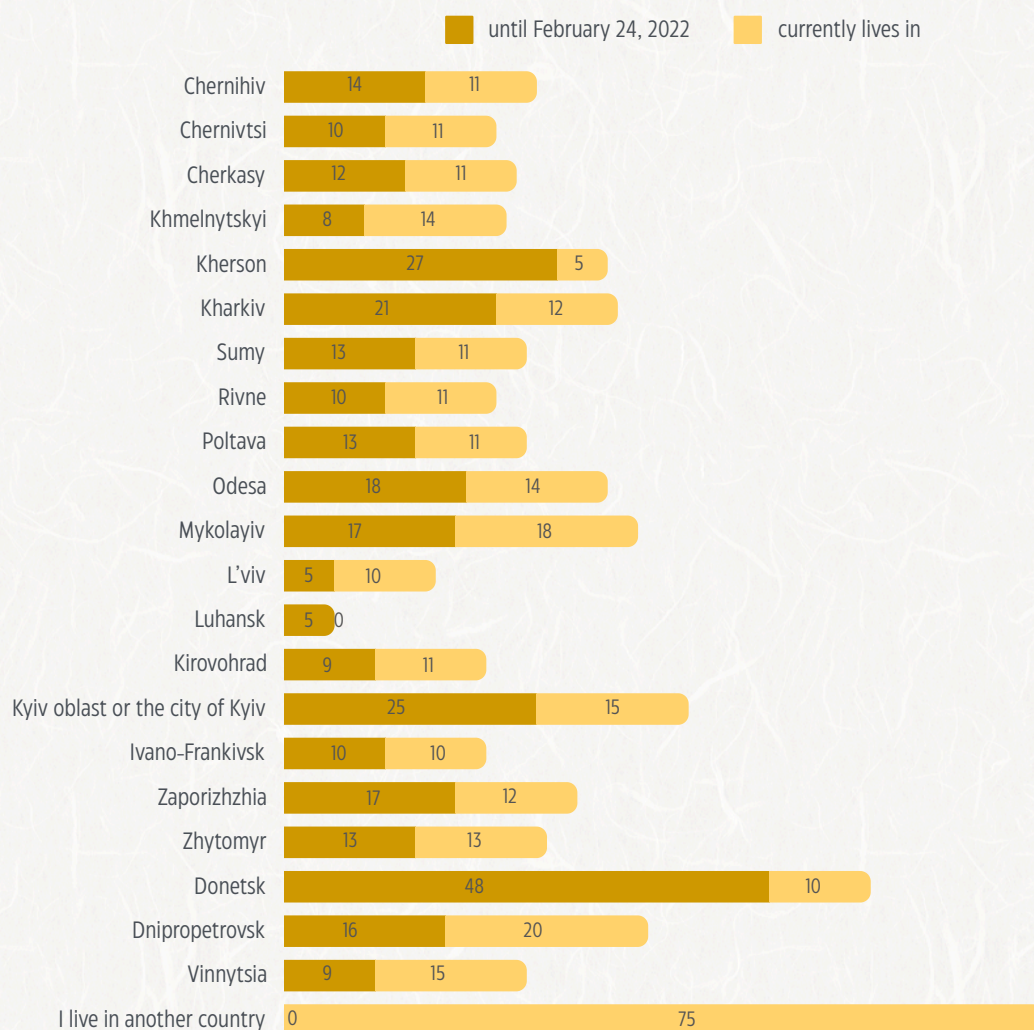
*“When the training air alarm was activated (at a school in Germany), he covered his head with a sweater and went to the social worker with a request to call his mother. He was worried about me. Then he could not enter the classroom and sat next to him. He was transferred to another class. Social workers worked with him, providing psychological support. To my mind, turning on the air alarm, with our experience, was pointless. In another class, he had friends and studied normally, but he never entered the class where the siren caught him.”*



## MIGRATION PROCESSES CAUSED BY WAR

From the moment of Russia’s full-scale invasion of Ukraine on February 24, 2022 and until the time of the interview (December 2023 – January 2024), respondents most often left and did not return to Donetsk (38), Kherson (22), Kyiv oblast and the city of Kyiv (10), Kharkiv (9), Zaporizhzhia (5) and Luhansk (5) oblasts. Most often, respondents moved to another country (75), as well as to Vinnytsia (6), Khmelnytskyi (6), Lviv (5), and Dnipropetrovsk (4) oblasts. See Diagram 4.

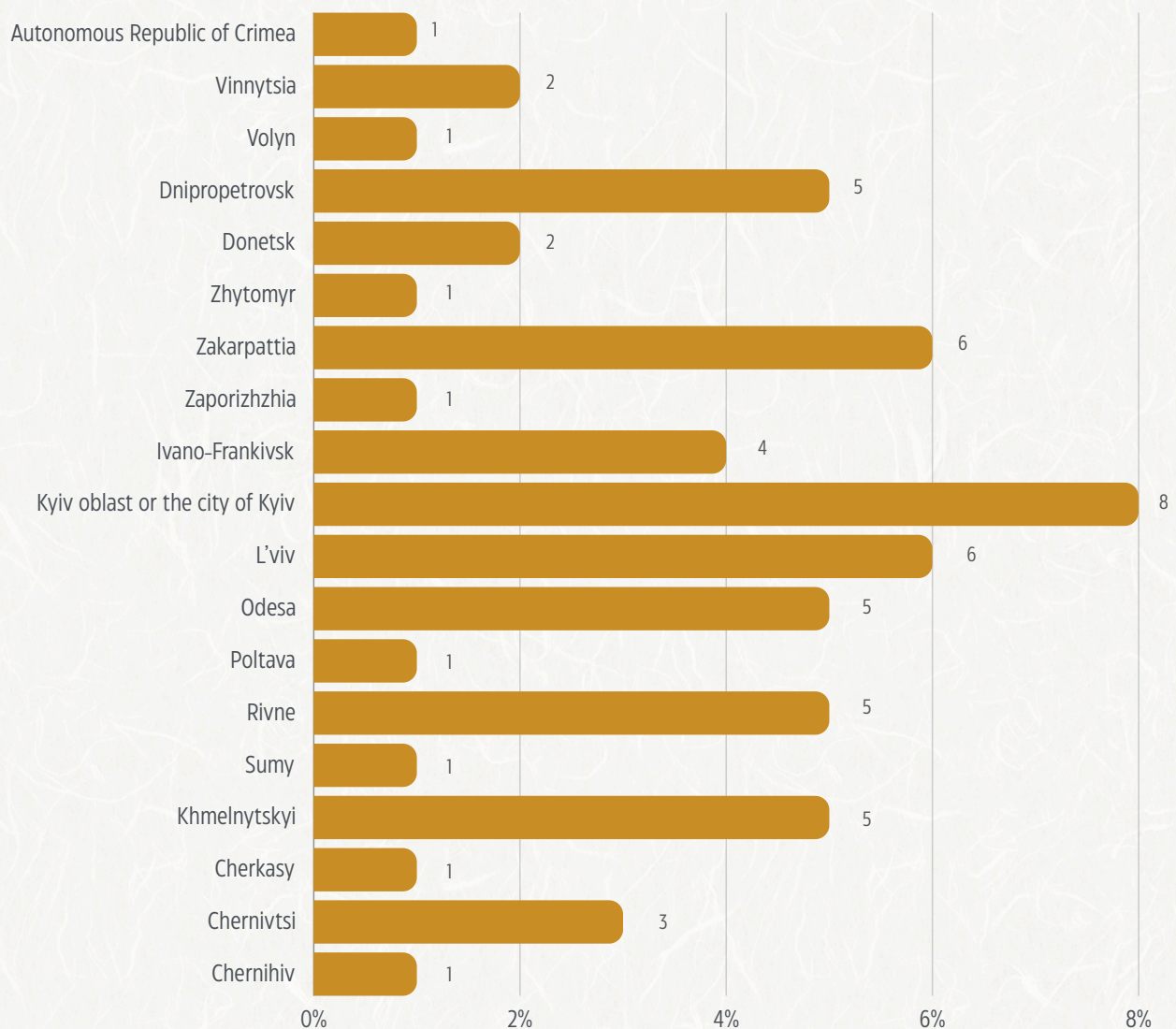
**Diagram 4. The oblast of Ukraine in which the woman lived until February 24, 2022 and currently lives (n=320)**



Most often, women moved temporarily due to the war (for a week or more, and then returned to their home or moved to another oblast of Ukraine or the country) to Kyiv oblast and the city of Kyiv (8), Zakarpattia (6), Lviv (6), Dnipropetrovsk (5), Odesa (5), Rivne (5) and Khmelnytskyi (5) oblasts. See Diagram 5. Women reported the difficulties of staying in a new place, in particular, unacceptable living conditions, prejudiced attitudes and psychological pressure of the local population on the displaced woman:

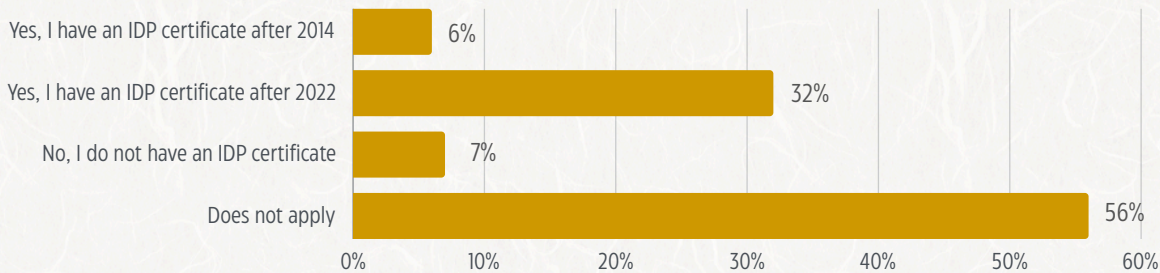
“I moved from Poland with my friend and her children to Truskavets, we were accommodated in a sports hall on the floor. The women who worked at the school constantly exerted psychological pressure on the IDPs, they accused us of the fact that the war started because of us. Due to religious beliefs during the holidays, the women did not allow us to wash clothes for a week. Due to constant psychological pressure and inhumane conditions, I returned home to a front-line town.”

**Diagram 5. Which oblast of Ukraine did you temporarily move to? (n=48, multiply choice)**



Almost a third of the respondents have the official status of an internally displaced person (IDP) after 2022 (32%), and 6% of the participants – since 2014. See Diagram 6.

**Diagram 6. Do you have the status of an internally displaced person (IDP)? (n=320)**



Women mostly explained the lack of a certificate of IDPs by returning home. At the same time, women also mentioned administrative and financial obstacles:

- “I was refused because there were no active hostilities in Odesa, where I moved from.”
- “The IDP status was withdrawn because I returned to my place of residence in the Sumy oblast.”
- “At the beginning of the war, I lived and worked in Odesa, and after the deoccupation of Sumy, I decided to return home. I do not need an IDP certificate because I am a native of Sumy.”
- “I was wanted, so I did not register anywhere and hid my whereabouts.”
- “The Department of Social Protection of the Population provided me services for a very long time, but I have never received a certificate or payments.”
- “I submitted the documents, now I’m waiting for a response.”
- “I was sent to make a certificate in the city of Ovidiopol, Odesa oblast. I have no funds and cannot arrange a trip.”
- “I had no passport.”
- “My IDP status was withdrawn as soon as I returned home to Kramatorsk.”
- “It was not necessary, I planned to return home.”
- “I first went to Khmelnytskyi for a few days, then I spent a month in Zakarpattia oblast, and two days in Lviv. At that time, I was “not up to it” (IDP certificate), I did not think about it, there were other pressing issues. Then I went abroad for a month. When the situation relatively stabilized, I returned to Chernihiv.”

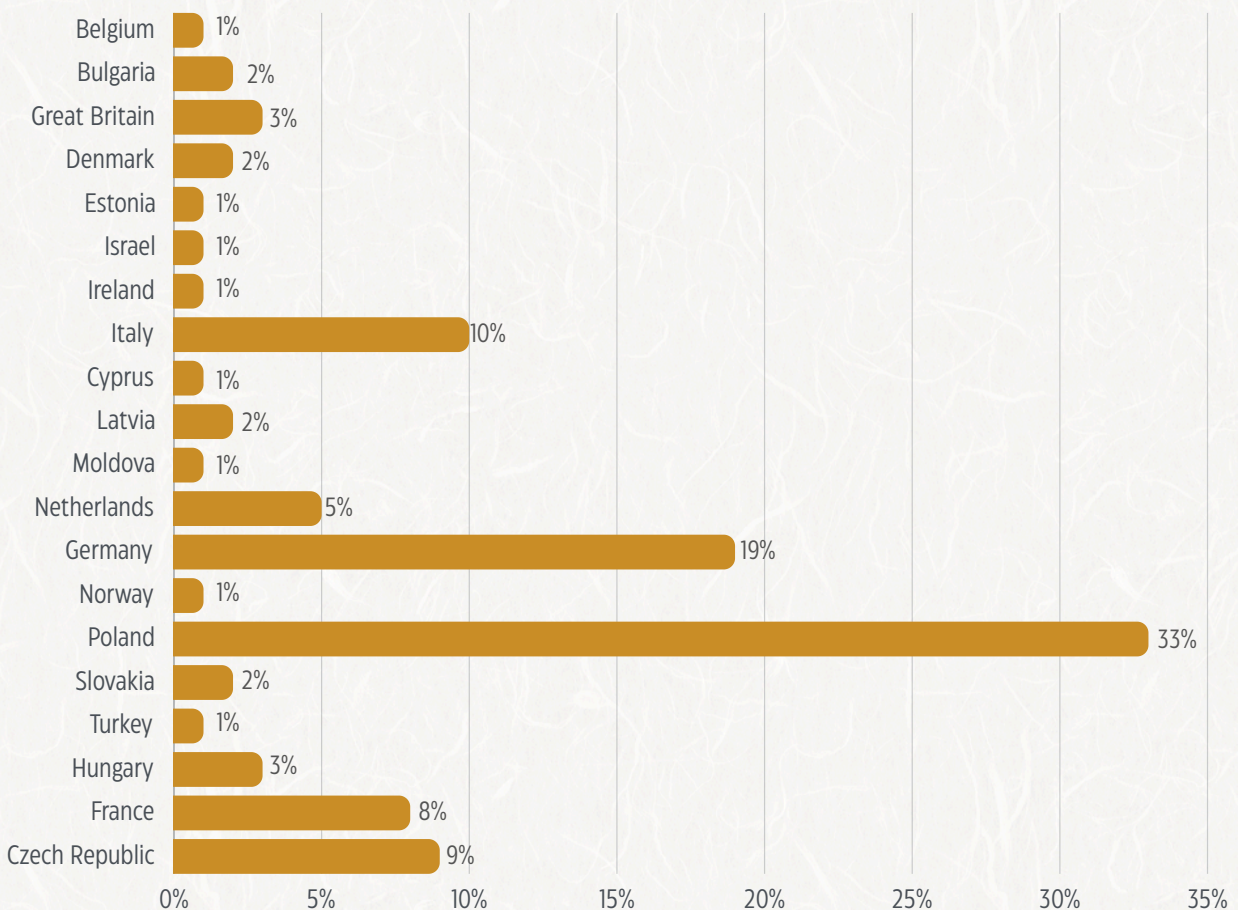
A third of respondents (33%) moved to another country because of the war, and one in five of them returned to Ukraine. See Diagram 7.

**Diagram 7. Have you moved from Ukraine to another country because of the war? (n=320)**



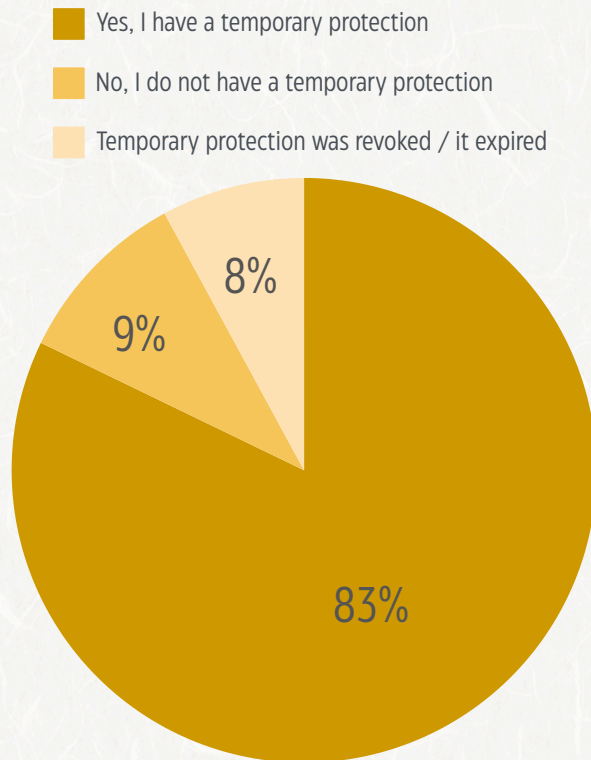
The respondents most often moved (including temporarily) to Poland (33%), Germany (19%), Italy (10%), the Czech Republic (9%) and France (8%). See Diagram 8.

**Diagram 8. Country(ies) to which you have moved, including temporarily (n=105, multiply choice)**



The vast majority of women who migrated abroad have or had temporary protection in the host country (90.5%). See Diagram 9.

**Diagram 9. Do you have or did you have temporary protection in a new country? (n=105)**



Women’s lack of temporary protection was mostly explained by returning home to Ukraine.

