

## LEGALLY EMPOWERING KEY POPULATIONS IN RUSSIA IN THE CONTEXT OF HIV PREVENTION, TREATMENT AND CARE

## MONITORING AND EVALUATION OF TECHNICAL ASSISTANCE TO KEY POPULATIONS AND HIV PROJECTS IN RUSSIA IN REMOVING LEGAL BARRIERS AND COMMUNITY SYSTEMS STRENGTHENING

*“The bedrock of the AIDS response is an absolute commitment to protecting human rights. Nothing other than zero discrimination is acceptable.”*  
UNAIDS<sup>1</sup>

Final Report prepared by the Canadian HIV/AIDS Legal Network

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<sup>1</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS), [Fast-Track: Ending the AIDS epidemic by 2030](#), 2014, p. 11.

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## ACRONYMS AND ABBREVIATIONS

5W1H	Who, what, where, when, why and how (method of asking questions)
ARF	Andrey Rylkov Foundation
ART	Antiretroviral therapy
ARV	Antiretroviral
CBO	Community-based organization
CC	Coordination Committee (of Global Fund HIV project)
CCM	Country Coordinating Mechanism
CEDAW	<i>Convention on the Elimination of All Forms of Discrimination against Women</i>
CLW	Community Legal Worker
CSS	Community systems strengthening
DRS	Drug Referral Schemes
ECOM	Eurasian Coalition on Male Health
ECUO	East Union and Central Asian Union of People Living with HIV
EECA	Eastern Europe and Central Asia
EHRN	Eurasian Harm Reduction Network
ENPUD	Eurasian Network of People who Use Drugs
FSIN	Federal Penitentiary Service
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IDU	Injection drug user
ITPC	International Treatment Preparedness Coalition
KP	Key population
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
M&E	Monitoring and evaluation
MEL	Monitoring, evaluation and learning
MSM	Men who have sex with men
NGO	Non-governmental organization
OHI	Open Health Institute (Principal Recipient of the Global Fund grant)
PLWH	People living with HIV
PWUD	People who use drugs
RLB	Removing legal barriers
SR	Sub-Recipient
SSR	Sub-Sub-Recipient

SW	Sex workers
SWAN	Sex Workers' Rights Advocacy Network
TA	Technical assistance
TB	Tuberculosis
ToA	Theory of Action
UNAIDS	Joint United Nations Programme on HIV/AIDS

## DEFINITIONS

Understanding internationally agreed terminology as it applies to local context is an important step in designing and evaluating programs and community responses. These definitions are adapted from UNAIDS, the Global Fund and other international agencies.

**Communities affected by HIV or key populations (KP)** refer to the main groups at risk of HIV and who experience negative health, social, legal, economic or other consequences of the epidemic. In Russia, these communities include (1) people who use drugs, (2) sex workers, (3) men who have sex with men and LGBTQI people, and (4) people living with HIV. Individuals can self-identify with several communities depending on the challenges they experience at a certain moment in their lives and on the types of health, social or other assistance they may require. At the program level, focus on these four KPs allows tailoring assistance to their specific needs. At the same time, individuals are not constrained within one group and can seek support from a variety of HIV projects and community initiatives based on their needs or challenges.

**Community systems** are community-led mechanisms through which community representatives interact among themselves and with other stakeholders, coordinate their activities and advocacy efforts, and respond to the challenges and needs of the communities they represent (adapted from the Global Fund, 2014). In Russia, community systems span from the local to the international level. Community members can be involved in one, several or all levels both formally (as members, founders, staff, funding recipients, etc.) or informally (through communicating, receiving information and training, participating in campaigns, advocacy and other efforts, etc.).

- *International KP networks:* e.g., the Global Network of People Living with HIV, Harm Reduction International, International Network of People Who Use Drugs
- *Regional networks in Eastern Europe and Central Asia (EECA):* e.g., East Union and Central Asian Union of PLWH (ECUO), Eurasian Network of People Who Use Drugs (ENPUD), Sex Workers' Rights Advocacy Network (SWAN), Eurasian Coalition on Male Health (ECOM)
- *National formal and informal community networks:* e.g., patient control, pereboi.ru, Silver Rose, ITPC.ru, the Public Mechanism for Monitoring of Drug Policy Reform in Russia
- *Sub-national level initiatives within Russia* (where coordinated community-led responses take place in more than one city)
- *Local level:* HIV organizations, projects or informal initiatives, staff and volunteers who run these projects, members and project participants (clients) who benefit from these initiatives and projects (i.e., Global Fund-supported projects, harm reduction project, community-led initiatives)
- *Individual level:* active and engaged key population representatives, family members, friends, colleagues of people affected by HIV, and other local community support groups

**Community systems strengthening (CSS)** is an approach recommended by UNAIDS, the Global Fund and other international agencies as key to the HIV response. CSS refers to building the capacity of and supporting “key affected populations and communities, community organizations and networks, and public- or private-sector actors that work in partnership with civil society at the community level, in the design, delivery, monitoring and evaluation of services and activities aimed at improving health” (The Global Fund, 2014). A key CSS task, therefore, is to support and empower KPs and build the capacity of community initiatives, NGOs, institutions and other community systems that support KPs. *To ensure sustainability, their capacity to address legal barriers and human rights violations should be built at all levels — from an individual level to the national and international levels.*

**Community Legal Workers (CLW)** are HIV project staff, volunteers and key population representatives who received training in human rights and legal issues and use this knowledge and project resources to work with key populations. The main focus of their work is improving KP access to HIV services by eliminating discrimination and legal barriers and protecting human rights.

**Coordination Committee (CC)** was established as part of the Russia HIV project to engage a wide range of civil society and community groups, KPs and other stakeholders in the national dialogue and to ensure oversight over proposal development and grant implementation. The Committee oversees the Global Fund project.

**Country Coordinating Mechanism (CCM)** are committees made up of representatives from all sectors including governments, multilateral or bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with HIV, tuberculosis (TB) or malaria. Grants for programs addressing HIV, TB, malaria, and community systems strengthening (CSS) and health system strengthening (HSS) are awarded to eligible countries through CCMs.

**Legal empowerment** enables community members and community systems to respond to discrimination, human rights violations, unfounded allegations, humiliating treatment and legal challenges faced by KPs. The Russian Constitution and legislation guarantee human rights, including the right to non-discrimination. Strengthening community systems and equipping KPs with knowledge and tools engages more KPs in the work of human rights protection.

**Removing legal barriers (RLB)** is an innovative approach that lies at the core of Russia's HIV program. The goal of RLB is legally empowering KPs and supporting community systems, to enable them to tackle and ideally to prevent human rights violations and criminalization of KPs. The long-term CSS and RLB goal is to create a more tolerant and barrier-free environment for KPs.

## INTRODUCTION

Since June 2015, Russia's non-governmental organizations and community-based organizations working on HIV issues have been implementing a three-year project titled "Improving access to HIV prevention, treatment, and care services for key populations in Russia." The Global Fund to Fight AIDS, Tuberculosis and Malaria provides the largest share of financial support for this project, with co-funding from local sources. This project has two interrelated components:

1. HIV service delivery for key populations, which includes working with
  - a. people who use drugs,
  - b. sex workers and
  - c. men who have sex with men; and
2. Advocacy, which includes
  - a. community systems strengthening (CSS) and
  - b. removing legal barriers (RLB).

Prior to this project, the two advocacy components had not been systemically implemented in Russia. While reporting on service indicators has been required in past projects by international donors and the Global Fund's Country Coordinating Mechanism, project implementers were not required to report on the two advocacy activities. Consequently, these activities often were not documented, and data on them had not been collected prior to this project. To address this gap, these advocacy activities were identified as being integral to the project to establish reliable community systems and mechanisms for responding to discrimination and human rights violations, thereby reducing the vulnerability of key affected populations to HIV. This report will focus on the advocacy component of this project. The advocacy component includes free legal support provided to KPs by Community Legal Workers (CLWs) and a Technical Assistance team of lawyers and community coordinators, as well as building the capacity of HIV organizations and community initiatives to engage in meaningful dialogue with government, healthcare and other stakeholders. The main focus of this dialogue and work is improving KP access to HIV services by eliminating discrimination and legal barriers and protecting human rights. This work prioritizes community empowerment to make key populations agents of change capable of addressing the stigma, discrimination and criminalization they often face.

Designing CSS and RLB activities as standalone project modules is an innovative approach. To maximize opportunities and address challenges, this project receives technical assistance (TA) from the Canadian HIV/AIDS Legal Network, which secured external funding to support specialized in-person and online training sessions for CLWs, to develop an approach and a method for working with key populations on legal and human rights issues, and to sustain a team of professional lawyers and community coordinators to deliver round-the-clock online and in-person on-demand support to CLWs and key populations.

To evaluate the utility of technical assistance in implementing CSS and RLB, the Legal Network and Roper LYV Consulting developed a Monitoring, Evaluation and Learning (MEL) framework. Monitoring and evaluating technical assistance aims to determine the extent to which the TA team and Russia's HIV program have been achieving the goals of CSS and RLB (i.e., enhancing the ability of Russia's HIV program staff, volunteers and participants, many of whom are key population representatives, to empower these same populations), while analyzing factors of success and ways to improve performance and results. The requirements to collect data and regularly report CSS and RLB results evaluate actual progress and build a database of requests, cases and results. To corroborate MEL findings, this report

also presents data collected independently by the Open Health Institute, the Principal Recipient of the Global Fund grant.

## **THIS REPORT**

This report presents the results of applying the MEL framework to evaluate the CSS and RLB TA component of Russia's HIV program. The report analyzes the types and effects of technical assistance, and the factors that contributed to the success and challenges in achieving CSS and RLB goals. To support and illustrate its findings, the report provides examples of cases that are important for advancing CSS and RLB. Some of these cases were successfully resolved, while others were strategically important for challenging discrimination, legal barriers and human rights violations, and for raising awareness of existing problems.

This report consists of five parts:

- Part I provides a brief overview of Russia's HIV program.
- Part II describes the MEL framework and methods.
- Part III provides detailed analysis of the TA using the MEL framework and outlines success factors, challenges and opportunities. Cases presented in PART III illustrate the importance of CSS/RLB work for KPs and for projects working with them.
- Part IV presents cases that made a difference and discusses obstacles and opportunities. The report concludes with an overview of the main findings of the CSS/RLB TA assessment and recommendations.
- Part V outlines the overall conclusions and provides recommendations.

