

# REAct SYSTEM IMPLEMENTATION IN UKRAINE

as for the first semester of 2023

UNDER THE CONDITIONS OF WAR AND ACTIVE HOSTILITIES IN SOME REGIONS OF UKRAINE, THE IMPLEMENTATION OF THE REACT SYSTEM CONTINUES, REACTOR'S REGISTER CASES OF RIGHTS VIOLATIONS OF KEY COMMUNITIES, INTERACT WITH CLIENTS AND PROVIDE THE NECESSARY ASSISTANCE AND SUPPORT.

**Key REAct data** for the period from 01/01/2023 to 30/06/2023:



**2022**

registered cases of rights violations



**1931**

client from the communities from which **299** are IDPs



**369**

cases related to the beginning of a full-scale war of the russian federation against Ukraine



**53**

cases where the perpetrator are the occupiers



**92%**

cases are resolved fully or partially



**84**

REActor's



**62**

NGOs



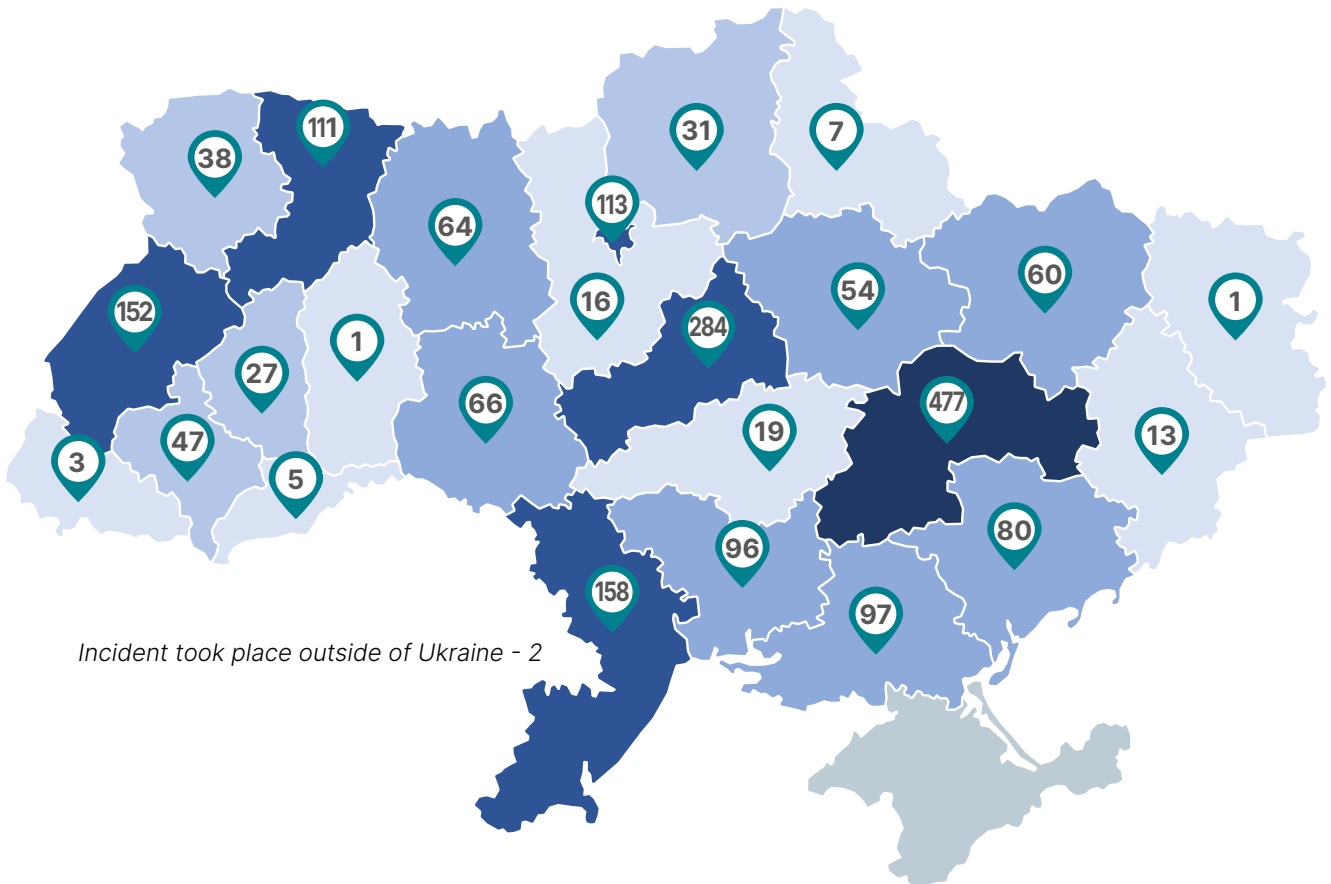
**19**

regions



In the first semester of 2023, thanks to the expansion of regional teams and the increase in the number of NGOs and REActors by 6 organizations and 10 people, respectively, **500 more cases** were registered compared to the second semester of 2022.