““

*“I have been in Poland since March 2022; at that time, I received temporary protection – “UKR status”. Since August 2022, I have been on the territory of Ukraine, so the status has been cancelled.”*

*“I was in Poland for a short time and returned to Ukraine, the temporary protection was canceled due to my return to Ukraine.”*

*“I was in the Czech Republic from March to July 2022. I received temporary protection – “Status UKR”. In July 2022, I returned to Ukraine and the status was cancelled.”*

*“Israel does not accept refugees; I came on a tourist visa. My relatives live in this country.”*

*“Temporary protection has expired.”*

*“I do not need it.”*

*“I did not request it.”*

*“I have been in Cyprus since March 2022; at that time, I received temporary protection – “Status UKR”. Since June 2022, I have been on the territory of Ukraine, so the status has been cancelled.”*

*“It expired; I had it.”*

*“I was in Poland for a short time (3 months) and did not have time to issue documents.”*

*“I was in Poland from April to July 2022; I had temporary protection there. Then the volunteers suggested that I go to Scotland. I lived in Scotland for 4 months, in a private house, with an elderly couple. Social workers came to me and filled out the paperwork, and after a week I started receiving 500 pounds a month. My visa was running out and in October 2022 I decided to return to Poland, where I had temporary protection. At the end of October 2022, I returned to Ukraine.”*

*“I was there for a month, then I returned to Ukraine.”*

## **SOCIAL SUPPORT ABROAD**

Usually, women receive social support abroad, which varies depending on the country of stay. The most favorable reviews were given to Germany, which also affects the decision not to return to Ukraine. Access to social assistance may depend to a large extent on the host family, as for example in Poland.

*“After arriving in Germany, my mother and my dog stayed in a refugee camp for about 2 months, then we were sheltered by a German family, where we lived for three months before receiving social housing. It was the most tangible help. We receive social benefits from the Job Centre for housing rent and daily needs.”*

*“I am thankful to the Czech Republic for providing us with shelter and protection. We had the opportunity to live there for free for a year. We received significant humanitarian aid in the form of a food kit, hygiene kit, dishes and clothes.”*

*“In Slovakia, social benefits are very small, 85 euros per month. In the beginning, there was a lot of support other than money, but now there is nothing but it. Slovaks are also paid 300 euros in compensation for providing housing to refugees, but the refugee does not see this money, because the contract is concluded with the owner of the housing.”*

*“(Are you getting help?). Yes, social benefits (help) from the German government. The government monitors my activities and compensates me for part of the costs of transportation, education and other expenses. The allowance is very good, housing is also paid for. The apartment is twenty meters long with everything I need and it’s enough for me. At the moment I am studying the language at school in order to get a job. (You don’t plan to come back at the moment?) I get help here and if I find a job after finishing the courses, I would stay here.”*

*“We lived for free for a year, we were provided with housing. Now no, we pay for housing ourselves and I work.” (Czech Republic)*

*“There are social workers who work directly here in the refugee hostel, and they explain everything, they tell you in Russian, they are German.” (Germany)*

*“A social worker helped me submit documents for temporary protection. We received 500 euros for me and 200 euros for my son every month. We arrived in March, started receiving aid from May until August, and returned to Ukraine on September 5.” (Germany)*

*“Before, they paid 500 zlotys plus 1,200 for single mothers and 420 for disability. Also, some private person paid me 600 from himself (300 for the children). In Poland, everything depends on the housekeeper (lady), because you need to collect documents and make an appointment with a therapist, and she may not have time. (Do you depend on her in this context?) In all document contexts, I depend on her. I lost a lot of help because I didn’t collect the documents on time. I depended on her schedule and condition.”*

## ATTITUDE TOWARDS MIGRANTS

In several interviews, respondents noted the contemptuous attitude towards refugee women from Ukraine.

“The attitude towards migrants has generally changed for the worse, we are accused of increased prices, etc.”  
(Slovakia)

“The Czechs don’t like us either. Sometimes, even a normal-looking Czech woman would even doubt, “whether we are even humans (Ukrainians)”.

## IDENTITIES, VULNERABILITIES, SEXUAL LIFE

### SEXUAL ORIENTATION AND SEXUAL LIFE

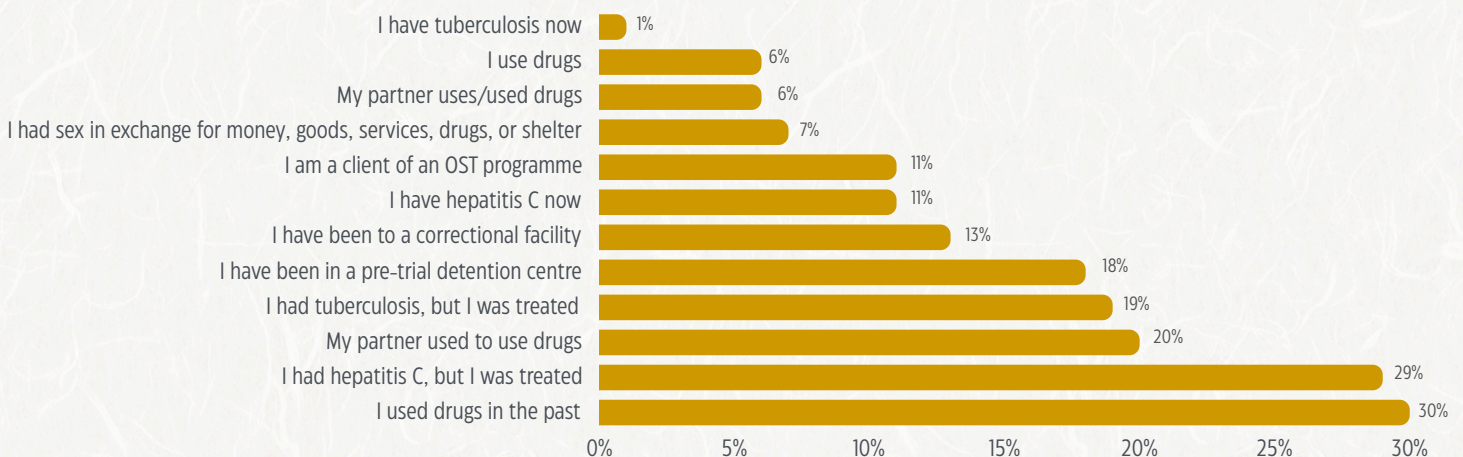
The vast majority of respondents are heterosexual women (96.3%). Bisexual women made up 3.1%, and pansexual women – 0.6%. A third of respondents engaged in sex during the last week (32.5%) and 14.1% –during the last month. 7.8% of women have not had sex for more than a year, and 18.1% – for more than 2 years. 7.8% refused to answer this question. Almost half of respondents are in discordant couples (43.4%), that is, they have one or more partners who are not living with HIV. Every fifth of the interviewed women has one or more partners living with HIV (19.4%). 3.8% of respondents do not know the HIV status of their partner. A third of respondents answered that they do not have a sexual partner now (33.4%).

### KEY POPULATIONS AND COMORBIDITIES

More than a third of the interviewed women indicated the experience of drug use (35.3%). 11.3% of respondents are participants in the opioid substitution therapy (OST) programme. 25.9% have partners with drug use experience. Every eighth respondent was in the past in a correctional facility (12.5%), and every sixth – in a pre-trial detention centre/isolator (17.5%). 6.6% had sex in exchange for money, goods, services, drugs or shelter. Every fifth respondent has a history of tuberculosis (20%). 40.3% of the interviewed women had or have now hepatitis C. See Diagram 10.

“I am very grateful to this hospital in Poland, because they cured my daughter’s hepatitis C there. It remains to cure mine.”

**Diagram 10. Key populations and comorbidities (n=320, multiply choice)**



One interviewee reported interrupting OST and ART during her evacuation from Mariupol and during the first two months of her stay in Poland. Problems with **obtaining OST** abroad most often relate to the geographical remoteness of the medicine dispensing facility and the need to visit these facilities frequently, for example, every other day (Germany) or twice a week (Slovakia).

“I was on a substitution programme, I was very sick (during the evacuation from Mariupol), I did not eat, I was vomiting. (Didn’t you have a supply of medication with you?) I had nothing, a couple of pills, but I used them all during the ride. The same with ART. I turned to the volunteers, explained the situation, and they tried to help us, but they couldn’t help us without a “pesel” (document). (How many days were you and your daughter without antiretroviral treatment? How many without replacement therapy?) Around May 15 (two months). Then, already in Poland, other medications were prescribed.”

“OST is issued for a month (How do you rate the quality of substitution therapy (methadone) in Poland? Does it correspond to the dosage you need?) Yes. Sometimes it happens that I can even not take the therapy, while feeling normal. When I first arrived, I was sick to the point that I wanted to lay hands on myself, when I had nothing. But now I can do without taking therapy. The doctor says that I can increase the dosage, but I, on the contrary, want to lower it. There was a situation when I took 30 in the morning and 30 in the evening, but the doctor said that it was wrong, I would want more and “catch up with beer”. He was right. When I started taking 60, the condition stabilized. Sometimes I forget that I need to take the therapy. And only on the third day, when I start to feel fever and twist my legs, I remember that I need to take therapy.”

“It helped me that I have been working in this field for a long time and know my rights. That one shouldn’t interrupt OST and ART. I managed to avoid interruption, but not officially. Officially there was a delay of 4 days of OST and 2 weeks of ART, and the doctors knew about it, but I did not have insurance in Germany.”

“In Slovakia, the methadone programme is only available in three cities, and I lived fifty kilometres from the nearest one. We had to go to Bratislava. Joining the programme turned out to be very easy – within half an hour. No problems. The only thing that is infuriating is that they give out at best 2 times a week, and in the worst case you have to go every day, except for weekends. I’m still registered there on substitution therapy.”

“If there were no problems in Berlin, then Munich and Bavaria have the toughest drug policy. If you don’t have insurance, you won’t be able to get therapy, and even with it, you have to show up every other day, because they don’t give you anything in hand. It was passed on to me by colleagues who made an appointment with a doctor in Munich. It takes me four transfers and 2 hours one way to pick up the therapy. At first, they gave me a doctor closer – in two transfers. When I told him about my dosage of 8 mg, he replied that he sympathized with me. To the question “why?” he replied that no one would give me anything without insurance and it would result in bad consequences for me. There are also no hotlines or social support. I noticed that local addicts look like disenfranchised people.”

Table 3. Identities, vulnerabilities, sexual life

Identities, vulnerabilities, sexual life								
What is your sexual orientation?	I am asexual	0,0%	0	Do you use drugs, including injectable, or used them in the past?	Yes, in the past	29,7%	95	
	I am bisexual	3,1%	10		Yes, I use drugs	5,6%	18	
	I am heterosexual	96,3%	308		No	64,7%	207	
	I am lesbian	0,0%	0	Are you a client of an opioid substitution therapy (OST) programme?	Yes	11,3%	36	
	I am pansexual	0,6%	2		No	88,8%	284	
	I am queer	0,0%	0		Does your sexual partner or partners use drugs, including injectable, or used them in the past?	Yes, my partner uses drugs (used within the last month)	5,9%	19
When was the last time you had sex?	During the last week	32,5%	104	Yes, my partner used drugs but stopped		20,0%	64	
	During the last month	14,1%	45	No, my partner has never injected drugs		50,6%	162	
	During the last 3 months	7,2%	23	I do not know		23,4%	75	
	I have not had sex for more than 3 months	5,0%	16	Have you ever been to a correctional facility?		Yes	12,5%	40
	I have not had sex for more than 6 months	4,7%	15			No	87,5%	280
	I have not had sex for more than 9 months	2,8%	9					
	I have not had sex for more than a year	7,8%	25					
	I have not had sex for more than 2 years	18,1%	58					
I do not want to answer	7,8%	25						



Which of these statements best describes your sexual life?	I have one or more partners living with HIV	19,4%	25
	I have one or more partners not living with HIV	43,4%	62
	I have one or more partners and I do not know their HIV status	3,8%	139
	I do not have a sexual partner now	33,4%	12
Have you had sex in exchange for money, goods, services, drugs, or shelter?	Never	93,4%	299
	Once a month or less	3,1%	10
	2-4 times a month	2,8%	9
	4 or more times a week	0,6%	2

Have you ever been in a pre-trial detention centre?	Yes	17,8%	57
	No	82,2%	263
Do you have or have you had active tuberculosis?	I had tuberculosis, but I was treated	18,8%	60
	I have tuberculosis now	1,3%	4
	No	80,0%	256
Do you have or have had hepatitis C?	I had hepatitis C, but I was treated	29,1%	93
	I have hepatitis C now	11,3%	36
	No	59,7%	191

## VIOLENCE

68.8% of interviewed women sometimes or often experienced at least one of the four types of violence after February 24, 2022. Among them, physical violence accounted for 11.9%, psychological – 66.3%, economic – 45.9%, sexualized – 3.7%. Comparing the violence experienced by women and the types of violence before and after February 24, 2022, there is an increase in the manifestations of psychological (by 12.2%) and economic violence (by 9.7%), and a decrease in the manifestations of physical (by 7.2%) and sexualized violence (by 4.4%) against women living with HIV. See Diagram 11.

“I was in captivity for two days. There was no physical violence, only psychological violence, because they separated me from the child and threatened me with it if I did not tell everything I knew. ...I had hopes that the interrogation at the SSU would go well, but I didn't want to live after it. It was very difficult to survive all the accusations.”

“Until February 24, 2022, I lived in an official marriage with a man who systematically committed violence against me. After 24.02.22 I divorced my previous husband, remarried a conscript soldier and gave birth to a child.”

**Diagram 11. Violence before and after February 24, 2022 (n=320)**

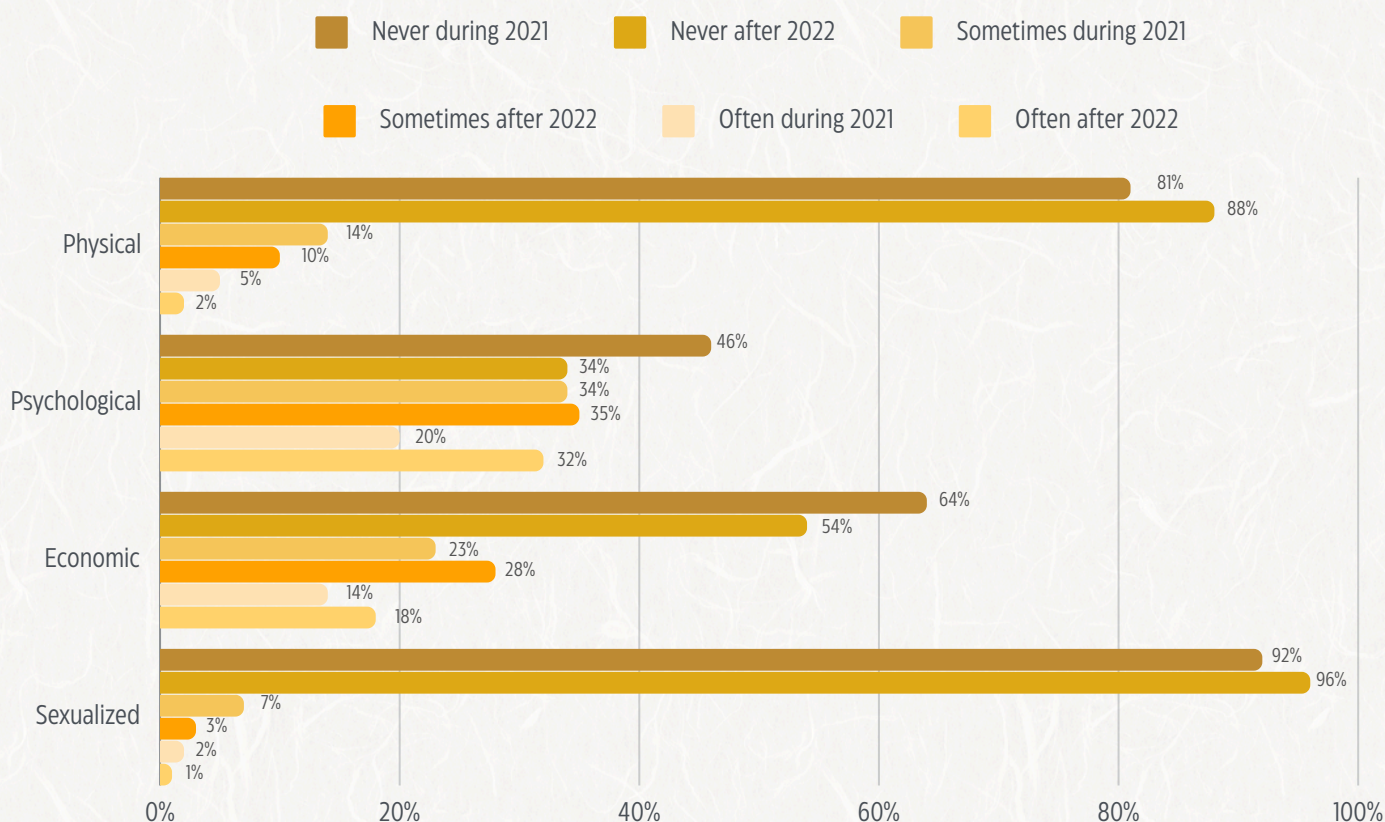


Table 4. Violence before and after February 24, 2022

Violence before and after February 24, 2022	Never		Sometimes		Часто		Violence before and after February 24, 2022	Never		Sometimes		Often	
Have you experienced violence during 2021?							Have you experienced violence after February 24, 2022?						
Physical violence	259	80,9%	45	14,1%	16	5,0%	Physical violence	282	88,1%	31	9,7%	7	2,2%
Psychological violence	147	45,9%	110	34,4%	63	19,7%	Psychological violence	108	33,8%	111	34,7%	101	31,6%
Economic violence	204	63,8%	72	22,5%	44	13,8%	Economic violence	173	54,1%	89	27,8%	58	18,1%
Sexualized violence	294	91,9%	21	6,6%	5	1,6%	Sexualized violence	308	96,3%	10	3,1%	2	0,6%

## FAMILY PLANNING

A little more than half of the interviewed women answered that they are not pregnant and do not want to get pregnant in the near future (54.4%), and a little less than a third – that they cannot have children due to infertility, medical issues or menopause (30.9%). 7.8% of women gave birth after February 24, 2022. 2.5% were pregnant or likely to be pregnant, and 4.4% were trying to conceive at the time of the survey. Respondents also reported on cases of obstetric violence.