This report did not focus on the cost analysis in the first year of the project. Cost-benefit, cost-effectiveness assessment and social return on investment should be carried out at the end of the three-year project. This data will be important for understanding the financial implications of systematic human rights and legal interventions in nationwide HIV, tuberculosis or hepatitis C programs.

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## PART I: RUSSIA'S HIV PROGRAM

### 1. Background

*"The HIV epidemic [in Russia] is gathering strength. Unfortunately, the measures that have been taken have clearly not been enough." — Vadim Pokrovsky, head of the Federal Center for the Prevention and Control of the Spread of AIDS*<sup>2</sup>

In 2015, Russia passed an important mark — one million registered HIV cases. The epidemic is still concentrated among key populations: HIV prevalence is higher among people who use drugs, sex workers, men who have sex with men and LGBTQI communities than in the population at large. In 2014, out of all new registered HIV cases where the method of transmission was known, 57.3% were related to drug use, 40.7% were through heterosexual sexual contact and 1.2% were through sexual contact between men. While this is only a subset of the total number of new HIV cases that year, the Federal AIDS Centre considers this data representative of the trends of the epidemic.<sup>3</sup> Therefore, working with the most affected populations would provide opportunities to reverse the epidemic. The UNAIDS 2016 Global Report reaffirms that human rights–based policies and access to HIV prevention and treatment are necessary conditions to reverse the course of the HIV epidemic:

*The key is ... to establish enabling environments that allow these [key] populations to access HIV, health and social services without fear of violence, arrest or persecution. Specific targets on reaching the people at greatest need ... are urgently required.*<sup>4</sup>

In 2011, all UN Member States committed to removing legal barriers and passing laws to protect populations vulnerable to HIV.<sup>5</sup> While Russia's Constitution guarantees human rights for all without discrimination,<sup>6</sup> some laws and legal practices criminalize and discriminate key populations, an approach that makes them vulnerable to HIV and can deter them from seeking health services or other types of support.<sup>7</sup> Discriminatory legislation includes both administrative and criminal laws. Engaging in sex work and deriving income is punishable under the *Code of Administrative Offences* (Articles 6.11 and 6.12), and organizing brothels and organizing sex work are offences under the *Criminal Code* (Articles 240 and 241). The use and possession with no intent to supply of drugs in insignificant amounts are administrative offences, punishable with a fine or administrative arrest (Article 6.9 of the *Code of Administrative Offences*). Drug possession in significant amounts with no intent to supply and the supply of drugs are criminal offences punishable with up to life imprisonment. In 2013, Russia passed a federal law with heavy fines for propaganda of non-traditional sexual relations among persons under 18. This law creates obstacles in HIV prevention among LGBTQI communities.<sup>8</sup> Systemic discrimination and

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<sup>2</sup> A. Osborn, "Russia at AIDS epidemic tipping point as HIV cases pass one million — official," Reuters, January 21, 2016. Available at <http://uk.reuters.com/article/uk-russia-aids-idUKKCN0U22AN>.

<sup>3</sup> Federal AIDS Centre of the Russian Federation. *Overview of HIV epidemics in the Russian Federation as of 31 December 2014* (Справка: ВИЧ-инфекция в Российской Федерации на 31 декабря 2014 г.), 2015. Available at <http://hivrusssia.metodlab.ru/files/spravkaHIV2014.pdf>.

<sup>4</sup> UNAIDS, *Global AIDS Update*, 2016. [www.unaids.org/sites/default/files/media\\_asset/global-AIDS-update-2016\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en.pdf)

<sup>5</sup> UNAIDS, "UNAIDS and the Global Fund Express Deep Concern About the Impact of a New Law Affecting the AIDS Response and Human Rights of LGBT People in Nigeria," news release, Geneva, January 14, 2014. Available at [www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/january/20140114nigeria](http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/january/20140114nigeria).

<sup>6</sup> M. Golichenko, S. Ka Hon Chu, B. Konstantinov and T. Abdullaev, *Know Your Rights, Use Your Laws*, UNDP, 2014, p. 9. Available at [www.aidslaw.ca/site/know-your-rights-use-your-laws](http://www.aidslaw.ca/site/know-your-rights-use-your-laws).

<sup>7</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Non-CCM Concept Note: Investing for impact against HIV, tuberculosis or malaria*, March 2014.

<sup>8</sup> *Ibid.*

negative attitudes, as well as repressive policies, interfere with effective implementation of HIV prevention strategies.<sup>9</sup>

Access to community-based HIV services for key populations has been shrinking in the past decade due to barriers created for Russian civil society, international organizations and international donor organizations operating in Russia. Since Global Fund and many other international donor funding phased out, Russia has not transitioned to evidence-based and human rights-oriented HIV prevention among key populations, such as needle and syringe programs or opioid substitution therapy.

*What little funding there is for prevention is not invested in low-threshold programming based in evidence and human rights. These approaches are touted by many officials as being antithetical to traditional Russian values. Punitive approaches, though known to exasperate vulnerability to HIV, are seen as more in line with Russian values.<sup>10</sup>*

Recent legislative changes created a challenging environment for civil society organizations working with key populations and international donors who were willing to support HIV programs for these communities. Since 2012, non-profit organizations must register as “foreign agents” if they receive foreign funding and engage in political activity. After disclosing to the government that they receive international funding, these NGOs are included in a publicly available list of “foreign agents” and must include a warning on all their materials and websites that they are a “foreign agent.” The foreign agent law imposes more reporting obligations on these NGOs, thus significantly increasing their administrative burden. If these organizations do not comply with the law and these requirements, they can be fined heavily. In the worst case scenario, representatives of these NGOs can be accused of treason. In 2012, the *Law on Amendments to the Criminal Code* expanded the definition of high treason to include a very broad wording of “providing financial, logistical, consulting or other help to an international organization or foreign organization in its activities aimed against the security of the Russian Federation.” Thus, individuals can be prosecuted under the *Criminal Code* for engaging in civil society activities.<sup>11</sup>

*The Kremlin has sought to stigmatize criticism or alternative views of government policy as disloyal, foreign-sponsored, or even traitorous. It is part of a sweeping crackdown to silence critical voices that has included new legal restrictions on the internet, on freedom of expression, on the rights of lesbian, gay, bisexual and transgender people, and on other fundamental freedoms.<sup>12</sup>*

Furthermore, a recently amended law on non-profit organizations has significantly reduced the possibility of getting state funding for “foreign agent” NGOs.<sup>13</sup> NGOs have the following options: 1) stop receiving international donor funding and comply with the rules (thus being removed from the “foreign agent” list); 2) continue relying on shrinking international donor funding; or 3) shut down. Human Rights Watch reports that by 2017, “Russia’s Justice Ministry has designated 158 organizations as ‘foreign

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<sup>9</sup> *Know Your Rights, Use Your Laws*, p. 9.

<sup>10</sup> S. Schonning, “Community Systems Strengthening and Removing the Legal Barriers Modules of the Global Fund Program: Improving access to prevention, treatment and care for key population groups in Russia: Baseline and progress to date” [unpublished], The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2016, p. 3.

<sup>11</sup> The International Centre for Not-for-Profit Law, *Civic Freedom Monitor: Russia*, March 28, 2017 (updated May 29, 2017). Available at [www.icnl.org/research/monitor/russia.html](http://www.icnl.org/research/monitor/russia.html).

<sup>12</sup> Human Rights Watch, *Russia: Government vs. Rights Groups. The Battle Chronicle*, July 4, 2017. Available at [www.hrw.org/russia-government-against-rights-groups-battle-chronicle](http://www.hrw.org/russia-government-against-rights-groups-battle-chronicle): “The ministry has removed its ‘foreign agent’ tag from over 20 groups, acknowledging that they had stopped accepting foreign funding.” As of April 2017, the official list of “foreign agents” consists of 89 groups. The official list of “foreign agents” is available at <http://unro.minjust.ru/NKOForeignAgent.aspx>.

<sup>13</sup> Federal Law No. 287-FZ on Amending Federal Law on Non-Commercial Organizations (NCO) in Terms of Establishing the Status of NCO-Provider of Public Benefit Services (PBS) entered into force on January 1, 2017 (*Civic Freedom Monitor: Russia*, 2017).

agents,' courts have levied staggering fines on many groups for failing to comply with the law, and about 30 groups have shut down rather than wear the "foreign agent" label. Organizations targeted include groups that work on human rights, the environment, LGBT issues, and health issues, groups that do polling about social issues."<sup>14</sup>

Reacting to these sweeping changes, civil society organizations and community-led initiatives and networks mobilized to sustain HIV services for key populations and advocate for health-oriented and human rights-based policies. Those affected by unfair legislation "must constantly advocate for their rights to be respected, protected and fulfilled at all levels, including in everyday life and particularly when rights violations occur."<sup>15</sup> While the governments may be slow or unwilling to change discriminatory legislation and practice, people who experience discrimination or criminalization should apply a "bottom-up approach."<sup>16</sup> In 2014, a wide range of civil society groups and stakeholders organized a national dialogue and developed a Concept Note to the Global Fund to fund programs for key populations. To support and strengthen participation of key populations in the "bottom-up approach," Russia's HIV program elected a Coordination Committee led by civil society and affected communities to oversee the program and to set the advocacy goals — strengthening community systems and removing legal barriers. The next section describes Russia's HIV program and its innovative approaches.

## 2. About Russia's HIV program

*"Vulnerable groups are virtually excluded from the state system of HIV/AIDS prevention and care services. That is why civil society has taken up the job on prevention of high risk behavior and spread of HIV infection in these key groups, and struggle to improve their access to health services."<sup>17</sup>*

Russia, recognized as a high-income country by the World Bank in 2013, was not eligible for Global Fund funding in 2014.<sup>18</sup> But under the Global Fund's NGO rule,<sup>19</sup> civil society and community groups from Russia were eligible for HIV funding. To facilitate a national dialogue process, the Global Fund Secretariat supported an inclusive process including an electronic survey and a meeting bringing together 102 participants. Of the participants, 50 represented key populations and 52 represented NGOs providing HIV-related services. Participants of the national dialogue meeting and elected members of the Coordination Committee chose a principal recipient, and agreed on project goals and objectives. The Coordination Committee was formed to engage a wide range of civil society and community groups, key populations and other stakeholders in the national dialogue, and to ensure oversight on proposal development and grant implementation.