## Region where clients' incident took place



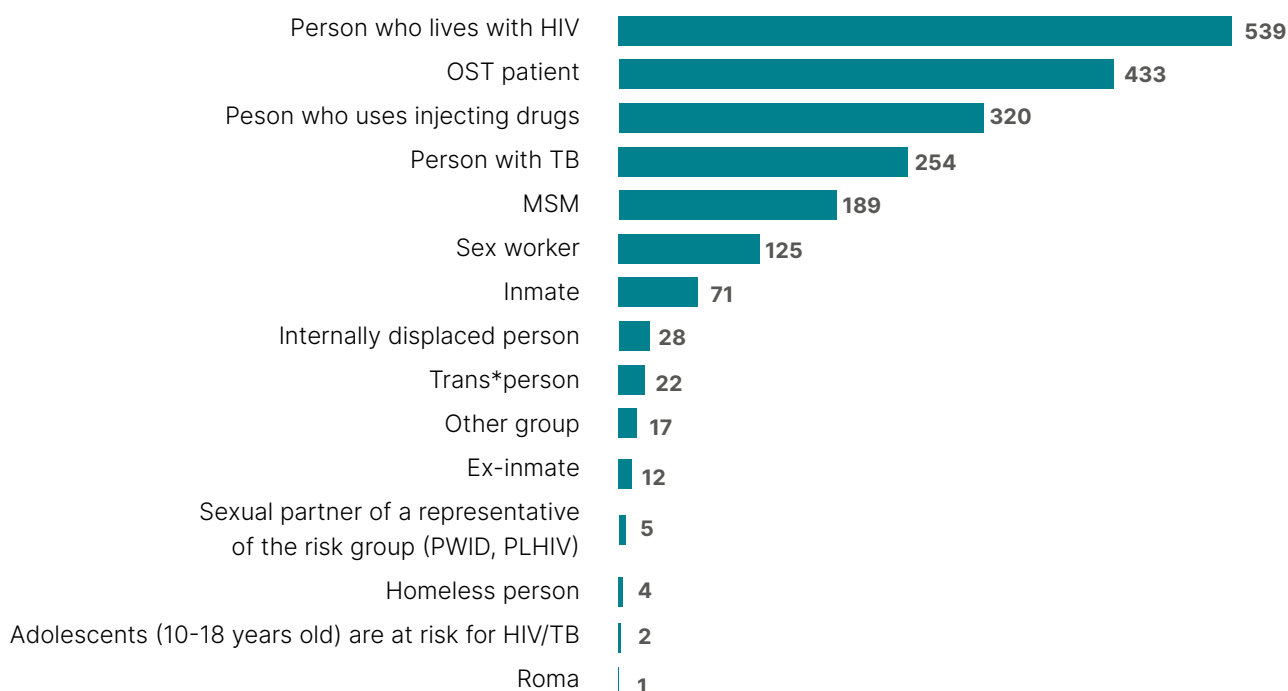
Dnipropetrovsk region	477
Cherkasy region	284
Odesa region	158
Lviv region	152
Kyiv city	113
Rivne region	111
Kherson region	97
Mykolaiv region	96
Zaporizhzhia region	80
Vinnitsia region	66
Zhytomyr region	64
Kharkiv region	60
Poltava region	54

Ivano-Frankivsk region	47
Volyn region	38
Chernihiv region	31
Ternopil region	27
Kirovohrad region	19
Kyiv region	16
Donetsk region	13
Sumy region	7
Chernivtsi region	5
Transcarpathian region	3
Luhansk region	1
Khmelnytskyi region	1

# Clients' appeals:

- Compared to the second semester of 2022, **the share of cases when the client contacted the REActor in person** rather than by phone increased. Currently, it is the personal appeal of clients to REActors that prevails.
- The share of requests from clients from such communities as **people with TB** (by 1.5%), **people in prison** (by 3%), and **MSM** (by 5%) increased. This is likely due to the involvement of new organizations and REActors working with these communities in the REAct system.

