



# NEEDS ASSESSMENT OF ECOM MEMBERS AND PARTNERS IN RELATION TO ACCESS TO HEALTH AND RIGHTS IN UKRAINE

RESEARCH REPORT

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# 1

## ABBREVIATIONS

**ART** Antiretroviral therapy

**CPH** Center for Public Health

**ECOM** Eurasian Coalition on Health, Rights, Gender and Sexual Diversity

**HIV** Human immunodeficiency virus

**IDP** Internally displaced person

**LGBT** Lesbian, gay, bisexual, and trans people

**MSM** Men who have sex with men

**NGO** Non-governmental organization

**PEP/PrEP** Pre-exposure prophylaxis for HIV

**STI** Sexually transmitted infection



## INTRODUCTION

The HIV epidemic in Ukraine remains concentrated among key communities, including men who have sex with men (MSM) and trans people<sup>1,2</sup>. According to the latest available population estimates, there are 179,400 MSM<sup>3</sup> and 9,963 trans people<sup>4</sup> in Ukraine. Thanks to the strong efforts of the non-governmental sector and government agencies, by 2022, significant progress has been made in improving the access of these communities to health and rights. This has been made possible thanks to community centers and shelters, advocacy and defending the rights of the community through a coordinated paralegal system and REAct activities, the availability of human immunodeficiency virus (HIV) prevention and treatment services, and the fulfilment of other medical needs. At the same time, issues of homophobia, discrimination based on sexual orientation and gender identity, the recognition of same-sex civil partnerships at the legislative level, and many others remain relevant.

Since February 24, 2022, when the Russian Federation launched a full-scale invasion of Ukraine, the needs and demands of both key communities and service providers have changed. This is evidenced by the results of a number of studies, routine data monitoring<sup>5</sup>, and by expert reviews<sup>6</sup> on the problems and needs of key communities in Ukraine during the war. The impact of the war on access to health and rights can only be fully assessed after it is over. However, it is already important to understand what demands are relevant for gay men, MSM, and trans people, what difficulties arise in fulfilling them, how the work of service providers needs to be reformatted, and what support and assistance is requested from international organizations, in particular the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM).

ECOM is an international non-governmental association based in Tallinn, Estonia that brings together all stakeholders in Eastern Europe and Central Asia to create an enabling environment in which gay men, MSM and trans people have access to health services and human rights. As of 2022, 20 experts and organizations in Ukraine are individual members or member-organizations of ECOM. The organization provides advisory, technical and grant support on an ongoing basis for the provision of services to gay men, MSM and trans people in Ukraine. In connection with the current situation in Ukraine, the development of an evidence base on the needs and difficulties of gay men, MSM and trans people, and service providers in the country remains a key issue for the further planning of the work of ECOM in the medium (next year or two) and long term (3-5 years).

<sup>1</sup> UNAIDS Terminology Guidelines / Joint United Nations Programme on HIV (UNAIDS). – 2015. – [http://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf)

<sup>2</sup> Наказ МОЗ України N104 від 08.02.2013 «Про затвердження Переліку та Критеріїв визначення груп підвищеного ризику щодо інфікування ВІЛ». – <https://zakon.rada.gov.ua/laws/show/z0323-13#Text>

<sup>3</sup> Оцінка чисельності ключових груп в Україні / Я. Сазонова, Г. Дученко, О. Ковтун, І. Кузін. – К.: МБФ «Альянс громадського здоров'я», 2019. – 84 с.

<sup>4</sup> Оцінка чисельності ключових груп, груп-містків та інших категорій населення в Україні, 2020: метод масштабування соціальних мереж («The Network Scale Up Method») / О. Ковтун, Т. Салюк, Ю. Сахно, В. Паніотто, Н. Харченко, О. Лиштва. – К.: МБФ «Альянс громадського здоров'я», 2021. – 104 с

<sup>5</sup> Узагальнений звіт за результатами досліджень та рутинного моніторингу серед ключових груп і фахівців неурядових організацій щодо потреб, отримання та надання ВІЛ-сервісів під час війни в Україні / О. Ковтун. – К.: МБФ «Альянс громадського здоров'я», 2022.

<sup>6</sup> Проблеми й потреби ключової групи ЧСЧ в Україні в умовах війни: стислий експертний огляд (22.04.2022) / С. Шеремет. – Київ, 2022.



### 3.1. GOAL AND OBJECTIVES

The goal of the study is to identify and assess the needs of ECOM members and partners in Ukraine in relation to access to health and rights, in particular in the context of changes caused by the military aggression of the Russian Federation.



#### *Objectives of the study:*

- assess the current situation regarding access to health and rights among gay men, MSM and trans people in Ukraine;
- determine the urgent needs of ECOM members and partners, as well as the target groups they support in the social, medical, psychological and legal spheres;
- identify sub-groups of gay men, MSM and trans people whose needs related to access to health and rights are not being met, and aspects of this access;
- prioritize needs for access to health and rights among ECOM members and partners in the medium and long term;
- identify possible ways and means to increase the access of ECOM members and partners to health and rights, as well as the target groups they support, in the medium and long term.



### 3.2. DESIGN OF THE STUDY

This study consisted of two components: semi-structured in-depth interviews (expert interviews with ECOM members conducted using Zoom or Skype) and an online survey (a survey of ECOM members and partners conducted using Google Forms).



### 3.3. STUDY SAMPLE

The study was carried out among ECOM members and partners providing health and rights-related services for gay men, MSM and trans people in Ukraine.



#### INTERVIEW

The total sample at the interview stage included 8 participants from among ECOM's individual and organizational members (3 and 5, respectively). The sample was formed on the basis of the list provided by ECOM of its members at the time of the assessment.

***Interview participants are subject to the following criteria for inclusion:***

- membership in ECOM as an individual or organization in Ukraine at the time of the assessment;
- representative of the organization in ECOM and/or senior position (director, program coordinator, project manager) for member-organizations of ECOM;
- experience providing services for gay men, MSM, and trans people in Ukraine;
- provision of oral informed consent to participate in the study.

Despite the limited number of interview participants, theoretical saturation was observed at this stage. In other words, the data received from subsequent participants did not result in fundamental changes to the data already collected (for example, the last respondents who participated in the interview did not mention previously undisclosed problems or needs).

## **ONLINE SURVEY**

Four representatives of ECOM's individual members, member-organizations, and partners in Ukraine took part in the online survey. ***The criteria for inclusion included:***

- individual member or staff member of a member-organization of ECOM in Ukraine at the time of the assessment;
- direct experience providing services to gay men, MSM, and trans people in Ukraine;
- did not participate in the study at the in-depth interview stage;
- provision of written informed consent to participate in the study.

Within the framework of the study, there was no distribution of participants by region of the country. At the time of the assessment, all participants were located in Ukraine; the majority were in the cities where they permanently reside and provide services to the target group. There was one exception: a participant of the online survey representing a member-organization of ECOM, who was abroad at the time of completing the questionnaire, but continued to provide services for the LGBT community in Ukraine.

Due to the limited number of participants at each stage, all responses were analyzed in a comprehensive manner, without distinguishing between qualitative and quantitative components. Thus, the total number of study participants whose answers are taken into account in the data analysis is 12 experts. ***The main factors*** that could affect the insufficient reachability of the sample include:

- 1** oversaturation of the information field of ECOM members and partners with various surveys and needs assessment surveys, as reported by the respondents themselves;
- 2** lack of time due to increased workloads and the additional burden on potential participants due to expansion of activities, new programs and projects;
- 3** lack of feedback in response to an invitation to participate in the study.



## 3.4. DATA COLLECTION



### INTERVIEW

Recruitment of participants for in-depth interviews was carried out with the support of ECOM. The co-researcher from ECOM sent a notification letter to members inviting them to participate in the study, which provided them with information about it and the contacts of the research team. Following this, the researcher contacted the ECOM members, who had provided prior consent to participate, in order to establish contact and reach an agreement on conducting interviews. All interviews were conducted using Zoom at a convenient day and time for the participants.

The interviews were conducted in Ukrainian or Russian based on the preference of the participants according to the guidelines developed specifically for the study.

The duration of the interviews ranged from 55 to 121 minutes, with an average length of 90 minutes.



### ONLINE SURVEY

Recruitment of participants was carried out among ECOM members with whom no in-depth interviews were conducted, and ECOM partners. An invitation link to participate in the online survey, as well as information about the study, its goals and deadlines, was distributed by e-mail, on the official ECOM Facebook page, as well as through other resources of the organization.

The online questionnaire was developed in Ukrainian using Google forms. Before disseminating the link to the questionnaire, it was tested in various scenarios to confirm it was working properly. The questionnaire contained open-ended questions related to the research topic that made it possible to "hear the voices" of the respondents, and was not limited to an analysis of only quantitative data.

The approximate amount of time needed to fill out the online questionnaire was 15 minutes, however, this time could vary depending on the completeness of the participants' answers and the presence of additional comments or clarifications in the questionnaire.



## 3.5. DATA ANALYSIS

The in-depth interviews were audio-recorded using the corresponding function in Zoom, after receiving consent from the participants. Data processing and analysis was carried out in Microsoft Word using the thematic coding method. The online survey data was analyzed together with the in-depth interview data, which was possible due to the format of the developed questionnaire.





### 3.6. ETHICAL ASPECTS

The study was conducted in accordance with the principles of the Code of Professional Ethics of a Sociologist of the Sociological Association of Ukraine and the Declaration of Helsinki of Ethical Principles for Conducting Research. All professionals involved in the study signed a data use and confidentiality agreement.

All participants were informed about the objectives of the study, the principles of confidentiality and voluntary participation, and the right to refuse to participate at any time. The participants in the in-depth interviews were additionally asked to consent to having their conversations audio recorded. All participants provided their oral informed consent before the start of the interview, while the participants of the online survey provided written confirmation of their consent to take part in the survey. Participants were provided with contact information for the research team and an ECOM representative whom they could contact in case of questions or comments regarding the study and/or their participation in it.

Participation in the interview was confidential, while participation in the online survey was anonymous. In addition, prior to data collection, participants were informed that they were not required to provide any information that they were uncomfortable sharing, and could choose to not answer questions that they might not be comfortable with. No information about the study participants was shared with other participants or third parties, and only the research team had access to the audio recordings and the initial responses to the questionnaire. Due to the limited number of participants and the confidentiality of their participation and their identity in general, names of people, organizations or specific cities are not provided in the text of the report and in quotes if such information could reveal the identity of the participant. For data analysis, coding based on the participant's serial number and the type of membership/partnership was used (for example, «Organizational partner\_1», «Individual member\_4», etc.).

The study did not provide compensation to participants for the time spent for interviews or completing the questionnaire.



### 3.7. TIMEFRAME OF THE STUDY

Data collection for the study took place from 24 August to 9 September.



### 3.8. LIMITATIONS OF THE STUDY

This study has a **number of limitations** that must be considered when reading the report:

- 1 The results of the study are not representative of the gay, MSM and trans community in Ukraine or organizations providing health and rights services to them. This is due both to the fact that not all ECOM members and partners took part in the study, and to the fact that not all organizations working with gay men, MSM and trans people in Ukraine are ECOM members and partners.

At the same time, the results of the interviews made it possible to identify a range of points of view and experiences of the participants regarding the research topic, while the online survey made it possible to «hear the voices», not only of directors and managers, but also of specialists from organizations that directly provide services to the community and have frequent contact with community representatives.

- 2 For studies that involve in-depth interviews, there is a characteristic systemic limitation: recall bias, which occurs due to differences in the accuracy and completeness of memories compared to real events. In addition, in-depth interviews involve working with information when the respondent speaks on his own behalf (self-reported data), accordingly, researchers do not deal with reality, but with how a person interprets a particular case. In the case of expert interviews, the respondent provides generalized observations or individual cases that may relate to third parties (for example, clients or employees of the organization), and the participant's interpretation of certain situations or other people's experiences may differ from reality. In this study, these limitations were minimized with the help of guidelines and clarifying questions raised during the interview.
- 3 At the time of the assessment, a full-scale war initiated by Russia was ongoing on the territory of Ukraine, which could directly affect the course of the study, in particular:
  - The topic of the research or certain questions could be sensitive for the participants. It could be difficult for participants to talk about a particular case or recall a certain experience, and accordingly, the data obtained may be incomplete. To minimize this limitation, the research team tried to provide the most comfortable conditions for participants to communicate on sensitive topics.
  - Identifying the long-term needs of participants as one of the objectives of the study is complicated by the current unstable situation in the country. The research methodology provided that medium-term needs are those that will be relevant for the next year or two, and long-term needs cover a period of 3-5 years. However, the uncertainty about the future and the difficulty of planning activities in the context of the instability and risks to health and life in the country made it impossible or difficult to determine needs over such a period. In this regard, the report presents the results of the study taking into account the identified main «reference points»: «during the war» and «after the war».



### 3.9. EXPRESSION OF THANKS

The research team would like to thank each of the study participants for taking the time to be interviewed or to fill out the online questionnaire in such a difficult time for every Ukrainian and given the busy work schedule of the respondents. The thoughts and experiences shared by the participants are important for understanding the current situation regarding access to health and rights in Ukraine among ECOM members and partners, as well as among the target groups they work with.

# 4

## MAIN RESULTS



4.1.