The Coordination Committee, the majority of the members of which are representatives of key populations, designed, implemented and led Russia's HIV program.<sup>20</sup> The Coordination Committee comprised three voting members representing PWID; two voting members representing each key

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<sup>14</sup> Human Rights Watch, July 4, 2017.

<sup>15</sup> *Know Your Rights, Use Your Laws*, p. 9.

<sup>16</sup> *Know Your Rights, Use Your Laws*, p. 9.

<sup>17</sup> *Non-CCM Concept Note*, p. 8.

<sup>18</sup> Eligibility is determined by a country's income level (World Bank 2013) and disease burden data (WHO and UNAIDS 2013). *Eligibility List 2014*, The Global Fund, 2013. Available at [www.theglobalfund.org/media/5602/core\\_eligiblecountries2014\\_list\\_en.pdf](http://www.theglobalfund.org/media/5602/core_eligiblecountries2014_list_en.pdf).

<sup>19</sup> The NGO Rule to the Transitional Funding Mechanism allows NGOs from Upper Middle Income Countries not listed on the OECD's DAC list of ODA recipients to apply for HIV/AIDS funding. (The Global Fund to Fight AIDS, Tuberculosis and Malaria, *GF/B25/EDP21*, January 26, 2012. Available at <https://www.theglobalfund.org/board-decisions/b25-edp21>). Russia remained eligible to apply for HIV funding in 2014 (David Garmaise, "Revised Eligibility Policy Retains the Main Elements of the Old Policy," *Aidspan*, November 9, 2013. Available at [www.aidspan.org/gfo\\_article/revised-eligibility-policy-retains-main-elements-old-policy](http://www.aidspan.org/gfo_article/revised-eligibility-policy-retains-main-elements-old-policy)).

<sup>20</sup> "Community Systems Strengthening and Removing the Legal Barriers Modules," p. 3.

population (SW, MSM and PLWH); human rights organizations, service-providing NGOs, academics and two non-voting members representing the Principle Recipient — Open Health Institute. Local groups, organizations and networks work closely with regional networks representing key populations that provide support in advocating for health-centred and human rights-based policies. The other five non-voting members in the Coordination Committee are the Eurasian Coalition on Male Health (ECOM), an international non-governmental association in Tallinn, Estonia; the East Europe and Central Asia Union of People Living with HIV (ECUO), a union of organizations, an inspiring and educational resource for PLWH communities; Sex Workers' Rights Advocacy Network (SWAN), later replaced by EECA Alliance of Sex Workers; Eurasian Network of People Who Use Drugs (ENPUD); and the International Treatment Preparedness Coalition in Russia (ITPC).

A Concept Note, developed by the Coordination Committee, was approved for three-year funding with the overall goal to “contribute to building and strengthening the national legal, methodological and financial framework to enable sustainability and expanding coverage of the key groups with HIV prevention services, HIV/AIDS treatment, care and support.”<sup>21</sup> This goal is being implemented in pursuit of three objectives:

1. **Support prevention interventions to hold down the level of HIV prevalence in the selected regions among most-at-risk populations** — people who use injection drugs and their sexual partners, sex workers, men who have sex with men.
2. **Strengthen advocacy** to remove legal barriers to access to treatment and integration of evidence-based prevention programs into the HIV national strategy and the existing health care and social system to ensure their further sustainability.
3. **Strengthen systems of key communities** (IDUs, SWs, MSM, PLWH) for the protection of their rights and impact on service and advocacy activities on HIV prevention among vulnerable populations.

The community systems strengthening and removing legal barriers goals are based on the human rights interventions recommended by UNAIDS<sup>22</sup> and the Global Fund.<sup>23</sup> The CSS and RLB modules were designed to reinforce one another and enhance the service components by raising awareness among key populations about human rights violations and legal barriers. Despite a well-established belief that laws do not work in Russia, the Constitution guarantees non-discrimination and protection of human rights to all. At the institutional level, mechanisms of public control exist. Lawyers and public defenders can support an individual in legal procedures. Rules and laws can be used to seek justice and fairness, and challenge systemic or institutionalized discrimination and violations of human rights.

To facilitate learning and uptake of CSS and RLB by HIV service projects and KPs, the UNDP developed the handbook *Know Your Rights, Use Your Laws* — a practical guide to legal aid and empowerment of key populations and service providers. The handbook outlines seven steps, a continuum of interventions that practitioners can use to assess and address the legal challenges faced by members of key populations. Additionally, the Legal Network produced eight videos in Russian<sup>24</sup> to provide information on exercising and protecting the rights of people living with and affected by HIV in Eastern Europe.

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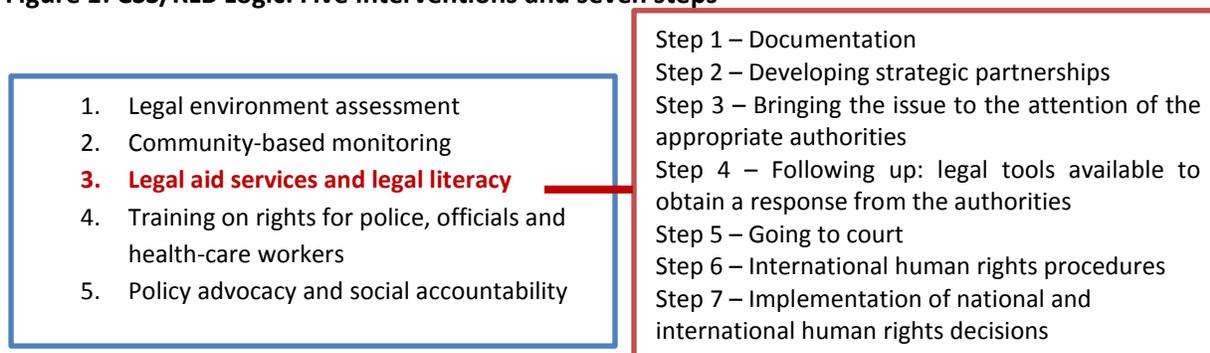
<sup>21</sup> *Non-CCM Concept Note*, p. 10.

<sup>22</sup> UNAIDS, *Key Programmes to Reduce Stigma and Discrimination and Increase Access to Justice in National HIV Responses*, May 2012. Available at [www.unaids.org/sites/default/files/media\\_asset/Key\\_Human\\_Rights\\_Programmes\\_en\\_May2012\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/Key_Human_Rights_Programmes_en_May2012_0.pdf).

<sup>23</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria, *Human Rights for HIV, TB, Malaria and HSS Grants: Information Note*, February 2014.

<sup>24</sup> Available at [www.aidslaw.ca/site/videos-know-your-rights-use-your-laws](http://www.aidslaw.ca/site/videos-know-your-rights-use-your-laws).

**Figure 1: CSS/RLB Logic: Five interventions and seven steps**



Prior to this project, community-based efforts to protect human rights by offering legal advice and support had not been part of HIV projects’ routine. HIV project staff and members of key populations had limited access to training on legal issues, free legal counselling, or technical assistance on human rights and legal issues. Organizations did not have a separate set of indicators to measure success of community systems strengthening and removing legal barriers. In 2014, an advocacy component with these two modules (CSS and RLB) was designed to address these gaps and empower key populations to participate in the planning, implementation, evaluation and oversight of Russia’s HIV program. To evaluate progress, CSS and RLB indicators were included in the project monitoring and evaluation system. To make these modules work, CLWs were trained in human rights and legal issues. To support CLWs and KPs, a technical assistance component was designed as part of the project to provide ongoing support to CLWs and free legal support to key populations. The Legal Network secured funding and helped design the technical assistance component, which launched in December 2015.

### 3. Technical assistance

The Legal Network established a technical assistance (TA) team of nine lawyers and four community coordinators. Each coordinator is responsible for one KP group. The Legal Network’s legal advisor (also a lawyer) provides expert support and coordinates the TA activities. Lawyers bring to the project their expertise, legal knowledge and skills, and professional networks. Most lawyers on the TA team had worked with HIV projects and KPs prior to this project. All TA team members have had previous experience working with communities and HIV-related cases, and they are familiar with the challenges that these communities experience. At the start of the project, the TA lawyers received additional training on legal barriers and human rights issues common to KPs. Working with KPs and HIV projects, lawyers also rely on support from community coordinators. The four community coordinators bring to the project their community networks and knowledge of common barriers and human rights issues.

The TA team provides ongoing education and on-demand training to CLWs, HIV project staff and individual KP members. TA team members also reach out to KPs and offer legal support. The community coordinators provide assistance to project staff, CLWs and KPs with the first steps of the RLB model from documentation to mediation (Figure 1) and help establish links between the communities and lawyers. The TA team of lawyers provide legal advice and support in cases of mediation and strategic litigation. In cases where professional legal advice is required, community coordinators can connect KPs or CLWs with the lawyers on the TA team for free legal support.

<b>TA Goals and Activities</b>	
<b>Establish partnerships</b>	a. Set up technical assistance partnerships between human rights lawyers and NGOs representing or serving key populations who are often criminalized and marginalized.
<b>Legal empowerment and capacity-building (workshops and meetings)</b>	

- a. Implement a workshop for lawyers to strategize and exchange experiences, orient lawyers with the activities of CLWs and establish a referral network.
- b. Implement CLW training workshops for actively involved representatives of marginalized communities and NGOs receiving Global Fund funding; integrate Law and Rights components in the Global Fund workshops (led by CLWs).

**Legal protection and technical assistance**

- a. Provide ongoing support to key populations and CLWs.
- b. Monitor and document cases of human rights violations, including through joint outreach sessions (when required), to implement the knowledge and skills learned through capacity-building.

**Representation and strategic use of complaints mechanisms**

- a. Respond to referrals for more complex legal matters and provide full legal representation to clients in court and with government bodies.
- b. Support CLWs to engage with the complaints mechanisms including reporting to key state and independent actors, the Ombudsmen, human rights NGOs and rights protection services.

Between December 2015 and December 2016, the TA team organized several training sessions for the project teams, CLWs and KPs, including in-person workshops and webinars, and provided on-demand support 24 hours a day, seven days a week. The training events brought together over 200 participants from 26 HIV projects from 16 cities and 16 small-grant recipients from 11 cities. Over 100 CLWs and HIV project staff, volunteers from key populations and project clients participated in 23 webinars on human rights and CSS and RLB implementation. The TA team also helped organize three community forums for more than 200 representatives of key populations and CLWs from Kaliningrad to Yuzhno-Sakhalinsk. The TA team helped establish strategic partnerships with a wide range of stakeholders who are key to achieving the project goals and supporting key populations.