## Clients' risk group that is associated with a case of violation



# Changes in the needs of clients contacting REAct

- Due to the expansion of regional teams and the increase in clients' coverage by the REAct system, the demand for a number of services has increased accordingly.
- Services related to **psychological support and counselling**, support in receiving **social assistance, social protection services, support in drawing up/restoring the client's personal documents, assistance in the client's employment** - were the most requested by clients.
- Clients' need for access to health services remained unchanged at the level of the previous period.

# Key types of perpetrators and violations of REAct clients

- Most often, the rights of key communities are violated by **representatives of state health care institutions** - 41%.
- A number of cases of rights violations are caused by the consequences of the military invasion of the Russian Federation, which also affects the ability to provide health services to clients in 2023.
- Compared to the second semester of 2022, **the share of violations by local authorities, as well as the military and the army, has slightly decreased.**
- **Denial to provide services or assistance** prevails among other types of rights violations. Most often, such a denial related to the provision of health services – denial to provide outpatient and inpatient **medical care, hospitalization (not related to HIV/TB).**

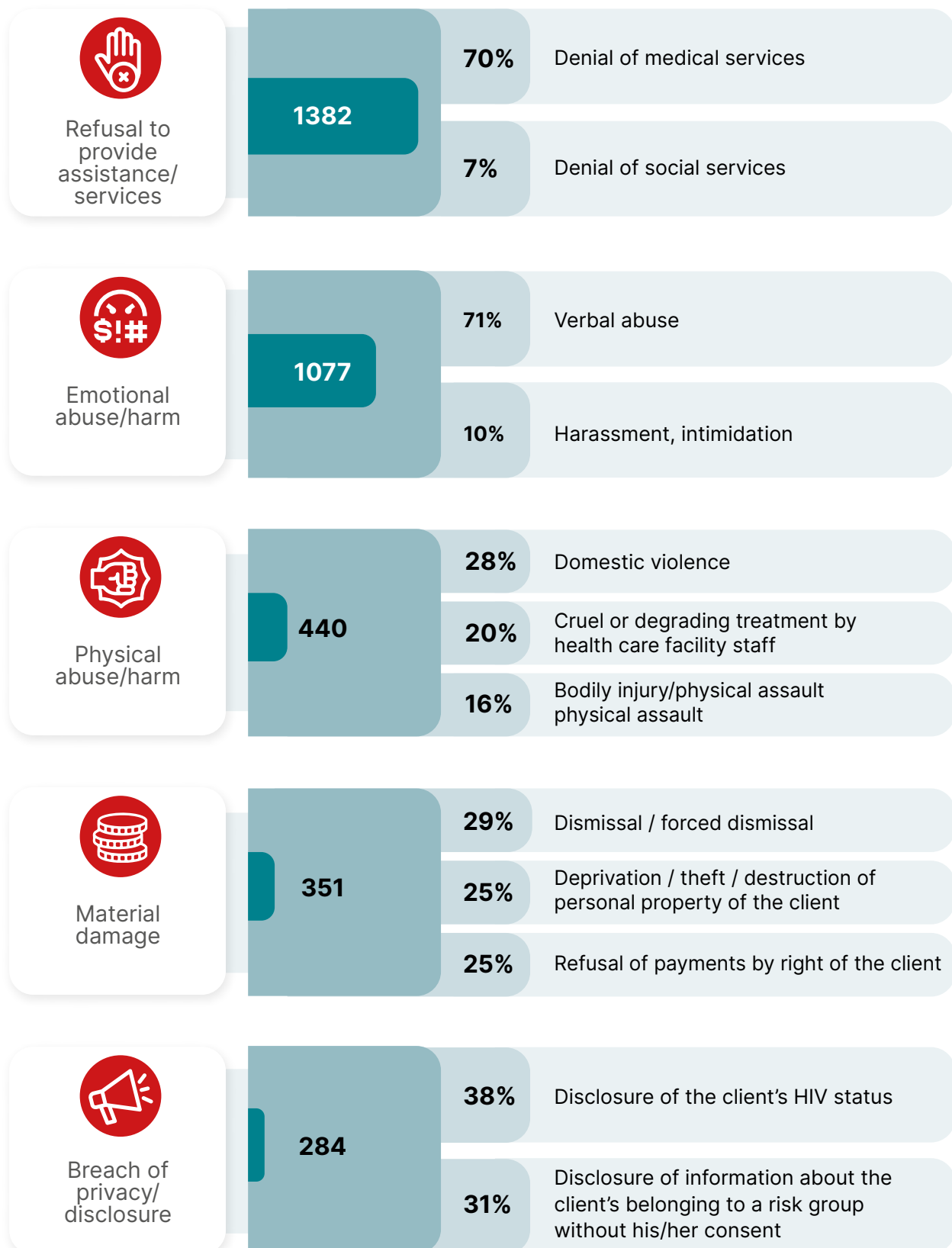
## Types of perpetrators of the rights of key communities\*