### MAIN CHANGES IN THE ACTIVITIES OF ECOM MEMBERS AND PARTNERS FOLLOWING THE START OF THE WAR

Since the beginning of the full-scale invasion of Ukraine by the Russian Federation on February 24, 2022, the work of ECOM members and partners has changed. This applies to both the functioning of organizations and the services they provide for the LGBT community.

Almost all of the participants interviewed from among those whose activities were not limited to a particular city and/or region reported a change in the geography of the provision of services. This relates to both reductions in the number of regions due to security reasons, and increases in the number of regions based on the principle of the «services follow the client», due to the active migration of clients within the country. Often, one organization may cease their work in one region (such as those in temporarily occupied territories or the war zone), while simultaneously opening offices in another (in the western regions of the country).



*«The war dramatically changed the geography of service provision and the concentration of target groups in specific regions. Even PEPFAR canceled its gradation of regions, and from October services will be provided throughout the territory controlled by the government of Ukraine».*

*(Member-organization\_5)*



*«There are regional shifts. In regions where there were previously only single appeals from trans people, there are more of them — [trans people] moved there from other regions. We worked in the Kharkiv region, now we are working in Chernivtsi, because a lot of people from the east of Ukraine are in shelters in Chernivtsi and Lviv. Chernivtsi, Lviv and Uzhhorod became transit points. Earlier we worked very broadly in the Kharkiv region, we had both a project office and various activities there... Now, since the regional coordinator went abroad and a lot of trans people left Kharkiv due to the impossibility of being there physically, we changed our work in this region. But this does not mean that if a person from the Kharkiv region comes to us, we will not help him».*

*(Member-organization\_6)*



In general, **the following changes** were characteristic of the participants surveyed:

- 1 **Reductions in the number of regions in which operations have been carried out since the start of the war due to the closure of offices or the inability to provide full services in territories under temporary occupation or near the war zone.**

The specialists of such regional offices have either suspended their work and quit, and are engaged in securing living necessities in their current place of residence, or have moved to safer regions of the country, having received assistance from their employer, and work remotely. Some of the respondents reported that some employees and volunteers continue to stay in such areas, because parents and large families complicate the process of evacuation and moving to a new location, despite the risks to health and life. They are trying to provide targeted services (mainly at the request of clients), but in general, most employees have managed to evacuate and adapt to working remotely (ordering safe boxes, conducting online consultations).



«Before the war, we worked in four regions. Kherson is now occupied, so we closed the office. Everything remained there, but we managed to evacuate the people. We have essentially lost control over the office in Kherson, we don't even know anything about it. Meanwhile, in Nikolaev, the office is not lost, but work there has been suspended. The office was partially evacuated, it has not been operating since the beginning of March, when Russian troops tried to break in, and now they are mercilessly shelling the city».

(Member-organization\_1)



«We support our office, which was created a long time ago through the AIDS Center. This is a remote office where people could go without going to the AIDS center; it has a separate entrance from the street. They could go there, apply for services, and receive PrEP; there was a consultant doctor. We have continued this practice. Thanks to the fact that the doctor stayed and lives there, we provide assistance: everything related to testing. If problems arise, our consultants contact people and direct them there. This is how we were able to get people on ART and register them. Unfortunately, all the other doctors left because there was heavy shelling».

(Member-organization\_1)



«We have a man there [in Nikolaev]. When he can — he comes, when not — he spends the night at work, there is a basement. We send rations there. 3-4 clients gather there and the guy goes to work, or he stays there for two days, and a line of people «came, got a ration, testing, and condoms, and left». We issue things almost a year in advance. Although this is no longer practical and we need to curtail work in this region, because we are thinking about the safety of employees. It's not a plus that the project remained there, but is only thanks to the will of the employee».

(Member-organization\_3)





«Employee safety is very important. Let's say we are now working and providing PrEP and testing services in Kharkiv. However, employees are working at their own risk. When the city is bombarded every day with artillery or rockets, it is difficult to work, we are on the verge of what is possible. It is especially difficult to work in front-line cities and regions with active hostilities. This is a problem, unfortunately, for both clients and employees. This does not apply to our organization, but I know of those who have remained and are trying to work in the occupied territories... Kherson, part of the Zaporizhzhia region».

(Member-organization\_5)



## **2 Re-profiling or expanding the activities of offices, primarily in safer regions of the country.**

For example, one ECOM member scaled up an existing office to become a hub for internally displaced persons (IDPs) from the LGBT community, and for their parents and allies. Among the main services provided by the organization are financial, humanitarian and psychological assistance. Another participant shared a similar experience of transforming an office into a kind of humanitarian hub, where you can receive vouchers for food and hygiene products.

In addition, some respondents reported that they opened offices and/or moved part of their projects to the western regions due to the influx of internally displaced people from the community. Participants positively assess the development of new regions, as it creates the conditions and opportunities for clients, including both IDPs and people permanently residing in these regions, to receive services, and allows for the mobilization and strengthening of the community itself. In some cases, work in «new» regions is successful, since the expansion of the geography of activities was already considered in the plans of organizations before the war. In some cases, there are difficulties with establishing contacts, developing «social capital» in a new environment, forming a team of volunteers who can interact with the community, as well as with a lack of funding. Partnerships with other organizations, such as community-based organizations, help to alleviate some of these problems.



«A lot of people have migrated, and it turns out that we are working like beginners and they are like beginners. It is hard for us to build these relationships, especially in times of distrust and fear of provocations by the aggressor. However, there are people who really do need our services. Prior to this, high-quality services there had not been provided, besides by organizations that specialized in work with PLH. I personally went and organized work there, now there is access to testing, counseling, and minimal support».

(Member-organization\_3)





«The establishment and development of shelters in safe regions. At that time, we had a shelter in Kyiv, it was not set up because of the war, it had been operating for two years. We had experience in setting up shelters, and in retaining, developing, supporting people who come. In this sense, we were lucky, we were able to transfer this experience to other regions very quickly».

(Individual member\_4)



«We have now followed our clients, who have first of all become migrants. And we went to those regions where we had not worked before. This includes western Ukraine first of all. We opened testing offices in Lviv in April. We opened a separate shelter in Chernivtsi, there is also a separate office there. We also provide pre-exposure prophylaxis services in these regions, as well as in Uzhhorod and Ivano-Frankivsk. Before the war, we did not have the opportunity to do this. No matter how it sounds, the war pushed us to expand our activities and programs, and to increase the number of people who are involved in the provision of services. Perhaps Poltava should be considered next, because there are many migrants there, but no prevention work is being carried out. There is no money for this; our volunteer there indicates that there are many migrants, but that services are not provided».

(Member-organization\_5)



«There are difficulties with work, because Western Ukraine, including Chernivtsi and Lviv, are famous for the conservativeness of their doctors and commissions. A general system that was established in Kyiv, Kharkiv, Dnipro, and Odesa, where a mechanism was operating for a long time, when a person needed to receive a document or some kind of certificate for their transition, and there is a full range of people who are trained and with whom it is easy work. In Chernivtsi, for example, this is still an unplowed field and everything is just beginning. Of course, these are challenges, because where you are used to working and everything is fine for you, that's one story. But where previously only two or three trans people went to the doctors, now there are already dozens of them; this presents other challenges. But everything is possible, we work in partnership with other organizations and pool resources».

(Member-organization\_6)



3

**Resumption of work in regions where the situation had stabilized at the time the assessment was carried out, following a temporary pause after the start of the war (for example, Kyiv, partially Odesa).**



«We didn't operate for a week; another project didn't operate for another two weeks. Girls were worried about families, husbands and children, while boys were worried that everyone would be drafted».

(Member-organization\_3)



Despite the regional specifics, after the start of the full-scale war, **participants managed to adapt their work and/or certain services to the current conditions**, which was helped by their previous individual or organizational experience («and so, in the seventh month of the war, we have what we have — we work»). For example: using bicycles instead of cars for targeted delivery of medicines or consumables to clients; creating the conditions for the uninterrupted intake of pre-exposure prophylaxis (PrEP) and minimizing the risk of clients interrupting their PrEP regimen, especially if they move to other regions by providing an increased dose of drugs to clients or reaching agreements with specialists in a «new» region by the time the client arrives; implementing and/or scaling-up a digital workflow in the organization.



*«At first, when there were shellings, we had bicycles. A bicycle route. It was easier to move around. Sometimes it was difficult with cars, so we got on bicycles and could ride around the city. In April-May, it was very convenient to do so. We had a big problem with gasoline when it was not available. We had money, but we could not solve the problem with gasoline. Bicycles were at least some kind of way out of this».*

*(Member-organization\_1)*



*«At first, there were problems with PrEP and with therapy, when this chaos began. Everyone was nervous — is it available or not. We contacted the doctor, and stocked up. We tried to put those who traveled to Odesa (from the occupied territories) on PrEP here, and resolve issues so that they could get PrEP if they traveled further to other regions. We tried to talk with doctors so that we could receive PrEP for a certain time, so that there would be no interruption in permanent regimens. If the scheme is 2-1-1, then there were no problems at all, the main thing is to get a consultation on time and come to the doctor to have a checkup and understand your status».*

*(Member-organization\_1)*



*«We have a PrEP taxi service, which originated back in the days of COVID-19, when we call a taxi for a client at our expense and take him to a medical institution or community center where PrEP is issued by a doctor. And then the taxi brings the client back. During the war, we piloted several new options for issuing PrEP, which are quite innovative and definitely not practiced in Europe, or more precisely in Central Europe. This includes the remote provision of PrEP and other things. Therefore, not everything is so bad. Difficult, but not bad».*

*(Member-organization\_5)*





*«When it all started, we urgently bought a cloud server, and transferred everything there. We have physical servers, and we have a cloud. In this case, everything works, people do not stop working. We introduced this in advance, but we did not think that it would help so much now, but it turned out that it helped. A digital workflow turned out to be very important for organizing, and for organizing correctly».*

*(Member-organization\_1)*



## 4.2.

## CURRENT CLIENT NEEDS AND SERVICE TRANSFORMATION

As mentioned earlier, during the war, there have been changes in programs and services provided by ECOM members and partners in response to incoming client requests. According to one of the participants, there has been a reassessment of values, and at the moment, clients are asking for the help they really need.



*«People have been rather «let down». And have begun to reconsider their lives, and needs, and values».*

*(Member-organization\_3)*



- 1** *All respondents reported that the main request of clients since the outbreak of the war has been the satisfaction of humanitarian and basic needs, which include food, financial assistance, hygiene products, household goods, etc.*

The majority of participants report that, despite the fact that the provision of humanitarian assistance is part of the profile of their organization, they cannot fully satisfy all such requests (primarily due to limited financial resources). In addition, in the near future, it is expected that clients will need blankets, warm clothes and shoes, and heaters in connection with the approaching winter. The request for humanitarian assistance is typical of IDPs and gay men, MSM, and trans people permanently residing in a locality who have lost their jobs, lack sufficient means for subsistence or are in an unsatisfactory psychological state, which prevents them from looking for a source of income. For trans people, financial assistance is also becoming quite urgent in connection with the rise in the price of hormone therapy drugs, for which their own resources are not always sufficient. The prioritization of humanitarian assistance has affected both the areas of work of organizations and the activities of volunteers, relegating their work on counseling and recruiting new clients to HIV service projects to the background.





«Now, of course, in first place, basic needs are the priority. People are looking for opportunities to get mats, sleeping bags, humanitarian aid, and money to provide for themselves... Many have lost their jobs. Basic needs were revealed immediately».

(Individual member\_8)



«When we posted on Instagram that we were distributing humanitarian kits, the next morning there were 209 people standing outside the office. Our employees could not get through into the office - people are so aggressive now, they did not believe that it was an employee who had the keys. It got to the point that he had to shout that he was an employee to be allowed to open the door. There is a lot of humanitarian aid being given out in the city, but this is what we are facing. There are a lot of requests, and we answer them only superficially, preliminarily and when «someone is able to». One kit cost around 1,000 hryvnias, it included basic medication. We calculated that these products should be enough for about 2-3 weeks per person. Of course, this does not fulfill a request «for a month» and these are not the most elite products, but nevertheless people are grateful. We gave out assistance in the amount of 250 hryvnias and people could buy a blood pressure monitor and buy baby food. It's a small amount of money, one-time assistance, but it allows people to do things for themselves... Let's say they live in a hostel and they don't have a kettle. They could go and buy an electric kettle and can steam some food for themselves. Or a travel card for a month, when they have no source of income, but need to travel around the city».

(Member-organization\_3)



«The average cost of a grocery kit is UAH 2,000, because it includes not only food, but also hygiene products. We help based on requests... We had a request for shoes in June-July. The distribution of aid is carried out both by me personally and by volunteers. Once basic needs are met, then we can talk about some higher goals».

(Member-organization\_2)



«Previously, volunteers were people who conveyed information, we taught them something, they could get other people involved by passing on information about services, but now this doesn't really work. Now, volunteers are mainly there to help, carry things, and bring things. The humanitarian component of work has shifted. We have never dealt with the humanitarian aspect in such a way. We distributed two million hryvnias this whole time. A huge number of people, more than 700 people, received this help».

(Member-organization\_1)





«We see that people have no money, no work. Six months have already passed and if people had any supplies, they ran out. Today, the main request is for food, hygiene and financial assistance in a broader sense. There are all sorts of factors for this: price increases, it is difficult to find a job. This is not an indicator, but it is a factor with a very strong impact».