“

*“Social support during pregnancy and childbirth was most important to me in 2023. In the perinatal centre, for the second time, I was asked to pay 1000 dollars for childbirth. In March 2022, I paid the doctor 800 dollars, in 2023 I did not have such an opportunity. Then I turned to CO “Positive women” for help, my issue was resolved. This time I received services at the perinatal centre free of charge.”*

*“When I had seizures, the doctor tried to give me an injection, but she injected herself. Then she started accusing me, came to my ward several times and asked what she should do. I told her that I have zero viral load and I am not a threat to her. I felt very strong emotional pressure from her, there were also hints about payment for her services. I had to call the social worker of “100% Life” and ask for help, and only after that the doctor left me alone.”*

”

Among women who can have children (n=221), the vast majority did not change their plans to have children because of the war (81.9%). 7.2% of respondents decided to postpone their decision to have a child until the near future, and 5.4% decided that they did not want children, although they wanted children before the war. At the same time, 2.3% decided that they wanted to have a child earlier, and 3.2% decided that they wanted children, although they did not want children before the war. A third of women did not use birth control methods after February 24, 2022 (33.5%). One in five used contraceptive methods all the time (20.4%), 9.5% – most of the time, and 13.6% did it sometimes. 23.1% said that this issue does not concern them.

“

*“Before that, I wanted a second son, but now I understand that I won’t have any more children, I don’t want to.”*

”

The majority of respondents who can have children (n=221) agree with the statement “I can have an abortion if I need to” (19.5% completely agree, 26.7% agree, 24.9% partially agree). However, 13.1% disagree and 2.7% strongly disagree with this statement. 13.1% of women do not know whether they can have an abortion if the need arises.

“

*“Three months after giving birth, I became pregnant with the 3rd child, but I found out about the pregnancy already after the 12th week. Due to the fact that I had a caesarean section, the doctors did not recommend me to have an abortion. My plans did not include giving birth to a 3rd child after February 24, but what’s done is done. On February 24, 2023, I gave birth to my 3rd child.”*

”

A migrant woman who is staying and has temporary protection in Moldova testified that she was returning to Ukraine to give birth to a child.

“CO “Positive women. Chernivtsi” supported me during childbirth, as I returned to Ukraine to give birth.”

Table 5. Family planning

Family planning							
Which statement best describes your current situation? (n=320)	I am currently pregnant or likely to be pregnant	2,5%	8	Use of contraceptive methods after February 24, 2022 (n=221)	No	33,5%	74
	I am currently trying to conceive	4,4%	14		Yes, all the time	20,4%	45
	I gave birth to a child after February 24, 2022	7,8%	25		Yes, most of the time	9,5%	21
	I am not pregnant and I do not want to be in the near future	54,4%	174		Yes, sometimes	13,6%	30
	I cannot have children (infertility / medical issues / menopause)	30,9%	99		Does not apply	23,1%	51
Have you changed your plans for children because of the war? (n=221)	Yes, I decided to postpone the decision to give birth to a child until the near future	7,2%	16	I can have an abortion if I need to (n=221)	Completely agree	19,5%	43
	Yes, I decided that I want to have a baby earlier	2,3%	5		Agree	26,7%	59
	Yes, I have decided that I do not want children (although before the war I wanted children)	5,4%	12		Partially agree	24,9%	55
	Yes, I decided that I wanted children (although before the war I did not want children)	3,2%	7		Disagree	13,1%	29
	No, I have not changed my plans	81,9%	181		Completely disagree	2,7%	6
				I do not know	13,1%	29	

## STATE OF HEALTH AND ACCESS TO SERVICES

Most of the interviewed women have worsened (36.3%) or significantly worsened (23.1%) **the general state of health** compared to the period until February 24, 2022. A third of women noted that their state of health has not changed (32.5%)

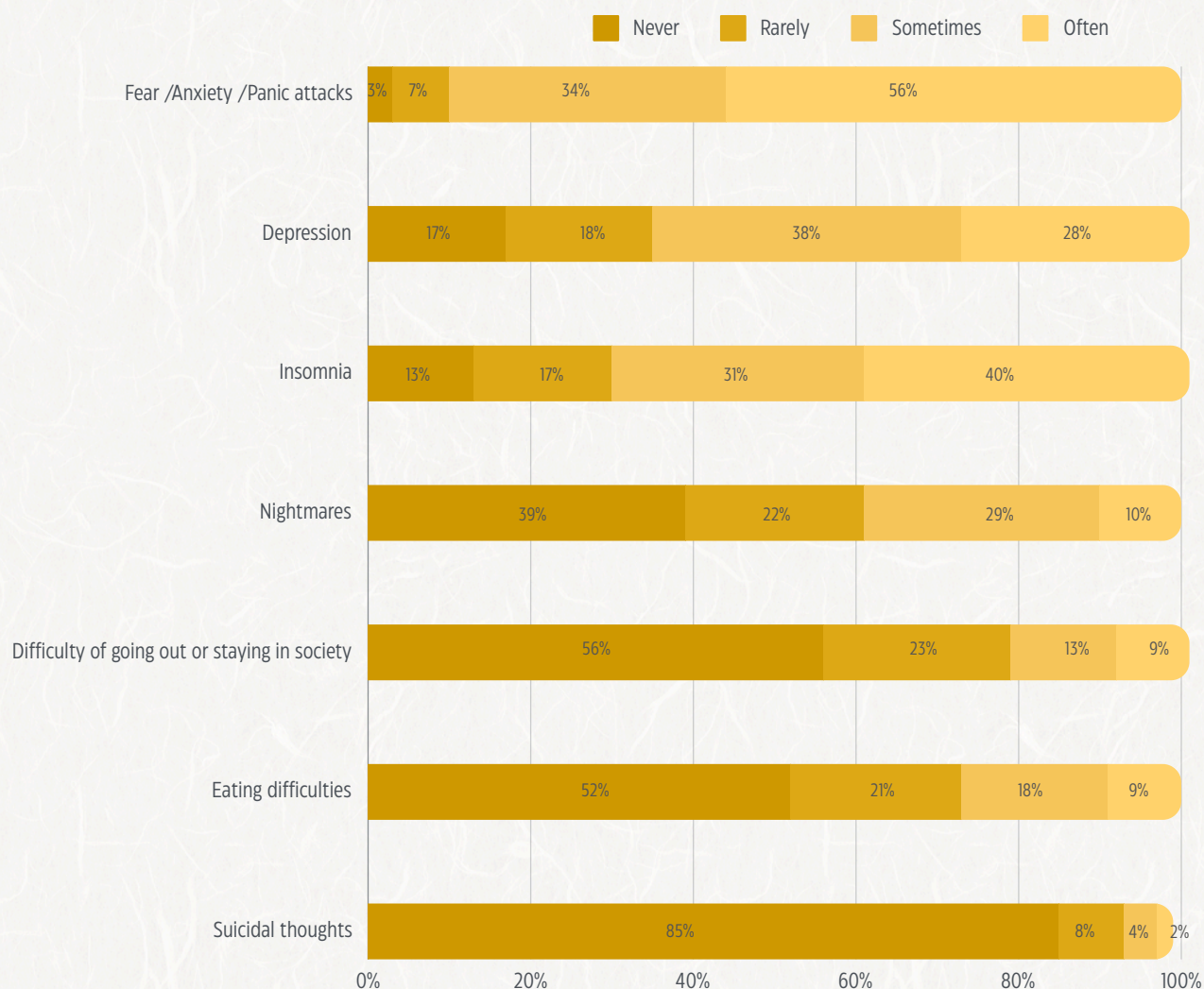
Good rates of adherence to virological monitoring can be demonstrated. The vast majority of women had their **viral load measured** within the past year, namely 40.6% – during the last 3 months, 32.2% – during the last six months, and 21.3% – from 6 months to 1 year ago. 1.6% of respondents measured their viral load more than a year ago.

Table 6. State of health and virological monitoring

State of health and virological monitoring							
Compare your state of health between February 24, 2022 and now	The general state of health has significantly deteriorated	23,1%	74	When was the last time you measured your viral load?	During the last 3 months	40,6%	130
	The general state of health has deteriorated	36,3%	116		During the last 6 months	32,2%	103
	The general state of health has not changed	32,5%	104		From 6 months to 1 year ago	21,3%	68
	The general state of health has improved	6,6%	21		More than a year ago	4,4%	14
	The general state of health has significantly improve	1,6%	5		More than 2 years ago	1,6%	5

Among mental health disorders after February 24, 2022, women most often experienced fear, anxiety, panic attacks (56% often, 34% sometimes, 7% rarely), insomnia (40% often, 31% sometimes, 17% rarely) and depression (28% often, 38% sometimes, 18% rarely). See Diagram 12.

**Diagram 12. Mental health (n=320)**



“During the occupation, I had the experience of being in captivity, and when I managed to leave the territory of Ukraine, there were many suicidal thoughts, depression, lack of support, eating disorders, an unstable psycho-emotional state, panic attacks.”

“I have no appetite, I hardly eat, I used to eat only cheese, but now I live on sweets. I was afraid to be alone when the children went to school, because of bad thoughts. In Poland, it is very difficult to even get a psychologist.”

For the majority of respondents, **access to ARV treatment** (69.1%) has not changed compared to the period until February 24, 2022. For 14.1%, access even became easier/much easier, and for 11.6%, access to ART worsened. 7 women (2.2%) discontinued treatment (4 migrants, 3 IDPs), and 4 women (1.3%) discontinued ART after invasion (3 migrants, 1 IDP). 1.9% of women were not taking ART before invasion.

“I returned from Poland two months ago. During my stay abroad, I did not take ART – I stopped taking treatment, fearing a negative attitude from those around me. After returning to Ukraine, I resumed treatment.”

*“I interrupted treatment for two weeks, due to the need to sit in basements. When the treatment ran out, I had no access. The facility was working, but there was no way to leave the shelter and get to the facility. I lived on the outskirts, and the institution is in the centre. It was a long way to walk under fire, and there was no mobile connection either. Later, when I managed to charge the phone, I could call the centre. Then through acquaintances who have a car, they gave me medicine.”*

*“Now I do not receive ART at all. In Slovakia, there are very few HIV-positive people and it is claimed that they have overcome it. Here it is a taboo subject and people with HIV are considered outcasts. There is no understanding. (How long have you been off ART?) From the very beginning.”*

*“I could not find treatment in Poland. Despite my knowledge of the language, I was never able to obtain medication from specialized institutions. I didn’t take treatment for almost half a year.”*

*“Natasha shared with me a link to a chatbot, which gave me a link with an address to a centre near me (500 m). I thought that the procedure was the same as in Ukraine, but in Germany it is done by a family doctor. I had to make an appointment at the clinic. I was lucky that the doctor knew Russian, thanks to which we were able to agree on receiving the medicine without any problems. I was asked about when the medicine was taken, when the tests were given and so on. I had to do tests, vaccinations, etc. again. Therapy was issued for three months. (Did you change the regimen of ART?) The name is different, but the active substances are the same.”*

*“(How long has it been since you have not taken therapy?) Since May 5, 2022. It was convenient in Ukraine, no problems with ART. It’s not comfortable here. (Didn’t you go to the health centre in the Czech Republic? Did you find out where you can get therapy or about the procedure itself?) No. No.”*

*“The war started and somewhere in the middle of March the pills ran out. I didn’t know where to get them in Chernihiv. I submitted an application, they had to be transferred from Kyiv. I was without pills for about a month and a half. At the end of March, we settled down near Nizhyn and returned in May.”*

*“(Did you change the regimen of ART? For which one?) There was a change and I felt very bad. I do not remember. In Ukraine, I returned to the old regimen (Aluvia).” (Germany)*

Respondents who are (or were) migrants reported that they continue to receive ART in Ukraine, maintain contact with HIV medical specialists, and are grateful for the possibility of receiving ARV medicine for a longer period. Medicines are usually sent abroad by relatives or non-governmental organisations, or the woman comes home with a certain frequency. More details about the reasons for which HIV-positive refugee women do not want to be observed in another country are indicated in the section “Barriers to seeking medical, social and legal services”.

*“I did not apply for services related to HIV; I did not even understand where the relevant institution was located. I had a one-year supply of ART with me. While in Germany, I did not tell anyone about my HIV-positive status. Six months later, I returned to Ukraine with my daughter.”*

*“Despite the fact that I have been sheltered in Germany, I do not use many services here. I come to Ukraine twice a year.”*

*“A significant support is that the social workers of the medical institution in Dnipro, where I am registered for HIV, help me get medicine for my treatment and give them to my brother. He sends them to me in the Czech Republic.”*

*“Doctors from the city of Chernihiv make concessions and give ART by “Nova Poshta” to my relatives, who then send it to the Netherlands.”*

*“Once a year, I come to Ukraine for three days and visit the AIDS Centre in Dnipro, receive consultation from an infectious disease specialist and take tests.”*

*“Social workers of the AIDS Centre in Poltava sent ARV medicine to me in Hungary.”*

*“I brought ART enough for a long period of time with me, later my relatives handed it over to me from Ukraine.” (Bulgaria)*

Community-led organisations and other non-governmental organisations in Ukraine play a significant role in providing access to ART and preventing treatment interruptions or discontinuations for migrant women.

“The CO “Positive women” coordinator in Zhytomyr organised the transfer of ART while I was looking for an institution in Poland.”

“Maryna Gridina, Legalife, provided me assistance with the restoration of ART in Germany.”

“Club “Svitanok” provided information about the location of the ART dispensing site in Poland. Until that moment, due to the language barrier and many other things, I had not taken ART for two months. The social worker convinced me of the need to go to the ART site, and of the need to resume treatment.”

“CO “Positive women” helped with the evacuation from Irpin, provided psychological support, accompanied during the evacuation and gave information about the place to get ARV medicine in Germany.”

For the majority of respondents, access to **peer support** as a woman living with HIV has not changed (43.8%) or improved (21.6%) since February 24, 2022. At the same time, for 12.2% of women, this access has become more difficult/much more difficult. 22.5% of women did not participate in support groups before or after February 24, 2022.

“The community of Positive women is my salvation in all aspects of life. From the first day of the full-scale invasion to this day, I have been constantly receiving comprehensive support.”

“During my stay in Truskavets, I received psychological support from Positive women, and later also financial assistance. At that time, it was very important for me. Previously, I did not receive peer-to-peer counseling, and after the diagnosis, I decided not to start a relationship and thought that I could not give birth to a healthy child. Alina told me that she had healthy children and a husband, and since then I changed my plans for the future. Now I have a serious relationship with my man, we live together and are considering having a child later.”

“I can always turn to the Kiyanka+ group for support or with a question.”

“I receive consultations from paralegal and peer-to-peer consultant Olia Motornenko.” (Hungary)

“It was important for me to participate in group meetings with HIV-positive women organised by “Positive women Kherson”.

44.1% of respondents noted that their access to **sexual and reproductive health** services has not changed compared to the period until February 24, 2022. However, the share of those for whom it became more difficult/much more difficult (13.1%) to access the services exceeds the share of those for whom it is easier/much easier (9.1%) to access the services. The statement “Access is much more difficult now than before the invasion” was chosen only by 8 female migrants. The statement “Access is more difficult now than before the invasion” was chosen by 17 migrant women, 13 IDPs and 4 women who did not change their place of residence. A third of women did not seek services before or after the invasion (33.8%).

“The consultant of the CO “Positive women” in Lviv referred me to a professor, oncologist-gynaecologist regarding a large-scale papillomavirus infection of the genitals. During the screening, cancer cells were found on my cervix. There was a question about surgical intervention. Since the doctor worked in a private clinic, I had to pay UAH 4 500 for anaesthesia, all other costs were covered by the clinic. Since I was unable to pay such an amount, CO “Positive women” fully covered the cost of anaesthesia. This is a very important help for me.”

“This is a closed circle. To get services, you need insurance, those who do not work cannot get insurance. If there is no insurance, treatment is not provided. Or you can get it for crazy money. This concerns all medical services, including dental.” (Slovakia)

*“I had a mammogram last July. Recently, I received an invitation to undergo an examination. Communication with patients is highly developed here.” (Germany)*

*“There are now projects providing for visiting a gynecologist, getting various examinations done and receiving medicines for free (Chernihiv). Also, with the help of various charitable organisations from abroad. (And if we take state institutions?) In state institutions, the level of accessibility has not changed. Previously, I rarely went to public institutions, but now I go only to private institutions.”*

*“I found a good gynaecologist based on a recommendation, and I have no complaints.” (IDP, Kherson-Kyiv)*

*“My left mammary gland started to hurt. I am very afraid of such signals, because my mother died of oncology. At first, I found a hospital and a doctor, where they did an ultrasound without insurance, although only one that hurt, and they confirmed cystic mastopathy. It’s okay, but you have to monitor it. The next time I was recommended a gynaecologist who understands Russian. Insurance covered the smear, but not the ultrasound. I was examined by him. For women over 55, mammography is free and mandatory.” (Germany)*

*“(When was the last time you visited a gynaecologist?) Six months ago. I got examined and the next day I had to get my bloodwork and other tests done here in my town. I did not have time to get my bloodwork done early in the morning. Then I had work from eight in the morning. Now I’m thinking about how to settle things with the new house, but first of all I’ll get my tests done.” (Poland)*



For 20.9% of interviewed women, access to mental health services has not changed compared to the period until February 24, 2022. For approximately the same share of women (20.9%), access to these services has improved, and for 7.2% – access has become more difficult/much more difficult. Half of the respondents did not seek **mental health** services before or after the invasion (50.9%).



*“Olena Shchepeleva, the coordinator of the CO “Positive women” in Kyiv, provided me with emergency crisis counseling, which later gave me the motivation to seek professional psychological help for me and my son.”*

*“I received support at mutual support groups and was trained at a feminist self-defence training at CO “Positive women Cherkasy”. I was screened for depression by psychologist Olena Gridasova.”*



Access to **protection against violence** has not changed for 17.5% of interviewed women. 13.1% of women believe that access has become easier/much easier now than before the invasion, and 1.9% – that access has become more difficult/much more difficult. 67.5% of respondents did not seek services before or after the invasion.