A monitoring, evaluation and learning (MEL) framework was developed to monitor and evaluate the results of CSS/RLB technical assistance. Part II discusses MEL and Part III provides detailed information about the TA activities and achieved results.

**PART II: THE MONITORING AND EVALUATION FRAMEWORK: BASELINE DATA, THEORY OF ACTION AND METHODS**

**1. Baseline**

A good understanding of the initial conditions (baseline) at the start of an advocacy initiative is required for effective monitoring and evaluation. Baseline data was obtained from both Russia’s *Concept Note* and the report commissioned by the Global Fund titled *Community Systems Strengthening and Removing the Legal Barriers Modules of the Global Fund Program: Improving access to prevention, treatment and care for key population groups in Russia: Baseline and progress to date*. Both documents identified three categories of factors that limit KP access to HIV services and human rights protection.

**Factors that limit access to health and social services:**

- 1) **Criminalization and ongoing stigmatization and discrimination of key populations**, resulting in reduced access to these populations and their social protection and involvement in the state health-care system.
- 2) **The state openly rejecting certain prevention measures** (opioid substitution therapy, syringe and needle exchange programs, condom distribution), and the absence of evidence-based HIV prevention methods focused on human rights protection.
- 3) **Negative attitude and repressive policies** of the federal and often regional authorities, interfering with the effective implementation of HIV prevention strategies in the regions.

OHI and Global Fund developed the 2015–2017 Performance Framework with indicators for the

“Community Systems Strengthening” and “Removing Legal Barriers” modules.<sup>25</sup> The Performance Framework contained baseline data for several CSS/RLB indicators and targets that Russia’s HIV program reported (Table 1).

**Table 1. Russia’s HIV program Performance Framework, CSS/RLB modules<sup>26</sup>**

Module 5. Removing legal barriers to access	Baseline				Targets		Comments
	#	%	Year	Source	Jan. 2016 – Jun. 2017	Jul. 2016 – Dec. 2016	
Coverage/Output indicator							
Number of documented cases of human rights violations	12,711	0.5	2015	Experience	635 (5% of baseline #)	635 (5% of baseline #)	The denominator is 50% of overall coverage of three KPs (PWUD, MSM, SWs).
Number of KP representatives who received access to legal aid with the help of “street lawyers” (also members of KPs communities)	25,423	1.0	2015	Experience	1,271 (5% of baseline #)	1,271 (5% of baseline #)	The denominator (baseline #) is overall coverage of three KPs (PWUD, MSM, SWs) per reporting period.
Number of petitions to authorities on documented cases of human rights violations, and legal and political barriers to HIV services, including the lack of funding	635	1.0	2015	Experience	32 (5% of baseline #)	32 (5% of baseline #)	The denominator is the number of documented cases of human rights violations.
Number of state officials who took part in seminars with KP representatives	15		2015	Experience	30	50	There is no verifiable data on number of state officials who took part in seminars with project KPs in the past.

At the start of the Russia’s HIV program, Sub-Recipients (SRs) and Sub-Sub-Recipients (SSRs) reported providing services to 25,423 KP clients. According to SR reports, approximately 50% of clients (12,711) asked for support in situations related to human rights violations. Of these, only 0.5% became documented cases, where a case management agreement was signed between an HIV organization and a client. The CSS/RLB target, however, was 5% documented cases (635). In 2015, SR reports showed that 1% of documented cases resulted in petitions being submitted to authorities. The target was 5% or 32 petitions.

Early in the project, only one SR had extensive RLB experience; others had limited RLB experience. Not all project teams with RLB/CSS experience were following sound patterns of documenting cases and collecting data. As a result, the baseline number for the indicator “Number of KPs representatives who received access to legal aid with the help of ‘street lawyers’” was estimated at 1% of all KP clients. Legal aid is considered to be provided when both of the following conditions are met, a client received any type of legal aid and this service is recorded in an HIV organization’s internal reporting forms. In 2016, HIV and KP community organizations received training and technical support and gained CSS/RLB experience. With this training and support, the target became 5% of all clients or 1,271 KP representatives.

<sup>25</sup> The Global Fund, *Implementation Letter 1. Updating Performance Framework. February 3, 2016. Ref.: EECA/SI/038-03/02/2016. Available at [http://docs.theglobalfund.org/program-documents/GF\\_PD\\_009\\_400670c2-cfd5-4afe-a5a4-6083307e488e.pdf](http://docs.theglobalfund.org/program-documents/GF_PD_009_400670c2-cfd5-4afe-a5a4-6083307e488e.pdf)*

<sup>26</sup> Ibid.

There is no baseline data on the number of state officials who took part in seminars with project KPs in the past. Targets were set as a number, not a percentage, due to the high turnover rate among state officials at the local level. The state officials Russia's HIV program was to engage included the head doctors of municipal and regional AIDS centers and other medical organizations; officials from drug control and prison services; representatives of regional ministries of health, education and labour; representatives of social services; representatives of the municipal and regional administration; and the police.

The Global Fund's baseline report analyzed opportunities for KPs' engagement in decision-making and in the HIV response at national and local levels. The report concluded that these opportunities were limited as there were few mechanisms for dialogue with government and for consensus-building among civil society groups. Dialogue with key populations was promoted and supported by civil society and international stakeholders. The role of international donors and technical agencies (such as UN agencies and bilateral donors) has been diminishing, as legal barriers have been constructed between civil society groups and international donors.

*During the years when Russia had a Country Coordinating Mechanism (CCM) to oversee its Global Fund programs, the CCM served as a platform for exchange and dialogue between state and civil society representatives. As donor funding as well as receptivity to foreign influence (including from the UN agencies) in Russia declined, there were fewer spaces for dialogue between governmental officials and civil society, especially representatives of key populations.<sup>27</sup>*

Considering the main factors that limit access to HIV services and limited opportunities for involvement in dialogue, key populations must be empowered to advocate for health-centred and human rights-based policies and interventions. Russia's HIV program aims to empower key populations that experience discrimination and human rights violations to engage in advocacy and protection of their rights at all levels. The next section discusses a Theory of Action (ToA) and presents a ToA-based roadmap to achieving CSS/RLB goals in Russia's HIV program.

## 2. Theory of action

The MEL framework<sup>28</sup> was designed to monitor and evaluate progress within the CSS/RLB modules and assess the utility of technical assistance. The results are reported to the Coordination Committee, the Principle Recipient and other stakeholders. The Legal Network and Roper LYV Consulting presented a framework for assessing legal advocacy projects as a Theory of Action.

*Theory of action is an articulation of the program logic that identifies key interventions by an organization or alliance, their sequencing, and their expected outcomes, ultimately leading to the achievement of advocacy goals. A theory of action is often represented by a flow chart or causal diagram or matrix. It forms the basis of both program strategy and the monitoring, evaluation and learning plan.<sup>29</sup>*

CSS/RLB goals, tasks, activities and expected outcomes are presented as a causal diagram (Figure 2). This spatial representation of the CSS/RLB modules demonstrates how activities relate to expected outcomes, strategic goals and finally to the overall project goal. Figure 2 also depicts the role of technical assistance. A MEL framework was developed to "assess the utility of technical assistance" in implementing the CSS/RLB modules.

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<sup>27</sup> "Community Systems Strengthening and Removing the Legal Barriers Modules," p. 9.

<sup>28</sup> Canadian HIV/AIDS Legal Network (in collaboration with Roper LYV Consulting), *Advocacy and Social Justice: Measuring Impact: A monitoring, evaluation, and learning guide on legal advocacy*, 2016. Available via [www.aidslaw.ca/site/our-story/measuring-impact](http://www.aidslaw.ca/site/our-story/measuring-impact).

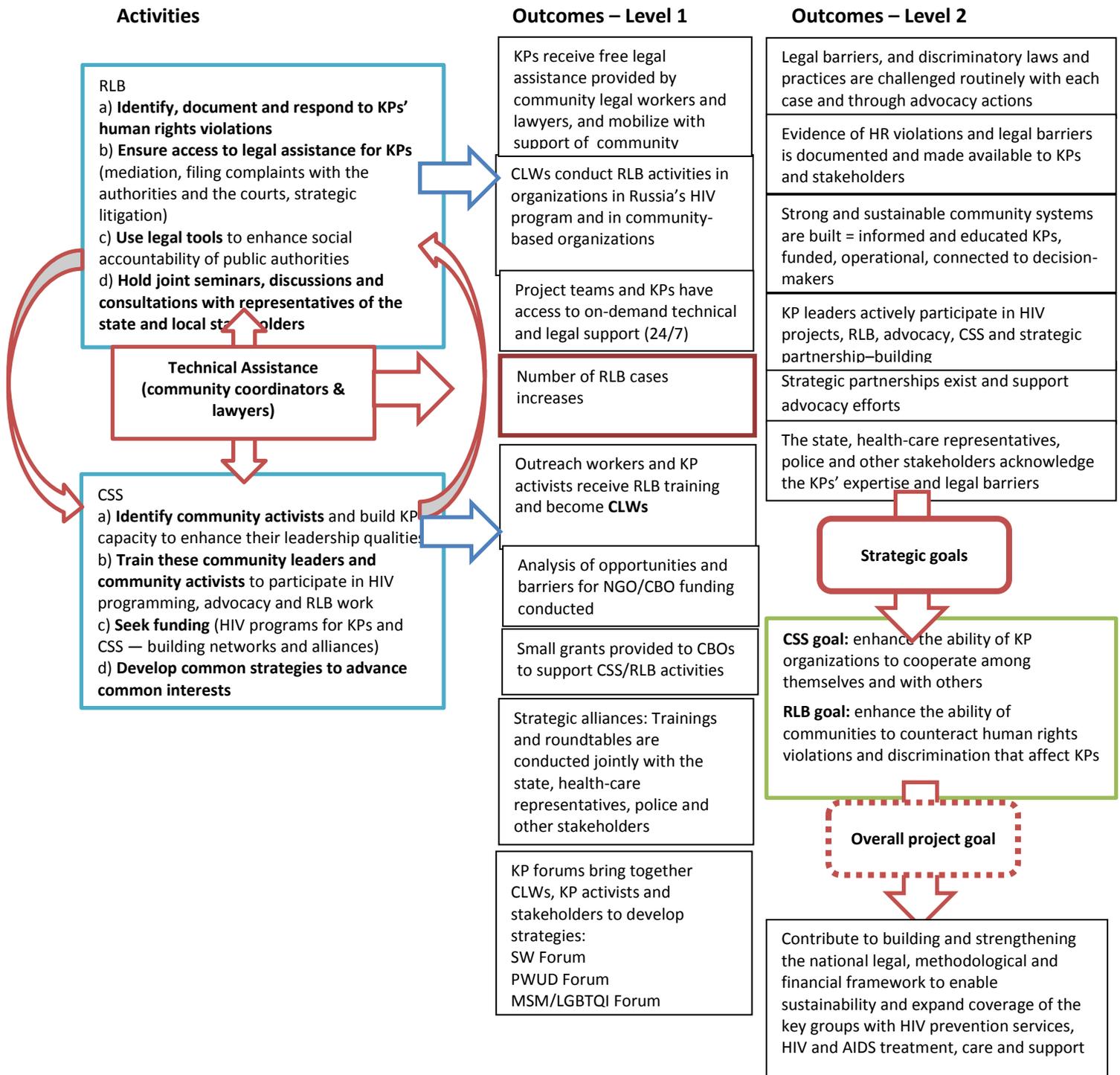
<sup>29</sup> Canadian HIV/AIDS Legal Network, 2016.