(Individual member\_4)



«Financial assistance first. Many people have moved, lost their jobs and it is very difficult to find work in some places. People are asking for financial and humanitarian assistance and help, if not with money, then with food, hygiene kits, and clothing. I think that closer to the end of the year, there will be more of such requests. We provide assistance to a certain number of people, but there are many more who need it. Of course, we cannot provide so much assistance, because we do not have so many resources. We need additional grant assistance to cover the humanitarian needs of more people. There are thousands, tens of thousands of them, of LGBT people alone. Not everyone is covered».

(Member-organization\_5)



«The main need now is basic, that is, food... When we need to distribute 50-100 kits, this is always in the foreground. Therapy for trans people has skyrocketed in price. I spoke with one client, a trans woman — the price of some of her drugs increased 1.5 times, some doubled. Sometimes, this is 4-5 thousand a month, they are not cheap and now these are very significant amounts. Previously the amounts were 1.5 thousand hryvnias, and they could afford it, but now they cannot».

(Member-organization\_6)



## **2 One of the additional areas of work for all respondents is providing assistance to IDPs, including counseling support, assistance with relocation, and resolving housing issues.**

According to the approximate estimates of one of the participants working in Odesa, 20-30% of the clients who apply to the organization for assistance on a monthly basis are IDPs. At the beginning of the war, assistance evacuating clients and their families (for example, paying for gasoline, finding transport) was relevant, and was carried out primarily with the organization's own resources. However, it was not always possible to satisfy requests for assistance with evacuation from temporarily occupied territories due to the lack of necessary resources («this is the most painful issue for us and for them, which, unfortunately, we cannot solve»). At the time of the assessment, the issues of accommodation and the adaptation of clients to new places were relevant. In some cases, assistance with housing is provided not only to displaced persons, but also to those permanently residing in a settlement who have lost their source of income and the ability to provide for themselves, or who face domestic violence from partners or parents.

Existing means to meet these needs include:

- accommodating gay men, MSM and trans people (team members or clients of the organization) in the participants' own housing as a short-term solution to the issue;
- accommodating clients who have lost their homes in the apartments/houses of other clients who were forced to leave the settlement (such a system functions subject to prior agreement and consent on the part of the non-governmental organization (NGO));
- renting apartments and/or organizing shelters for short-term (about five days) or medium-term (up to three months) stays;
- providing counseling support through community centers and shelters, where gay men, MSM and trans people can receive the necessary information and assistance in adapting to a new place of residence.



*«At the beginning of the war, we, my partner and I, sheltered 10 people in our home. Some of them are from our city. When the war and shelling began, part of the city was resettled in the center. They had nowhere to live, and we took them in. There are people from Kherson, from the Zaporizhzhia region, which is occupied, from Nikolaev, from Kropivnitsky. We have migrants living with us».*

*(Member-organization\_2)*



*«There are groups operating that, if needed, can tell an IDP where they can turn to for help, what help is available, and how to resolve housing issues».*

*(Member-organization\_1)*



*«Our shelter administrators have defined duties, and they help — where a person can find a job, where they need to register. In cases where documents were lost, then where they should go to resolve this. They refer them for HIV prevention, and tell them where they can get tested or receive PrEP».*

*(Partner-organization\_5)*



Participants rate shelters as the most successful solution to the issue of ensuring accommodation for clients, since the risks of homophobia and transphobia in such places are minimized, in contrast to the crowded accommodations provided to the general population. At the same time, some respondents reported that clients who use shelter services do not always behave conscientiously and do not always get along with strangers in the same room. Moreover, the arrangement of shelters requires financial resources, since this often involves establishing minimal comfortable living conditions «from scratch».



«A lot of shelters have been opened for the general population, for IDPs. Our clients lived in these shelters, and, of course, this is heaven and earth. If they did not encounter homophobia, then they had to watch themselves very carefully. They were terribly uncomfortable. Some have experienced homophobia — not aggressive, but with derogatory remarks. General purpose shelters organized for IDPs are not suitable for our community. People cannot feel safe there, or express themselves, look the way they used to look, and communicate the way they would like to be communicated with. We are monitoring this. We do not have MSM shelters, but there are LGBT shelters. Now there are a lot of trans\* people and non-binary people. Plus, people do not evacuate alone, they leave with relatives who are not always friendly».

(Individual member\_4)



«At the beginning of the war, why was the issue of shelters for trans people and their relatives particularly critical? Because a person cannot risk changing clothes in some kind of general shelter in a gym, school, or state institution, organized by the local authorities; they cannot be there. If this is a trans man who looks masculine, but at the same time has not had an upper-body operation, or there is even the issue of going to the toilet so that no one notices... You can't even take off your T-shirt in order to not attract attention. In a normal place at a normal time, someone else can afford to flaunt public opinion, but when it's stressful, it's not safe and you don't know how people will react — you don't take risks here».

(Individual member\_8)



«Many opportunities have opened up thanks to shelters, but problems have also arisen. Because there is a whole stream of people who come and go, good faith, and so on. This imprint of our mentality, which is there, pushes back, and is a big problem for our work. If we were a calm nation, like the Estonians or anyone else, it would be easier. And since this is all very unstable ... An unstable psychological image in the community is now a problem for our work».

(Member-organization\_3)



«We set up shelters from scratch, these are rented spaces. Everything in them had to be bought. Washing machines, boilers, and everything, everything, everything, there was nothing there. We even had to install showers. It was very difficult to find premises in western Ukraine. We rented a non-residential space that is not suitable for winter, there is no heating, and now we are looking for a new one, where it is warm and we can spend the winter. We took what was available. It is okay for summer, but it is not suitable for winter, everyone will freeze there».

(Member-organization\_5)



### 3 Clients seek psychological help and support, requests for which have increased since the start of the war.

Regardless of their areas of activity, all participants provide psychological assistance and try to satisfy incoming requests in one way or another. Such support is provided: while receiving other services through the organization, such as humanitarian kits; in shelters; remotely through a hotline; through self-help groups or community centers, whose full operations or format of work are currently limited mainly due to security reasons or a lack of funding. One of the proposals to ensure high-quality and effective psychological assistance was the creation of multidisciplinary teams, by which a hotline consultant accepts a client's request and, if necessary, a relevant specialist (psychologist, psychiatrist, lawyer) visits the client to resolve the problem.

Restrictions in the work of community centers affect the inability of organizations to fully satisfy the demand of clients for «**live communication and in-person meetings**». Individual participants use their own apartments as a gathering place for staff and clients who are «verified» and well-known within the organization, or they organize apartment parties. Some respondents take advantage of online resources (for example, they organize online parties, or live broadcasts on social networks with specialists), but holding consultations or meetings on Zoom is complicated by unstable or complete lack of Internet access, risks of being outed, if, for example, clients live together with parents who are not aware of their gender identity or sexual orientation, as well as by risks to health and life, if clients are located in the temporarily occupied territories. In some localities, the need for communication is satisfied by visiting daytime clubs, into which gay night clubs have been reformatted.



*«Psychological help is needed; it is in demand. Unfortunately, the only thing is that people are still unable to formulate the request correctly, so you have to spend extra time trying to figure out if they need help and what kind of help to provide. We begin to communicate, and then it comes out who has PTSD, who has what... We are trying to balance a person out at least».*

*(Member-organization\_2)*



*«You need to understand that people had some kind of specialty and they need retraining to find a normal job, or psychological help, because the issue is not that they cannot find a job, but that they are in a state of severe stress... We see this in people in shelters where our psychologists work. These are all interconnected things. People cannot plan, there is no understanding of when they will return home, and this prevents them from finding stability in the places where they are».*

*(Individual member\_4)*





«Now things are like this... Many people have closed in on themselves, in terms of finding partners, this topic was shelved. Guys on chemsex communicate with each other, there are parties. But, again, the curfew has forced them to adjust. Before, we had parties at night, now they're mostly in the morning».

(Member-organization\_3)



«There were trainings, there were self-help groups. Now they have transformed into large support groups for internally displaced persons. It's hard now for everyone, we all have problems in our head, we cower away from every little noise. And we understand that we cannot help people... What was the idea of the community center? The creation of a safe environment where people can come, talk, drink coffee, read literature, play. Even friendly youth came, which created an atmosphere of friendliness. Of course, this doesn't exist now. Self-help groups, trainings - these have actually disappeared, they don't function. Training sessions too. This can only work in the case of psychological, therapeutic groups. It's hard for people, and they don't have so much time for communication anymore, because their heads are busy with other things».

(Member-organization\_1)



«During the war, we were able to conduct 14 lessons, most of them online. Each lesson was attended by at least 5 activists from the trans community from all over Ukraine. This is an indicator that they want to communicate, there is a big need for this. Now there are a lot of requests for psychological help, and particularly for long-term therapy. We have now begun to arrange apartment parties, although it is not safe, but we always invite a psychotherapist or a psychologist. We didn't think about restarting such events yet, but people insisted on it, and we are glad that we did it. It has a strong impact. Even people who are in the occupied territories still join us — this is very important, because they feel a sense of community and belonging, and that they are not forgotten; we remember and care about them».

(Member-organization\_6)



«There is a great need for psychological assistance, especially for people who are evacuating, or who were under rocket attacks. These are mainly people from the Donetsk region, Kharkiv and Kharkiv region, who managed to escape from the occupied territories, and more people from Crimea and the east».

(Member-organization\_5)



**4 Issues related to health in general, and HIV in particular, are lower in priority to emerging humanitarian needs, but do not lose their relevance.**

To a large extent, the demand for HIV services remains higher in the western regions of the country. According to the observations of the respondents, at the beginning of the war, requests for HIV services were targeted and were primarily associated with interruptions in the supply of antiretroviral therapy (ART) or PrEP, while at the time of the assessment, the situation had normalized and clients were applying to NGOs, albeit in smaller numbers compared to the pre-war period. Some participants noted that risky sex practices (unprotected sex, the use of drugs or alcohol during sex) became more common due to stress, and «instincts have not disappeared». This makes the issues of condom and lubricant distribution, and information about the need for their use even more relevant; «every normal organization should maintain these services, especially during the war». Participants working with trans people observed that the need for prevention decreased due to the lower involvement of trans people in the provision of sex services (correspondingly, the number of sexual contacts decreased, and the need for regular testing or support decreased), as well as due to the irrelevance of filling the prevention package for trans people in general. For IDP clients, assistance with the resumption of PrEP or ART «in a new location», and obtaining information about sites for receiving testing and prevention services, are especially relevant. Participants working in Odesa reported that there are requests for hepatitis treatment, but that it is not possible to satisfy them due to the lack of drugs in the city. Some respondents reported being unable to procure drugs to treat syphilis among MSM.



*«Now basic needs come first, and only then do people respond to health problems. Previously, people came with health-related requests.... In regions that are not on the front-line or where there are no ongoing hostilities, there are requests for condoms, lubricants, and tests. Mostly people in Western Ukraine, Vinnitsa, and Transcarpathia contact us. We send out safe boxes and see that the old principle still applies: people want to know where to go if the test comes back positive. There is still a high demand for personal protective equipment. The state, unfortunately, rather forgot about this, but people still manage to have sex».*

*(Member-organization\_1)*



*«Prevention is important. Sorry, but people have sex during war. We now have a lot of migrants in the city, Hornet is full of people».*

*(Member-organization\_2)*





«In the pool of requests, HIV probably occupies the penultimate place, because other needs are more relevant. What is the reason for this? If we are talking about MSM, they will listen to a consultant if he responds to today's request, and not just preaches. We now have an active PrEP program. Prevention and testing are ongoing, albeit slowly. Maybe we are not detecting fresh infections, but old infections, and people knew about them, but in this stress and post-war withdrawal, many have forgotten about them, and we are gradually unraveling these knots. For the first few months, it seemed to me that everything was cured. Of course, if people have found a comfortable place for themselves and feel calm, then I am sure that they are doing God knows what, and this can lead to epidemiological outbreaks and the number of new cases will increase».

(Member-organization\_3)



«Of course, humanitarian and security needs have come first. In April-May, we already began to provide more services in our key program area, prevention, but the demand for this has decreased. We think this is absolutely normal, because the issues of security and basic needs have to come first. I also observed that, while previously 20-30% of the trans people with whom we worked were involved in sex work for their main or additional source of employment, this is not the case now. Given that there is a lot of tension and aggression in society, and little money, the sex work market is completely different, and this is true for trans people too. Sexual contact has decreased and the need for regular testing or support has decreased. The issue of HIV prevention is not as significant as it was before the war. People have changed their behavior due to the fact that there are not so many clients who are looking for trans sex services, and due to the fact that it's not the time for this now and it's not really relevant. The fact that the content of the package of services for trans people was irrelevant even before the war also plays a role. And what we hand out to a person at his request is enough for a longer time».