*““Positive women” helped me find a place to live because I was experiencing domestic violence.”*



Table 7. Changes in access to services

Changes in access to services							
<b>Access to ARV treatment now compared to the period until February 24, 2022?</b>	Access is much easier now than before the invasion	5,0%	16	<b>Access to peer support as a woman living with HIV compared to the period until February 24, 2022?</b>	Access is much easier now than before the invasion	13,1%	42
	Access is easier now than before the invasion	9,1%	29		Access is easier now than before the invasion	8,4%	27
	Access has not changed	69,1%	221		Access has not changed	43,8%	140
	Access is more difficult now than before the invasion	7,8%	25		Access is more difficult now than before the invasion	7,2%	23
	Access is much more difficult now than before the invasion	3,8%	12		Access is much more difficult now than before the invasion	5,0%	16
	I did not take ART before the invasion	1,9%	6		I did not participate in support groups before or after February 24, 2022	22,5%	72
	I discontinued ART after the invasion	1,3%	4				
I interrupted ART after the invasion	2,2%	7					

Access to sexual and reproductive health services now compared to the period until February 24, 2022?	Access is much easier now than before the invasion	1,6%	5
	Access is easier now than before the invasion	7,5%	24
	Access has not changed	44,1%	141
	Access is more difficult now than before the invasion	10,6%	34
	Access is much more difficult now than before the invasion	2,5%	8
	I did not seek services before or after the invasion	33,8%	108

Access to protection from violence now compared to the period until February 24, 2022?	Access is much easier now than before the invasion	3,8%	12
	Access is easier now than before the invasion	9,4%	30
	Access has not changed	17,5%	56
	Access is more difficult now than before the invasion	0,9%	3
	Access is much more difficult now than before the invasion	0,9%	3
	I did not seek services before or after the invasion	67,5%	216

Access to mental health services now compared to the period until February 24, 2022?	Access is much easier now than before the invasion	6,3%	20
	Access is easier now than before the invasion	14,7%	47
	Access has not changed	20,9%	67
	Access is more difficult now than before the invasion	5,0%	16
	Access is much more difficult now than before the invasion	2,2%	7
	I did not seek services before or after the invasion	50,9%	163

## ACCESSIBILITY AND QUALITY OF HIV SERVICES

### GEOGRAPHIC ACCESSIBILITY OF HIV SERVICES

The nearest HIV facility or specialist is located very close to the place where 11.6% of respondents live. Half of the interviewed women noted that it is not far for them to get to the facility or provider (51.3%). However, for more than a third of women it takes long to get to the facility or provider (37.2%).

More than a third of respondents now find it more difficult to get to the nearest HIV facility or provider compared to the period until February 24, 2022 (significantly more difficult – 12.5%, more difficult – 23.4%). “Approximately the same” answered half of the interviewed women (51.9%). For 12.2%, it became easier to get to an HIV facility or specialist (easier – 8.8%, much easier – 3.4%).

“I stayed in Poland for 3.5 months and had a PESEL UKR. I was running out of ART, and it was very far to get to the nearest facility, and I decided to return to Ukraine. Accordingly, the temporary protection was revoked.”

“In Bulgaria, I did not apply for services related to HIV, the facility was very far away.”

“(How long does it take to get to the treatment dispensing facility?) Almost 4 hours. If I’m delayed because of transport issues, the volunteer helps me keep in touch with the doctor.” (Poland)

“While under occupation, I received ART from “Positive women Kherson”. At that time, access to the hospital and medicine became difficult and it was dangerous to move around the city. Natalya Tyunyahina and Olha Kovalchuk brought me ART straight home. They also provided food kits and personal hygiene products.”

“I am raising an HIV-positive child, I myself take ART and give medicine to my son. But I did not apply for HIV-related services in Germany, because I brought ART (for myself and my child) from Ukraine with a supply for two years. If the need arises, I will not hesitate to contact the hospital, the facility is located not far from my place of residence.”

“Every 3 months I go to another city, because there is no such clinic in my city. There I pass mandatory tests and receive a prescription; the doctor prescribes medicine. Then I go to the pharmacy and pay 20 euro for it. It takes all day because I drive there for one hour, an hour back, a couple of hours there.” (Germany)

“No problems at all. I was offered to apply locally for medicine, but it is easier for me to drive across the city and take tests there. If necessary, I contact the AIDS Centre. I go and pick up the therapy myself when there is an opportunity, when not – they send it to me by Nova Poshta, upon request.” (IDP Kherson-Kyiv)

Available finances allow most women to get to the nearest HIV facility or provider (67.2%), sometimes allow – 27.2% and do not allow – 5.6% of respondents. It is important to note that half (53.1%) do not depend on their partner to pay for transportation to an HIV facility or provider, and 14.1% of respondents depend.



“The humanitarian aid arrives, but I pay for the medicine myself. This amount is affordable for me. Ten euros is enough for three months.” (Germany)

“The last time I went to the hospital, I still had low haemoglobin and high cholesterol. The doctor prescribed me medicine, which I also bought for 5 and 10 euro respectively. Examinations are free. I am regularly tested. My medicines cost 20 euro for 3 months. It costs me up to 20 euros to travel.” (Germany)

## QUALITY OF HIV SERVICES

The vast majority of respondents are satisfied with the overall quality of HIV services they received after February 24, 2022 (15.6% are very satisfied, 60.0% – satisfied, 16.9% – partially satisfied). At the same time, 3.8% are dissatisfied, and 1.3% are completely dissatisfied. 2.5% did not apply for such services.

The majority of respondents believe that the quality of HIV services they receive now has not changed compared to the period until February 24, 2022 (60.9%). 23.1% of women believe that the quality has improved (it is better now than before the invasion for 16.3%, and it is much better now than before the invasion for 6.9%). At the same time, for 13.1% of women, the quality of services has deteriorated (it is much worse now than before the invasion for 1.9%, and it is worse now than before the invasion for 11.3%).

“A new doctor started working at the facility, and she provides services much better than the doctor who worked before.”

“The doctor was very responsive and asked a lot about the war and the family. It was difficult for me to take blood and he was almost completely covered with it and was not afraid at all. So was his nurse. No one paid attention in the pharmacy either.” (Germany)

## ADMINISTRATIVE ASPECTS

Among women who can compare whether the operating hours of an HIV facility have changed after February 24, 2022 (n=191), the vast majority answered that the operating hours have not changed (77.5%), and 13.1% of respondents answered that they have changed. 9.4% do not know whether they have changed or not. The majority also noted that the operating hours were and remain convenient (56.0%), and another 18.8% of respondents said that they have become more convenient. At the same time, for 8.4% of women, the operating hours of the HIV facility were and remain inconvenient, and for 7.3% – less convenient.

## NON-DISCRIMINATION, PRIVACY AND CONFIDENTIALITY

When answering questions about the experience of receiving medical and other services now, compared to the period until February 24, 2022, the majority of respondents noted that their feelings about discrimination have not changed (60.3%). At the same time, while one in five feels less discriminated against now than before the invasion (22.2%), one in eight feels more discriminated against (12.5%). 5.0% of respondents answered “I do not know” to this question.

“In Poland, I was immediately transferred to a separate ward. In Slovakia, when they found out about my status, they started wearing rubber gloves and masks. The attitude changed instantly. They loathed even to touch my things. It is very scary to tell someone that you have HIV. When I had nothing to eat, I stole peanuts from a store and was taken to the police, where I had to talk about myself. Then the translator was telling literally everyone about my status. It seems that she “was dipping my face in the dirt” on purpose. After that, everyone tried to keep their distance from me. ...The

nurse treated me unfriendly. I had the impression that we (the refugees) brought the infection with us and now it has to stay with me. I didn't have a foreign passport, and she couldn't understand what to do with the Ukrainian one, it clearly made her nervous. She was indignant, why did I come without the necessary documents. Phrases echoed: "Why did you come? Stay in Ukraine." To be honest, I'm shocked."

"(Are you more comfortable in Germany now than before?) Yes, because I come not as a patient with HIV, but simply as a patient, and nobody sneers. It seems that they have a more tolerant attitude. I did not hear any intrusive questions from them, except "how long ago". Where, how, with whom – nothing like this matters anymore."

"The woman I was staying with was immediately alerted and she said everything was fine. She is a great person; she helped us and saw how bad I felt after my arrival. We came during the holidays; the festive table was set. As soon as the holidays were over, she first of all helped me with the documents and made an appointment with a paid doctor, who prescribed me pills like methadone. In this regard, she is a good person, always asking and worrying. I was treated normally. There was no discrimination because of HIV. She didn't mind eating with me, sharing food and drinking from the same bottle." (Poland)



The vast majority of interviewed women know where to file a complaint if they experience discrimination due to their HIV status when receiving medical or other services (26.3% fully agree, 33.1% agree, 20.6% partially agree). However, 16.9% disagree with this statement (13.1% disagree, 3.8% strongly disagree), and 3.1% of women do not know what discrimination is.

The vast majority of respondents believe that privacy and confidentiality provided by an HIV facility or specialist are the same now compared to the period until February 24, 2022 (77.2%). For 15% of women, privacy and confidentiality are better now than before the invasion, and for 6.3%, on the contrary, they are worse. 1.6% of respondents do not know what privacy and confidentiality are.

Table 8. Accessibility and quality of HIV services

Geographic accessibility of HIV services							
How far is it now to get to the nearest HIV facility/specialist?	It is very close to where I live	11,6%	37	Can you afford the costs of travel to the nearest HIV facility/provider?	Yes	67,2%	215
	Not far to get to	51,3%	164		Sometimes	27,2%	87
	Far to get to	37,2%	119		No	5,6%	18
Has it become more difficult for you to get to the nearest HIV facility/provider now compared to the period until February 24, 2022?	Much more difficult	12,5%	40	Do you depend on your partner to access money to pay for transport to the HIV facility/provider?	Yes	14,1%	45
	More difficult	23,4%	75		No	53,1%	170
	About the same	51,9%	166		I do not have a partner now	32,8%	105
	Easier	8,8%	28				
	Much easier	3,4%	11				

Quality of HIV services							
How satisfied are you with the overall quality of HIV services you received after February 24, 2022?	Completely dissatisfied	1,3%	4	How do you think the quality of HIV services you receive now has changed compared to the period up to February 24, 2022?	The quality is much worse now than before the invasion	1,9%	6
	Dissatisfied	3,8%	12		The quality is worse now than before the invasion	11,3%	36
	Partially satisfied	16,9%	54		The quality has not changed	60,9%	195
	Satisfied	60,0%	192		The quality is better now than before the invasion	16,6%	53
	Very satisfied	15,6%	50		The quality is much better now than before the invasion	6,9%	22
	I did not ask for services	2,5%	8		I did not ask for services	2,5%	8

Administrative aspects							
Have the operating hours of the HIV facility changed after February 24, 2022?	Yes	7,8%	25	How have the operating hours of the HIV facility changed compared to the period until February 24, 2022?	Operating hours are less convenient	4,4%	14
	No	46,3%	148		Operating hours are more convenient	11,3%	36
	I do not know	5,6%	18		They were and remain convenient	33,4%	107
	Does not apply (I am an IDP or live in another country, so I cannot compare)	40,3%	129		They were and remain inconvenient	5,0%	16
Does not apply (I am an IDP or live in another country, so I cannot compare)					40,3%	129	
			I do not know		5,6%	18	

## Non-discrimination, privacy and confidentiality

How would you describe your experience of receiving healthcare and other services now compared to February 24, 2022?				Has the privacy and confidentiality offered by your facility/provider changed now compared to the period until February 24, 2022?			
How would you describe your experience of receiving healthcare and other services now compared to February 24, 2022?	I feel much less discriminated against now than before the invasion	11,6%	37	Has the privacy and confidentiality offered by your facility/provider changed now compared to the period until February 24, 2022?	Privacy and confidentiality are much better now than before the invasion	6,3%	20
	I feel less discriminated against now than before the invasion	10,6%	34		Privacy and confidentiality are better now than before the invasion	8,8%	28
	My feelings about discrimination have not changed	60,3%	193		Privacy and confidentiality are the same	77,2%	247
	I feel more discriminated against now than before the invasion	9,7%	31		Privacy and confidentiality are worse now than before the invasion	3,1%	10
	I feel much more discriminated against now than before the invasion	2,8%	9		Privacy and confidentiality are much worse now than before the invasion	3,1%	10
	I do not know	5,0%	16		I do not know what privacy and confidentiality are	1,6%	5

I know where to file a complaint if I experience discrimination because of my HIV status when accessing medical or other services			
Completely agree	26,3%	84	
Agree	33,1%	106	
Partially agree	20,6%	66	
Disagree	13,1%	42	
Completely disagree	3,8%	12	
I do not know what discrimination is	3,1%	10	

## SERVICES AND BARRIERS TO SEEKING HELP

### SEEKING HELP IN OVERCOMING THE CONSEQUENCES OF THE WAR

According to the respondents, Ukrainian state and non-state organisations are leading the way among those organisations or institutions where they can seek help in overcoming the consequences of the war. The expected trend is to apply for help to the organisation of women living with HIV in Ukraine (71.9%), as most of the respondents receive or have received services from the CO “Positive women”. 44% of the interviewed women believe that they can seek help from a national or local non-governmental organisation (HIV service, human rights, women’s, etc.) in Ukraine and 40.6% – from a state institution in Ukraine. 27.2% of women can turn to an international fund or organisation. 8.8% do not know where to turn for help. One respondent stated that she did not need help. *See Diagram 13.*

**Diagram 13. Where can you seek help in overcoming the consequences of war? (n=320, multiply choice)**



In the sample of women who were abroad at the time of the interview (n=75), state institutions in the country, where the woman currently resides, lead the way (60%). A third of migrant women can seek help from the organisation of women living with HIV in Ukraine (33.3%). This indicator is higher than requests for help from national or local non-governmental organisations (HIV service, human rights, women’s, etc.) in the host country (22.7%), international funds or organisations (21.3%), and organisations of women living with HIV, in the host country (14.7%). Only 6.7% of migrant women indicated that they can apply for help from a state institution in Ukraine.

## RECEIVING SERVICES AFTER FEBRUARY 24, 2022

After February 24, 2022, women living with HIV most often received food support (24.1% constantly, 51.6% sometimes, 12.2% once) and other humanitarian aid (sanitary kits, clothes, power bank, etc.) (18.4% constantly, 49.1% sometimes, 17.8% once).

Among permanent services, social benefits (50.6%), food support (24.1%), participation in support groups for women living with HIV (31.9), ART delivery services (18, 1%) and humanitarian aid other than food (18.4%) are most often mentioned. Among one-time services, monetary support (22%), evacuation/transportation to a safer place (20%), dispensing of medicines (except ART), payment of diagnostics (20%) are most often mentioned. See *Diagram 14*.

It is important to note that women often received a range of services from different organisations, including referrals and coordination between them.

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*“Before the full-scale invasion, I received therapy by mail from Kyiv, and when I was under occupation, my biggest fear was to discontinue treatment, because there was no access to medicine. The organisation “Positive women Kherson” helped me, they were able to provide me with ART for 3 months. They also provided essential medicines (for blood pressure, anti-colds, sedatives), food and hygiene kits. This help was very important for me in the first days of the war.”*

*“In March 2022, during the evacuation to a safer place, we passed through the city of Khmelnytskyi and I turned to the AIDS Centre to receive ART. The head of the facility in Khmelnytskyi refused to give me ART because I was not registered with them, he insisted that I be registered with them, or advised to contact the facility in the city where I will stay for a longer time. I didn’t have any medicine; at that time, we didn’t quite understand where we were going to stay. In the end, we stopped in a village in the Ivano-Frankivsk oblast, and a social worker from Khmelnytskyi helped to solve this issue and I was given ART. Then she kept on sending me ART by “Nova Poshta” to the village where I was staying.”*

*“The Charitable Foundation “Save the Children” paid our family financial aid in the amount of 50 thousand hryvnias, which improved our financial situation in the new place. These funds were spent on the purchase of household appliances, dishes, bed linen and basic necessities and made it easier to care for children, including those with disabilities. We left the occupation with a minimum number of things.”*

*“Nataliya Isayeva helped with funds for my departure to Poland. I received a one-time payment of 300 zlotys in Poland, a hygiene kit and a grocery card for 50 zlotys. Group and individual work with the psychologist of the CO “Legalife-Ukraine” helped.”*

*“CO “Positive women” – psychological support, referral to psychiatric and psychological help, support with products and charitable assistance, employment, help in overcoming the consequences of domestic violence.”*

*“Referral to women living with HIV in Poland. Assistance with obtaining medicines for a longer period.”*

*““Caritas Poltava” – receiving monetary and food assistance. CO “Positive women” – obtaining a certificate and medicines. The UN international organisation (I don’t remember the exact name) and UNICEF – monetary support, the support is UAH 6 500 upon job loss. Thanks to all this help, we were able to survive and rent housing for a long time.”*

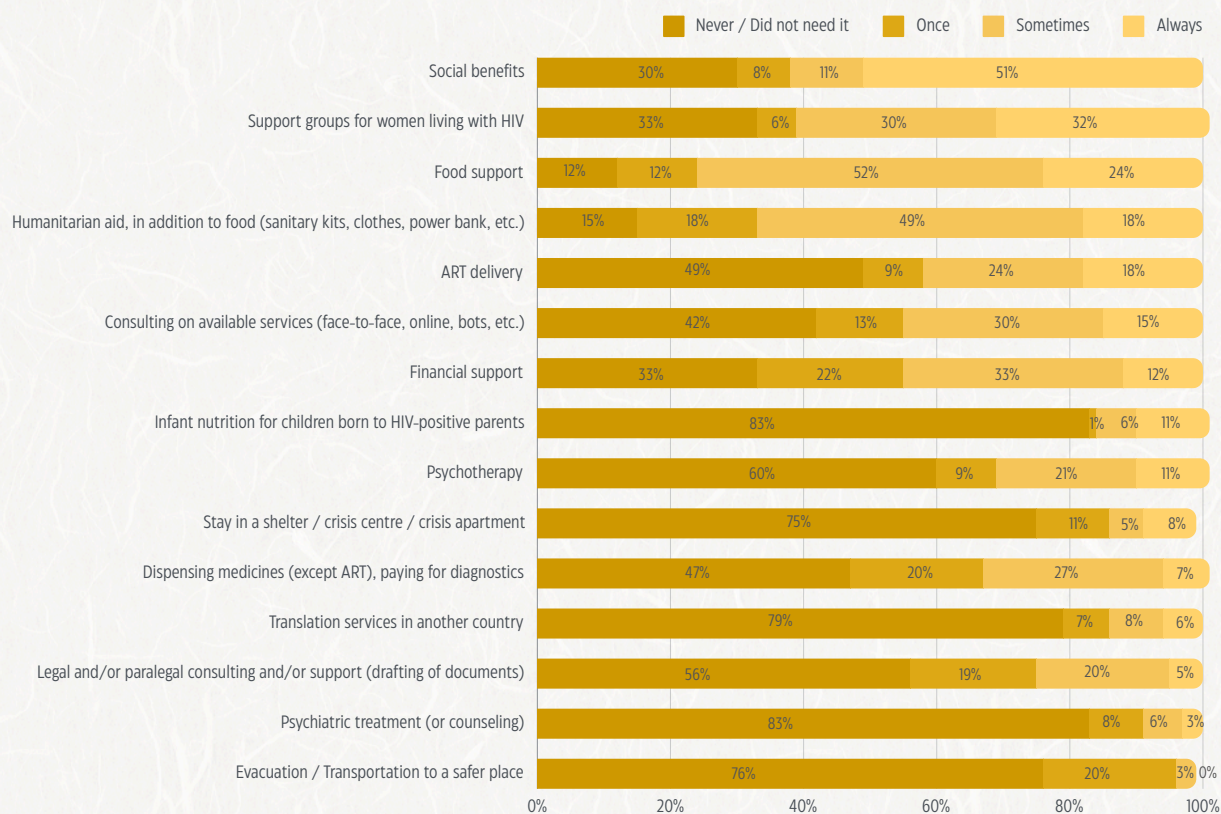
*““The Women’s March” referred me when I was kicked out of the house. CO “Positive women” provided a safe place to live, food, hygiene, paralegal and social support.”*

*“A family doctor in the Czech Republic provided information on where to get ART. A Czech family accepted us to live with them for 3 months, gave us a large comfortable room with a child, supported us and continues to support us now.”*

*“Before leaving Poland for Ukraine, I turned to Olena Shchepeleva, the CO “Positive women” Coordinator, for help. She advised me and provided information in which cities I could get help. I decided to go to Lviv, where I was met at the station by Alina, the CO “Positive Women Lviv” Coordinator. On the same day, Alina contacted the social workers of the*

social workers of the ICF “Ukrainian Public Health Foundation”, who placed me in a modular home. Three days later, I was placed in the “Right to Health” social apartment for women who have experienced violence, where I lived from November 2022 to May 2023. There they helped me get an IDP certificate and provided psychological help.”

