

USAID INSIGHT

FIGHTING THE BATTLE AGAINST HIV/AIDS



A scene from *Understand! Assist! Support!*, the mini-musical, performed on the World AIDS Day – December 1, 2005 (Photo: Arvidas Shemetas)

INSIDE TOP STORY

- Fighting the Battle Against HIV/AIDS page 1
- Eight HIV-positive Kids Find Homes page 1
- Girl Born to HIV-positive Mother Reunited with Her Family page 2
- HIV-positive People Reveal Their Faces page 2
- C-Section Reduces HIV Transmission to Newborns page 3
- Engaging Community to Fight Stigma and Discrimination page 4

As we join with our friends in remembering those who have suffered with HIV/AIDS on December 1, World AIDS Day, it is important not only to think about the threat which HIV/AIDS poses for

Ukraine but also the great progress that has been made in the last few years. In 2002, the United States was among the first countries to join with Ukrainians in responding to the growing HIV/AIDS epi-

and procedures that discourage citizens from getting tested and receiving treatment that could save their lives or pre-vent their babies from becoming infected.

see **HIV/AIDS**, page 4

EIGHT HIV-POSITIVE KIDS FIND HOMES

For the first time ever in Ukraine, HIV-positive children find foster homes

Tanya, 10, (name changed) a sensitive and lovely girl with curly hair, dreams of becoming a dancer. Another life-long dream of hers - having a family - just came true thanks to the USAID-funded *Families for Children Program*. Not long ago, she and seven other HIV-positive children were placed with foster families. Now she is confident that her dream of becoming a dancer—along with many other hopes and dreams—will come true. Just as striking, this is the first time in Ukraine that HIV-positive kids have been placed with foster parents.

Tanya's life story is similar to that of many HIV-positive kids. Having lost her birth-mother to AIDS while still a small baby, Tania has lived in government-run institutions ever since. She spent her first four years in a hospital, after which she was transferred to one of Ukraine's orphanages for HIV-positive children where she stayed

for six more long years.

Earlier this year, personnel at the orphanage where Tania was staying took issue over the pending transfer of Tanya and 22 other kids with HIV to boarding schools and institutions for children with disabilities. They approached USAID's *Families for Children Program* (FCP) seeking advice and support.

FCP staff decided to pursue a pilot project and brought together representatives from regional branches of *All Ukrainian Network of People living with HIV/AIDS* as well as representatives from public social services centers for a strategy development meeting. They decided to conduct a foster parent recruitment campaign among faith-based organizations, religious communities, people affected by HIV/AIDS and medical professionals to find foster families for the 23 HIV-positive children. FCP conducted intensive training on planning

see **FOSTER HOMES**, page 4

As of July 1, 2006, 1,192 Ukrainian children were HIV-positive. The HIV status of 4,492 other children, the majority of whom were born to HIV-positive mothers, will be determined after tests are conducted when they reach 18 months of age.

Twenty percent of children born to HIV-infected mothers are abandoned in maternity hospitals. They are admitted to baby homes where they stay until the age of three. Then they should be transferred to orphanages for children from 3 to 6-years-old, and later to boarding schools.

In reality, institutions for children over 3-years-old are not willing to accept HIV-positive children, so they remain in baby homes regardless of their age, where they can receive medical treatment but have no access to education. Left alone or not given sufficient attention, children fall behind developmentally. In severe cases, they fail to thrive and sometimes even die.

GIRL BORN TO HIV-POSITIVE MOTHER REUNITED WITH HER FAMILY



Nastya and her grandmother on their way home. (Photo: Vadym Nesterov)

Lena, 31, lived in a small village of Blizhnee near Simferopol with her husband, 12-year-old daughter Katyusha and 10-year-old son Ihor. Life was not easy for her, especially since her husband was an alcoholic who turned to injecting drugs as well. Lena too began injecting and became addicted. When Lena's husband was arrested and imprisoned she was left to care for the children alone.