(Member-organization\_6)



«Issues related to security, and then humanitarian issues. Health-related issues are only in third or fourth place. We have a great demand for pre-exposure prophylaxis, and for harm reduction for MSM who use drugs and practice chemsex. These areas are popular now, during the war. I will not say that the need has increased, but it has not decreased. We are putting more people on PrEP now than before the war, definitely not less. We distribute chemsex Party Box kits, which is also a popular service, primarily in Kyiv and Lviv. Constant stress encourages more dangerous sexual practices, which is why people now actively use PrEP and non-injecting drugs. Sexual risks are a greater factor in this case than risks from injections. People have sex, as before, but given the constant stress and mental health problems, they engage in risky behavior. Maybe when a person is under a lot of stress and rockets are constantly flying over head, he does not want to have sex. This is clear. But when he travels to safe regions, physiology kicks in. When there are no threats to life, a person remembers his sex life».

(Member-organization\_5)







*«I was sure that HIV prevention was a failure now. But it so happened that the guys who are left in Ukraine now are the MSM community, and it is difficult for them to leave if they do not have the appropriate ticket. Drugs have not gone away, people try to alter their experiences and many new drug users appear. There are also parties, but they are during the day, and people use drugs. The problem is that the parties end in the evening, when people are just starting to have courage from their substance use, and this all ends up in after-parties. I have seen two options. The first is in apartments, where you continue to use drugs, but you can't go anywhere, because there is a curfew, so you stay overnight until the morning. There is a second option — chemsex. Group sex, one after another, a mix... this can take different forms. This involves sexual stimulants and all sorts of things that are harmful in the long run. And HIV issues are very important, and only thanks to PrEP... HIV fades into the background thanks to PrEP, at least according to the number of detected cases, meanwhile chronic issues are arising: cardiovascular problems, problems with the nervous system, syphilis».*

*(Individual member\_7)*



Requests for medical care and medications not related to HIV infection or sexually transmitted infections (STIs) are quite relevant, for example, diagnostics and related procedures (computed tomography and magnetic resonance imaging), emergency dentistry, treatment of cardiovascular diseases, diabetes, and oncological diseases. In such cases, either financial assistance to cover the costs, or advisory assistance, to find specialists or medical institutions is being provided. For trans people, the need for the services of family doctors and endocrinologists has become more urgent in order to undergo transition. Requests for assistance due to COVID-19 were less urgent following the outbreak of war, but participants predict an increase in their number in the near future. Clients have also noted the need for first-aid kits, training in paramedical care, and to raise awareness about diseases common during war and ways to minimize the risk of their occurrence (cholera, dysentery, methods of water disinfection).



*«Once people have moved to safe places, there are requests for medicines. People left, exhaled a little, and then all kinds of chronic issues began to appear. This includes medications, and diagnostics of diseases that may or may not be linked to HIV. There are a large number of very resource-intensive requests, in particular diagnostics, MRIs, CT scans, some specific medications, and requests related to diabetes. People left, of course, they were dependent on their family doctors or some kind of medicine. People didn't have money when they left, so they couldn't provide for their normal health needs in a broad sense. At the moment, this remains the case: medication, diagnostics, specific assistance, dentistry... Urgent dentistry, because in addition to money, it was necessary to find another doctor and organize things».*

*(Individual member\_4)*





«There were many cases when it was necessary to solve medical problems. Through our organization there is a medical consultant who can agree on the provision of services either at a discount or free of charge. Or we can pay for urgent diagnosis or treatment of any disease. There have already been many of such cases. The consultant is located in Kyiv and provides online services, or in-person services in Kyiv. We had a person with heart problems, we helped him. And oncology was under stress. We also paid for urgent prosthetics, dental diagnostics».

(Member-organization\_5)



«There are requests for first-aid kits and training in paramedical care. They come, they want to learn, they want to have a first aid kit that is up to standard; so that they have a good tourniquet, so that they have everything you need in case of an emergency. It's great that awareness about this is rising. Now we are thinking that we might even do an online paramedical training event to help people understand what to do in certain situations. There is also a request for something related to diseases during war. Cholera, dysentery, methods of water disinfection, various intestinal infections. We conducted such a lesson, a lot of people attended, and it continues to be in demand. We see the situation in Mariupol — if a city is left in such a state, with so many improper burials and everything else, then the development of epidemics that we did not know about before the war is absolutely possible».

(Member-organization\_6)



For community representatives, in particular trans people, who are in the temporarily occupied territory, there is an urgent need for help procuring medicines and various medical supplies in cases of violence.



«We know this from the trans people who are there. There was an opportunity to send suture materials, because there are a lot of terrible things that happen there relating to tears. When I buy this suture material and understand that later they will sew up people with this material, I feel bad. These are cases not only among women, but also many cases among men, especially in the occupied regions, and not in cities. In cities, there are often troops who can control themselves, while in the regions they often send completely inadequate troops, who drink alcohol, then take some kind of drug and have a very high libido. This is why we send this suture material and why it is needed, there is a fairly large number of such cases. During one shift, in one day, there can be 2-3 cases when they deliver and sew. And this is only one shift of one ambulance. Post-exposure prophylaxis and everything related to the treatment of sexually transmitted infections».

(Member-organization\_6)



**5** *There is an urgent need for legal assistance related to resolving issues with documents and assistance in protecting the rights of the LGBT community in certain situations.*

Clients have requested help with reissuing documents and obtaining various kinds of certificates, assistance in cases of lost housing, when men travel abroad, as well as legal assistance in connection with Russian citizenship and related restrictions in the context of the ongoing war. In relation to rights violations based on homophobia and transphobia, the participants surveyed did not observe such cases at all («it seems that all homophobes have disappeared») or only isolated cases. One of the participants explains this by saying that against the background of current events in the country, such cases attract less attention («everything happens against the backdrop of such horror that it is overshadowed, but it is always there»). Prior to February 24, participants responded to cases where representatives of the LGBT community were either attacked or denied services, and provided counseling or referred them to specialists. Now, according to the observations of respondents, «the abuse of power of the police in general» has become relevant: there are cases of rights violations by law enforcement agencies and refusals of assistance by law enforcement agencies on the pretext that they are dealing with war crimes, the documentation and resolution of which are the focus of attention.



*«It seems to me that with the start of the war, those who were homophobic changed their views, and decided that now is 'not the time'».*

*(Member-organization\_2)*



*«Prosecutors do not understand that they themselves are homophobic and close their eyes to crimes. 'Why should we during the war ... We are dealing with crimes in Bucha, Irpin, and you came here to report that someone broke your windows or said something wrong, or they spat on you. There are much more serious crimes'».*

*(Member-organization\_1)*



*«Everything works, we monitor, record cases, and respond to homophobic statements and hate speech. Unfortunately, over these months there have been cases of violations of the rights of the LGBTIQ community by law enforcement agencies, the territorial defense forces, the national police, and the Security Service. Unfortunately, very garish cases. There have been many such cases. Physical and moral violence, unpleasant cases. Among the territorial defense there are, among other things, many right-wing radicals, they have not gone anywhere and are very aggressive. There were either some kind of bracelets, or they asked to see phones and they found out this way ... Or they guessed by external signs. It happens in different ways».*

*(Member-organization\_5)*





*«It turns out that people received a carte blanche. People who were very transphobic already no longer need to «put on a good face», they can offend anyone they want, because who is going to do something during wartime? Unfortunately, for such people, wartime gives them the personal right to insult people and to be transphobic».*

*(Individual member\_8)*



Another aspect that participants mentioned in the context of legal needs is that «HIV-positive people are not protected before the state, or before the military registration and enlistment office», as people diagnosed with HIV or AIDS are registered as «fit» for military service. According to the participants, this is a risk both for the clients themselves and for the organization to be left without staff, and requires a specialized lawyer/attorney in the team to deal with such situations.



*«Other than moving, hiding out and getting away from this situation, I have not yet found resources to protect a person and guarantee the development of events in their favor. I understand that an HIV-positive MSM can and would bring some benefit to the state, but if only it were clear what he would do and how. I know LGBT guys at the front, we support them, this is their conscious choice. And without exception, the entire MSM community, which has only, roughly speaking, learned how to use condoms and somehow maintain their lifestyle to avoid being taken to another world at the age of 30... This is not a category of people that can be easily taken and dismissed, they are still not very confident on their own two feet. There is no way to check their viral load anyway, but what will happen at the front? And if a person has a new infection, how will we track it? He will catch tuberculosis there, and he will die from tuberculosis if not from a bullet».*

*(Member-organization\_3)*



The need for legal assistance is especially urgent for trans people, in particular in relation to changing documents, asserting their rights in accessing services, and protecting themselves if they are in the temporarily occupied territories of the country. According to the observations of participants, the need to change documents has become more urgent in connection with the desire to protect oneself in wartime, to be removed from military enlistment, and to leave the country. Participants shared experiences when foreign organizations helped both trans men and trans women travel abroad with «male» documents, including helping them to urgently be considered by a commission and obtain the right to leave. However, such cases are targeted, and trans people often resort to illegal border crossings. It is necessary to have a specialist in the team to provide qualified legal assistance to clients, inform the trans community about their rights and train them to defend these rights, and to work with service providers to develop tolerance towards trans people.



*«Previously, trans people could walk around freely and were not particularly bothered by the fact that their documents had not been changed, but now, due to conscription, inconsistencies in their appearance, fears of «getting knocked on the head», or to a desire to leave the country... Everyone was motivated to deal with this matter legally. This year we have already amended the documents for 60 trans people in our city alone».*

*(Member-organization\_3)*



*«Previously there were informational sessions on advocacy and on how to influence decision-makers, now these sessions are about how to do everything in the military registration and enlistment office, how to communicate normally, if you don't want to join the army, then how not to go, how to communicate with border guards if your appearance does not match your documents, and how to explain this to representatives of the territorial defense or the military. What should the people who remained in the occupied territories do? Why do you need to work with commissions in the military registration and enlistment office? Because if you are diagnosed with «transsexualism», you can be removed from the register and do not have to serve in the army; you are considered «unfit» and have the right to travel outside the country. There are many loopholes, but the military registration and enlistment offices were not ready for this, and no one ever taught them about this or worked with them. I know this 100%. This issue is already included in our advocacy plan. If we had known and prepared for such a situation, then this issue would have been settled a long time ago».*

*(Member-organization\_6)*





### CURRENT NEEDS OF ECOM MEMBERS AND PARTNERS

In general, according to the results of the interviews, participants have managed to adapt one way or another to the current situation in the country and to the service priorities of clients. In many respects, such adaptation depends on the experience of the work of organizations or individual members of ECOM; the more stable their activity was earlier, the easier it was for them to adapt to new conditions.

#### **1** *A separate aspect that participants highlighted during interviews is the specifics of interaction with donor organizations after the start of the full-scale war.*

The availability of financial resources and the flexibility of donor organizations are key to meeting the needs of both ECOM members and partners, and the community. The flexibility of donor organizations in the use and reallocation of budget funds, especially at the beginning of the war, made it possible to solve a number of problems and difficulties that ECOM members and partners faced. In particular, this relates to:

- procurement of prevention products (condoms, lubricants) and test systems through the reallocation of funds;
- rental of apartments to accommodate internally displaced persons through targeted financial assistance outside of current projects;
- monetary motivation for employees to continue working by increasing the project budget by 20% at the initiative of the donor.



*«I would say a huge thank you to international donors, because we would not have survived without the very quick assistance. Really, it was fast. The main thing is that they do not get tired. Because we are tired, but we keep going. Be patient with them, because help will be needed for quite a long time. Together we are engaged in the rather long-term process of not only helping LGBT people, but in general, in the entry of Ukraine, and the whole world, if you look at the whole situation, into a new orbit».*

*(Individual member\_4)*



The assistance of donor organizations and the speed of their response to the requests of ECOM members and partners is largely determined by the scale of such organizations and their geographical location. Western donors operating outside of the country or representing embassies were faster in agreeing on the destination of funds, sending donations and in allowing responses to client requests than «major donors operating in the country» (Global Fund, PEPFAR, USAID). Difficulties that arose with the latter relate to:

- The need to document the use of the budget funds (or requirements for such documents), which is not always possible in extreme wartime conditions. For example, if it is necessary to evacuate staff or clients from the war zone and it is impossible to purchase gasoline, use the services of official transporters, or resettle participants in a new place.

Sometimes in such cases it is necessary to resort to the services of individual entrepreneurs, through which you can withdraw money and pay for the necessary goods or services. This method may also be resorted to, if necessary, to provide humanitarian assistance to clients, which is not provided for by the project or in a separate budget line.



*«We say: «Listen, we are evacuating people, we have no documents. What taxi?» There were no taxis, no gasoline. A person who is driving calls me and says: «I can leave, I can get people out, but I don't have gasoline. Or I can go and buy gasoline here, but without a receipt....» I put my money on the card and say: «Get out by any means». Or you go to a hotel where everything has collapsed, and which is not officially operating. We come and say: «We need to house people.» And they say to us: «Of course, we will accommodate you, in this case we have a bomb shelter, we can put them down there». And they give such documents... We can show this to Western donors, but they will reject this, they will say: «Why cash? What is this paper?» They didn't even give out medicines — pharmacies gave out medicines, but they didn't want to accept cards».*

*(Member-organization\_1)*



*«We provide financial assistance, but it is problematic that some donors, especially large ones, do not allow financial assistance to be provided directly. There are times when there is no other way. Put it on the card, and then the person either gives a receipt, or an invoice for the transaction ... Different cases».*

*(Member-organization\_5)*



- The time needed to consider applications for the redistribution of budget funds, or the fact that such reallocations are not possible in general. For example, one participant shared his experience where prevention materials were not available, but it was not possible to purchase them through another project, since that project did not provide for the purchase of consumables, and therefore such actions would be considered a misuse of funds.