- 41% ● Employees of state health care institutions
- 13% ● Client's inner circle (family, sexual partner, friends, neighbor, etc.)
- 10% ● Police
- 6% ● Employer
- 6% ● Provider of state social services
- 4% ● Representatives of the penitentiary institution
- 4% ● Unknown
- 3% ● Military, army
- 2% ● Employees of private establishments in the service sector
- 2% ● Occupiers
- 1% ● Representatives of local authorities
- 1% ● Employees of private healthcare institutions
- 1% ● Accommodation owner
- 1% ● Other perpetrator
- 1% ● Clients of sex workers
- 1% ● State educator
- 1% ● Pharmacy employee
- 1% ● Migration service
- 1% ● State lawyer
- 1% ● Non-governmental organisation



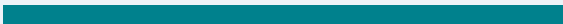
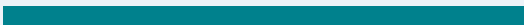

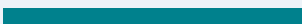


























\* Several types of violations and perpetrators are possible within one client's case

## Key types of rights violations\* \*\*



\* Several types of violations are possible within one client's case.  
 \*\* Number of incidents.

## Types of health services that were denied to clients

Access to OST	129	
Outpatient medical care (not related to HIV/TB)	120	
Inpatient medical care, hospitalization (not related to HIV/TB)	85	
Provision of medical services without additional payment	70	
Signing of medical declaration	69	
TB treatment	61	
Unreasonable reduction in the OST dosage	50	
TB examination	39	
Ambulance	33	
Switching an OST patient to home-take OST	32	
Access to ART	30	
Provision of personal medical information at the request of the client	23	
Medical and social examination	22	
Treatment of Hepatitis C	20	
Access to OST in places in prison	18	
Change of OST medications	17	
Dental care	17	
Access to ARV in prisons	16	
Change of ART regimen / forced unjustified change of ARV regimen	13	
COVID-19 testing/counseling	10	
Sale of syringes/needles in a pharmacy	10	
HIV testing/counseling	10	
Hepatitis C testing/counseling	9	
Medical care/counseling in prisons (not related to HIV/TB)	6	
Access to TB treatment in prisons	6	
Prescription of post-contact prevention	4	
Detoxification, including anonymously	3	
Provision of baby formula for children of HIV-positive women	3	
Medical rehabilitation services	3	
Naloxone provision	1	

# Rights violations of key populations under the current war condition



**Damaged or completely destroyed medical infrastructure, a decrease in the number of health workers** significantly limit access to health services in regions affected by shelling and occupation.



**In the temporarily occupied territories**, clients face a number of barriers to access the treatment: ARV cannot be obtained without a Russian passport.

- Clients continued to face **barriers in obtaining IDP status** if they were temporarily in another region. This deprived such clients of the opportunity to receive appropriate state-guaranteed medical and social services. At the same time, employees of state institutions often resorted to **open insults and discriminatory expressions** when addressing clients:



*An HIV-positive woman is actually an IDP, but when she applied to the social security service to issue an IDP certificate, she was refused. During communication with employees of the social protection service, the woman was repeatedly pointed out that she belonged to the «homeless people who are “homelessing” all over the country.»*

- However, having an official IDP status did not guarantee the ability to receive the necessary services. On the contrary, **the status of an IDP strengthened the prejudiced attitude towards clients from among the communities** who tried to receive health care in the regions of temporary stay.



*The man went to the hospital for help, but the doctor at the reception behaved in such a way that the man had the impression that he was in a high-security prison. The doctor allowed himself offensive expressions towards the patient, saying «it's your own fault and no one forced you to inject yourself, there are enough drug addicts here, and we still have to serve those who moved from other cities.»*

- Because of their community belonging, clients continued to face **refusal of temporary shelter, forced evictions, and even refusal of shelter** during the winter when there were power outages due to Russian attacks.