**Diagram 14. What services did you receive after February 24, 2022? (n=320)**



*Table 9. Frequency of receiving services*

What services did you receive after February 24, 2022? (n=320)	Never / Did not need it	Once	Sometimes	Always	What services did you receive after February 24, 2022? (n=320)	Ніколи / Не потребувала	Once	Sometimes	Always
ART delivery	156	48,8%	29	9,1%	77	24,1%	58	18,1%	
Support groups for women living with HIV	104	32,5%	18	5,6%	96	30,0%	102	31,9%	
Evacuation / Transportation to a safer place	244	76,3%	65	20,3%	10	3,1%	1	0,3%	
Psychotherapy	191	59,7%	29	9,1%	66	20,6%	34	10,6%	
Psychiatric treatment (or counseling)	265	82,8%	26	8,1%	18	5,6%	11	3,4%	
Infant nutrition for children born to HIV-positive parents	264	82,5%	3	0,9%	18	5,6%	35	10,9%	
Food support	39	12,2%	39	12,2%	165	51,6%	77	24,1%	
Financial support	107	33,4%	71	22,2%	105	32,8%	37	11,6%	
Social benefits	95	29,7%	27	8,4%	36	11,3%	162	50,6%	
Humanitarian aid, in addition to food (sanitary kits, clothes, power bank, etc.)	47	14,7%	57	17,8%	157	49,1%	59	18,4%	
Stay in a shelter / crisis centre / crisis apartment	241	75,3%	36	11,3%	17	5,3%	26	8,1%	
Legal and/or paralegal consulting and/or support (drafting of documents)	178	55,6%	62	19,4%	64	20,0%	16	5,0%	
Translation services in another country	253	79,1%	22	6,9%	27	8,4%	18	5,6%	
Consulting on available services (face-to-face, online, bots, etc.)	133	41,6%	43	13,4%	95	29,7%	49	15,3%	
Dispensing medicines (except ART), paying for diagnostics	150	46,9%	63	19,7%	86	26,9%	21	6,6%	

## BARRIERS TO SEEKING MEDICAL, SOCIAL AND LEGAL SERVICES

When answering the question about barriers to seeking medical, social and legal services and assistance after February 24, 2022, respondents most often mentioned the following factors:

- ➔ Self-care took a back seat compared to other basic needs – 68.8% (33.1% sometimes, 24.1% often, 11.6% always)
- ➔ Financial inability – 62.5% (33.4% sometimes, 20.6% often, 8.4% always)
- ➔ Lack of information about services – 59.7% (40.0% sometimes, 17.2% often, 2.5% always)
- ➔ No energy to ask for help – 53.1% (34.7% sometimes, 13.8% often, 4.7% always).

The geographical remoteness of service providers (travel takes a lot of time and/or money) is an obstacle for almost half of the women interviewed (47.8%: 25.3% sometimes, 8.4% often, 14.1% always). Caring for children and/or other family members is an obstacle for 44.1% of respondents (19.4% sometimes, 14.1% often, 10.6% always). The combination of several of these factors together with living under constant shelling can lead to interruption of ART:

“

*“In March 2022, together with my 79-year-old mother, I left Donetsk oblast for a remote village in Kharkiv oblast. The nearest HIV service facility was more than 100 km away. Due to constant shelling and taking care of my old mother, I was not able to go for ART. I have not taken ART for more than 2 months. In May, my mother died suddenly, I went to a psychiatric hospital in a state of severe depression. After a short treatment, I went to my daughter, who was in Lviv, where I registered with the AIDS Centre and resumed taking ART.”*

”

Fear of stigma and discrimination due to HIV-positive status remains a problem in seeking help for 42.8% of women living with HIV (27.5% sometimes, 9.1% often, 6.3% always), primarily for female migrants and IDPs.

“

*“I did not go to a medical institution in the Czech Republic to receive ART and monitor tests. The reason for this is that I am terrified that people around me will find out about my HIV-positive status. This can negatively affect future relationships with friends and employment.”*

*“When I came to the Netherlands, I received support from the man, who is also HIV-positive. So, it was much easier for me to adapt, find a hospital and get medicine. Other migrants did not have this opportunity. Therefore, I myself already did everything to help them. I turned to the local patient organisation “HIVvering” with a request to hold advocacy events to remove a visit to the family doctor from the route of receiving ARV therapy. While counseling other HIV-positive Ukrainians, I heard that they are not ready to tell their family doctor about their HIV status. They were very worried about disclosing this information to members of their foster families who took them in, or disclosing it to someone in the administration or residents of social hostels. Many of them had such a negative experience in Ukraine, and despite all my efforts, I could not calm them down and convince them. “HIVvering” and I managed to negotiate with the HIV departments that HIV-positive people could be admitted without a referral from a family doctor. This has really made it easier to access medication.”*

”

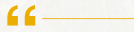
Also, a significant barrier was the loss of the usual environment and support, the absence of friendly HIV medical professionals and HIV-service non-governmental organisations nearby:

- ! Lack of usual environment and support for me (22.5% sometimes, 13.1% often, 10.3% always) – 45.9%
- ! Absence of a familiar or friendly specialist (sensitive to HIV) nearby (27.2% sometimes, 8.8% often, 5.9% always) – 41.9%



Absence of a familiar or friendly HIV service or another non-governmental organisation nearby (22.5% sometimes, 10.6% often, 6.6% always) – 39.7%. See Diagram 15.

It is important to highlight the language barrier, overcoming which is a significant challenge for migrant women, who made up a third of the interviewed women. In addition to the fact that not knowing the language of the host country prevents access to medical, social and legal services, respondents reported fear of disclosing their HIV-positive status or discrimination by interpreters.



*“It is very difficult to break through the language barrier, no matter where you turn. I found an interpreter when I was renting an apartment, while it is not clear how he will behave when it is necessary to explain my situation. Again, the language barrier, because I did not understand how to receive the parcel. It is impossible to talk to the employees or ask questions. In addition to language, there is a problem of superior attitude.” (Poland)*

*“The translator told everyone about my status. It seems that she “dipped my face in the dirt” on purpose. After that, everyone tried to stay away from me.” (Slovakia)*

*“There are a lot of volunteers from among Ukrainians and Russians who have been living in Germany for a long time since Stalin’s resettlement. They help a lot as translators when you need to contact government agencies. When I opened an account for payments, I had to hire an interpreter. Their services are free of charge.”*

*“The language barrier also prevents (seeking services), because they will not give you an interpreter and you will have to use body language.” (Czech Republic)*

*“I communicate (with doctors) only with the help of the translator on the phone. Thank God, I found a family doctor who knows Russian, even though he is a Pole himself. The rest is difficult. They gave me a printout of the tests – you can see it for yourself, then I sent my results to Ukraine for my doctor to provide feedback.” (Germany)*

*“The doctor was not at all happy when I tried to convey my thoughts to him in English and demanded a translation into German. It was very difficult and every time I was suspected of something, looked at somehow strangely.” (Germany)*

*“Because of the language barrier and many other things, I did not take ART in Poland for two months.”*



**Diagram 15. Barriers to seeking help (n=320)**

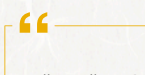


Table 10. Barriers to receiving services

What prevents you (or has prevented you) from seeking medical, social and legal services and help after February 24, 2022? (n=320)	Never / Does not apply		Sometimes		Often		Always		What prevents you (or has prevented you) from seeking medical, social and legal services and help after February 24, 2022? (n=320)	Never / Does not apply		Sometimes		Often		Always	
Services are no longer provided (facility is closed or destroyed)	294	92%	23	7%	2	1%	1	0%	Language barrier or lack of an interpreter	234	73%	34	11%	26	8%	26	8%
Lack of information about services	129	40%	128	40%	55	17%	8	3%	Financial inability	120	38%	107	33%	66	21%	27	8%
No energy to ask for help	150	47%	111	35%	44	14%	15	5%	Absence of my usual environment and support	173	54%	72	23%	42	13%	33	10%
Absence of a familiar or friendly specialist (sensitive to HIV) nearby	186	58%	87	27%	28	9%	19	6%	Caring for the child(ren) and/or other family members	173	56%	62	19%	45	14%	34	11%
Fear of stigma and discrimination because of my HIV status	183	57%	88	28%	29	9%	20	6%	Self-care has taken a backseat to other basic needs	100	31%	106	33%	77	24%	37	12%
Absence of a familiar or friendly HIV service or other NGO nearby	193	60%	72	23%	34	11%	21	7%	Geographical remoteness of service providers (travel takes a lot of time and/or money)	167	52%	81	25%	27	8%	45	14%

### FOR WHAT AND TO WHOM ARE THE RESEARCH PARTICIPANTS GRATEFUL, AS RECIPIENTS OF AID

The research participants gave examples of the most tangible and meaningful help for them in connection with the war. For obvious reasons, help from the CO “Positive women” prevails. However, it is important to give credit to government institutions and organisations, civil society, organisations of people living with HIV and key communities in Ukraine and beyond, international funds and UN agencies, as well as private individuals in providing comprehensive assistance and support to women living with HIV, in Ukraine. Unfortunately, the authors of the research are unable to publish all feedback due to its large volume. Below are just some examples.



*“CO “Positive women” provided food kits and certificates for medicines and products, which made it possible to feed my family. Most of my relatives lost their earnings and it was very difficult financially.”*

*“UNICEF provided thermoses, blankets and flashlights when I really needed them. I am from a boarding school in the Donetsk oblast, I was taken by educators to Khmelnytskyi. A friend helped me get a job in Zhytomyr.”*

*“In the first days of the war, when I was under occupation, the most tangible support was food kits, hygiene products, medicines, ARV therapy delivery, financial support (transfers to cards) from the CO “Positive women” (Nataliya Tyunyahina). Also, funds (7 000 UAH) for evacuation from Kherson. I am infinitely grateful and greatly appreciate this help during the most difficult times for me and my family.”*

*“I also remembered the driver who took us out of the occupation. There is no information about her now and I really hope that she was not captured. Most of those contacts are now lost. I am very grateful to all the people who took us out for free at all costs, knowing our situation.”*

*““100% Life. Dnipro” – certificates to the “Silpo” store from WFP for UAH 4 500.”*

*“Humanitarian aid in the form of thermal clothing and certificates to the “Silpo” store from the CO “Positive women”, referral and support of the Organisation’s case manager to the free legal aid, depression screening conducted by Olena Gridasova.”*

*“CO “Positive women Cherkasy” provided food and hygiene kits, “Silpo” certificates (three times for UAH 1 000), a pharmacy (two times for UAH 500), “EVA” (two times for UAH 500), and a power bank. I received psychological support at mutual support groups and from the psychologist of the CO “Positive women”. I receive a scholarship from the Department of Social Policy of the Cherkasy City Council in connection with the death of my husband in the war.”*

*“The first Ukrainian humanitarian aid from the Red Cross after de-occupation in the form of food and hygiene kits. When we lived under occupation, it was difficult to find Ukrainian goods and to get to the city in general, because the military could simply not let us out to buy something, and there was almost nothing in the village.”*

*“Delivery of ART and help with the payment of diagnostics from CO “100% Life. Chernivtsi”.*

*“Financial aid from the UN. “Positive women” – help in the form of products, medicines, hygiene kits, monetary aid, lanterns, chargers. Club “Chance” – help in the form of grocery sets. “Caritas Sumy” – help in the form of food and hygiene kits. NGO “First Sumy Humanitarian Headquarters” – aid in the form of food kits.”*



*“When we evacuated from Kherson, it was very difficult to find housing in Mykolaiv. Significant help came from a stranger who found me through an ad (that I was looking for an apartment) and allowed me and my children to live in her apartment initially for free, but now I pay a moderate price, for which I am sincerely grateful. The support from “Positive women” in Kherson was also important – I have a son with a disability and he needed vital epilepsy medication, which only this organisation was able to provide to us during the occupation.”*

*“Every two weeks for two months I received large suitcases of food from Les Restos du Coeur (France).”*

*“The organisation “Love for Children” has been providing our family with humanitarian aid in the form of food, hygiene kits, household items and clothes on an ongoing basis since the beginning of the full-scale invasion.”*

*““Caritas” – material assistance for the payment of communal services in the heating season, food, hygiene, diapers. “Positive women” – certificates and baby formula. Myrhorod community – grocery sets, baby formula, diapers. “Diaspora of dignity” – food aid.”*

*“My classmate, who lived in Germany before the war, encouraged and helped me to leave, sent money for a ticket, met me, accommodated me and helped me draw up the necessary documents, arranged for my children to go to school.”*

*“The most important help for me in connection with the war is receiving gifts for children from “Caritas Donetsk”, the work of a child psychologist in this fund with my children. Psychological and food support from my sibling.”*

*“I am grateful to the “Red Cross” organisation for help in the form of food kits and hygiene kits. Also, thanks to “Positive women Kherson”, who provided power banks and a charging station during the blackout and supported at the beginning with monetary aid, medicines, delivery of ART.”*

*“The volunteer who took us from Ukraine to Italy free of charge.”*

*“In March 2023, I received significant financial assistance for rental housing from the Danish Refugee Council (DRC).”*

*“IOM – monetary assistance for housing restoration in the amount of 40 000 hryvnias.”*

*“Support of the Chernihiv Network regarding access to ART, psycho-emotional support. Online consultation of doctors from Chernihiv. Alliance Consulting – employment in Poland. Support for HIV-positive women from Ukraine who ended up in Poland due to the war. Help and support for children.”*

*“The Scottish Government who granted me a visa. I learned about this from a woman I found on the “Prykhystok” website.”*

*“A woman from Ovruch sheltered me and provided free housing, the Red Cross in Korosten provided humanitarian aid.”*

*“Evacuation was a significant help, thanks to my husband and Lyudmila Kolomoets. After crossing the border, help was provided by Polish volunteers who provided food, medicine and helped organize further evacuation. Next, the families of believers who provided us with temporary shelter abroad helped us a lot.”*

*“Financial assistance from the UNHCR in the amount of UAH 2 200 for three months. Reimbursement of MRI of knee joints in the amount of UAH 3 500. The family doctor on the OST website provided me with 5 000 hryvnias worth of arthrosis medicine.”*

*“Thanks to the support of the “Positive women Kherson” activists, namely Natalya Tyunyahina and Olga Kovalchuk, being under occupation I constantly received baby food, hygiene products for myself and my children, food kits, medicine for colds, pressure, and sedatives. I also constantly received ART (with home delivery), as I could not leave my children at home alone because of the shelling.”*

*“CF “Rokada”, which fixed the roof of my private house, which was destroyed during hostilities. Neighbours who helped clear debris in the yard after the shelling.”*

*““People in need” – monetary assistance, “Samariterbund der Ukraine” – monetary assistance, “Positive women” – hygiene, thermal underwear, “100% Life” – food kits, E-help – food. “Ednannia”, “Renaissance” – clothing, food, hygiene.”*

*““Positive women”, “UNWUD” – charitable assistance, assistance in accessing addiction treatment (OST) and a rehabilitation centre where I could be with my children.”*

*““Positive women” provided me and my children with food and necessary things. “Dobrodiy” helped during the evacuation, it was difficult to leave Mariupol, we were leaving on our own. When we found ourselves in the unoccupied part of Ukraine, we were given temporary accommodation so that we and the children could rest and recover. It is very appreciated.”*

*“When we left Kharkiv under shelling and arrived in Dnipro, we were accommodated in a temporary shelter for IDPs. We lived there for three weeks and could continue to live there. They fed us, entertained the children, provided psychological and legal support, and helped us make IDP certificates. This was the most important help for me during the entire war! The second significant assistance is partial housing payment for 3 months from CO “VOLNa”, I was paid UAH 5 400 each month, for 3 months in a row.”*

*“Financial assistance in the amount of 26 000 hryvnias from the UN Fund, it was just at the moment when we dared to leave the occupation and for us every hryvnia was important. This amount helped us significantly. Also, constant humanitarian aid from CO “Positive women” in the form of food and hygiene kits, as well as financial support.”*

*“I am very grateful to the “Svitanok” Club that they found a good shelter for me and my children, paid for the ride and fully organized our way from home to the train.”*

*“Providing me with separate housing by the local authorities. After staying in a shared shelter in the training classes of the sports university, I was given a separate room with renovations in the dormitory, which seemed like paradise to me.”*

*“Help from a Lithuanian businessman who transported a group of people to Paris for free in March 2022. Unfortunately, he refused to give his name.”*

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# KEY FINDINGS

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The following key findings can be made based on the results of the community-led research “The impact of war on women living with HIV in Ukraine”:

1

The war significantly worsened the economic, property, and employment situation of women living with HIV, which corresponds to general trends for the entire female population in Ukraine. It was food and monetary support, other humanitarian aid (except food) and social benefits that the research participant received most often compared to other services. Financial inability ranks second among the barriers to seeking medical, social and legal services and help after the thesis that “self-care has taken a back seat compared to other basic needs”, which, again, proves the need for humanitarian support. When giving examples of the most tangible and meaningful help for them in connection with the war, among the services and help not related to HIV, respondents often mentioned and gave thanks specifically for evacuation/transportation to a safer place (although it was usually a one-time service).