*«We have just started to arrange this. How long will it take... Maybe by the end of the year we will be allowed to do it. The client has already died, and we are still making poultices for him. We ask to rearrange things, buy lubricants, and they tell us: «Sorry, this is not in our power, we will not do this now»».*

*(Member-organization\_1)*





«Large grants, for example, from the Global Fund, are developed according to a certain system. Of course, at the moment all of our grants have been restructured and redistributed, but this still takes time. This is a lot of money, budget and financial rules, and it's been relatively inflexible. The larger the grant, the more long-term it is, the less fast it is. To date, all the grants that we have received have been revised».

(Individual member\_4)



«This bureaucracy... When you tell the obvious story that now in Kyiv, emergency asylum assistance is not as urgent as in Lviv, because all of our people are now there, and then after three months you get the decision: «do it». Everyone has already returned to Kyiv, and this is simply absurd. Unfortunately, this happens. We need to quickly make and take decisions, and often we, as program implementers, as people in the field, do things faster than donors».

(Member-organization\_6)



- The use of standard procurement policies and procedures that do not take into account military action and the «specificities of procurement in wartime».



«I tell them: «We will buy food,» they say: «Make an estimate». I can't make an estimate; prices are rising every day. For example, today stew costs 50-60 hryvnia, tomorrow it costs 80, the day after tomorrow — 100-120. And so I need to buy something else, because people need to save somehow. Or I go somewhere, but there is no salt. I run around, I try to look for salt. This could be explained to and done with other donors, but it was impossible to do it with such donors. They say: «Calculate this, do this, count a bunch of papers». I will calculate of dealing with things, how much will this cost? I need to get someone out now, and I have to draw up estimates, fill out a bunch of documents, and have the accounting department do this, which is scattered across regions and works remotely».

(Member-organization\_1)



«No one abolished tender procedures during the war, but there were five times fewer suppliers since everyone either left or closed their business. And all this had to be done and it took longer than usual, with more effort. There were some leniencies on paper, the «light version», but this did not really differ from the hardcore version. Can you buy from a supplier with whom you made an agreement and who already supplied things? No. You have to check the prices of three different suppliers, and print envelopes. 10% of organizations were flexible, and 90% were not. Donors, I mean».

(Member-organization\_6)





Some participants shared their opinions regarding the best options that, on the one hand, would allow for the prompt satisfaction of client requests and the purchasing of necessary goods, and on the other hand, would meet the reporting requirements of donor organizations:

- Donors could allow goods up to \$1,000 to be purchased without prior approval, using a market price comparison procedure. Reporting in this case could be documentation from, for example, Nova Poshta or Rozetka, with which it is possible to obtain documentation indicating the quantity and cost of the purchased goods.
- Allocation of a certain amount of money to satisfy client requests at the discretion of the participant and without established restrictions as to what needs can be covered by these funds. The absence of requirements that the funds provided can only be spent, for example, on the purchase of food packages, would allow emergency assistance to be provided to clients, and then submitting all the necessary supporting documents to the donor after the fact.

According to the experience of participants, international bodies, such as UN agencies (in particular, UNHCR — UN Agency for Refugees) and the International Committee of the Red Cross, did not make a good showing of themselves; «it is not clear at all what they do and how they help communities».

Difficulties in obtaining assistance from major donors led some participants to work according to the principle of «*don't ask for anything, decide for yourself*», but in most cases, this intensified the search for new funding opportunities:

- establishing contacts with new donor organizations with which there was previously no cooperation or only targeted cooperation;
- seeking out foreign LGBT organizations and foundations with a request for financial assistance for specific needs (for example, for the purchase of food packages);
- collecting donations from individuals in Ukraine or abroad, which allows you to more quickly respond to client requests and simplifies the management of funds;
- joining the efforts and budgets of other organizations that provide services to a similar target group to provide comprehensive assistance to clients.



*«The grants that we had were not designed for the help that we needed to provide right here and now. They were designed for long-term working processes. And, accordingly, we had to find funds for emergency assistance. This was in the first two or three months. We had a good branched network of regional activists whom we involved in this assistance — to find requests so that this assistance would be as targeted as possible. We started looking for money and it was mostly foreign donors. There were a lot of private donations, a huge amount, and during the first months this was the main influx of funds».*

*(Individual member\_4)*





«If you reorient some needs or tell the donor how it should be now ... War is the speed of decision-making. We have decisions that were made by some donors after three months, and when they gave us their decision, it was no longer relevant. This is normal for donors, but we couldn't just sit and wait, we looked for other funding. If we waited until the donors that we always work with give us something, we would wait a very long time. We needed to satisfy needs very quickly. Very often, projects or organizations led by communities go to meetings. Roughly speaking, if you take organization\_1, in which projects are run by trans people, and organization\_2, in which projects are run by program specialists who have never worked with the community, then in organization\_1 reformatting projects will be done much faster. Organization\_2, which does not understand the specifics of working with trans people and simply became a recipient of assistance and passed it on, risks saying no to any normal idea».

(Member-organization\_6)



«It's not like we just sat and waited. This is the result of our search and further cooperation. Thanks to our fundraising work, we have found enough new and old donors. There are many new ones, by the way, with whom we have never worked before, and had not even heard of. Also, during the first three months after the start of full-scale hostilities, there were a lot of private donations from individuals all over the world. From Australia, Japan, Europe, Canada, and the US, people who just wanted [to donate] \$20 or \$100 for LGBT humanitarian needs. Many of them are representatives of the LGBT community, of course. And small local LGBT organizations abroad provided and continue to provide money. The war in Ukraine contributed to this support, we are supported by a fairly large number of people and organizations. France, Germany and Poland, Canada and the USA».

(Member-organization\_5)



«We help each other with resources. We merged budgets and our activities with another organization, and everything else that it has in terms of helping trans people in various projects, everything that we have ... We can look at this comprehensively and help each other with our resources. We sit down and honestly say what we have, what they have, how we can do it together. This is how we do events: the other organization pays for the facilitator, and we cover the rest».

(Member-organization\_6)



Participants who provide HIV prevention services with funds from the state budget (Center for Public Health (CPH) of the Ministry of Health of Ukraine) face difficulties in the timely payment of their work. Delays of several months result in downsizing and staff furloughs, while requests for counseling, condoms and other services continue to come in. At the time of the assessment, the team worked in a downsized format, focusing on the provision of services given the available human resources, but were unable to satisfy all client requests, and payment for work was covered by the organization's own funds.



*«It looks good from the side of the state when the program is underway, but «sorry, there is no money». It's really hard in this regard. There are a lot of scandals and psychos, misunderstandings on the part of people, because there is all this demand, and every time I explain ... People think that we deliberately withhold finances. There was no explanatory work on the part of the donor. Our last Zoom meeting was in June and we were told «That's it, you'll get everything, we'll sign everything.» But August is ending and so far the picture is unchanged. The situation disappoints me. I understand that the state has a big problem, but in this case it would be easier to close the project».*

*(Member-organization\_3)*



In addition to issues related to funding, participants were faced with the unwillingness of the state to review the format of services provided in wartime, for example, the remote provision of services, and the volume of prevention products issued to clients.



*«In wartime, it would be nice to quickly review what we do in general and how we do it. An online service, sending OraQuick HIV tests, would be useful for the state, because we do not know how long this will last. These are ossified services, and even Hornet or telephone consultations are not taken into account. A client who has gone to western Ukraine but trusts a social worker from Kyiv or Odesa should not have to go to the local AIDS center or a local organization, but should be able to get services online. MSM have been able to test themselves for five years already. These services should not be considered a duty or obligation of an organization, but should be reformatted to the fact that this test can really identify someone [with HIV]. And it doesn't matter how this test is carried out - whether it is done by a social worker, or whether it is done by yourself».*

*(Member-organization\_3)*





«What is being provided now absolutely does not motivate people to come to us. Because there are four condoms and two lubricants... Even if we now add ten condoms and five lubricants in excess of the norm — for a trip of 30 hryvnias in both directions... If you balance this out, then this is the cost of going to the pharmacy when you don't need to make any movements around the city. In the context of safety, especially when traveling around, people take risks. In the future, projects should be rethought, more products should be distributed so that people have some stocked up, and this shouldn't be tied to a physical organization».

(Member-organization\_3)



## 2 Some participants faced increased financial costs for the daily activities of the organization, which cannot be covered in the required amount by a certain project.

It is important that organizations have the financial means to ensure its activities outside of certain projects, especially in wartime conditions. This makes it easier to respond to force majeure situations and minimizes the threat to the sustainability of an organization as a whole. One of the participants shared his experience where, given that it was not possible to stop payments for an office rented in the frontline region coupled with the need to expand the office-warehouse in a safer region, the administrative costs of maintaining premises increased. Donor funding does not provide for spending in the required amount. This also applies to everyday expenses, which are not always possible to plan in such unstable conditions, for example, when there is an increased demand for courier delivery, mobile communications, trips within the country, increases in the cost of utilities, etc. Unplanned financial expenses also affect the provision of services to clients, since coupled with rising prices for food, there is a need for more resources to ensure the operation of community centers and the comfort of clients spending time there (for example, the purchase of water, coffee, sugar).



«Before the war, I understood the cost of a certain service, I could put it in the budget and explain to the donor its significance and importance. Now, in connection with what is happening in the country... I have my own premises and I have a rented one [in the zone of active hostilities]. I can't cancel my lease because I am connected to the alarm and CCTV cameras, and if I cancel it, my access to everything will be blocked. Plus, I didn't take everything out of there, for example, chairs, cabinets, video equipment, shutters, security doors...».

(Member-organization\_1)



Accordingly, it is important to have a financial cushion and a so-called «stability fund», which ensures the availability of a reserve of «free money» to cover organizational costs that are not related to a particular project. This «organizational support fund» may total, for example, \$10-15,000, which will be sufficient to cover unplanned expenses, which, at the time of the assessment, averaged \$1-1,500 per month.

### 3 Almost all interviewed participants reported that they face human resources issues: emotional burn-out and lack of staff.

In connection with the war, participants are dealing with the emotional burnout and poor psychological state of staff due to the current situation in the country in general and an increased workload in particular, which also affects the quality of services, as well as with a lack of specialists, especially highly trained ones, and difficulties in forming a full-fledged team.



*«The main problem is human resources. Some people left, some people we lost. First, people themselves are in a stressful situation. How so? If a person is doing well — he can help others. And when he is not doing well, he will help in a different way. If a person, for example, has nowhere to live, and with inflation that has devoured everything, he has nothing to eat, he can't help».*

*(Member-organization\_1)*



Possible ways to deal with burnout include:

- Supervising employees, and providing support for their mental health. At the time of the assessment, such support was provided in most cases by the respondents themselves as program leaders or coordinators. In the experience of one of the participants, «even the psychologists of the organization were not ready for this, because it led to even more conflicts». Accordingly, participants are forced to provide such support on their own, listen to the problems and experiences of their team members, and try to help. However, their resources are not unlimited. During the organization and provision of supervision, it is important to consider that it should be carried out by an independent specialist who would be chosen by the participant independently.



*«It is clear that we have all burned out and rebelled 5-8 times. We are all in a such condition now. Despite the fact that the war has already been going on for half a year, psychological support and supervision are constantly needed. But this is also specific. There are enough proposals for supervision of organizations and activists, but they are very unified. You are offered some selected psychologists, and there are many of them and there are plenty to choose from, or you let the organizations do it. There should be completely independent supervision, because inside the country we all know each other, we all communicate well, and there should be something «on the side». Supervision, which would be independent from donors, from big donors who work in Ukraine. I have no complaints about the help that is offered, and for many, it is probably essential. But I, as a coordinator, would like to be able to plan such supervision for my team myself, and want it to be as independent as possible, so we can set the objectives for it ourselves».*

*(Individual member\_4)*





«Today things are like this... Shells flew into the city center today at two o'clock in the morning. Three people personally called me at 2.30, they needed to be calmed down. On the one hand, this is all OK, I understand, but on the other hand, this is also work, I also burn out».

(Member-organization\_2)



«This is our work and it's our last breath. We are very mobilized internally, and we have supervision... Every month we held a group session online with a psychotherapist, and, if necessary, some issues can be discussed in person. More importantly, our director and we, managers, believe that this is not an opportunity, but a necessity. Our group supervision is not optional, it is mandatory. Our employees can also be pushed and provide services during an air raid, test people and run somewhere during attacks. This happened to us, after which we decided that supervision is mandatory for everyone. There are situations that you will not be able to cope with.... But we must help and we need to mobilize to make things easier for clients. Like a woman from Mariupol who, after the death of her parents, traveling through Russia... They ask: "Will you take her in, feed her, buy her a SIM card, because the Russians took her card?" Doing this makes us happy, because we understand how oppressed people are and what they have been through. And the fact that we have resources, money, and people is great, we are prepared. We support ourselves. And what is important is our professional activity, we learned this. We didn't just come to volunteer and were blown away by what we saw. We motivate ourselves and say that this is not forever, but as long as we can, we will do it. You're in a rhythm where you just lie down, close your eyes and that's it. There is no time to think that it is difficult for you and you need some kind of support. There is constant, non-stop work».