*The IDP woman, a patient of the OST, whose property was damaged, having all the supporting documents, applied to the shelter with a request for temporary accommodation. The administration of the shelter drew attention to her unkempt appearance, since she had been in the bomb shelter for a month and did not have free access to hygienic procedures, they began to interview her in more detail, and when they found out in a conversation that she was a member of the OST, they refused to grant her shelter.*



*In a shelter for IDPs, a pregnant women with a child was insulted and forced to move out after knowing about her HIV status. They also threatened to give the child away to social services.*

- Clients who lived in the area of active war actions and were eligible to receive **humanitarian aid, food kits and warm things** faced discrimination and prejudice, receiving such aid in a smaller amount than others, or were denied access at all.
- When realizing their right to **register damaged property** (apartment, house) with further compensation from the state, **to rebuild their residence that was destroyed or damaged by the occupiers**, representatives of key communities repeatedly faced stigma and discrimination. For example, received a refusal to receive building materials, receive or install windows.



*The PWID man turned to the REActor, his property was damaged as a result of artillery shelling by the occupiers and he needed help with building materials to protect the home from bad weather and insulation. Having turned to the point where materials were provided free of charge and having a certificate of destroyed property, he was refused service for several days in a row, and later it was explained to him that such assistance is for «normal people» and such people as him can survive in any conditions. When he tried to appeal to the city hall, the bodyguard at the building entrance was also rude and sent him away with the words: «Not for you now, everyone is busy».*

- **Men from among PLHIV, as well as OST patients, faced violation of their rights by employees of territorial recruitment and social support centers**, who, regardless of the health status of clients, tried to mobilize such persons.



*The client turned to the REActor, explained that he was detained on the street by employees of the military commissariat, and he was taken there, the client tried to explain that he is sick and cannot serve in the army due to his health, because he has stage 4 AIDS and he can provide medical documents confirming this. To which the military replied that they have their own commission that will decide whether a client is suitable or not. At the medical commission, the doctors also did not want to listen to the client and gave the conclusion that the client is healthy and fit for service.*

- **Clients who were military personnel** faced the refusal of doctors to issue ART and OST drugs for a long period of time.



*The client asked for help in obtaining ARV drugs for more than 3 months, which the doctor refused. The client is currently serving in the armed forces and his unit is being prepared to be sent to a hot area, and he does not know whether he will be able to return in three months to receive ARV drugs.*

- **Because of air alerts**, medical institutions suspended their work and stopped accepting patients, providing diagnostic services, dispensing drugs, etc. As a result, the ability to obtain such services could be significantly delayed, especially in regions where air alarms were prolonged.