MEL is part of the robust monitoring and evaluation system of Russia's HIV program. The Principal Recipient of the Global Fund grant (Open Health Institute) monitors and evaluates Russia's HIV program. OHI runs the electronic M&E reporting system SYMONA,<sup>30</sup> which consists of three groups of performance valuation indicators: HIV services, CSS and RLB. Sub-recipients submit quantitative reports quarterly and detailed qualitative reports every six months. The OHI M&E officer enters the data into the system and prepares reports for the Coordination Committee and the Global Fund. All project participants and the Coordination Committee have access to this database at any time. As part of the MEL framework, every two months the TA team members provide to the Legal Network reports on cases and requests for assistance from KPs and CLWs, reports on training and technical assistance to CLWs, KPs, HIV project teams and community initiatives. To obtain more detailed qualitative data and personal insight, in 2016, the Legal Network conducted interviews with the TA team members, HIV project teams, CLWs, and representatives of the principal recipient. Section 3 presents the M&E framework for Russia's project implemented by OHI, and Section 4 provides more details on the results of applying the MEL framework.

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<sup>30</sup> Available at [www.simonaohi.ru/rus/index.php?lang=0](http://www.simonaohi.ru/rus/index.php?lang=0).

Figure 2: Theory of Action: Towards achieving CSS/RLB goals<sup>31</sup>



<sup>31</sup> Adapted from the Legal Network and Roper LYV Consulting, 2016.

### 3. CSS and RLB monitoring, evaluation and learning Framework

The Coordination Committee and OHI monitor and evaluate CSS and RLB activities using the MEL framework. This framework consists of two independently collected datasets:

- (1) The Open Health Institute collects data from sub-recipients to monitor progress on CSS and RLB indicators. The data is entered and analyzed in SYMONA.
- (2) The Legal Network collects CSS/RLB technical assistance data using a Monitoring, Evaluation and Learning system.

These two datasets were used to estimate the utility of technical assistance provided to those implementing the CSS/RLB components of Russia’s HIV program.

#### 3.1. CSS and RLB in the OHI system of monitoring and evaluation (SYMONA)

In the past, Global Fund project implementers were required to report on service and some CSS indicators. Recently, The Global Fund, UNAIDS, UNDP, the Legal Network and other stakeholders have been developing CSS and RLB concepts and indicators. In Russia, Global Fund–supported organizations have worked on capacity-building and human rights, and occasionally provided legal assistance to KP representatives. However, no list of RLB indicators had been developed and CSS/RLB data had not been collected systematically. Based on the program’s Performance Framework OHI developed indicators for HIV services, CSS and RLB to monitor and evaluate progress. The Performance Framework contains six CSS and seven RLB indicators (Table 2). All project implementers submit quantitative reports quarterly and detailed qualitative reports every six months.

**Table 2: Quantitative indicators, Russia’s HIV program CSS/RLB indicators in SYMONA<sup>32</sup>**

Category (Objective) 4: Community Systems Strengthening	
1	Number of KP representatives participating in the project implementation and the number of project staff including volunteers
2	Number of organization staff (KP representatives)
3	Number of project staff and volunteers (including KP representatives) who participated in training programs
4	Number of materials developed and adapted by KPs, and tools used in the design, implementation and evaluation of HIV prevention, treatment and care programs
5	Number of organizations working with KPs that report having received funding from sources other than the Global Fund
6	Number of joint activities or “products” (e.g., research, actions, information portals, etc.), conducted by two or more community groups PWUD, MSM/LGBT, SW
Category (Objective) 5: Removing Legal Barriers	
1	Number of documented cases when KPs experienced barriers to access HIV prevention, treatment and care
2	Number of KP representatives who received legal assistance with the participation of trained “street lawyers”
3	Number of complaints or other forms of appeals by KP representatives submitted to authorities and state institutions in cases of identified obstacles in access to HIV prevention, treatment and care services
4	Number of cases when the legal aid led to a desired outcome, at least partially
5	Number of substantive responses received from authorities on the results of appeals

<sup>32</sup> OHI, May 2017.

6	Number of representatives of state and municipal organizations, institutions, bodies and services that have a direct impact on the HIV epidemic, who participated in joint seminars with representatives of target groups, in discussions and consultations
7	Number of client referrals to partner organizations for legal assistance

### 3.2. MEL framework and methods

The MEL framework was designed to collect and analyze quantitative and qualitative data to answer the following questions:<sup>33</sup>

- **How do project street lawyers and KP representatives assess technical assistance?** (Based on interviews with technical assistance recipients)
- **Has CLW practice changed as a result of TA?** (Through documented practices of those providing TA)

Examples of technical assistance to key populations directly or via street lawyers were analyzed taking a more in-depth look at complaints that lead to or at least toward resolution and the role technical assistance played in those cases. This analysis aimed to

- **Understand success factors** (what factors come together to allow incidents of discrimination to be successfully resolved) and
- **Examine barriers to change, and assess if technical assistance should be revised or intensified** if there was a setting where limited or no progress was observed.

To answer the MEL questions, Roper LYV Consulting and the Legal Network designed an evaluation process comprised of several data collection and analysis methods. The MEL method includes a review and analysis of qualitative and quantitative CSS/RLB indicators; content analysis of reports and legal cases prepared by projects staff and the TA team; survey responses from the HIV projects; and expert interviews with recipients and providers of technical assistance and other project stakeholders.

To guide the MEL process, Roper LYV Consulting and the Legal Network designed a matrix of quantitative and qualitative indicators (Annex 1). The matrix outlines data collection tools and data sources. The Legal Network collected data from the TA team on a regular basis, guided by the MEL matrix. The TA team provided bimonthly reports with descriptions of their activities, cases and quantitative indicators. The data was collected to track the activities of lawyers and community coordinators. These reports were analyzed to understand the scope of work completed, determine the main outcomes, and learn about the cases, successes and challenges. Project reports submitted to SYMONA were analyzed to corroborate the TA team reporting and to assess the work HIV project teams and community initiative groups completed.

In June 2016, a survey was conducted among Russian HIV organizations working with KPs and participating in Russia’s HIV program.<sup>34</sup> Out of 86 organizations, 31 completed the survey. Among other questions, the survey asked quantitative and qualitative questions about CSS/RLB modules and technical assistance. The quantitative data is analyzed in the Global Fund baseline report.<sup>35</sup> Qualitative responses to questions about CSS/RLB technical assistance were analyzed and are included in this report.

Between July and December 2016, 17 semi-structured key informant interviews were conducted to corroborate data from written sources and gain a better understanding of the context behind the reports and numbers. Out of 13 TA team members, 10 participated in the interviews (two lawyers were

<sup>33</sup> Adapted from Roper LYV Consulting and the Legal Network, 2016.

<sup>34</sup> S. Schonning, “A Survey for Managers and Coordinators of Sub-national HIV Projects” [unpublished], 2016.

<sup>35</sup> “Community Systems Strengthening and Removing the Legal Barriers Modules.”

not available due to other commitments). Interviews were conducted with five lawyers, four community coordinators and the Legal Network's legal advisor, who is both the TA component manager and a lawyer. Other interviewees were representatives of Russia's HIV program: three CLWs, two project coordinators, two Principal Recipient representatives. All interviewees shared insights, opinions and important details about CSS/RLB activities and the utility of technical assistance. Interviewees also shared their views on successful practices and cases, and discussed challenges. The interviews were analyzed for common themes including TA activities, TA coordination, and successful cases, challenges and ways forward. Quantitative indicators in SYMONA and in the MEL indicator matrix were used to evaluate CSS/RLB progress and compare project performance at different stages. Expert interviews provided more detailed information about the experiences, examples and circumstances surrounding cases, and a deeper understanding of the successes and challenges of RLB and CSS. Analysis of survey answers provided by the staff and volunteers of 31 projects about the effects and utility of TA for CSS/RLB helped corroborate the information provided by the TA team in the interviews and reports.

Part III of this report provides a detailed analysis of evidence of TA utility, discusses factors of success and outlines directions for improvements. Part III begins with an overview of the achieved results as reported by staff of the HIV projects. This is followed by an analysis of the utility of technical assistance, where the MEL qualitative and quantitative indicators (Annex 1) are discussed. To corroborate data reported by project participants, Part III provides a more detailed narrative and analysis of CSS/RLB best practices, opinions and observations shared by project participants. Part IV presents conclusions and remarks outlining possible directions for supporting Russia's KPs through CSS/RLB. These concluding remarks will also outline ideas for support and collaboration that could be of interest to project partners and potential stakeholders.

## **PART III: MONITORING AND EVALUATION OF TECHNICAL ASSISTANCE**

### **1. CSS/RLB results reported by HIV projects in the M&E system (SYMONA)**

*Now we understand that we can and should overcome legal barriers. – CLW*

Analysis of the quantitative and qualitative data and reports by the HIV organizations (The Global Fund grant sub-recipients) available in SYMONA demonstrates significant progress on all CSS/RLB indicators. Improving understanding of community systems strengthening through education had an immediate effect on project implementation. Both interviews and survey responses showed that following CSS/RLB training, CLWs and project volunteers became more motivated and began passing information about human rights and legal barriers to key populations. Projects reports included trainings and information sessions for KPs about human rights issues and legal barriers.