(Member-organization\_6)



«We do not have enough funds to conduct supervision for employees and volunteers on a regular basis, because people burn out, become exhausted. It's like that everywhere».

(Member-organization\_5)



- Recruiting and hiring a professional specialist whose activities will be aimed at providing psychological assistance to team members. According to the participants, such a specialist should understand the specifics of working with people («not be an HR department») and be loyal to the LGBT community and the activities that the organization is engaged in. The presence of a separate specialist who will support employees, minimize the fears of the team members themselves («if you admit that there is a problem, you will be fired»), and who will encourage them to seek help.



*«We have psychologists working now, but there is a need for additional ones. I will say that it's not just one or two working for us, and they provide online consultations, and face-to-face consultations if necessary. They periodically conducted psychotherapeutic groups as well».*

*(Member-organization\_5)*



- Conducting joint events, retreats or activities aimed at building and maintaining team spirit, and counter-acting burnout. According to the results of the interviews, team cohesion and mutual support of others both in relation to work and personal issues is one of the key factors that allow one to cope with anxiety, burnout and to continue working, despite the current situation in the country. However, it is not always possible to arrange joint events, both for security reasons (*«we have old buildings, and if one goes down, everything does»*), and due to the fact that part of the team is working remotely (*«everything is happening online now»*).



*«We can, firstly, do good, and secondly, remain with some income to support our families. Many families have split up, and in order not to fall into a complete depression, we mobilized and rallied more against all of this in order to get through this period. There is no opportunity to go on vacation to somehow exhale and relax, but we are looking for an outlet in our work, because there is no other option. The team is motivated because we realized what would happen if we were left without a job. Therefore, they became depressed, cried, laughed — and went into battle. There are already guys in the team who look at the war with a cold heart, because it really brought them a lot of pain and you need to live somehow. Get up early, go to bed late. Especially with these sirens and constant shelling».*

*(Member-organization\_3)*



*«Organizing shared spaces. I have a very busy schedule, but there was an idea to take all my coordinators, administrators to the Carpathians. We don't have the funds for this. Just for them to talk to each other, and it will be a kind of team-building. It is clear that this is not really a vacation, but rather an off-site co-working experience, where people can talk and share experiences. We all communicate online; we are all in different regions. Live communication like a de-loading training or seminar... This doesn't seem very important during the war, but I believe that this is an important thing. And this isn't some kind of vacation. We do not have holidays or weekends at the moment».*

*(Individual member\_4)*





*«We have a big problem, as elsewhere probably, with the emotional burnout of the employees and volunteers of the organization. It is clear that people work overtime, it is very difficult psychologically. There is a need for measures aimed at counteracting emotional burnout. Currently, we do not have the opportunity to take them somewhere central. Everyone is scattered around the country, some people work from Lviv, some from Ivano-Frankivsk....».*

*(Member-organization\_5)*



Almost all respondents reported that they face a shortage of specialists, which is primarily due to the migration of the population outside the region and country. This has been observed both among permanent employees and among consultants. Special problems arise when recruiting narrowly-focused specialists (accountants, psychologists, professional peer-to-peer consultants, social workers who know how to work with LGBT teenagers, specialized lawyers who could help with the departure of men abroad and the preparation of relevant documents, as well as financial specialists with experience in working with state budget funds) and the training of such specialists in the context of the organization's activities. For example, even if a specialist has experience working in a social service, he must understand the specifics of working with the community, speak with community representatives using accessible language, and express empathy. However, self-training opportunities are currently limited due to a lack of time and increased workloads, and often require the provision of thematic manuals or self-learning resources.



*«Those who left are not involved in the work of the organization, unfortunately. But I understand that they have their own worries, both getting settled and attempting to survive in other countries or in other regions. We keep in touch, but they are not involved in the work of the organization in any way. Now there is a need for paid professionals, for example, a social worker who can work with adolescents, understand their problems, and advise and guide them».*

*(Member-organization\_2)*



*«Take any field... Many people left. Especially women who saved their families and children. Now, frankly speaking, we lack human resources. And even if we take on a new person, we do not have time to train him. Or he learns on his own, but it's difficult for people to learn on their own now».*

*(Member-organization\_1)*







*«I know a lot of specialists who left because they do not see development in the country now. And this is very sad. On the one hand, the conditions and rules of the game that remain for public organizations are tolerable, but we really can lose out... A lot of doctors who treated our patients in connection with HIV issues quit, left, and do not consider it safe to return to the city».*

*(Member-organization\_3)*



*«We are already seeing a shortage of qualified personnel, unfortunately. Less qualified ones can be found; more qualified ones are needed, but are difficult to find. It's not so much about wages, but about qualified personnel. Some went abroad or I don't know where they ended up. The backbone of the team works to the maximum, but there is a personnel problem anyway, especially during the war we saw this».*

*(Member-organization\_5)*



*«In Kyiv, we lost 90% of the friendly doctors because they went abroad. Now, little by little, people are returning, but we have to constantly go to doctors, sign memoranda, and look for friendly doctors. We are creating a database of these doctors».*

*(Member-organization\_6)*



The lack of specialists/volunteers can partially be filled by recruiting young people from the «waiting list» and internally displaced persons into the work of organizations.



*«We are expanding our staff, thank god there is a possibility to recruit young people. People without work, people are very motivated. Even migrants. We have guys who were evacuated from Kherson and are now part of our team. People come with words of gratitude and ask: «How can I help?» People can be hired as part of the expansion of projects, albeit for minimum wage, but the person has some kind of small support, and the guys are thrilled. Many acquaintances began to ask: 'Do you have a job? Because we are out of work'».*

*(Member-organization\_3)*





*«When people ask for help, they now find out that there are such and such organizations that did such and such things before the war. They didn't even know, but when they had to ask for help... Some of them are interested in what kind of organization it is, and they come when some kind of event is needed. Thanks to this help, we are mobilizing the community, including bringing them out of the closet».*

*(Individual member\_4)*



*«We hired some employees, our colleagues from Mariupol, who managed to evacuate on time. I think that someday they will want to return if there is somewhere to return to, but this will definitely not be an issue in the near future».*

*(Member-organization\_5)*



In addition, there is a need to address the personal issues of organization staff/team members, which also affect performance and motivation to provide assistance to clients, especially in times of war. One participant noted that there are currently no projects that focus on activists and employees of NGOs as a target group and that are aimed at supporting their livelihoods.



*«Illnesses and so on, we do not advertise this. But there are no projects to support the activists and volunteers themselves, serious projects. There are webinars, but they are ridiculous. No offense, of course, to the people who run them. Some kind of support is needed, starting with financial support, not in the form of a salary, it can be for something, for education, for treatment, and so on. It is for people who work in this field. Because some of us also left, some remained, and this is even worse. How so? Here we have an activist who stayed in Kharkiv, and he works to the fullest, without complaining about anything».*

*(Individual member\_4)*





#### 4.4.

## NEEDS OF ECOM MEMBERS AND PARTNERS IN THE POST-WAR PERIOD

This study involved identifying the medium-term (next 1-2 years) and long-term (next 3-5 years) needs of ECOM members and partners. However, during the interviews, it was found that, at the time of the assessment, participants were thinking in terms of «during the war» and «after the war». This section indicates the needs and difficulties that may arise in the post-war period. An understanding of these issues today will, if not fully prepare for them, at least allow them to be taken into account in the planning of future work.



*«It is not known what will happen in the country. Therefore, our planning is like this: we know what we want and what we will do, we have access to the group, we have developed mechanisms, rules, systems, and coordinators. We have all of this, and it works, and can work under any conditions. But the duration, regions, and so on- these can change».*

*(Individual member\_4)*



*«We need to provisionally divide up the stages of work. One stage is while the war is going on, at least active hostilities, as it is now. The next stage is a year or two after the end of the war or hostilities. This is the stage of restoration, reconstruction».*

*(Member-organization\_5)*



***In general, the needs that may arise in the post-war period are similar to those that currently exist.*** However, they will be on a large scale, and responding to them will require more complex efforts. At the same time, the longer the war lasts, the more serious these problems will become and the more resources will be required to respond to them.

**1**

***The need to seek additional funding or transform the activities of NGOs due to the deterioration of economic well-being in general, and to limitations in resources to support public organizations in the post-war period in particular.***

Among some participants, there are concerns that maintaining the work of NGOs and the activities that they are implementing at the moment will be complicated by a lack of funding in the future, when all available resources of the state and international donors will be directed towards minimizing the consequences of the war. Participants see detailed planning and «budgeting for more than one year ahead» for possible scenarios according to which the situation may develop as a way to avoid such risks and ensure organizational sustainability. Some participants share the opinion that there may be funding restrictions on the part of the state, but do not see why assistance from international donor organizations would stop, especially in relation to humanitarian activities.



*«Poverty. We remember the 90s... We can really face a lack of funding. Why? We all hope for victory, but the more protracted the war becomes, the less and less resources there will be. The more resources there are for the war in order to protect the country, the less resources there will be for other issues besides humanitarian aid. There will not be enough funding to support the work of public organizations, especially if this eats up a lot of resources (offices, etc.). We will be told «Let's do everything virtually....» Of course, I can go virtual, but where should I put all this equipment?».*

*(Member-organization\_1)*



*«I see the risk that there will be no resources for implementation, or to meet emerging needs, and that programs will remain insufficient, and will not see the whole variety of problems. People are already seeing and talking about this, about insufficient funding from the Global Fund. The risk is that there will be less funding and programs will be less people-centered. The upside is that prevention for trans people is not included in the state budget. In terms of the state budget, there is a risk that we can roll backwards. In terms of donor structures, I don't think there will be less attention, but rather maybe even more attention».*

*(Member-organization\_6)*



*«I am sure that there will be support from international donors in the coming years. The state will not be able to provide funding from budgetary funds as it did before. I'm sure of it, it's a fact. And it's also a fact that they are now unable to purchase ART or OST, which are now being purchased by international organizations, and we understand why. The war, the financial situation, in fact, our economy is now supported by foreign sources, donations from the Americans and British, funds from the European Union. It is only thanks to them that we are now somehow holding on and that inflation is not as bad as it could be. Therefore, if there is no global financial crisis, we will have more or less donor funding for our projects. It is envisaged that donor support will continue until the state at least partially assumes its financial obligations again. Everything depends on the organizational sustainability of the organization, the ability to retain staff, engage in fundraising activities, and look for some new donors. And then, if the organization manages to coordinate its work well, then I am sure that it will survive. Weaker or very local organizations will probably find it most difficult to survive, unfortunately. Organizations that are highly dependent on local, municipal, provincial, or district funding may be hit the hardest».*

*(Member-organization\_5)*



## 2 Responding to humanitarian requests from clients and providing comprehensive assistance to clients.

The unfavorable economic situation in post-war Ukraine and an increase in the level of poverty among the population will determine both the requests coming from clients and the services that will be a priority. In this case, this concerns not only the provision of food or financial assistance, which is currently being carried out, but also about more comprehensive assistance, for example, to respond to employment issues and to retrain clients. An integrated approach to the provision of services, where responding to humanitarian issues is one of the existing range of services, can be implemented through community centers as a single point of access to information and services, as well as through shelters that participants plan to maintain after victory.



*«Humanitarian assistance after the victory may change, but it will still be needed to some extent. We plan to continue it based on requests, maybe combining it with socio-psychological projects, where counseling will come first».*

*(Individual member\_4)*



*«This is socialization, but socialization not based on sexual orientation or gender identity, but in addition to this, it is also retraining. Just to find a job and survive. If a person comes and he is out of work, we will tell him clearly that you can live like this, you need to buy condoms, use them during every sexual contact, and buy lubricants. But I don't have them in stock, and he can't just buy them. I urge him to use them, he wants to, and looks at me with hungry eyes, but he cannot buy them, because he would rather have some bread with butter, a piece of sausage and hot tea. And he would thank me. We are going back, we are returning to that kind of prevention of 2004, of the 2000s, when we again have to make rations for HIV-positive people, because if they are malnourished... And the same for people who will be put on ART therapy, there will also be problems. This is a very big complex problem».*

*(Member-organization\_1)*



*«Providing temporary accommodation, because not everyone will be able to return immediately, some have nowhere to return to. Housing will not be built in a month».*

*(Member-organization\_5)*





«Everything related to retraining, perhaps some kind of self-employment, the first steps in business. The war showed that very few people were economically ready for war. The people who were left with 50 hryvnias on February 24 are real trans people who had nothing in reserve, no savings. This makes working with them even more difficult because there is no support. A person shows up, and everything needs to be done with them, they have no work, no specialty, and their basic needs are not satisfied. This will definitely come up for us after the victory, and we must do this, and start doing this soon: to provide economic stability and confidence in the future. Not only psychological support, but also real material support. Projects that deal with economic sustainability will be very relevant. I would contact IT schools directly or some institutions that can train or retrain, and teach in groups so that people can get a job. There is the same situation with languages, including English. Most of our refugees are freaking out because they don't know the language, they don't have any qualifications they can apply, and they can't make money or take care of their kids».