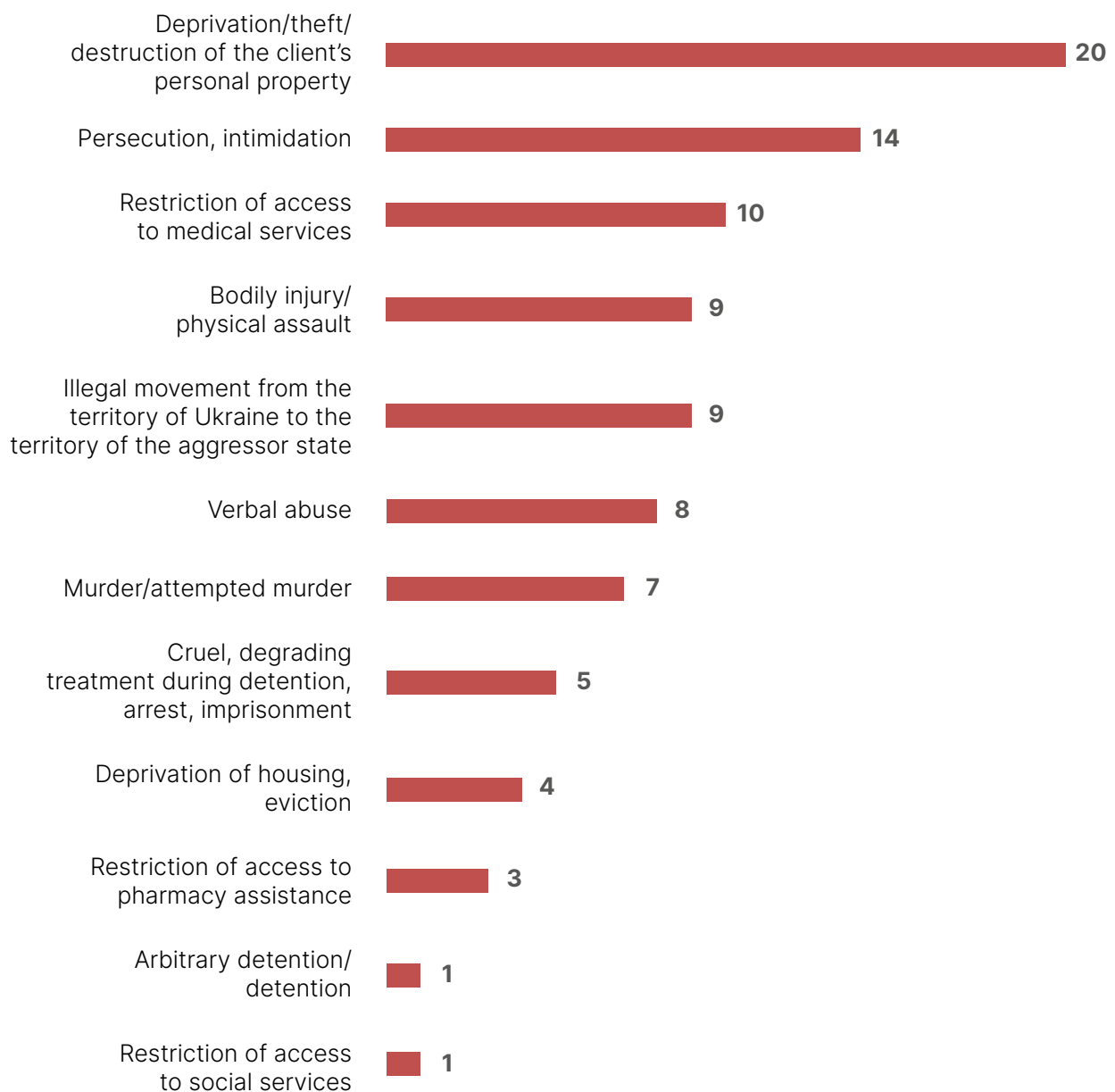


# Violation of rights by the occupiers



53 cases were registered when the clients' rights perpetrators were occupiers

## Violation of rights by the occupiers (number of incidents)



- As a result of shelling by the occupiers, clients found themselves in a situation where it was impossible to live in a damaged apartment or **without their own apartment and documents, including a passport**. This became a significant obstacle in obtaining medical, social and other state services.
- The occupiers **detained clients** at checkpoints and on the streets, imposed russian passports, encouraged them to serve in the occupier's army, **inflicted physical injuries, and stole clients' personal property**.



*The man said that he was under the occupation of russia and lived in Rubizhne city. He said that the occupiers stole his personal property, household appliances and threatened to kill him, put the barrel of a machine gun to his head, because his stolen phone contained correspondence of an intimate nature with another man. The mas said that he was a lucky that day and everything went well. The man thought about it and on the same day he decided to leave his city. His way was very long: Rubizhne-Starobilsk-Moscow-Ivangorod-Tallinn. From the latter, he returned to the territory of Ukraine.*

- The REAct system registered **9 cases of illegal deportation** of convicted clients from the Kherson and Mykolaiv regions to the territory of russia. At the same time, clients were subjected to **torture and inhumane treatment, they were deprived of access to medical care and normal nutrition**. The forces of non-governmental and human rights organizations in Ukraine and abroad responded individually to such cases, as well as filed complaints with the General Prosecutor's Office of Ukraine.