In 2003, before her husband was imprisoned Lena became pregnant with their third child. While registering for prenatal care, she was diagnosed with HIV. Devastated and filled with fear, Lena didn't want the child, with which she associated her fears of death, of infecting her relatives, of becoming a social outcast, and with her uncertain future. As a result, Lena signed papers to abdicate her parental rights immediately after delivering the baby girl Nastya. Her mother and sister were unable to convince her to change her mind and bring Nastya

home.

With time, Lena began to come to term with her fears, and a year later she had accepted her diagnosis. By this time, she had also met another man; they had fallen in love, and were expecting a child together. The prospect of this new child, however, stirred memories of her abandoned daughter, plaguing Lena with feelings of confusion and guilt.

Lena first met the MAMA+ project staff at the maternity hospital while she was preparing to undergo a caesarian section to deliver her son, Timur. During her screening session with them, Lena revealed that she felt ashamed and afraid to admit that she had abandoned her daughter. She said that she did not want to live with her guilt any longer and wanted to be reunited with her daughter.

Nonetheless, Lena was reluctant to make a final decision. She was worried that her boyfriend and children might not forgive her for abandoning a child, and she feared losing their love and trust. She also worried about her family's well-being, as she was unemployed with no apartment of her own and dependent on her mother for support. The MAMA+ staff organized meetings with family members, and after a few tears and many talks, all of Lena's family expressed support for her decision to regain custody of Nastya. Her mother and sister ensured Lena that they would support her while she worked on their farm.

The MAMA+ team worked with Lena and her relatives to initiate the adoption process. To complicate matters further, at the time Lena decided to regain custody, Nastya was about to be adopted by a wealthy foreign family. Many of those involved felt Nastya's

see **MAMA+**, page 3

HIV-POSITIVE PEOPLE REVEAL THEIR FACES



Oleksandr and Antinina, employees of Cherkasy regional department of the All-Ukrainian Network of People Living with HIV/AIDS. (Photo: Viktoriya Feofilova)

Antinina works as a press-secretary in the Cherkasy regional department of the All-Ukrainian Network of People Living with HIV/AIDS (PLWH), where Oleksandr works as a social worker. Four

years ago, they both independently learned that they were HIV-positive. Oleksandr was infected when injecting drugs; Antinina was diagnosed during her second pregnancy.

see **FACES**, page 3

NEWS IN BRIEF

On October 16, USAID launched a new two-year \$881,000 project to address issues related to improving HIV/AIDS awareness in Ukraine. The project - *Ukrainian Media Partnership to Fight HIV/AIDS (UMP)*, which is being developed in conjunction with the international charity organization, "Transatlantic Partners Against AIDS," and the International Research and Exchanges Board (IREX), aims to mobilize the communication potential of prominent media companies, consumer goods producers, advertising agencies and NGOs from Ukraine, the U.S. and other countries to reduce the prevalence of HIV/AIDS in Ukraine. The project targets young people and intravenous drug-users as the most at-risk groups, and will emphasize HIV/AIDS prevention techniques, diagnostics and treatment.

The new UMP project will disseminate information on HIV/AIDS nation-wide with a special focus on the five most affected regions: the oblasts of Kyiv, Donetsk, Dnipropetrovsk and Mykolaiv, and the Autonomous Republic of Crimea. The project will develop and utilize various communication tools, including targeted social advertising, news and entertainment programs, special trainings and briefings for journalists, and provide free information resources including NATIONAL HIV/AIDS Hotline, websites and internet portals.

NEWS IN BRIEF

In July 2006, a group of 10 professionals from eight cities of Crimea, spent three weeks in the United States studying the American experience in combating the stigma and discrimination of HIV-positive people. The internship was a part of the USAID-supported Community Connections Program, which offers practical training opportunities and internships in the U.S. for professionals, local government officials and non-governmental organization leaders from Ukraine, Moldova and Belarus.