(Member-organization\_6)



«We plan to support the work of shelters even after victory, because the shelter in Kyiv was not established because of the war. We know that there is still a lot of homophobia in society, there are problems with coming out, with outings, and other issues. The specifics may change, new regions will join or shelters will expand, but we have no issues with this initiative, we will look for an opportunity to support them as much as possible. These are hubs, shelters, plus community centers, plus medical assistance, plus ART. It is a one-stop-shop principle, for everyone, whether they asked for help with accommodation or just need to communicate with people from their community in a safe space».

(Individual member\_4)



### **3 Strengthening and/or scaling up services aimed at maintaining and improving the psychological health of both clients and NGO staff.**



«I see the risk that staff will simply start to burn out. We have as many people and opportunities to help as there are. And we cannot make 502 hours from the 24 in a day».

(Individual member\_4)





«Psychological support will be off the charts. Not just psychology, but also psychiatry. After the war, we will face mass psychological issues and other problems. We will have to work with psychotrauma, there will be work with other forms of violence, and plus, when a person cannot find himself... Plus, dealing with loss. With the loss of loved ones, the loss of some social status... This will be a disaster. People lose everything, and so many people cannot come to terms with this feeling of loss. They cannot get out of this state. Not everyone can, not everyone has the ability to start over, from scratch. And this work will not need to be done just for one month or for one year. This will require very long social support for clients. Much more resources will be spent on each client than before the war. This requires ongoing support».

(Member-organization\_1)



«The war will drag on, people will burn out and will not be able to do this at all».

(Member-organization\_2)



**4 Actualization of the need for medical care, including the treatment of diseases associated with unsanitary living conditions and a low quality of life.**



«Syphilis, various skin diseases, hepatitis. Water quality and so on... There will be a lot of comorbidities. Decreased general immunity due to malnutrition, poor diets, and so on. Tuberculosis. All diseases linked with the poor quality of the environment, water, air, food. We will face a host of other diseases in the post-war period, and HIV will be the «icing on the cake.» We will have to deal with various other epidemics, ranging from staphylococcus to tuberculosis».

(Member-organization\_1)



**5 A separate challenge for ECOM members and partners will be working in regions of active hostilities or those that were temporarily occupied, including due to the lack of experience in and knowledge about resuming NGO activities in such conditions.**



«The recovery process will be long and will take place in different regions in different ways. If infrastructure is not destroyed in the western regions, this is one thing, but if there are cities where it will be destroyed, where there will be no normal access to the Internet ... What DataCheck? The Internet is working on and off, but we will... It will be necessary to radically change our work... Work in the de-occupied regions. We understand that it will be outer space there. And there is no understanding at the moment about what to do there. Where to run, what to do. Whether to open an office where no one will go, whether to look for the community, or evaluate who and what is there. And how to assess things when everything there is destroyed, ties are destroyed?».

(Member-organization\_1)



In addition, the **elimination of issues related to access to health and rights that existed before the war** is another long-term need. A comprehensive and systematic solution is needed, but the first steps must be taken either already or immediately after the end of the war.

- 1 Introduction of gender-sensitive approaches in the provision of services of family doctors and narrowly-focused medical specialists (for example, endocrinologists), including training them to work with gay, MSM and trans people and to provide HIV-related services.**

Issues related to the services of family doctors and various medical specialists were also relevant in the pre-war period, since this expands opportunities for the comprehensive provision of services and allows more people in the community to be covered by prevention programs. However, in the future, these issues will be exacerbated due to objective reasons, such as a lack of specialists due to migration of the population and the difficulties of getting an education in the context of COVID-19 and the war.



«Students who were not given any training by public organizations were released at an accelerated pace, they were thrown into the field, and they have no knowledge. And it's not clear who came - a guy or a girl - and «Should I call them «he or she?» and ask about sexual practices? How will the healthcare system work? How will it adapt after the war? Will there be enough resources, trained specialists? Will these specialists return to the country? Of course, I can conduct trainings, but if there is no education system that will discuss gender-sensitive approaches in medical consultations ... If family members do not change and shy away from and are afraid of HIV-positive people and testing, then in 20 years we will still be doing testing through the community, and family members will not be tested. To what extent will the system be ready to rebuild after the war? Will it again be "we built a clinic, put up a facade, gave money», but what about these specialists? How many of these specialists are ready to go to key communities - it doesn't matter anymore».

(Member-organization\_1)







*«Unfortunately, doctors cannot acquire the necessary skills through continuing education courses or other courses, because transgender issues are not included in their training. Through good cooperation, doctors can become the people who will refer clients to prevention and mobilization projects. They don't know everyone, we don't know everyone — the experience of Kyiv has shown this to us. When we went to doctors and asked them to refer trans people to us, we were visited by people who had never used the services of prevention programs before».*

*(Member-organization\_6)*



## **2 Regulation at the legislative level of HIV testing by non-medical workers, as well as the provision of PrEP and ART through NGOs or community-led organizations.**

Legislative provisions enshrining the possibility of providing HIV testing services by specialists who do not have a medical education was actively advocated in the pre-war period, including with the support of international donors (for example, PEPFAR, UNAIDS). The issue of issuing PrEP or ART in community-based organizations has also not been regulated through legislation. In this case, such changes will not only allow organizations to more effectively provide HIV prevention, testing and treatment services, but also to remove the barriers to receiving services that exist today (for example, concerns about disclosing HIV status in connection with visits to AIDS Centers).



*«In fact, testing has been going on for many years, but this is not regulated at the legislative level. And so we can include this in a single pool of services, even in state services. The same goes for PrEP — in some cities, prevention services are provided through the community, because people do not want to go to medical institutions, namely AIDS Centers, for obvious reasons. I understand that now is not the right time, but after the war this will be the subject of our active advocacy efforts».*

*(Member-organization\_5)*



## **3 Changing state policy towards the LGBT community and creating equal opportunities in society.**

In this context, participants focused on two areas. Firstly, the legalization of civil partnerships (due to the absence of which, it is also impossible to receive insurance payments in the event of the death of a partner), the introduction of liability for the commission of crimes based on sexual orientation and gender identity, and legislative amendments on issues related to trans people (for example, changing documents, countering violence, changing the comprehensive package of services and including this group in the category of «key communities», and implementing the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems).

Secondly, the integration of services for the community into the general health system (for example, the opportunity to receive qualified medical or psychological assistance in medical and psychological centers, which are also provided to the general population). According to participants, against the backdrop of current events in the country, these changes attract even more attention and have a chance of being implemented, as they reflect the value orientations of Ukrainian society, and allow them to overcome the «Soviet» worldview and «separate» themselves from Russia.



*«Fight for values. The state must provide equal opportunities to make a leap after the war from a political, economic, psychological, and legal point of view. Everyone should be given equal starts, and equal chances. The well-being of the state depends on the well-being of every person, including LGBT people, sex workers, etc. If we finally break away from the Soviet mentality and start building a socially just society for everyone... Are you LGBT? Are you positive? Are you a person with a disability? We give you, we give everyone equal chances. It may be utopian, but if we start doing this, it would be ideal».*

*(Member-organization\_1)*



*«Bringing Ukrainian legislation up to European standards, such as, for example, in Sweden, where, in my opinion, there is no discrimination, but rather there are penalties for discrimination on any grounds. This is how a good, proper society is developed, which values other people».*

*(Member-organization\_2)*



*«The petition on LGBT marriages received the required number of votes, and the President spoke on this issue. Everything looks cool. But it's still a long process. We are going to the European Union and are at war with Russia, which is simply a preacher of homophobic attitudes. Therefore, we just need to look different than this for the West. But the fact that the petition itself gained the number of votes it has now... These were ordinary citizens, let's call them that. And the fact that there was a war, and it seemed like it was not the right time ... This is very cool, no doubt about it».*

*(Individual member\_4)*





*«National advocacy goes hand in hand. Ukraine has the status of a candidate for membership in the European Union, our organization took part in filling out a questionnaire to gain membership. There was a whole section on human rights, and there was a block on LGBT people: legislative regulation of hate crimes, civil partnerships in Ukraine, primarily for homosexual people. We are currently dealing with these issues. We are already being contacted, which is good. But it is difficult to monitor these issues, this is not a month or two. Now we have a chance, and these processes should be significantly accelerated».*

*(Member-organization\_5)*



*«A lot of work needs to be done so that in any crisis situation, trans people who could not change their documents for various reasons, they were not admitted to the train station because they have different documents... Such things, purely technical, that relate to legislation and legislative acts, must be changed. Now they don't really want to do this, because there are other needs, but some adopted acts and obtaining the status of a candidate for EU membership now give us new opportunities. And it also gives trans people the opportunity to wedge themselves into processes in which they were not involved before. Everything related to discrimination based on sexual orientation and gender identity must be taken into account in every piece of legislation. Services to counter violence among trans people should also be updated and implemented. The war can provide a window of opportunity, and the post-war period should be directed towards putting all these things in order. A revision of the comprehensive package of services for trans people, and their inclusion in key populations so that they can receive prevention services with state budget funds».*

*(Member-organization\_6)*



*«We now have a great chance to radically change everything, and I would like to believe that Ukrainian society is ready for this. But for this, we need to get away from these narratives and everything Russian... Because all this homophobia, and what the LGBT community in the countries of Eastern Europe and Central Asia is a victim of, is a product of the socialist regime's policy of lies and repression. It is necessary to systematically get rid of all of this, because it does not lead to anything good».*

*(Individual member\_7)*



In this case, the LGBT community itself can act as a catalyst and advocate for change. However, according to participants, this will require changes within the community itself, in particular:

- Creation of new networks within the community and a search for «new leaders» who can make an effort to solve upcoming challenges, and who would be present in every region of the country. This will be facilitated by support and training of young community-based NGOs, for example, under the supervision of experienced «players», and by support for their organizational sustainability, regardless of the existence or lack of a specific project.
- Consolidation of community representatives and organizations to solve problems. For example, joining the efforts of activists and/or organizations to achieve certain goals, including legislative changes, and informational campaigns.
- Rethinking the approach to working with decision-makers, such as local officials, who are not always open to partnerships with ECOM members and partners.



*«An active leadership position «in one place», I won't say where. The activity of the community has dropped below zero. Previously, we had activity in coordinating committees, in decision-making mechanisms, now we have neither the desire nor the opportunity to show it. And if there is some kind of manifestation of activity online, then we often face some kind of aggression and misunderstandings».*

*(Member-organization\_3)*



*«There are a lot of conflicts, and this is a problem of the LGBT movement».*

*(Individual member\_7)*



*«Unfortunately, even now, in times of war, there are organizations that are trying to throw a wrench in the gears and not let them work. It's always been like this, but whatever. «We don't work ourselves, and we won't allow others to» — this is the motto of many non-governmental organizations. After the end of hostilities, it is necessary to strengthen the leadership capacity of the community. Organizations that represent communities, that is, LGBT organizations, should be united, establish contacts with international partners, donors, and government officials as much as possible in order to minimize all risks».*

*(Member-organization\_5)*





*«I'm thinking of small community-based organizations that have one or two projects in total. Organizational support is important to them, which would not be associated with a clear program activity. It is very difficult for an organization to survive that did not have initial investment in the training of specialists, in internships. And many community organizations crumble without such support. Since the beginning of the war, some project has become irrelevant and that's it — people lost their jobs, the organizations collapsed. It is important to support organizations as a whole, the staff, the backbone of the organization, without which they can die. 80% of the time of community organizations is spent on humanitarian things that are not paid at all».*

(Member-organization\_6)



In order to solve this problem, both at the state level in general and within the community in particular, it is important to ensure the training and involvement of mediators and specialists who know how to deal with conflicts (according to the principles of the Roma community's mediation system), as well as the participation of donor organizations, such as support for consortiums and funding allocations to projects involving multiple organizations, including newly established ones, and/or sectors (e.g. community-based NGOs and government institutions).

In general, the majority of those surveyed expressed the opinion that consolidation at all levels, from local organizations to government bodies, is essential to address current problems and to be able to cope with future challenges.