2

Multiple stigmatization, discrimination and criminalisation of women living with HIV, comorbidities (every fifth respondent has a history of tuberculosis; 40.3% have had or have now hepatitis C), belonging to marginalized groups (more than a third of the interviewed women indicated the drug use experience; 11.3% are participants in the OST programme; one in eight was in a penitentiary and one in six was in a detention centre; 6.6% engaged in sex in exchange for money, goods, drugs or shelter) further increase vulnerability, exacerbate problems and increase barriers to accessing assistance during wartime. Fear of stigma and discrimination due to HIV-positive status remains a problem in seeking help for 42.8% of women living with HIV, primarily for migrant women and IDPs. When answering questions about the experience of receiving medical and other services now, compared to the period until February 24, 2022, one in eight respondents said that they feel more discriminated against.

3

The high rate of untreated hepatitis C among the research participants (11%) is of particular concern, as programmes for the treatment of HIV-HCV co-infection were being implemented in Ukraine even before the full-scale invasion. Possible reasons and appropriate responses to improve access to hepatitis C treatment programmes for women living with HIV in Ukraine were separately discussed by community leaders at a national consultation on the findings of community-led research.

4

Despite the fact that the research findings indicate an increase in the manifestations of psychological and economic violence, and a decrease in the manifestations of physical and sexualized violence against women living with HIV, in order to build an effective response to violence, it is necessary to carry out a separate study and understanding of the reasons for this increase and decrease after 24 February 2022. It is important to note that 13.1% of women believe that access to the necessary support has become easier/much easier now than before the invasion, in contrast to 1.9% of those for whom it has worsened. The rate of seeking help remains low – 67.5% of respondents did not seek services before or after the invasion, despite the fact that 75.3% of respondents sometimes or often experienced at least one of the four types of violence during 2021 and after February 24, 2022.

## 5

The research findings clearly indicate the need for targeted attention and support for women with children. Due to the traditional burden of child care imposed by society, which has multiplied under the influence of war, women refuse to take care of themselves – taking care of children and/or other family members is an obstacle to seeking medical, social and legal services and help for 44.1 % of respondents. In addition, women living with HIV should take care of access to services for HIV-positive children and/or children with disabilities, and those who became pregnant and gave birth to a child after February 24, 2022, should take care of their own and their child’s timely follow-up in connection with HIV. Mothers of minor children often pointed out difficulties with raising children under the influence of war (the child is constantly studying online and this requires additional attention and care, it is more difficult to raise children because the partner and close circle are not nearby, the child (children) has difficulty adapting to a new place of residence or to a new circle of communication, forced separation from children (different oblasts of Ukraine or another country), the need to provide psychological support to the child when the woman herself is under stress, the lack of skills to “talk about the war” with the child, the need to master the missed educational material after return to Ukraine, etc.).

## 6

Sustaining services for people living with HIV, and women in particular, was facilitated by an advanced response to HIV and COVID-19 that preceded Russia’s full-scale invasion of Ukraine. This contributed to the fact that access to ARV treatment did not change for the majority of respondents (69.1%) compared to the period until February 24, 2022, and for 14.1% access even became easier. Women showed a high commitment to virological monitoring – the vast majority of respondents (94%) measured their viral load during the last year. Also, the vast majority of respondents are satisfied with the overall quality of HIV services they received after February 24, 2022. These are certainly good indicators for a country in a state of humanitarian crisis. However, it is necessary to focus efforts on supporting those for whom access to ART has deteriorated (11.6%). Refugees and IDPs living with HIV need a separate focus – 8 women interrupted treatment (5 migrant women, 3 IDP women), and 4 women discontinued ART after the invasion (3 migrant women, 1 IDP woman). Respondents who are (or were) migrants reported that they do not want to be monitored in another country and continue to receive ART in Ukraine, maintain contact with HIV medical specialists and are grateful for the possibility of getting ARV treatment for a longer period. Community-led organisations and other non-governmental organisations in Ukraine play a significant role in ensuring access to ART and preventing treatment interruptions or discontinuations for migrant women.

## 7

Despite mental health disorders after February 24, 2022, among which women most often experienced fear, anxiety, panic attacks (97%), insomnia (87%) and depression (83%), and more than half said that they have “no energy to ask for help” as a barrier to seeking services, 20% of respondents believe that they did not need psychotherapy services (and only 40% received this service), and 35% – psychiatric treatment or consultation (and only 17% received this service). This can be partially attributed to the need to satisfy basic needs, as self-care took a back seat compared to other basic needs for 68.8% of the women surveyed, and/or a possible lack of trust or access to professional psychotherapeutic and/or psychiatric care. It can also be assumed that the need for psychological support was partially covered by participation in support groups for women living with HIV, in which 68% of respondents participated. Encouragingly, one in five research participants said access to peer-to-peer mental health and support services had improved compared to the period up to 24 February 2022.

8

The research findings prove the need to preserve or ensure access to sexual and reproductive healthcare (SRH) for women living with HIV, as, based only on assessments of access to SRH services (as opposed to ART services, mental health, peer-to-peer support, protection from violence), the share of women for whom it has become difficult/much more difficult to access the services, exceeds the share of those for whom it has become easier/much easier to do it, compared to the period until February 24, 2022 (13.1% vs. 9.1 %). Deterioration of access to SRH primarily affects 25 migrant women and 13 IDPs (as opposed to 4 women who did not change their place of residence), and the statement “Access is much more difficult now than before the invasion” was chosen by 8 of the 25 migrant women and only by them. It should be taken into account that in Poland, where a third of migrant women living with HIV are/were, abortions are prohibited (except when the pregnancy poses a threat to the life or health of the woman or when it is rape-related pregnancy).

9

The need for constant mental health support, humanitarian aid and information support is confirmed by the barriers to seeking medical, social and legal services mentioned by women: self-care has taken a back seat compared to other basic needs (68.8%), financial inability – 62.5%, lack of information about services – 59.7%, no energy to ask for help – 53.1%. The geographical remoteness of service providers (travel takes a lot of time and/or money) becomes an obstacle for almost half of the interviewed women (47.8%), this also applies to participants of OST programmes, who, in addition to the geographical remoteness of the medicine dispensing facility, noted the need for frequent visits to these facilities. Caring for children and/or other family members is an obstacle for 44.1% of respondents. Fear of stigma and discrimination due to HIV-positive status remains a problem in seeking help for 42.8% of women living with HIV, primarily for migrant women and IDPs. Loss of familiar surroundings and support (45.9%), lack of friendly HIV medical professionals (41.9%) and HIV service non-governmental organizations (39.7%) also became a significant barrier. The research demonstrated how the combination of several of these factors, along with living under constant shelling, can lead to ART discontinuation.

10

Ukrainian refugee women living with HIV need special attention and support. They face a different organisation of HIV health services in host countries and often a lack of social support services, which is further exacerbated by internalized stigma and language barriers. In addition to the fact that not knowing the language of the host country prevents access to medical, social and legal services, respondents reported fear of disclosing their HIV-positive status or discrimination by interpreters. The examples also prove that it is easier to find peer support abroad, which highlights the value of community activists in emigration who have Ukrainian experience of self-organisation and mutual support, and contribute to establishing connections with local communities and HIV service organizations and disseminating information about available services. A third of the interviewed migrant women apply for help from the organisation of women living with HIV in Ukraine, and this indicator is higher than asking for help from national or local non-governmental organisations, international funds or organisations and organisations of women living with HIV in the host country. This once again proves the high level of trust in community organisations and civil society in Ukraine and the difficulties in applying for help abroad.

# KEY RECOMMENDATIONS

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Based on the results of the National consultation of the community leaders of women living with HIV, which took place on March 29, 2024, and in accordance with the above-mentioned findings, the key recommendations of the community-led research “The impact of war on women living with HIV in Ukraine” were developed:

## HUMANITARIAN SUPPORT

### RECOMMENDATIONS FOR DONOR ORGANIZATIONS, HUMANITARIAN MISSIONS, INTERNATIONAL ORGANIZATIONS, UN AGENCIES, AND THE MINISTRY OF SOCIAL POLICY

- 1.1 Support and develop humanitarian initiatives that contribute to the access of women living with HIV to humanitarian aid to overcome the consequences of war, primarily to meet basic and security needs.
- 1.2 Include women living with HIV in the list of vulnerable groups who need humanitarian assistance, ensuring anonymity and confidentiality mechanisms.
- 1.3 Maintain effective and inclusive communication with the community of women living with HIV in the collection of humanitarian needs and distribution of resources.
- 1.4 Provide the community of women living with HIV with resources for planning humanitarian needs, response, risk analysis.
- 1.5 Ensure constant communication with the community of women living with HIV regarding the available opportunities for receiving humanitarian aid.
- 1.6 Reduce the burden of red tape (receiving and reporting requirements) for civil society organisations that provide humanitarian support in wartime.
- 1.7 Create and implement ongoing humanitarian support programmes for women living with HIV as a separate vulnerable group.

## OVERCOMING (MULTIPLE) STIGMATIZATION AND DISCRIMINATION

### RECOMMENDATIONS FOR DONOR ORGANIZATIONS, INTERNATIONAL ORGANIZATIONS, UN AGENCIES, COMMUNITY OF WOMEN LIVING WITH HIV, HIV SERVICE NGOS, HUMAN RIGHTS NGOS, MINISTRY OF HEALTH, CENTER FOR PUBLIC HEALTH

- 2.1 Support and develop a network of paralegals of the community of women living with HIV.
- 2.2 Increase the visibility of the legal needs of women living with HIV to the community of human rights defenders. To support and develop the cooperation of the community of women living with HIV with human rights organisations.
- 2.3 Ensure ongoing community-led monitoring of compliance with the rights of women living with HIV, accessibility and quality of service provision. To disseminate and discuss its findings with all key stakeholders.

- 2.4 Conduct information campaigns and educational activities that improve the legal awareness of women living with HIV, including on a peer-to-peer basis.
- 2.5 Ensure meaningful participation of representatives of the community of women living with HIV in the legal environment assessments, regulatory legal acts and promotion of legislative changes affecting their lives and health.
- 2.6 Develop and improve the capacity of representatives of the community of women living with HIV to demand accountability of the government regarding the fulfilment of international obligations and laws of Ukraine.

## ACCESS TO HEPATITIS C TREATMENT

### RECOMMENDATIONS FOR THE COMMUNITY OF WOMEN LIVING WITH HIV, HIV SERVICE NGOS, MINISTRY OF HEALTH, CENTER FOR PUBLIC HEALTH, LOCAL AUTHORITIES, AND HEALTHCARE FACILITIES

- 3.1 Ensure widespread information for women living with HIV-HCV co-infection about existing treatment programmes, including NGO programmes, and the conditions for inclusion in them. To improve trust in treatment programmes through successful experiences and examples of individual activists.
- 3.2 Carry out constant monitoring of barriers to seeking help for hepatitis C treatment, including appropriate diagnostics. To develop solutions to overcome barriers through national and regional coordination mechanisms such as national/regional TB and HIV/AIDS councils.
- 3.3 Provide an effective system of support and referral of patients with HIV-HCV co-infection.
- 3.4 Explore the possibilities and advocate for the payment of appropriate diagnostics at the expense of local budgets and/or certain medical institutions.

## COMBATING PSYCHOLOGICAL AND ECONOMIC VIOLENCE

### RECOMMENDATIONS FOR DONOR ORGANIZATIONS, INTERNATIONAL ORGANIZATIONS, UN AGENCIES, COMMUNITY OF WOMEN LIVING WITH HIV, HIV SERVICE NGOS, HUMAN RIGHTS NGOS, WOMEN'S NGOS, FEMINIST MOVEMENTS, MINISTRY OF SOCIAL POLICY, MINISTRY OF HEALTH, CENTER FOR PUBLIC HEALTH, MEDIA

- 4.1 Promote the study and understanding of the reasons for the increase in manifestations of psychological and economic violence against women living with HIV, after February 24, 2022.
- 4.2 Ensure widespread information for women living with HIV about services to combat violence against women.
- 4.3 Build trust in services and encourage seeking help in situations of violence, ensuring sensitivity to the needs, vulnerabilities and challenges of women living with HIV in all our diversity.
- 4.4 Respect the privacy of service beneficiaries (reports to donors, journalistic requests, publications in open sources, etc.).
- 4.5 Strengthen the capacity of community representatives of women living with HIV and provide resources to prevent and respond to violence, including:

### **Response to psychological violence:**

- Development of skills for recognizing psychological violence, building healthy relationships; development of safety plans and strategies to restore (or build) confidence, self-esteem, inner strength;
- Provision of a range of community-led services, including safe spaces, self-screening for depression, consultation with professionals (psychologists, psychiatrists, psychotherapists), peer-to-peer counseling, support groups, coverage of medication for mental disorders (as prescribed), legal aid and support (application to the police against the offender, collection of evidence for the court, etc.);
- Implementation of screening for depression and risk assessment of domestic violence based on medical institutions and HIV-service NGOs for women living with HIV, in particular pregnant women and mothers in labour;
- Supporting a model of effective coordination and referral.

### **Response to economic violence:**

- Developing skills for recognizing economic violence, discussing financial issues and planning/keeping budgets in the family, recognizing unpaid domestic work;
- Expanding and supporting women's access to humanitarian aid: direct aid on the basis of NGOs, provision of information on humanitarian programmes of other providers;
- Facilitating access to social assistance: registration of social benefits, compensation for damages, etc.;
- Development and implementation of measures to improve financial and digital literacy, acquisition of new professional skills, business management, etc.

## **SUPPORT FOR WOMEN WITH CHILDREN**

### **RECOMMENDATIONS FOR DONOR ORGANIZATIONS, INTERNATIONAL ORGANIZATIONS, UN AGENCIES, COMMUNITY OF WOMEN LIVING WITH HIV, HIV SERVICE NGOS, HUMAN RIGHTS NGOS, WOMEN'S NGOS, FEMINIST MOVEMENTS, MINISTRY OF SOCIAL POLICY, MINISTRY OF EDUCATION, MINISTRY OF HEALTH, CENTER FOR PUBLIC HEALTH**

- 5.1** Develop and implement interventions sensitive to the needs of women who care for minor children, especially single mothers and mothers of children with disabilities. To continue to focus on this target group in all HIV and humanitarian response programmes in wartime.
- 5.2** Support the work of child psychologists and psychotherapists on the basis of HIV-service NGOs that provide services to women with children.  
  
Ensure the availability of crisis counseling for mothers in wartime and constant information and resource support: resources, networks, online communities, support groups for mothers to share experiences and communicate with other mothers; information sessions on raising children with the involvement of a female teacher, female psychologist and female psychotherapist, in particular, skills in communicating with children about the war, adaptation in a new environment after a forced move to a new place of residence and/or family separation; social support and support in receiving social payments, benefits, etc.
- 5.3**



- 5.4** Support women in strategies to overcome emotional exhaustion and stress: division of responsibilities with the partner and other family members for child care and household management; encouragement to communicate with other mothers; development of self-care skills and establishing own boundaries; asking for professional help.
- 5.5** Continuously provide comprehensive medical and social support for HIV-positive mothers, including peer support, in accordance with clinical guidelines and standards approved in 2022 (see Recommendation 8).

## ACCESS TO ART

### RECOMMENDATIONS FOR DONOR ORGANIZATIONS, INTERNATIONAL ORGANIZATIONS, UN AGENCIES, COMMUNITY OF WOMEN LIVING WITH HIV, HIV SERVICE NGOS, MINISTRY OF HEALTH, CENTER FOR PUBLIC HEALTH

- 6.1** Support measures to prevent ART discontinuation and interruption, with a special focus on women refugees and internally displaced women living with HIV.
- 6.2** Provide resources for ART delivery in HIV care and treatment programmes.
- 6.3** Dispense ARV treatment for a longer period, taking into account the patients' individual needs and circumstances.
- 6.4** Ensure coordination between various healthcare settings and AIDS service throughout Ukraine for rapid response and prevention of ART interruption for patients who have changed their place of residence (moved to another oblast).
- 6.5** Cooperate with NGOs to dispense and deliver ART in regions with destroyed/severely damaged medical infrastructure and shortage of human resources.
- 6.6** Help migrant women who do not want to be monitored in another country to maintain contact with HIV medical specialists in Ukraine (whom they trust) and receive ART in Ukraine. At the same time, to make efforts to remove barriers to seeking medical care and access to ART abroad (see Recommendation 9).
- 6.7** Provide information and resource support to community-led organisations and other non-governmental organisations in Ukraine that play a significant role in ensuring access to ART and preventing treatment interruptions or discontinuations, primarily for IDPs and migrant women.

## MENTAL HEALTH

### RECOMMENDATIONS FOR DONOR ORGANIZATIONS, INTERNATIONAL ORGANIZATIONS, UN AGENCIES, COMMUNITY OF WOMEN LIVING WITH HIV, HIV SERVICE NGOS, MINISTRY OF HEALTH, CENTER FOR PUBLIC HEALTH

- 7.1** Debunk myths, overcome prejudices and improve trust in and access to psychotherapeutic and psychiatric care, including through personal examples of community activists of women living with HIV and successful experiences of receiving mental health services.
- 7.2** Expand and support the integration of mental health into HIV care and support programmes.