During their internship, participants attended seminars, took part in discussions and gained hands-on experience by working alongside their U.S. colleagues. They were given information on a wide range of topics including: the creation of professional networks; services to HIV-positive patients by medical centers and HIV treating methods; police cooperation with high-risk groups to reduce HIV infection among drug users and sex workers; health care services for HIV-positive inmates of correctional facilities and prisons; fundraising activities for NGOs; community support to HIV-positive people, programs of social adaptation of HIV-positive people into regular life, educational programs for community members to prevent the stigmatization and discrimination of HIV-positive people.

C-SECTION REDUCES HIV TRANSMISSION

In the postpartum ward of Simferopol Maternity Hospital N. 2, Viktor helps his wife, Natalia, (names changed) to take care of their baby boy. Viktor and Natalia, both HIV-positive, were referred to the Simferopol Maternity Hospital N. 2 by the AIDS center, after they were assured that they would receive the same treatment as would any other couple expecting a child.

They were told that Natalia would deliver in a family delivery room and then share a postpartum room with other women in the Mother and Infant Health Project's maternity ward. Viktor would take part in the delivery and then, he or other family members would be able to visit the mother and child at any time. He was also asked to warm his baby after the delivery through skin-to-skin contact to help prevent hypothermia while his wife was recovering from C-section. "I was amazed when the doctor proposed that I warm my son. It was an unforgettable feeling to see my baby crawling on my chest in search of a breast. I could have held him forever," explained Viktor Kuziakin while sharing his memory.

Three years ago, when USAID launched its Maternal and Infant Health Project in Ukraine, maternity hospitals had a history of treating HIV-positive pregnant women as outcasts. They were placed in isolated delivery/operation rooms, sometimes located in the basement, and isolated postpartum rooms where guests were not allowed. There were even instances in which over-cautious health care providers and oblast health authorities, driven by fear that HIV+ mothers and their newborns could spread

the virus to other women in the ward even established separate maternities for HIV-positive women. The mistreatment just added to the unjustified stigma around HIV+ people in Ukraine.

During the past three years, USAID's Mother and Infant Health Project worked with healthcare providers in 20 maternities of 12 oblasts to change their attitudes and improve care skills for HIV+ women. They introduced and mastered evidence-based perinatal technologies recommended by the World Health Organization, including:

Percentage of Elective C-section for HIV-positive women in Donetsk and Simferopol, 2005-2006



elective C-section for HIV+ women and timely anti-retroviral therapy; family delivery and early mother-baby or father-baby skin-to-skin contact; co-habitation with other women and elimination of isolation rooms.

During all training for maternity personnel on Preventing Mother to Child Transmission, MIHP specialists involved AIDS-center specialists, representatives of the National Alliance of People Living With HIV/AIDS, international NGOs working with HIV+ people and local health authorities, thus creating a link among all institutions working with HIV+ people to master the same approaches in care for HIV+ women and their families in all maternal and child health-care settings.

Today, as a result of such cooperation, all HIV+ women in MIHP maternities deliver using elective C-section, which dramatically reduces the vertical HIV-transmission to newborns. In Donetsk, the Oblast Health Department has instituted mandatory elective C-section for all HIV-positive women.

HIV: THE RIGHT FOR LIFE

FACES, continued from page 2

Oleksandr and Antonina, unlike many infected people, chose not to hide their HIV-positive status. In the educational documentary film, *HIV: the Right for Life*, recently released by the Coalition of Youth NGOs "Moloda Cherkaschyna" as a part of USAID-supported project *Let's Overcome Discrimination Together*, Oleksandr and Antonina, speak on camera on their HIV-positive status. No silhouettes, no shadows and no covered faces. They talk openly about their work, and share their feelings and dreams. By revealing their faces they take a dramatic step forward in asserting their right to be treated humanely and with dignity.

The piece also addresses another issue: are we ready to take a step in response and to open our hearts to these people?

The film features Cherkasy dwellers, who were asked about their readiness to express themselves openly in discussions with the HIV-positive people as they would do with others. Some said they felt sorry for HIV-positive people. Others voiced quite provocative and ambiguous statements, such as proposing to relocate HIV-positive into reservations and separate them with a wall.