*In Krasnoyarsk, a two-day training workshop "I Have the Right" was organized for 18 representatives of KP communities. Participants learned about their human rights and practiced writing letters and requests to the officials and health authorities. They also learned about conflict management techniques and building relations with their doctors.*

*It is also important to train our clients; we included legal aspects in our training for PWUD. We provide consultations and explain what they can do and where they should go. We learn about cases from other cities. This project helps us understand what we can do, what our potential is.*  
– Project coordinator, interview

In 2016, 1,851 KP representatives became involved in HIV organizations and projects implementation as staff (1,442 people) or volunteers. Project staff and volunteers (943 people) participated in training

programs, where they networked with peers from other cities and learned about implementing and reporting on CSS/RLB. Over the year, these training and information sessions for KPs contributed to building community capacity. New human rights and legal services (the outcome of the training and information sessions) have resulted in an increased interest in HIV projects among KPs and an increased number of inquiries from KPs about human rights violations or legal barriers (interviews and survey responses).

Despite restrictions on receiving foreign funding imposed on NGOs under the “foreign agent” legislation, coordinators of Russia’s HIV program were successful in fundraising: 115 organizations received additional funding from sources other than The Global Fund. HIV organizations and community groups produced 147 materials. Different KP community groups worked together; they organized 165 joint activities and partnerships.

**Table 3. CSS Quantitative Indicators. M&E system SYMONA<sup>36</sup>**

CSS 1–4 Quarter (01/01/2016– 31/12/2016)	Number of KP representatives participating in the project implementation and the number of project staff including volunteers	Number of organization staff (all of whom are KP representatives)	Number of project staff and volunteers (including KP representatives) who participated in training programs	Number of materials developed and adapted by KPs, and tools used in the design, implementation and evaluation of HIV prevention, treatment and care programs	Number of organizations working with KPs that report having received funding from sources other than the Global Fund	Number of joint activities or “products” (e.g., research, actions, information portals), conducted by two or more community groups (PWUD, MSM/LGBT, SW)
<b>Total</b>	<b>1,851</b>	<b>1,442</b>	<b>943</b>	<b>147</b>	<b>115</b>	<b>165</b>
<b>Detailed report by KP group</b>						
Prevention PWUD - 17 projects	438	383	328	35	45	55
Prevention MSM – 5 projects	278	230	108	12	13	35
Prevention SW – 5 projects	480	242	126	35	14	26
Small Grants CSS & RLB – 12 projects	221	186	95	46	20	29
Co-funding PWUD – 6 projects	263	206	230	0	13	10
Co-funding MSM – 4 projects	123	110	48	12	7	3
Co-funding SW – 4 projects	48	85	8	7	3	7

CSS activities contributed to building capacity, strengthening the relationships between the HIV projects and key populations and building strategic alliances. Advanced understanding of KPs’ human rights issues and legal barriers, enhanced capacity to work with key populations and engagement of KP representatives gained through CSS training and events were important for progress in RLB.

The RLB module indicators demonstrate clearly that HIV projects have intensified their RLB work (Table 3). Following CSS/RLB training, project staff began documenting each contact where KP representatives encountered legal barriers or human rights violations. The number of KP representatives who received

<sup>36</sup> Open Health Institute, May 2017.

legal assistance with the involvement of trained Community Legal Workers was 7,683, which is three times the target in the Performance Framework (2,542). One in six contacts became a documented case (1,195 cases). Of these documented cases, 77% resulted in full or partial resolution (929 cases).

While not all contacts are documented or become resolved cases, raising awareness is the first and very important step in engaging KP representatives in the complex issues of human rights and legal barriers. Receiving information from street lawyers or peers who volunteer with the HIV projects that the project can provide support is a first step. Once this information is circulated among the KPs, they will be more likely to turn to the projects for advice and support when they are ready or when they need help. These first contacts are also very important for building trust between KPs and street lawyers. The issue of trust came up during interviews with street lawyers and community coordinators. Many clients were not ready or were afraid to act on their complaints or could not go through the process of collecting evidence. In these instances, a trustful relationship with a street lawyer or others in a HIV project can help a KP representative work through her/his case.

Documenting is the next important milestone in working with KPs. The 5W1H formula (who, what, where, when, why and how) is applied to each case, providing important information for street lawyers and professional lawyers. This formula is used to assess the situation, the steps to be taken and required resources to address issues. Additionally, this data can provide rich information about the problems and barriers that KPs face; as such, it can be used for advocacy purposes. The number of documented cases suggests that CLWs and KP volunteers were successful in working with their contacts, identifying human rights issues and legal barriers, and acting on these cases.

With the support of CLWs, KPs submitted 580 complaints or other forms of appeals to authorities and state institutions in cases where obstacles to accessing HIV prevention, treatment and care services were identified. This is nine times the target for this indicator (64). Importantly, the government and health authorities responded to 416 complaints and letters — a 71% response rate. While the content of these responses is not available, the response rate itself suggests that written requests are an efficient tool in dealing with authorities. It is important to seek explanations or information and ask questions.

Building strategic partnerships is important for promoting evidence and human rights-based health services to KPs. Strategic partners in this project include 446 other organizations where KP representatives were referred for legal support. Another important direction for strategic partnership-building is co-organizing events and involving officials, representatives of health authorities and other decision-makers and stakeholders in conferences, roundtable discussions, workshops and other networking, educational and capacity-building activities. While 80 officials and stakeholders were expected to participate in such events, the reported number was 25 times higher (1,996 people).

**Table 4. RLB Quantitative Indicators. M&E system SYMONA<sup>37</sup>**

Category (Objective): Removing Legal Barriers	Number of documented cases [when KPs experience d] barriers to access to HIV prevention, treatment and care for key populations	Number of representatives of key populations who received legal assistance with the participation of trained "street lawyers" representing	Number of complaints or other forms of appeals by KP representatives submitted to authorities and state institutions in cases of identified obstacles in access to HIV	Number of cases when the legal aid led to a desired outcome, at least partially	Number of substantive responses received from authorities on the results of appeals	Number of representatives of state and municipal organizations, institutions, bodies and services that have direct impact on the HIV epidemic, who participated in joint seminars discussions,	Number of client referrals to partner organizations for legal assistance
1-4 Quarter - (01/01/2016- 31/12/2016)							

<sup>37</sup> Open Health Institute, May 2017.

		KPs	prevention, treatment and care services			consultations with KP representatives	
<b>Target</b> (see Table 1)	<b>1,270</b>	<b>2,542</b>	<b>64</b>	-	-	<b>80</b>	-
<b>Total</b>	<b>1,195</b>	<b>7,683</b>	<b>580</b>	<b>929</b>	<b>416</b>	<b>1,996</b>	<b>446</b>
<b>Detailed report by KP group</b>							
Prevention PWUD - 17 projects	676	1853	309	480	235	1148	0
Prevention MSM – 5 projects	37	426	5	19	6	33	0
Prevention SW – 5 projects	122	4413	28	122	43	90	21
Small Grants CSS & RLB – 12 projects	295	579	160	205	110	500	311
Co-funding PWUD – 6 projects	54	359	57	74	7	51	96
Co-funding MSM – 4 projects	6	42	14	8	3	38	14
Co-funding SW – 4 projects	5	11	7	21	12	136	4

The data from the HIV project reports in SYMONA demonstrate a quick uptake of CSS/RLB activities in the HIV projects. The number of requests from KPs provides evidence of rampant human rights violations and legal barriers, which hinder access to prevention and treatment and contribute to the discrimination of KPs. The CSS/RLB modules were designed to encourage HIV project teams to document contacts with KPs on discrimination, human rights and legal barriers. Within the first year of the project, documenting CSS/RLB requests and cases demonstrated the prevalence and scale of human rights violations and legal barriers in cities across Russia participating in this project and beyond. All cases together provide solid evidence and can be used in advocacy.

Russia’s HIV program’s progress in CSS/RLB has been supported by ongoing technical assistance. The TA team has been providing ongoing education (including an introduction to the RLB process), on-demand CSS/RLB technical assistance, community building, and professional legal support. The results of monitoring TA support and its utility are discussed in the following sections.

## 2. Assessing the utility of CSS/RLB technical assistance using the MEL framework

The TA team has proven to be efficient in providing support to HIV project staff and KPs in the first year of the program. Using data and examples that the TA team provided, this report demonstrates much-needed legal and human rights education and legal support provided to HIV project teams and KPs. This education and support was important in building and strengthening community systems. In the second year of the program, six lawyers will be supported through The Global Fund grant. The Legal Network will continue to support the four community coordinators.

### 2.1. Organization of technical assistance

The overall purpose of the technical support component is two-fold: for CSS, to empower KPs, strengthen community systems and engage in meaningful dialogue with authorities; for RLB, to educate

KPs and provide them with tools and support to protect their rights and challenge legal barriers. Reflecting these goals, the TA team comprises community coordinators and lawyers.

**Specialized professional legal support provided free of charge to KPs and CLWs by professional lawyers supported and facilitated by community coordinators is an innovative element that Russia's HIV program, with the support of the Legal Network, has brought to the HIV response in Russia.** The TA team lawyers helped KP representatives address human rights or legal challenges where specialized legal assistance or advice was required, e.g., in mediation or strategic litigation. Of the nine lawyers in the TA team, eight have been working with HIV projects for a long time and have a good understanding of KPs' challenges. Of these eight, two hold a degree in medicine and two are former police officers. One lawyer is a licensed attorney and a member of the Regional Bar Association who can represent KPs in criminal and civil trials. All are experienced lawyers with a strong record of supporting key populations.

**Community coordinators help navigate the landscape of community systems.** Receiving legal assistance is one part of the solution to legal barriers. Being able to navigate the community systems landscape is another part. Community coordinators can help with both. Community coordinators have a strong understanding of the key populations and community systems at the national and EECA levels, and can help KPs and organizations working with KPs navigate the landscape of community systems. They are well connected to the Russian KP networks and community mechanisms. Community coordinators act as intermediaries between KPs/CLWs and lawyers on the TA team on a daily basis. They answer questions about CSS/RLB that do not require legal knowledge and connect KPs and street lawyers to community networks. In webinars and during visits to project teams, community coordinators help street lawyers identify instances of KP discrimination, human rights violations or legal barriers. Their other task includes networking and community mobilization. Community coordinators organized community forums and participated in all capacity-building events.