- 7.3** Conduct training of specialized professionals who provide mental health services, on the specifics of working with women living with HIV.
- Provide mental health support through the community of women living with HIV: peer-to-peer counseling, support groups, promotion of depression self-screening tools (e.g., Patient Health Questionnaire – 9, Zung Self-Rating Depression Scale), referral to friendly professions (psychotherapist, psychiatrist), coordination of interaction between state institutions providing mental health services, NGOs and community-led organisations, etc.
- 7.4**
- 7.5** Provide management of perinatal and maternal mental health among women living with HIV (which improves maternal well-being and has indirect beneficial effects on child care and developmental outcomes, as maternal depression is associated with several adverse outcomes for children). To integrate perinatal depression prevention, screening, assessment, and treatment into HIV prevention and early childhood health and development services.
- 7.6** Continue to support interventions that directly impact women’s mental well-being, such as addressing HIV-related stigma, social isolation, and violence.
- 7.7** Support measures to prevent burnout syndrome among women activists and service providers (for example, by means of conducting retreats).

## **ACCESS TO SEXUAL AND REPRODUCTIVE HEALTHCARE**

### **RECOMMENDATIONS FOR DONOR ORGANIZATIONS, INTERNATIONAL ORGANIZATIONS, UN AGENCIES, COMMUNITY OF WOMEN LIVING WITH HIV, HIV SERVICE NGOS, MINISTRY OF HEALTH, CENTER FOR PUBLIC HEALTH, LOCAL AUTHORITIES, AND HEALTHCARE FACILITIES**

- 8.1** Conduct advocacy activities to develop a Strategy or other national document at the level of the Government or the Ministry of Health on sexual and reproductive health with the inclusive involvement of representatives of the community of women living with HIV.
- Continue supporting the implementation of measures to respond to obstetric violence against HIV-positive women: community-led research, documentation of cases of obstetric violence against women living with HIV, case management by community paralegals, reports by community representatives and submission of proposals to supervisors, advisory and other coordinating bodies of the Ministry of Health, development, and approval of regulations/instructions for medical workers.
- 8.2**
- 8.3** Provide constant community-led informational support for women: information campaigns to update the relevancy of women’s health issue, group classes on the prevention and screening of cervical and breast cancer, reminders about the importance and frequency of examinations/visits to the doctor, help in finding information about available services and conditions of receipt, including contacts of healthcare providers, work schedule of mobile gynaecological teams, etc.
- 8.4** Support the capacity and meaningful participation of community representatives of women living with HIV in the formulation of policies and measures to eliminate vertical transmission of HIV, including budgeting, monitoring and evaluation of processes and indicators, at the national and local levels.

- 8.5** Solve the problems of critical underfunding of programmes for providing breast milk substitutes to HIV-positive mothers in labour by local budgets in certain oblasts of Ukraine and lactation suppression medication.
- 8.6** Provide social support for HIV-positive pregnant women and women in labour who are IDPs and face discrimination from medical workers in a new place (extortion of money for observation, diagnosis, and childbirth), primarily with the support of community paralegals.
- 8.7** Inform migrant women about legal obstacles in obtaining SRH services abroad. For example, in Poland, where a third of migrant women living with HIV reside/resided, abortion is prohibited (except when the pregnancy poses a threat to the life or health of the woman or when it is a rape-related pregnancy).

## **SUPPORT FOR REFUGEE WOMEN LIVING WITH HIV ABROAD**

### **RECOMMENDATIONS FOR DONOR ORGANIZATIONS, INTERNATIONAL ORGANIZATIONS, UN AGENCIES, COMMUNITY OF WOMEN LIVING WITH HIV, HIV SERVICE NGOS, MINISTRY OF HEALTH, CENTER FOR PUBLIC HEALTH, COMMUNITY ORGANIZATIONS, AND HIV SERVICE NGOS IN HOST COUNTRIES**

- 9.1** Support community activists in emigration, who have Ukrainian experience of self-organisation and mutual support, and contribute to the establishment of ties with local communities, HIV-service NGOs, healthcare institutions and social services, distribute information about available services, the specifics of patient routing and help overcome the fear of discrimination in connection with HIV, drug addiction, etc.
- 9.2** Ensure widespread information for Ukrainian refugees living with HIV regarding the organisation of medical and social services in the countries that host them and the package of documents that must be collected/ordered in Ukraine, including the existing experience of community activists.
- 9.3** Cooperate with civil society in the countries that host Ukrainian refugees to implement support programmes for women refugees living with HIV.
- 9.4** Expand and improve access to translation services, taking into account measures to prevent discrimination and disclosure of HIV status by translators.
- 9.5** Provide opportunities for remote support and preservation of connections between women refugees and the Ukrainian community of women living with HIV, providing access to online services such as support groups, training, consultations of peer and narrow-profile specialists.
- 9.6** Support state, in particular medical, institutions in Ukraine in developing a data exchange system with other countries regarding monitoring, accounting and ensuring access to quality treatment of HIV and related diseases.
- 9.7** Develop cooperation between Ukrainian and community-led organisations abroad to ensure or improve access of Ukrainian women refugees to treatment and care services.

# ANNEXES

## ANNEX 1. RESEARCH QUESTIONNAIRE

Question	Answers
<b>Sampling (filters)</b>	
0.1. I have been diagnosed with HIV infection until February 24, 2022	1. Yes 2. No, the survey is over
0.2. I lived on the territory of Ukraine until February 24, 2022	1. Yes 2. No, the survey is over
0.3. I am 18 years of age or older	1. Yes 2. No, the survey is over
0.4. Respondent's code	_____
0.5. I signed an informed consent to participate in the research	1. Yes 2. No, the survey is over
<b>1. Sociodemographic characteristics</b>	
1.1. How old are you? Enter a whole number	__ years (whole number)
1.2. Which oblast of Ukraine did you live in until February 24, 2022?	1. Vinnytsia 2. Volyn 3. Dnipropetrovsk 4. Donetsk 5. Zhytomyr 6. Zakarpattia 7. Zaporizhzhia 8. Ivano-Frankivsk 9. Kyiv oblast or the city of Kyiv 10. Kirovohrad 11. Luhansk 12. L'viv 13. Mykolayiv 14. Odesa 15. Poltava 16. Rivne 17. Sumy 18. Ternopil 19. Kharkiv 20. Kherson 21. Khmelnytskyi 22. Cherkasy 23. Chernivtsi 24. Chernihiv
1.3. What oblast of Ukraine do you currently live in?	1. I live in another country 2. Vinnytsia 3. Volyn 4. Dnipropetrovsk 5. Donetsk 6. Zhytomyr 7. Zakarpattia 8. Zaporizhzhia 9. Ivano-Frankivsk 10. Kyiv oblast or the city of Kyiv 11. Kirovohrad 12. Luhansk

	<ul style="list-style-type: none"> <li>13. L'viv</li> <li>14. Mykolayiv</li> <li>15. Odesa</li> <li>16. Poltava</li> <li>17. Rivne</li> <li>18. Sumy</li> <li>19. Ternopil</li> <li>20. Kharkiv</li> <li>21. Kherson</li> <li>22. Khmelnytskyi</li> <li>23. Cherkasy</li> <li>24. Chernivtsi</li> <li>25. Chernihiv</li> </ul>
<p>1.4. Which oblast of Ukraine did you temporarily move to due to the war (for a week or more), and then return to your own? (Select all that apply to you)</p>	<ul style="list-style-type: none"> <li>1. I did not move</li> <li>2. I moved to another country</li> <li>3. Vinnytsia</li> <li>4. Volyn</li> <li>5. Dnipropetrovsk</li> <li>6. Donetsk</li> <li>7. Zhytomyr</li> <li>8. Zakarpattia</li> <li>9. Zaporizhzhia</li> <li>10. Ivano-Frankivsk</li> <li>11. Kyiv oblast or the city of Kyiv</li> <li>12. Kirovohrad</li> <li>13. Luhansk</li> <li>14. L'viv</li> <li>15. Mykolayiv</li> <li>16. Odesa</li> <li>17. Poltava</li> <li>18. Rivne</li> <li>19. Sumy</li> <li>20. Ternopil</li> <li>21. Kharkiv</li> <li>22. Kherson</li> <li>23. Khmelnytskyi</li> <li>24. Cherkasy</li> <li>25. Chernivtsi</li> <li>26. Chernihiv</li> </ul>
<p>1.5. Do you have the status of an internally displaced person (IDP)?</p>	<ul style="list-style-type: none"> <li>1. Yes, I have an IDP certificate after 2014</li> <li>2. Yes, I have an IDP certificate after 2022</li> <li>3. No, I do not have an IDP certificate</li> <li>4. Does not apply. Go to question 1.6.</li> </ul>
<p>1.5.1. If you answered "No" to question 1.5., explain why</p>	<p>_____</p>
<p>1.6. Have you moved from Ukraine to another country because of the war?</p>	<ul style="list-style-type: none"> <li>1. Yes</li> <li>2. Yes, I moved and then returned to Ukraine</li> <li>3. No. Go to question 1.7.</li> </ul>
<p>1.6.1. Name the country or countries to which you have moved, including temporarily</p>	<p>_____</p>
<p>1.6.2. Do you have temporary protection in a new country?</p>	<ul style="list-style-type: none"> <li>1. Yes, I have a temporary protection</li> <li>2. No, I do not have a temporary protection</li> </ul>

1.6.3. If you answered "No" to question 1.6.2. explain why	_____
1.7. Which option best describes your relationship status? (Select all that apply to you)	<ul style="list-style-type: none"> <li>1. I am not currently in a relationship or have a sexual partner(s)</li> <li>2. I am not currently in a relationship, but I have a sexual partner(s)</li> <li>3. I am in a relationship, but we do not live together</li> <li>4. I am in a relationship and we live together</li> <li>5. Widow</li> <li>6. Divorced</li> <li>7. Other (specify) _____</li> </ul>
1.8. If you are in a relationship, what is the status of that relationship?	<ul style="list-style-type: none"> <li>1. Officially or formally married</li> <li>2. I live with a man / woman in a voluntary union without official registration</li> <li>3. Does not apply</li> </ul>
1.9. How many children do you have? Enter 0 if you have no children.	<ul style="list-style-type: none"> <li>1. Under 5 years old __ (number)</li> <li>2. From 5 to 11 years __ (number)</li> <li>3. From 12 to 18 years __ (number)</li> <li>4. Above 18 years old __ (number)</li> </ul>
1.10. What is your level of education?	<ul style="list-style-type: none"> <li>1. No formal education</li> <li>2. Elementary school</li> <li>3. Secondary school</li> <li>4. Secondary special education</li> <li>5. Incomplete higher education</li> <li>6. Higher education</li> <li>7. Post-graduate school, degree</li> <li>8. Other (specify) _____</li> </ul>
1.11. Were you employed as of February 24, 2022? (Select all that apply to you)	<ul style="list-style-type: none"> <li>1. I was employed and received a salary</li> <li>2. I was self-employed / I ran my own business</li> <li>3. I was unemployed</li> <li>4. I worked in the informal sector / I did piecework</li> <li>5. I am retired</li> <li>6. I am student</li> <li>7. Other (specify) _____</li> </ul>
1.12. Has there been any change in your employment status since February 24, 2022?	<ul style="list-style-type: none"> <li>1. No change: I keep doing the same job</li> <li>2. I keep doing the same job, but the workload has decreased</li> <li>3. I keep doing the same job, but the workload has increased</li> <li>4. I lost my job / business</li> <li>7. I am temporarily unemployed</li> <li>8. I changed my job</li> <li>9. Still unemployed / retired / taking care of a child / student</li> <li>10. Other (specify) _____</li> </ul>
1.13. Is there enough money in your household to pay for daily needs (such as food, clothing, shelter, education, health)?	<ul style="list-style-type: none"> <li>1. Fully enough to pay for daily needs</li> <li>2. Mostly enough</li> <li>3. Usually enough</li> <li>4. Not quite enough</li> <li>5. Not enough at all</li> </ul>

1.14. How would you describe your economic situation?	<ol style="list-style-type: none"> <li>1. Not wealthy at all</li> <li>2. Not particularly wealthy</li> <li>3. Wealthy</li> <li>4. Rather wealthy</li> <li>5. Very wealthy</li> </ol>
1.15. Since the full-scale invasion, the economic situation of many households has changed. Has this affected you too?	<ol style="list-style-type: none"> <li>1. Yes, economic situation of the household has worsened</li> <li>2. No, economic situation of the household has not changed</li> <li>3. Yes, economic situation of the household has improved</li> </ol>
1.16. Did your income change after February 24, 2022?	<ol style="list-style-type: none"> <li>1. Yes, I completely lost all income</li> <li>2. Yes, I lost part of my income</li> <li>3. No changes</li> <li>4. My income has increased</li> <li>5. I had no personal income until February 24, 2022</li> </ol>
1.17. Has your property status changed (real estate, cars, furniture, things)?	<ol style="list-style-type: none"> <li>1. My property is partially occupied</li> <li>2. My property is fully occupied</li> <li>3. My property is partially destroyed</li> <li>4. My property is fully destroyed</li> <li>5. I lost all my property because of the war</li> <li>6. I did not experience significant property losses</li> </ol>
<b>2. Identities, vulnerabilities, sexual life</b>	
2.1. What is your sexual orientation?	<ol style="list-style-type: none"> <li>1. I am asexual</li> <li>2. I am asexual</li> <li>3. I am heterosexual</li> <li>4. I am lesbian</li> <li>5. I am pansexual</li> <li>6. I am queer</li> <li>7. Other (specify) _____</li> </ol>
2.2. When was the last time you had sex?	<ol style="list-style-type: none"> <li>1. During the last week</li> <li>2. During the last month</li> <li>3. During the last 3 months</li> <li>4. I have not had sex for more than 3 months</li> <li>5. I have not had sex for more than 6 months</li> <li>6. I have not had sex for more than 3 months</li> <li>7. I have not had sex for more than a year</li> <li>8. I have not had sex for more than 2 years</li> <li>9. I do not want to answer</li> </ol>
2.3. Which of these statements best describes your sex life?	<ol style="list-style-type: none"> <li>1. I have one or more partners living with HIV</li> <li>2. I have one or more partners not living with HIV</li> <li>3. I have one or more partners and I do not know their HIV status</li> <li>4. I do not have a sexual partner now</li> </ol>
2.4. Have you had sex in exchange for money, goods, services, drugs, or shelter?	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Once a month or less</li> <li>3. 2-4 times a month</li> <li>4. 2-3 times a week</li> <li>5. 4 or more times a week</li> </ol>
2.5. Do you use drugs, including injectable, or used them in the past?	<ol style="list-style-type: none"> <li>1. Yes, in the past</li> <li>2. Yes, I use drugs</li> <li>2. No</li> </ol>

2.6. Are you a client of an opioid substitution therapy (OST) programme?	1. Yes 2. No
2.7. Does your sexual partner or partners use drugs, including injectable, or used them in the past?	1. Yes, my partner uses drugs (within the last month) 2. Yes, my partner used to use drugs but stopped 3. No, my partner has never injected drugs 4. I do not know
2.8. Have you ever been to a correctional facility?	1. Yes 2. No
2.9. Have you ever been in a pre-trial detention centre?	1. Yes 2. No
2.10. Do you have or have you had active tuberculosis?	1. I had tuberculosis, but I was treated 2. I have tuberculosis now 3. No
2.11. Do you have or have had hepatitis C?	1. I had hepatitis C, but I was treated 2. I have hepatitis C now 3. No
2.12. Have you experienced violence <b>during 2021</b> ? <ul style="list-style-type: none"> <li>• Physical violence</li> <li>• Psychological violence</li> <li>• Economic violence</li> <li>• Sexualized violence</li> </ul>	1. Never 2. Sometimes 3. Often
2.13. Have you experienced <b>violence after February 24, 2022</b> ? <ul style="list-style-type: none"> <li>• Physical violence</li> <li>• Psychological violence</li> <li>• Economic violence</li> <li>• Sexualized violence</li> </ul>	1. Never 2. Sometimes 3. Often
<b>3. Family planning</b>	
3.1. Which statement best describes your current situation?	1. I am currently pregnant or likely to be pregnant 2. I am currently trying to conceive 3. I gave birth to a child after February 24, 2022 4. I am not pregnant and I do not want to be in the near future 5. I cannot have children (infertility / medical issues / menopause)
3.2. Have you changed your plans for children because of the war?	1. Yes, I decided to postpone the decision to give birth to a child until the near future 2. Yes, I decided that I want to have a baby earlier 3. Yes, I have decided that I do not want children (although before the war I wanted children) 4. Yes, I decided that I wanted children (although before the war I did not want children) 5. No, I have not changed my plans
3.3. Have you or your partner used any contraceptive methods after February 24, 2022?	1. No 2. Yes, all the time 3. Yes, most of the time 4. Yes, sometimes 5. Does not apply
3.4. Do you agree with the following statement? - I can have an abortion if I need to	1. Strongly agree 2. Agree 3. Partially agree 4. Disagree



	<p>5. Strongly disagree</p> <p>6. I do not know</p> <p>7. Does not apply</p>
<b>4. General state of health</b>	
4.1. Compare your state of health between February 24, 2022 and now	<p>1. The general state of health has significantly deteriorated</p> <p>2. The general state of health has deteriorated</p> <p>3. The general state of health has not changed</p> <p>4. The general state of health has improved</p> <p>5. The general state of health has significantly improved</p>
4.2. When was the last time you measured your viral load?	<p>1. During the last 3 months</p> <p>2. During the last 6 months</p> <p>3. From 6 months to 1 year ago</p> <p>4. More than a year ago</p> <p>5. More than 2 years ago</p>
<p>4.3. What conditions have you experienced after February 24, 2022?</p> <ul style="list-style-type: none"> <li>• Fear /Anxiety /Panic attacks</li> <li>• Depression</li> <li>• Insomnia</li> <li>• Nightmares</li> <li>• Difficulty of going out or staying in society</li> <li>• Eating difficulties</li> <li>• Suicidal thoughts</li> </ul>	<p>1. Never</p> <p>2. Rarely</p> <p>3. Sometimes</p> <p>4. Often</p>
4.4. Has <b>access to ARV treatment</b> changed for you now compared to the period until February 24, 2022?	<p>1. Access is much easier now than before the invasion</p> <p>2. Access is easier now than before the invasion</p> <p>3. Access has not changed</p> <p>4. Access is more difficult now than before the invasion</p> <p>5. Access is much more difficult now than before the invasion</p> <p>6. I did not take ART before the invasion</p> <p>7. I stopped ART after the invasion</p> <p>8. I interrupted ART after the invasion</p>
4.5. Has access to peer support as a woman living with HIV changed for you now compared to the period until February 24, 2022?	<p>1. Access is much easier now than before the invasion</p> <p>2. Access is easier now than before the invasion</p> <p>3. Access has not changed</p> <p>4. Access is more difficult now than before the invasion</p> <p>5. Access is much more difficult now than before the invasion</p> <p>6. I did not participate in support groups before or after February 24, 2022</p>
4.6. Has <b>access to sexual and reproductive health services</b> changed for you now compared to the period until February 24, 2022?	<p>1. Access is much easier now than before the invasion</p> <p>2. Access is easier now than before the invasion</p> <p>3. Access has not changed</p> <p>4. Access is more difficult now than before the invasion</p> <p>5. Access is much more difficult now than before the invasion</p> <p>6. I did not seek services before or after the invasion</p>