*«If everyone is working towards victory, then everyone should be involved, and not just a collective image — we are working on the ground, and someone from above gives a beautiful account of everything. There was a questionnaire from the Center for Public Health two months ago... To determine needs just for the sake of determining needs, or for me to spend two hours on the questionnaire? It's about nothing. There are some international conferences and they speak about Ukraine, and a month or two after the event, we do not know anything — what changes will there be? What resources are being given to Ukraine? It's about nothing. We're just pottering around».*

(Member-organization\_3)



*«This is long-term work, and it must take place at all levels. For people's perceptions to change... It is important that laws are adopted that deter aggression at the very least, so that the state constantly shows that it is «for» normal diversity, and a proper attitude and protection of the rights of all people. This will also affect the population. But changing society itself will be an issue for many years to come. This can only be done by developing the community itself. If there are more and more people, there will be a number of activists who can interact normally with the same local population, hold some kinds of events, including educational ones, then the whole system will grow».*

(Individual member\_4)





*«Cooperation with local authorities, which never existed and still doesn't, is a problematic issue».*

*(Member-organization\_5)*



*«I would like donors to listen. Because organizations can ask for our opinions on various issues, and then still draw their own conclusions. This doesn't help us in any way. In other words, listen in order to help, and not just to draw in the margins. This is not about ECOM, but in general. Because there are a lot of Zoom calls, all sorts of consultations, but in fact they don't hear us on a bunch of issues. We sit in our seats and do the work that we do, so just listen specifically to the community, to community organizations in the first place. It just takes a huge amount of time, all these consultations, and, as a result, we are exhausted».*

*(Individual member\_4)*



*«We are not a trans-based organization. We can carry out projects, hire people, but without community representatives... In any case, no one knows better than them. We can help because we have experience, experience and grant history, and partnerships, and participation in various expert events, but we definitely cannot dictate the strategy. We go as co-partners, and we must give everything we can to people who definitely know better».*

*(Member-organization\_6)*





## SUB-CATEGORIES OF GAY, MSM, AND TRANS PEOPLE REQUIRING PARTICULAR ATTENTION

Based on the results of the interviews, it was possible to identify sub-categories of gay, MSM and trans people who require special attention and have specific needs that need to be taken into account in the future:

- Trans people in general, as they may face barriers during transition, or when changing documents or receiving hormone therapy. They may also face difficulties with accepting themselves, rights violations, and manifestations of transphobia on the part of both the general population and certain bodies (for example, the police or territorial defense). More resources are needed to help this group, including human and financial resources, as there are not always sufficient resources to provide services to the required number of people.
- Adolescents who are at greater risk of HIV infection, as they do not always have information about safe sexual practices, and, according to participants, are more likely to use drugs. It is important to carry out informational events among adolescents and involve them in HIV services, as well as in trainings to reduce risks in case of drug use.
- Older clients (45+ years old and the so-called «third age»), for whom assistance in socialization in the post-war period will be especially relevant, and work with whom *«will have to be developed in a completely different way than with young people»*. Assistance in retraining, and humanitarian, financial, and psychological support will be relevant for them, since it will be more difficult and painful for this category of clients to endure the trauma sustained during the war.
- People with disabilities, the number of which will increase due to hostilities. The provision of services to such people will require separately trained specialists and/or the creation of special conditions, for example, ensuring that NGOs have ramps at their entrances, *«so that a person has easy physical access to the office»*.
- LGBT soldiers («about 10% in the Armed Forces of Ukraine»), for whom the issue of acceptance among their comrades is relevant, and war veterans who will need help in adapting to civilian life. In addition, this subcategory requires special attention in terms of HIV prevention, as they do not always practice protected sex, in particular during short trips to rear military regions.
- Those living outside regional centers and large cities, because they have less protection and access to services (legal, psychological, HIV services) and are left *«one on one with their problems»*. To work with them, it is necessary to have sufficient financial resources and the ability to implement projects outside of big cities, which is not always possible for participants.
- Gay men, MSM and trans people who were forced to travel to another region or outside the country and may engage in the provision of sex services, including unprotected sex, *«in order to survive»*. This subcategory requires the attention of local HIV-service organizations both in their current regions or countries of residence, and upon return to their locality. To work effectively with this subcategory of the community, it is important to launch and support informational campaigns and online social advertising (for example, on Hornet), which would motivate people to use HIV testing services, or get condoms or counseling from a specialist in their region of residence.



## CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the assessment of the needs of ECOM members and partners in access to health and rights in Ukraine, a number of needs, as well as possible ways to fulfill them, were identified:

- 1 In connection with the closure of offices and restrictions on the provision of services in the temporarily occupied territories and near the war zone, and the active migration of gay, MSM and trans people within the country, the following issues are particularly relevant: financial support for the remote provision of services and, in general, the possibility of using online resources by organizations (for example, the introduction and establishment of a digital workflow), and a review by donors of the approach to the online provision of services: considering them to be on par with those provided offline.
- 2 Guided by the principle of «the services follow the client», ECOM members and partners began to develop work in new regions, mainly the western regions of the country, which increases the need for financial support from donors (since work with the community often has to start «from scratch») and for projects, aimed at developing and mobilizing the community in these regions.
- 3 The priority of requests for humanitarian assistance (food, financial assistance, clothing and footwear, household goods) led to the inclusion of this as one of the main areas of activity for organizations. The need for such assistance has not decreased since the start of the war, both among IDPs and among gay, MSM and trans people permanently residing in the relevant region. Ensuring humanitarian needs in connection with the upcoming winter (warm clothes, shoes, heaters), and the expansion of humanitarian activities, as the number of those in need exceeds the available financial resources of organizations, are particularly urgent issues.
- 4 Resolving housing issues is of relevance to gay, MSM and trans people, regardless of whether they are an IDP, and is mainly carried out through the rental of apartments or through the establishment of a network of shelters. Additional funding is required for the latter, especially for the upcoming winter period. Expanding the shelter network and obtaining support from donors for this purpose may be the best option to meet the need for housing in both the short and long term, as this will also be relevant after the end of the war.
- 5 Psychological assistance and support for clients, relevant both at the time of the assessment and after the end of the war, can be implemented in various ways. One promising option is the creation of multidisciplinary teams of consultants, psychologists, psychotherapists and lawyers who can quickly respond to phone requests for help and travel to the client to resolve the problem.
- 6 HIV services continue to be relevant, although are lower in priority than humanitarian needs. There is therefore a need to sustain the prevention work of organizations, which requires attention from donors. At the time of the assessment, requests for the treatment of hepatitis and syphilis remain unmet due to the lack of such an opportunity and/or drugs in the regions.
- 7 Fulfilling requests for medical care and medicines not related to HIV or STIs is carried out by directly accompanying clients to medical institutions, providing consultations, or by covering the costs of diagnostics, treatment, and the purchase of drugs.



Providing personal protection equipment to employees and COVID-19-related assistance to clients, and obtaining first aid kits in case of emergencies are becoming urgent issues. In the current conditions, it is important to train clients and employees of organizations in first aid, and to raise community awareness about wartime diseases and ways to minimize risks (for example, in the form of practical trainings or information sessions).

- 8 There is currently an urgent need to provide assistance to gay, MSM and trans people living in the temporarily occupied territories, and this will remain relevant after the de-occupation. In addition to the needs specific to the community as a whole, people living in these areas require assistance in the event of violence by the Russian military, including bandages and medicines in case of sexual violence against trans people.
- 9 The need for legal assistance has become more urgent since the beginning of the war and primarily entails requests for reissuing and/or changing documents, consultations on the possibilities of men going abroad, and removal from draft lists. Cases of rights violations by law enforcement agencies, police, and the territorial defense force remain unresolved, which would require the obligatory presence of a professional lawyer and/or attorney in the organization's team. Work with representatives of these bodies is also needed to combat stigma and discrimination against gay, MSM and trans people.
- 10 In addition to all of the above, legal assistance, information about rights, and training on standing up for and protecting one's rights are all of particular relevance to trans people. Work with providers of various services (from medical to social), and employees of the border service and the banking system, and in general, promoting the reduction of transphobia are gaining importance in wartime.
- 11 In order for ECOM members and partners to be able to provide services and respond to the requests of gay, MSM and trans people, flexibility on the part of donors is important, in particular: flexibility and promptness in processing applications for budget redistributions; revising requirements for documentary evidence of spending in force majeure situations; and, adapting procurement procedures for goods and services to wartime conditions. Permission to purchase goods or services up to \$1,000 without prior approval, and the allocation of a certain amount of money without pre-established restrictions on the type of goods purchased would enable ECOM members and partners to provide emergency assistance to clients and cover their specific needs.
- 12 Training ECOM members and partners in fundraising, and in developing and conducting fundraising campaigns aimed at both grant assistance and donations from individuals is a promising area of work, which strengthens the ability of organizations to function in critical situations. In addition, it is important to create conditions for the establishment of a so-called «stability fund», i.e. monetary resources not associated with a specific project, which would act as a "financial safety cushion" in case of emergencies and unplanned expenses.
- 13 Aside from funding, at the moment, the biggest risk and problem for ECOM members and partners is the emotional burnout of employees and activists. A solution to this problem is possible through independent group or individual supervision, preferably with an independently selected specialist; for example, recruiting a professional psychologist or psychotherapist, whose work will be aimed at helping employees, including: long-term therapy; organizing and holding joint retreats or field events for staff to relieve tension and strengthen team spirit, and to motivate people to continue working under the current stressful and tense conditions and with an increased workload.

- 14 The lack of human resources, particularly narrowly focused specialists, is relevant to ECOM members and partners. This is due to the active migration of the population within the country and abroad. Even if the right specialist is found, there is often a lack of time and resources to train them on the specifics of the organization's work. ECOM members are trying to resolve this issue by recruiting young people and IDPs, but this does not always allow them to meet the need for qualified staff.
- 15 In the long term («after the end of the war»), the needs mentioned above will continue to be relevant, and the longer the war lasts, the larger these problems will become. In addition to what has been mentioned above, the following issues will be relevant in the post-war period: stable and sufficient funding for activities, especially for young community-based organizations and local NGOs; responding to clients' requests for humanitarian assistance and revising the format of the provision of services towards comprehensive support for clients; ensuring economic sustainability, providing assistance in securing employment, and retraining clients, in contrast to the provision of one-time material assistance; strengthening and scaling-up mental health services for employees and clients of organizations; resolving medical issues, including the treatment of chronic diseases and diseases linked to unsanitary conditions and a low quality of life; restoration of the work of organizations and trainings on the specifics of activities in the de-occupied territories.
- 16 The introduction of gender-sensitive approaches in the services of family doctors and highly specialized professionals, which was relevant even before the war, will be necessary after victory. This includes revising training programs for medical personnel, including specialized topics and lessons in advanced training courses, informing family doctors about the specificities of counseling and managing patients who are members of the community, and working to combat stigma and discrimination.
- 17 Changing state policy towards LGBT people and creating equal opportunities in society is a shared long-term goal of ECOM members and partners. This includes legal regulation of the possibility of testing by non-medical professionals, the provision of PrEP through the community or NGOs, the integration of services for gay, MSM and trans people into the general health system, as well as the legalization of civil partnerships, the introduction of liability for the commission of crimes based on sexual orientation and gender identity, and the empowerment of trans people.
- 18 In order to ensure change and the ability to meet all the emerging needs of gay, MSM and trans people, as well as organizations that provide services to them, it is important to promote consolidation within the community itself, strengthen its capacity, develop leadership, and build skills for establishing partnerships with decision-makers and government organizations. The involvement of mediators and conflict specialists (like the Roma mediation system) and donor support for projects and initiatives that are implemented in a consortium of several organizations and/or jointly with state institutions and local authorities can be a solution in a situation where there is disunity within the community itself and an unwillingness by the public sector to «hear the voice» of LGBT people and perceive them as full partners.
- 19 Among gay, MSM and trans people, there are subgroups that require more attention and resources to ensure their full access to health and rights: adolescents, persons aged 45 years and older, people with disabilities, LGBT military personnel and war veterans, people living outside regional centers and large cities, as well as IDPs and those who were forced to leave the country due to the full-scale war. Trans people in general are a group that, in addition to the needs mentioned above, are characterized by specific barriers to accessing health and rights.



## APPENDIX 1. CHARACTERISTICS OF THE PARTICIPANTS

CODE	BRIEF DESCRIPTION	TARGET GROUP	PROGRAM PROFILE
Member-organization_1	Experienced organization operating in several regions of Ukraine, including those under temporary occupation and in the zone of active hostilities	LGBT community, occasionally inter-sex people, teenagers aged 16-17	Psychological assistance, advocacy and community mobilization, protection of rights
Member-organization_2	A young organization operating in a city of regional significance	LGBTIQ community, mostly teenagers aged 16-22	Legal and psychological assistance, advocacy and promotion of human rights, community mobilization
Member-organization_3	Experienced organization operating in several regions of Ukraine, including those located near the war zone	LGBT community, mostly trans people and MSM	HIV prevention, including PrEP, expanding access to treatment for HIV, hepatitis and STIs in general, support for trans people
Individual member_4	Experienced activist involved in helping and supporting MSM in Ukraine as an independent consultant	MSM	Mobilization and support of the MSM community at the regional level, budget advocacy and assistance in establishing links between NGOs and decision-makers, improving the quality of HIV services and access to them
Member-organization_5	Experienced organization working in several regions of Ukraine	LGBT community, mostly MSM, allies and relatives of clients, teenagers	HIV prevention, psychological services and paralegal assistance, national and regional advocacy, monitoring protection of rights
Member-organization_6	Experienced organization working in several regions of Ukraine	Trans people	HIV prevention, capacity building for the trans community and support for community-based organizations in advocacy and community mobilization
Individual member_7	Experienced activist involved in helping and supporting the community and NGOs working with it, as an independent consultant	MSM	Provision of prevention services for MSM who practice chemsex, implementation of informational campaigns and development of thematic content

CODE	BRIEF DESCRIPTION	TARGET GROUP	PROGRAM PROFILE
Individual member_8	Experienced activist involved in providing assistance and support to trans people as an independent consultant	Trans people	Counseling for trans people on the specifics of transgender transition and protection of the rights of the target group
Partner organization_9	Young organization engaged in the provision of psychological services	Non-binary people, lesbians, bisexual women	Organization and holding of self-help groups for community representatives, including those abroad
Member-organization_10	Experienced organization operating in a region partially under temporary occupation	LGBT community	Advocacy and protection of rights, provision of prevention and psychological services
Individual partner_11	Experienced activist providing services as an independent consultant	LGBTIQ community	Social counseling, provision of HIV and STI prevention services
Individual partner_12	Experienced activist providing services as an independent consultant	LGBT community	Psychological assistance for the LGBT community