## 2.2. Assessing continuous CSS/RLB education ensured by the TA team

*Legal empowerment is about people.... Those who have a sense of entitlement to rights are more likely to have their rights respected than those who simply possess rights according to laws.*<sup>38</sup>

The TA team provides human rights and RLB training and consultations to HIV project teams, mobilizes community initiatives and KPs and provides free professional legal advice and assistance to KPs. RLB training and ongoing TA support are important CSS activities.

**CSS/RLB training is not a one-time event; rather, it is a continuous process.** The CSS/RLB training included an intensive introduction to approaches to human rights protection, removing legal barriers and legal empowerment of KPs for all the organizations in Russia's HIV program. The TA team then conducted follow-up webinars with each organization, organized five regional RLB training sessions for CLWs and KPs and three community forums for KPs and CLWs. In addition to these activities, the TA team provided on-demand round-the-clock support to KPs, community initiatives, CLWs and HIV organizations. Importantly, at the outset, the TA team emphasized training through action, meaning that the best training is practice.<sup>39</sup> A more detailed chronology (below) presents the sequence of training sessions, capacity-building and networking events that took place in 2016. The continuous RLB training process helped HIV projects better understand the goals of CSS/RLB. It provided step-by-step guidance for implementing international CSS/RLB concepts in Russia to solve problems specific to local key populations.

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<sup>38</sup> *Know Your Rights, Use Your Laws*, p. 8.

<sup>39</sup> *Know Your Rights, Use Your Laws*, p. 10.

In 2016, over 500 community representatives, CLWs and experts participated in the CSS/RLB educational, capacity-building and networking activities. Table 4 provides a brief description of all 2016 CSS/RLB events in chronological order indicating the number of participants at each event.

**Table 4: Chronology of CSS activities by the TA team: Training, webinars and community forums**

**December 9–10, 2015: A two-day introduction for the TA team and some CLWs** to introduce CSS/RLB concepts, methods and expected outcomes of the CSS/RLB modules and present the TA team and technical assistance. The handbook *Know Your Rights, Use Your Laws* and the eight videos, as well as the seven-step approach to cases and a 5W1H formula for documenting cases, were presented and discussed. Participants: 23 representatives from HIV projects.

**February–March 2016: The TA team in collaboration with OHI organized five two-day train-the-trainer sessions for CLWs from all project teams in five cities: Moscow, St. Petersburg, Kazan, Yekaterinburg and Krasnoyarsk.** The purpose of these training sessions was to train outreach workers and volunteers as CLWs to ensure a quick start of the human rights RLB component. The objectives included providing information about the legal tools key populations and CLWs can use to protect and promote human rights. Participants: 170 CLWs from 26 HIV service project teams and 16 small-grant recipients from 27 cities.

**April 12–13, 2016: A strategic meeting of SW community representatives.** Participants: 43, including 39 sex workers from nine Russian cities as well as experts and community representatives from EECA countries.

**April–July 2016: The TA team organized CSS/RLB webinars** for HIV project teams to support their learning and implementation of CSS/RLB. Participants: over 100 project staff and KP volunteers, including CLWs, case managers and project managers from 23 project teams. Several project teams invited clients to participate in these webinars.

**June 2016: The first meeting of the LGBTQI/MSM Expert Council.** The Council is a forum for experts from HIV projects and LGBTQI initiatives, as well as medical specialists and AIDS center representatives. The LGBTQI/MSM Expert Council was established in 2016 as part of the community systems strengthening effort in Russia's HIV program. The Expert Council will develop recommendations to enhance coordination of MSM and LGBTQI organizations as well as organizations and projects working with these communities.

**December 1–3, 2016: The National Forum of People Who Use Drugs (PWUD)** in Moscow. Participants: 40 PWUD and CLWs from 20 cities, from Kaliningrad to Khabarovsk. Participants: PWUD representatives, CLWs, TA team lawyers and community coordinators and experts.

**December 5–7, 2016: Second round of CSS/RLB training for PWUD.** Practical sessions and group discussions. Participants: 73 most involved and active PWUD and CLWs from HIV projects.

**December 16–18, 2016: The first Russian National Conference of HIV Service Organizations and LGBT Movement** took place in Moscow. Participants: over 100 delegates from 16 Russian cities as well as experts from the U.K., Moldova, Norway, Ukraine and Estonia.

**One of the main reasons for the quick and successful RLB uptake among project partners and KPs is the fact that CLWs received a clear framework and a step-by-step process of working with KPs.** At the outset of the project, CLWs received training and technical assistance in removing legal barriers: as part of the ongoing training process, CLWs have been learning about seven “key progressive steps which any person can face during the process of defending her/his rights”<sup>40</sup> and have been encouraged by the TA team to document every case using the 5W1H formula. Figure 2 presents the overview of the model. The handbook and the TA team explain that the seven steps are a spectrum of actions available for protecting human rights. Many cases can be solved by taking steps 1 to 3 — documentation, strategic partnerships and mediation — by anyone who wants to protect their rights. CLWs/project partners are well-positioned to educate KPs and help them undertake these three steps. CLWs, however, need to know all seven steps to better understand what can be done in more complex situations, including with

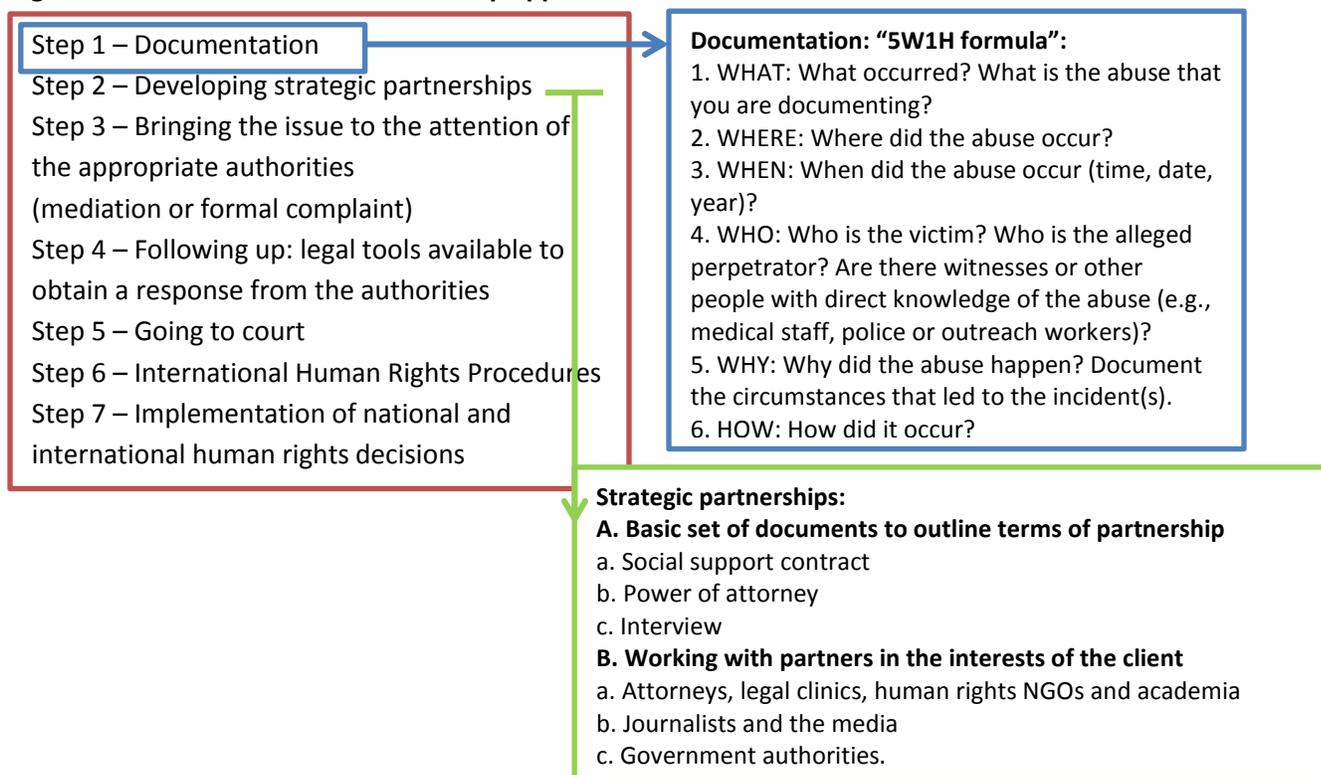
<sup>40</sup> *Know Your Rights, Use Your Laws*, p. 11.

the support of professional lawyers on the TA team. CLWs are strongly encouraged to document each case using the 5W1H formula.

Documenting human rights abuse is an essential first step in holding individuals and governments accountable for human rights violations. While it is certainly helpful, it is not crucial to be familiar with the relevant laws in order to carry out human rights documentation... By documenting the “5W1H,” you are laying the groundwork for a formal complaint that includes critical details of the abuse and ensures that details are not lost with the passage of time... As long as there is a record of abuse — be it written, emailed, posted online, audio- or video-recorded, photographed, transcribed or communicated to another person — there is a basis to hold perpetrators responsible for human rights violations.<sup>41</sup>

**In addition to assisting with documenting individual cases, the 5W1H formula allows collecting unique cumulative data on the most prevalent human rights violations and legal barriers. This data can be used for advocacy purposes and presented as evidence in “strategic cases” that progress to Step 6 (International Human Rights Procedures) and Step 7 (Implementation of national and international human rights decisions).** If used for such purposes, individual cases would be cited without any personally identifiable information.

**Figure 3. RLB framework: The seven-step approach and the “5W1H formula”<sup>42</sup>**



The handbook *Know Your Rights, Use Your Laws* in Russian was made available online and printed copies were distributed during the training sessions and community forums. Eight RLB video clips in Russian

<sup>41</sup> *Know Your Rights, Use Your Laws*, p. 12.

<sup>42</sup> *Know Your Rights, Use Your Laws*.

supplement this handbook. Training sessions were designed to explain the RLB process and methods and explain to the CLWs how they can use the handbook. TA team guidance has been consistent with the advice CLWs received during the training sessions and outlined in the handbook. The TA team observed that after the first meeting, only some participants took copies of the handbook, whereas a few months after the next training and forum events, all copies of the handbook were gone within minutes. Participants took several copies each, explaining that they all use the handbook as a guide in their everyday RLB activities.