4.7. Has <b>access to mental health services</b> changed for you now compared to the period until February 24, 2022?	<ol style="list-style-type: none"> <li>1. Access is much easier now than before the invasion</li> <li>2. Access is easier now than before the invasion</li> <li>3. Access has not changed</li> <li>4. Access is more difficult now than before the invasion</li> <li>5. Access is much more difficult now than before the invasion</li> <li>6. I did not seek services before or after the invasion</li> </ol>
4.8. Has <b>access to protection from violence</b> changed for you now compared to the period until February 24, 2022?	<ol style="list-style-type: none"> <li>1. Access is much easier now than before the invasion</li> <li>2. Access is easier now than before the invasion</li> <li>3. Access has not changed</li> <li>4. Access is more difficult now than before the invasion</li> <li>5. Access is much more difficult now than before the invasion</li> <li>6. I did not seek services before or after the invasion</li> </ol>
4.9. Has your relationship with your partner changed as a result of the war?	<ol style="list-style-type: none"> <li>1. The relationship has not changed</li> <li>2. My partner defends Ukraine in the ranks of the Armed Forces or other structures</li> <li>3. We live in separate oblasts of Ukraine, maintaining relations</li> <li>4. We live in separate countries, maintaining relations</li> <li>5. We ended the relationship after February 24, 2022</li> <li>6. I was not in a relationship until February 24, 2022</li> <li>7. I started a new relationship after February 24, 2022</li> <li>8. I lost my partner due to the war (killed)</li> </ol>
4.10. Do you have difficulties with raising children in the midst of war? (Select all that apply to you)	<ol style="list-style-type: none"> <li>1. Now it is more difficult for me to raise a child (children), because my partner and close circle are not around</li> <li>2. The situation has not changed</li> <li>3. My child(ren) are constantly studying online – this requires extra attention and care</li> <li>4. My child(ren) is(are) having a hard time adapting to a new place of residence</li> <li>5. My child(ren) has(have) a hard time adapting to a new social circle</li> <li>6. I have no minor children who need care</li> <li>7. I raise an HIV-positive child and take care of his/her access to services</li> <li>8. I gave birth to a child after February 24, 2022 and take care of his/her timely monitoring</li> <li>9. Other (specify) _____</li> </ol>
<b>5. Geographic accessibility of HIV services</b>	
5.1. How far is it now to get to the nearest HIV facility/provider?	<ol style="list-style-type: none"> <li>1. It is very close to where I live</li> <li>2. Not far to get to</li> <li>3. Far to get to</li> </ol>

5.2. Has it become more difficult for you to get to the nearest HIV facility/ provider now, compared to the period until February 24, 2022?	<ol style="list-style-type: none"> <li>1. Much more difficult</li> <li>2. More difficult</li> <li>3. About the same</li> <li>4. Easier</li> <li>5. Much easier</li> </ol>
5.3. Can you afford the costs of travel to the nearest HIV facility/provider?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Sometimes</li> <li>3. No</li> </ol>
5.4. Do you depend on your partner to access money to pay for transport to the HIV facility/provider?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. I do not have a partner now</li> </ol>
<b>6. Quality of HIV services</b>	
6.1. How satisfied are you with the overall quality of HIV services you received after February 24, 2022?	<ol style="list-style-type: none"> <li>1. Completely dissatisfied</li> <li>2. Dissatisfied</li> <li>3. Partially satisfied</li> <li>4. Satisfied</li> <li>5. Very satisfied</li> <li>6. I did not ask for services</li> </ol>
6.2. How do you think the quality of HIV services you receive now has changed compared to the period up to February 24, 2022?	<ol style="list-style-type: none"> <li>1. The quality is much worse now than before the invasion</li> <li>2. The quality is worse now than before the invasion</li> <li>3. The quality has not changed</li> <li>4. The quality is better now than before the invasion</li> <li>5. The quality is much better now than before the invasion</li> <li>6. I did not ask for services</li> </ol>
<b>7. Administrative aspects</b>	
7.1. Have the operating hours of the HIV facility changed after February 24, 2022?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. The facility no longer operates</li> <li>4. Does not apply (I am an IDP or live in another country, so I cannot compare)</li> <li>5. I do not know</li> </ol>
7.2. How have the operating hours of the HIV facility changed now compared to the period until February 24, 2022?	<ol style="list-style-type: none"> <li>1. Operating hours are less convenient</li> <li>2. Operating hours are more convenient</li> <li>3. They were and remain convenient</li> <li>4. Does not apply (I am an IDP or live in another country, so I cannot compare)</li> <li>5. I do not know</li> </ol>
<b>8. Non-discrimination, privacy and confidentiality</b>	
8.1. How would you describe your experience of receiving health care and other services now compared to February 24, 2022?	<ol style="list-style-type: none"> <li>1. I feel much less discriminated against now than before the invasion</li> <li>2. I feel less discriminated against now than before the invasion</li> <li>3. My feelings about discrimination have not changed</li> <li>4. I feel more discriminated against now than before the invasion</li> <li>5. I feel much more discriminated against now than before the invasion</li> <li>6. I do not know</li> </ol>

<p>8.2. Do you agree with the following statement – I know where to file a complaint if I am experience discrimination because of my HIV status when accessing medical or other services?</p>	<ol style="list-style-type: none"> <li>1. Strongly agree</li> <li>2. Agree</li> <li>3. Partially agree</li> <li>4. Disagree</li> <li>5. Strongly disagree</li> <li>6. I do not know what discrimination is</li> </ol>
<p>8.3. Has the privacy and confidentiality offered by your facility / provider changed now compared to the period until February 24, 2022?</p>	<ol style="list-style-type: none"> <li>1. Privacy and confidentiality are much better now than before the invasion</li> <li>2. Privacy and confidentiality are better now than before the invasion</li> <li>3. Privacy and confidentiality are the same</li> <li>4. Privacy and confidentiality are worse now than before the invasion</li> <li>5. Privacy and confidentiality are much worse now than before the invasion</li> <li>6. I do not know what privacy and confidentiality are</li> </ol>
<p><b>9. Services and barriers to seeking help</b></p>	
<p>9.1. Where can you seek help in overcoming the consequences of war? (Select all that apply to you)</p>	<ol style="list-style-type: none"> <li>1. State institution in Ukraine</li> <li>2. State institution in the country where you are currently based</li> <li>3. National or local non-governmental organisation (HIV service, human rights, women’s, etc.) in Ukraine</li> <li>4. National or local non-governmental organisation (HIV service, human rights, women’s, etc.) in the country where you are currently based</li> <li>5. Organisation led by women living with HIV in Ukraine</li> <li>6. Organisation led by women living with HIV in the country where you are currently based</li> <li>7. International foundation or organisation</li> <li>8. I do not know</li> <li>9. Other (specify) _____</li> </ol>
<p>9.2. What services did you receive after February 24, 2022?</p> <ul style="list-style-type: none"> <li>• ART delivery</li> <li>• Support groups for women living with HIV</li> <li>• Evacuation / Transportation to a safer place</li> <li>• Psychotherapy</li> <li>• Psychiatric treatment (or counseling)</li> <li>• Infant nutrition for children born to HIV-positive parents</li> <li>• Food support</li> <li>• Financial support</li> <li>• Social benefits</li> <li>• Humanitarian aid, in addition to food (sanitary kits, clothes, power bank, etc.)</li> <li>• Stay in a shelter / crisis centre / crisis apartment</li> <li>• Legal and/or paralegal consulting and/or support (drafting of documents)</li> <li>• Translation services in another country</li> </ul>	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Once</li> <li>3. Sometimes</li> <li>4. Always</li> <li>5. Did not need it</li> </ol>

<ul style="list-style-type: none"> <li>• Consulting on available services (face-to-face, online, bots, etc.)</li> <li>• Dispensing medicines (except ART), paying for diagnostics</li> </ul>	
<p>9.3. What prevents you (or has prevented you) from seeking medical, social and legal services and help after February 24, 2022?</p> <ul style="list-style-type: none"> <li>• Fear of stigma and discrimination because of my HIV status</li> <li>• Language barrier or lack of an interpreter</li> <li>• Services are no longer provided (facility is closed or destroyed)</li> <li>• Absence of a familiar or friendly specialist (sensitive to HIV) nearby</li> <li>• Absence of a familiar or friendly HIV service or other NGO nearby</li> <li>• Lack of information about services</li> <li>• Absence of my usual environment and support</li> <li>• Self-care has taken a back seat to other basic needs</li> <li>• Geographical remoteness of service providers (travel takes a lot of time and/or money)</li> <li>• Caring for the child(ren) and/or other family members</li> <li>• Financial inability</li> <li>• No energy to ask for help</li> </ul>	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. Sometimes</li> <li>3. Often</li> <li>4. Always</li> <li>5. Does not apply</li> </ol>
<p>9.4. Please list the most tangible and meaningful help for you in connection with the war. Specify the institution or organisation or individual and in what way they helped you</p>	<p>_____</p>
<p><b>Acknowledgments</b></p>	
<p>Thank you for your participation! If you need information and advice, please contact CO “Positive women” at the e-mail address <a href="mailto:novytska.nat@pw.org.ua">novytska.nat@pw.org.ua</a>. More information can be found on our website <a href="https://pw.org.ua/">https://pw.org.ua/</a>.</p>	

CO “Positive women” with the support of the UN Women in Ukraine

### **The impact of war on women living with HIV in Ukraine: community-led research**

Charitable organisation “Positive women” is conducting community-led research on the impact of war on women living with HIV, the results of which will help organizers plan information and advocacy activities to improve services provided to women living with HIV in Ukraine.

Before you decide to participate in the interview, we would like to provide you with the following information:

**Voluntary participation:** Your participation in the research is entirely voluntary. You can decide not to participate in the research now or refuse to continue participating at any stage of filling out the questionnaire.

**Confidentiality:** Your name, surname and place of residence will not be mentioned anywhere in connection with the information you provide. All results will be presented only in the total array, not individually. All data collected during the research will be accessible only to the Research Team.

**Possible inconveniences:** Some questions may touch on intimate, personal and/or emotionally difficult topics. Remember that you can refuse to participate in the research at any stage, but then unfortunately we will not be able to pay you the reward. This research does not foresee emergency situations, however, in the event of such, you will be provided with psychological assistance.

Verbal consent to participate in the interview.

### **Questions**

- 1** In which oblast and city of Ukraine did you live until February 24, 2022? How did you find out and how did you feel when you found out about the full-scale Russian invasion of Ukraine? Additionally: Did you have or do you have the status of an internally displaced person (IDP)? What communities do you belong to (sex worker, woman who uses drugs, LBT woman, OST programme participant). Your age (in full years).  
(for migrant women) Have you moved from Ukraine to another country because of the war? Which one?
- 2** What prompted you to move? How did it happen? With who? What hindered and what helped? Do you have temporary protection in a new country? If “No”, explain why. Additionally: Employment, income, social benefits.
- 3** Do you have children? How many? Are you experiencing difficulties in raising children under the influence of war and in another country?
- 4** Has your access to ARV treatment changed now compared to the period until February 24, 2022? Where do you get ART? Have you stopped ART? Did you change the regimen of ART? Have you experienced stigma and discrimination because of your HIV-positive status? Additionally: How far is it now for you to get to the nearest HIV facility/specialist? Do your finances allow you to get to the nearest HIV facility/specialist? Access to TB, OST, hepatitis C services (if relevant).
- 5** Has access to sexual and reproductive healthcare services changed for you now compared to the period until February 24, 2022 (in Ukraine)? Tips: Examinations and visits to a gynaecologist, mammologist, etc.

Where can you turn for help in overcoming the consequences of the war? What prevents you (or has prevented you) from seeking medical, social and legal services and assistance in your host country? Tips: Fear of stigma and discrimination because of my HIV status, Lack of information about services, Self-care has taken a backseat to other basic needs, No energy to ask for help, Language barrier or lack of an interpreter, Absence of a familiar or friendly specialist (sensitive to HIV) nearby, Absence of a familiar HIV service or other non-governmental organisation, Absence of my usual environment and support, Geographical remoteness of service providers (travel takes a lot of time and/or money), Care about the child (children) and/or other family members, Financial inability.

6

Please list the most tangible and meaningful help for you in connection with the war. Specify the institution or organisation or individual and in what way they helped you.

7

8 (for migrant women) Do you plan to return to Ukraine? Under what conditions?

**Thank you for your time and answers!**

### ANNEX 3. INFORMED CONSENT TO PARTICIPATE IN THE RESEARCH

Charitable organisation “Positive women” invites you to participate in community-led research on the impact of war on women living with HIV, the results of which will help organizers plan information and advocacy activities to improve services provided to women living with HIV in Ukraine.

Before you decide to participate in this research, we would like to provide you with the following information:

#### Voluntary participation

Your participation in the research is entirely voluntary. You can decide not to participate in the research now or refuse to continue participating at any stage of filling out the questionnaire.

#### Confidentiality

Your name, surname, and place of residence will not be mentioned anywhere in connection with the information you provide. All results will be presented only in the total array, not individually. All data collected during the research will be accessible only to the Research Team.

#### Possible inconveniences

Some research questions may touch on intimate, personal and/or emotionally difficult topics. Remember that you can refuse to participate in the research at any stage, but then unfortunately we will not be able to pay you the reward. This research does not foresee emergency situations, however, in the event of such, you will be provided with psychological assistance.

In order to participate in the research, the statement below requires mandatory consent:

**By signing this informed consent form, I confirm that I understand the aims, procedure, methods and possible inconveniences of participating in the research. I had the opportunity to ask all the questions that interested me. I received satisfactory answers and clarifications to all the questions I was interested in regarding this research. I give my consent to participate in the research.**

Name and signature of the research participant \_\_\_\_\_

Date: \_\_\_\_\_ 2023 Phone No. \_\_\_\_\_

I explained to the respondent the goals, procedure, methods and possible inconveniences of participating in the research, and also answered all questions regarding participation in the research. Her decision to participate in the research is conscious and voluntary, for which respective consent has been obtained.

Name and signature of the interviewer \_\_\_\_\_

Date: \_\_\_\_\_ 2023



**Training workshop for the interviewers of community-led research  
“The impact of war on women living with HIV in Ukraine”**

November 21, 2023

**Participants:** CO “Positive women” Regional Coordinators

**Format:** Zoomconference

**Purpose of the training workshop:** to prepare the team for qualitative community-led research “The impact of war on women living with HIV in Ukraine”.

**Agenda**

<b>Time</b>	<b>Session</b>	<b>Presenter/ Facilitator</b>
16.00	Team introduction. Presentation of the project and research as its component	Nataliia Novytska
16.15	Research purpose, tasks and tools. Discussion of the questionnaire, suggestions for its improvement. Criteria for selecting and coding of respondents	Svitlana Moroz
16.40	Project documentation and procedures. Compliance with professional ethics. Informed consent. The interviewer’s checklist. Monitoring performance of indicators	Nataliia Gerasymchuk
16.50	Coordination and interaction within the Research Team. Administrative and programme issues	Nataliia Novytska

The event was prepared and conducted by the CO “Positive women” in cooperation with UNAIDS UBRAF Country Envelope and the UN Women in Ukraine project “Transformative Approaches to Achieving Gender Equality in Ukraine” funded by the Government of Sweden and implemented in cooperation with the Office of the Vice Prime Minister for European and Euro-Atlantic Affairs integration.

## ANNEX 5. AGENDA OF THE NATIONAL CONSULTATION WITH THE COMMUNITY LEADERS

### **National consultation of the community leaders of women living with HIV on the findings of community-led research “The impact of war on women living with HIV in Ukraine”**

March 29, 2024

Venue: Kyiv

Participants: activists of the community of women living with HIV, representatives of the UN Women in Ukraine

#### **Purpose of consultation:**

To discuss the findings of community-led research “The impact of war on women living with HIV in Ukraine” and to develop key recommendations for reducing barriers to services for women living with HIV in Ukraine.

#### **Agenda**

<b>Time</b>	<b>Session</b>	<b>Presenter/ Facilitator</b>
10.30	Registration, tea/coffee break	
11.00	Welcome speech of the organizers	Olena Stryzhak
11.10	Relevance of the research “The impact of war on women living with HIV in Ukraine”	Olena Kolomiichuk
11.40	Presentation of research findings. Discussion	Svitlana Moroz
12.30	Reflection of the research interviewers	Svitlana Moroz
13.00	Lunch break	
14.00	Overcoming barriers to access to services. Group work	Svitlana Moroz Olena Shchepeleva Nataliia Novytska
15.30	Tea/coffee break	
16.00	Presentation of group work results.	Svitlana Moroz
16.30	Information and advocacy campaign based on research findings	Yuliia Kucherova
17.00	Next steps. Summing up	Nataliia Novytska Olena Stryzhak

The event was prepared and conducted by the CO “Positive women” in cooperation with UNAIDS UBRAF Country Envelope and the UN Women in Ukraine project “Transformative Approaches to Achieving Gender Equality in Ukraine” funded by the Government of Sweden and implemented in cooperation with the Office of the Vice Prime Minister for European and Euro-Atlantic Affairs integration.

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