The documentary, the first such video on HIV/AIDS in Cherkasy Oblast, was shown on local television and used as instructive material for working with youth, teachers and medical personnel.

The video invoked all kinds of comments: "Nice film! It is not very often possible to see how people live with HIV," commented one of the students. "A very, very good film! It changed my attitude very much..." exclaimed a teacher while sharing her impressions.

A more reserved doctor put an interesting twist on the matter: "As for me, this film should be shown to adults only. Otherwise children might think that HIV is not so horrible."

A survey revealed that after viewing the film, 65 percent of young people changed their attitude toward HIV+ to more positive one and only 2 percent remained negative.

MAMA+ HELPS TO PRESERVE FAMILIES

MAMA+, continued from page 2

future would be more promising with the rich family than by reuniting to Lena's family and living in a small village, and opposed her petition to regain her daughter. Little Nastya herself didn't recognize Lena, and cried and tried to run away when she saw her mother for the first time.

By accompanying Lena on regular visits to see Nastya, MAMA+ staff helped Lena to develop a relationship with her daughter.

On August 16, 2006 – on her second birthday – Nastya returned home. Today her

official guardian is her grandmother. After much consideration, the MAMA+ team

determined that this designation would speed up

the adoption process.

They also assisted Lena, now a

mother of four, in applying for the relevant

welfare benefits, and are

working on restoring her full parental rights.

The MAMA+ team continues to support the family, providing psychological counselling, observing Nastya, and helping her to adapt, while also working on Lena's motivation to find a job.

In the course of 15 months, the MAMA+ Project has helped 118 children born to HIV-positive mothers stay with their families and receive needed support. Three children born to and initially abandoned by HIV-positive mothers have been successfully reunited with their biological families.



The United States Agency for International Development's (USAID) principal mission in Ukraine is to help the country to complete the transition to a broad-based democracy with a market-oriented economy. USAID assistance focuses on the following areas: **Economic Growth, Democracy and Governance, Health and Social Sector.** Since 1992, the USAID has provided \$1.6 billion worth of technical and humanitarian assistance to Ukraine to further the processes of democratic development, economic restructuring and social sector reform in the region. To obtain additional information about USAID programs in Ukraine please visit the USAID website at: <http://ukraine.usaid.gov> or e-mail omyrtsalo@usaid.gov

ENGAGING COMMUNITIES TO FIGHT STIGMA AND DISCRIMINATION

Ukraine is a young country that has inherited many old stereotypes and prejudices after the break up of the Soviet Union. One of them is the stigma and discrimination associated with HIV/AIDS. This discrimination presents a major hurdle in Ukraine for all programs that focus on the prevention, treatment or care of people living with HIV/AIDS.

Since the end of 2004, USAID has been implementing a program on "Reducing the Stigma and Discrimination Associated with HIV/AIDS." The program works to foster a more tolerant and accepting attitude in the Autono-

mous Republic of Crimea and Donetsk oblast toward people living with HIV/AIDS.

USAID and its implementing partner, International Relief and Development use a community-based approach to fight stigma and discrimination. Since the program's inception, IRD has trained 62 master trainers, 1,006 trainer instructors, and 11,510 peer educators reaching more than 38,000 people in targeted communities. IRD works in collaboration with the All-Ukrainian Network of People Living with HIV/AIDS (AUN of PLWHA), medical personnel, educators, social workers and lawyers to recruit local volunteers to serve as master trainers, instructors and peer educators. These volunteers both with people living with HIV/AIDS and educate their peers on tolerant attitudes toward those people in selected communities. Using the network of master trainers and instructors, IRD specifically developed an anti-stigma and discrimination training

course.