*«...we were first taken to the Crimea. During the formation of the stage (we were loaded into a special vehicle), we saw snipers who kept each of us at «points of view» - therefore, we had no opportunity to refuse. We were told that they had an order to transport a certain number of people, but in what condition (with a shot in the leg or another wound) they had no special orders. Relatives were not allowed to be informed. There were more than 2,000 of us, we were taken out in different stages, one by one. They drove to Crimea for a long time (more than 15 hours), they did not even give water. In Simferopol, the employees met us with shouts, cursings and beatings, they beat everyone, I know people who were jumped on their backs from the table and some lost consciousness from the beatings, some were humiliated and were called fascists because of tattoos with Ukrainian symbols, there were even cases when convicts walked under themselves from pain due to beatings. From Crimea we were taken to the Krasnodar Territory, we travelled for more than 20 hours under the supervision of special forces of the Federal Penitentiary Service... In Crimea, we arrived at the correctional colony No. 2, they took all our things, medical drugs, left us only in underpants and issued prison-style overalls of the same size to everyone. There was no beating in correctional colony No. 2. But there was no opportunity to consult a doctor...».*

*In March 2023, the client was released at the end of his prison term, after which he was placed in the Center for the Temporary Stay of Foreign Citizens by the court order, because the client was in russia without migration documents. He was given a deportation order and a fine of 2,000. The trial was without the presence of a lawyer. In the temporary stay center for foreign citizens, there was no treatment, no access to ART, irregular walks lasting 1 hour, meals not according to the schedule.*

*Russian human rights defenders filed an appeal against the decision of the court and the client, and another 22 people were released and taken to the border with Georgia. Partners from Georgia provided the client with housing and food and help to make a «white passport» for returning to Ukraine. A complaint was submitted to the General Prosecutor's Office of Ukraine on behalf of the applicant about violations of the laws and customs of war for further submission to the International Criminal Court.*

# Responding to clients' cases

Due to the strong organizational capacity, availability of relevant specialists and resources in the NGOs where the REActors work, in most cases the response to the client's situation is carried out by REAct forces.

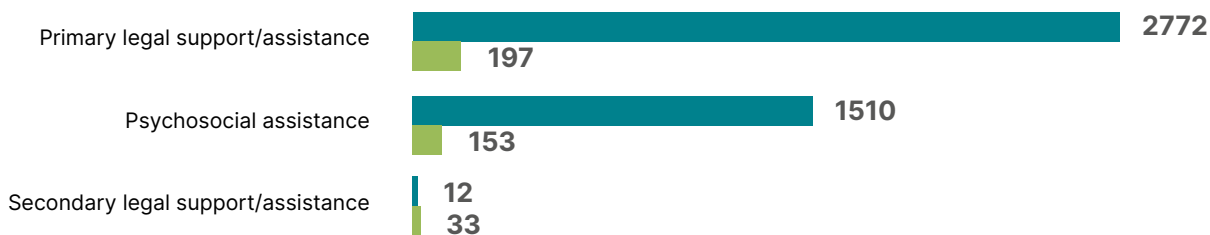


**4677**  
services provided



**92%**  
services provided directly at the place of client's appeal

## Number of services provided to REAct clients\*



# Response barriers during the wartime

- **Clients migration between cities and regions** affects both reaching of clients and case response and completion.
- **The proportion of cases where the connection with the client was lost** after the initial contact with REActor, or during the REActor's attempt to track the client's referral status (whether the client applied and received services at the referral location) **significantly increased**. This is often because of the client's losing their phone but it also shows the client's reluctance to solve their case any further.
- **In addition, the proportion of cases where clients refused to receive help from REActor to solve their case increased**: refusal to write claims and make complaints. Most often, the reasons for this are the fear of personal information disclosure or belonging to one or another community, and the fear and reluctance to have negative consequences as a result of actions to protect one's rights.
- In some regions, there are **barriers in interaction with local authorities**: communication takes place only through official correspondence, which significantly affects response times and the ability to provide services to clients who have requested assistance.
- **On the part of the police, it is often observed that dealing with applications of clients' cases is postponed and the appropriate response is delayed.**
- **In some regions, organizations that previously provided legal aid to communities were repurposed to provide such assistance exclusively to IDPs and military**, resulting in the loss of a source of legal services for key communities.

# Response success and new opportunities in wartime

- Almost all **partner NGOs have expanded the list of their services to clients** and provide humanitarian aid, supervise to the shelter and the possibility of temporary accommodation.
- **Close cooperation** with HIV service organizations, treatment and prevention institutions, state institutions that provide services to IDPs, the system of free legal aid, UHHRU receptions, and volunteers **continues**.
- Within the framework of the project, **a system of clients` referral** to other partner organizations **is actively used** to provide secondary legal assistance, state and private lawyers/advocates are involved to support clients` cases in state institutions and judicial authorities.
- **Cooperation with a private lawyers association was established** within the framework of responding in secondary legal aid and representing clients` interests in court.