Peer education training is strengthened by events that provide basic information and draw on people's emotions and compassion for their fellow man. These events show the human face of the HIV epidemic. The play, *I Love Life*, and the mini-musical, *Understand! Assist! Support!*, educate



IRD volunteers at the World AIDS Memorial Day street campaign, May 21, 2006. (Photo: Elena Shevchenko)

audiences about HIV-transmission while showing how HIV can affect everybody. The interactive theater play, *Time of the Innocents*, educates communities about the rights of people living with HIV/AIDS by allowing spectators to

play the role of the jury. *Look Into the Eyes*, a powerful photo exhibit, emphasizes human values and the roles people living with HIV/AIDS play in society, regardless of their HIV status. IRD's summer camp program, *Intersection*, brings people with and without HIV together, helping them learn how to live under "one roof," to overcome fears and make friends based on their individuality, not on their HIV status. School debates, forum theaters, contest of drawings and posters provide other ways of reducing stigma and fighting stereotypes in the communities. The winners of these contests receive awards, and the best posters and drawings are displayed in the cities and towns of the two regions.

During the two and a half years the program has operated, USAID Ukraine has supported more than 140 public events for more than 50,000 people, fostering understanding and tolerance toward people living with HIV/AIDS needed to help fight it.

HOLT'S INFORMATION CAMPAIGN FINDS FOSTER HOMES TO EIGHT HIV-POSITIVE KIDS

FOSTER HOMES, continued from page 1

and implementing a foster parent recruitment campaign, developed information materials and distributed them among implementing agencies. Through the FCP grant program, several organizations were given small grants to conduct a public awareness campaign and recruit foster parents.

While the information recruitment campaign is ongoing, two families have agreed to take eight children, including Tanya, under foster care.

Holt International has enrolled these children into its sponsorship program,

which will allow the families to receive additional resources for development and educational services for the children. To help assure adequate care for the children, Holt is also purchasing furniture and other supplies these families will require.

Meanwhile, the recruitment campaign continues. FCP has also managed to get more organizations and agencies involved, which means the chances are good that more HIV-positive children from this and other orphanages will be placed in a family-type environment.

FIGHTING THE BATTLE

HIV/AIDS, continued from page 1

Currently, Ukraine has the worst HIV/AIDS epidemic in Eastern Europe & Central Asia, with almost 400,000 people living with HIV as of 2005, which is about 1.5% of the adult population. A short six months later — by June 2006 — an additional 68,000 people had been diagnosed with HIV. Experts believe that less than one person of six living with HIV has been tested and is aware that he or she is infected. Over 8,700 people have died of AIDS, and if the infection rate is not slowed and treatment expanded, the total could reach 800,000 by 2014.

Injection drug use remains the most frequent way for Ukrainians to become infected with HIV. Almost half of the new cases in 2006 were the result of injecting drug use. Sadly, as more pregnant women become HIV-positive, more babies are born infected. Almost one sixth of new infections have occurred in newborns. Two-thirds of those infected are young adults, 20-39. The epidemic is spreading beyond southern and eastern Ukraine where over two-thirds of all HIV cases had been reported. TB makes the situation worse since TB is the most common cause of death among those with HIV/AIDS.

If not controlled, AIDS could reduce the average male life span by 2-4 years and average female life span by 3-5 years. By 2014, it could account for 35% of male deaths and 65% of female deaths of those aged 5-49 years. The economic impact could reduce GDP by up to 6%, investment by up to 9% and the workforce by up to 12%.

While today the U.S. remains one of the leading partners in providing HIV/AIDS assistance, it is important that other donors, and particularly international organizations, join in helping Ukraine. In particular, the conditional approval of a second grant from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria for \$151 million will allow prevention efforts to be greatly expanded throughout the country and will provide additional treatment to prolong and increase the quality of life for those affected.

Even more importantly, the Ukrainian government and many citizen groups have made a joint commitment to stop the spread of HIV/AIDS and care for those infected and affected. These partnerships and increased outside help could make it possible for almost all Ukrainians at risk for HIV/AIDS to have the information and support they need to avoid infection, and for almost all those with or affected by HIV to have adequate medical care and social support. Fortunately, most people living HIV today can live normal lives if they receive treatment. Ukraine is one of a few countries that has the capacity and resources to control the epidemic and provide care for those who need it, but only if citizens and government join together now to act.