*We had training in December 2015, then a follow-up in March with the TA team that was really helpful. We covered documenting cases, the basics of legal support and other issues. The handbook Know Your Rights is our table book — we use it a lot. We consult with this guide regularly when we need to prepare a complaint or a petition, letters, etc. – CLW*

After the training sessions, the TA team continued providing on-demand, round-the-clock technical assistance. To provide regular updates, discuss urgent issues and promote the RLB approach, the TA team created a closed Facebook group called “Legal Aid and Removing Legal Barriers,”<sup>43</sup> which can be joined by request. In December 2016, this platform, created to facilitate discussions among project participants, stakeholders and interested individuals, had 470 members and even more followers. On July 23, 2017, the group had 1,132 members. In addition to this resource, TA team members have social media accounts for KPs to find and contact them, dedicated websites and accounts in KP networks. With this type of networking, the TA team proactively identifies instances of discrimination, abuse, human rights violations and legal barriers. Interviewees referred to this social media platform and other social media sites as useful resources for CLWs, HIV and harm reduction organizations, NGOs and CBOs working with KPs and other key stakeholders.

### **2.3. Webinars: Monitoring CSS/RLB progress and needs for technical assistance**

Following the introductory CSS/RLB training and street workers’ training sessions in five cities, the TA team organized Q&A webinars with the project teams to discuss CSS/RLB progress and the challenges that CLWs may have encountered in their daily work. The TA team prepared a list of questions for project participants that were sent in advance. All project teams were encouraged to prepare their questions based on their CSS/RLB work. As a follow up to each webinar, the TA team prepared a summary of the discussions and proposed specific steps to help project teams advance their human rights agendas.

These webinars allowed the TA team to connect with 23 project teams and over 100 attendees from Kaliningrad to Krasnoyarsk. On average, four members from each project team, including project coordinators, CLW/community street workers, case managers and project volunteers, including KPs, attended these webinars. Some project teams invited clients to participate in the webinars. These online meetings between the TA team and the project teams provided important connections and support to the CLWs. These webinars provided the opportunity to explain the importance of CSS/RLB components to all project staff and to communicate with KPs from several regions.

*We conducted several Skype meetings with the regions. We discussed problems that these projects had in their regions in the context of CSS/RLB, what the projects had achieved, what support they may need. We discussed problems that are unique to their regions and problems that could be solved using examples from elsewhere. Most regions were grateful to have these calls and thanked us for remembering them; this is important psychological support for us.... This project is not an old-school-service project; providing services was what we did five years ago.*

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<sup>43</sup> Available at [www.facebook.com/groups/652051374934382](https://www.facebook.com/groups/652051374934382).

*This project is ideological; CSS and RLB are the components that contribute to changing the situation. – Ilya Lapin, Community Coordinator*

#### 2.4. Community Networking: Three community forums for KP representatives and CLWs

National community forums were planned as part of the CSS/RLB modules and became important milestones in the community systems strengthening effort. Three community forums – the National Forum of Sex Workers (April 2016), the National Forum of People Who Use Drugs and the first National Conference of HIV Service Organizations and LGBT Movement (both December 2016) – were organized and led by community members. Coordination and technical assistance were provided by the TA community coordinators. Financial and logistical support was provided by OHI. Participants (KP representatives, CLWs, experts, medical doctors, lawyers and other stakeholders) came from all over Russia, from Kaliningrad to Yuzhno-Sakhalinsk.

These national forums contributed to KP capacity-building and provided networking opportunities for KP representatives and key stakeholders. Participants focused their discussion on human rights issues and legal barriers. The two main goals for all three forums included presenting the community empowerment and overcoming legal barriers module of Russia's HIV program and explaining what the program can offer each KP in terms of protecting their rights. Beyond these goals, the format of each forum was different as the participants themselves designed the agendas and organized discussions of issues relevant for their community. In all the forums, KP representatives identified the main challenges that their respective communities experienced and agreed on the priority areas and ways to address these challenges. In addition to identifying common goals and directions, each participant made a commitment to take specific steps on the local or sub-national level. The sex workers' forum adopted a five-year strategic plan; PWUD forum participants identified four priority areas and committed to focusing on these areas at the local and national levels; LGBTQI/MSM agreed to cooperate and adopted a joint declaration. More detailed information about each forum is provided below. Over 200 KP and stakeholder representatives participated in the three community forums. The TA team organized, facilitated and participated in all three events.

#### **Community Forums 2016 provided capacity-building, networking and advocacy opportunities for KP representatives and CLWs**

**On April 11–14, 2016, the first National Forum of Sex Workers<sup>44</sup>** in Moscow brought together 43 participants including SWs, HIV organizations, CLWs, professional lawyers and human rights activists from 10 Russian cities and experts from Eastern Europe and Central Asia. This forum was organized by the community initiative *Silver Rose*, a voluntary partnership of sex workers, with coordination and support provided by Irina Maslova, a leader of the SW movement and the SW community coordinator on the TA team. The forum aimed to develop strategic directions for the SW community for the next five years (2016–2021), including empowering the community and implementing the recommendations to Russia made by the UN CEDAW Committee. To facilitate this work, the forum aimed to identify potential leaders and set plans for capacity-building. The forum developed a five-year strategic plan that is important for the initiative's sustainability. Participants agreed on their priorities for the next five years, including **three CSS/RLB priorities: (1) advocating for legal changes (Article 6.11 of the Code of Administrative Offences), (2) building strategic partnerships with government institutions and (3) providing ongoing legal assistance to SWs.** The forum allowed SWs to realize that they are not on their own struggling and facing individual problems, "but rather they are members of a powerful group of people sharing the same problems and goals."<sup>45</sup> In an interview to [aidspan.org](http://aidspan.org), PR representative Elena Zaitseva, OHI, expressed hope that

<sup>44</sup> See <http://rusaids.net/ru/2016/08/04/sex-workers-meeting>.

<sup>45</sup> T. Zardiashvili, "National forum of sex workers in the Russian Federation builds empowerment and creates a path towards sustainability," *Aidspan*, April 19, 2016. Available at [www.aidspan.org/gfo\\_article/national-forum-sex-workers-russian-federation-builds-empowerment-and-creates-path](http://www.aidspan.org/gfo_article/national-forum-sex-workers-russian-federation-builds-empowerment-and-creates-path).

the strategic plan adopted by this community forum “will empower sex worker communities to seek out grants to allow our programs to continue after The Global Fund withdraws its support at the end of 2017.”<sup>46</sup> Meanwhile, the sex workers’ forum achieved an important immediate goal of empowering SWs and building their capacity:

*Our CLW and several clients participated in the SW forum. After they returned from this forum, the girls were excited and passed the information on to others. We continue working together and in our outreach visits we take time to discuss human rights, abuse cases and other issues and try to help. The girls are beginning to understand that there is someone out there who cares about them. – CLW, interview*

**On December 1–3, 2016, the National Forum of People Who Use Drugs**<sup>47</sup> in Moscow brought together 40 activists from 20 cities from Kaliningrad to Khabarovsk. The forum was organized by the Andrey Rylkov Foundation, building on two initiatives: the Public Mechanism for Monitoring of Drug Policy Reform in Russia and the CSS/RLB modules of Russia’s HIV program. Participants identified four priority areas: discrimination, decriminalization, access to treatment and harm reduction. Four working groups were formed accordingly to discuss barriers and possible solutions in these priority areas. These challenges were discussed to identify possible solutions and next steps to tackle these problems at the local level and contribute to changing the situation as a community at the national level. Anna Kinchevskaya, representative of ARF and one of the lawyers on the TA team, explained that two forums were planned for 2016–2017. “In a year, we plan to conduct another meeting like this where participants will be able to share what they would have been able to achieve and will make new plans.”

*The PWUD forum was important and memorable. We, the participants, decided ourselves what was important; nobody imposed any agenda on us. This was important. We discussed many important issues and decided what we should be doing first and what can be deferred. We developed a plan and discussed the next steps and responsibilities. Every forum participant returned home with a specific task we set for ourselves. Our projects are a resource and a base for these activities. – CLW, interview*

*I’ve been using drugs for 27 years. I care about everything that we are discussing here. I was very interested to learn about documenting cases and the role of public defenders in court ... Also I learned that we can speak without hiding our faces. And I am ready to do so. I have children and grandchildren. There is also a society that does not accept us. I am ready to speak openly and talk about our problems. I have nothing to lose. **If one begins, others will follow.** – Project representative, Rostov-on-Don*

**On December 16–18, 2016, the first National Conference of HIV Service Organizations and LGBT Movement**<sup>48</sup> took place in Moscow with over 100 delegates from 16 Russian cities as well as experts from the U.K., Moldova, Norway, Ukraine and Estonia in attendance. Participants included HIV and LGBT activists, AIDS centre representatives, medical doctors, researchers, social workers and peer counselors. The conference organizers included community initiatives and the LGBTQI/MSM Expert Council established earlier in June 2016. Coordination and support was provided by Community Coordinator Evgeniy Pisemskiy. Conference participants discussed challenges and key priorities of the LGBTQI and MSM communities with access to health and HIV services. Importantly, forum participants reached an agreement to join forces to improve response to the HIV epidemic among the LGBTQI and MSM communities and work together to achieve better public health services. The conference concluded with the following statement:

*We, representatives of HIV service organizations and the LGBT movement, acknowledging the importance and necessity of cooperation in health protection, including a response to the HIV epidemics among MSM/LGBT/TG in Russia, express our preparedness for collaboration and cooperation.*

Finally, the conference adopted the Moscow Declaration on cooperation and response to HIV by LGBT and HIV service organizations to ensure health protection, including to prevent HIV among MSM/LGBT in Russia.<sup>49</sup>

<sup>46</sup> T. Zardiashvili, 2016.

<sup>47</sup> See <http://rusaids.net/ru/2016/12/16/forum-lun-nachnet-odin-podtjanutsja-mnogie/#more-628>

<sup>48</sup> See <http://rusaids.net/ru/2016/12/22/itogi-nacionalnoj-konferencii-vich-servisa-i-lgbt-dvizhenija>.

<sup>49</sup> Available at <http://rusaids.net/wp-content/uploads/2017/02/Moscow-declaration.pdf>.

## 2.5. Communities and HIV organizations assess the continuous CSS/RLB education and capacity-building process

*Our CLWs gained better understanding of what they do and to what effect. They see the bigger picture in which their work fits as a puzzle piece.* – Project coordinator

After each training session, participants provided their feedback, filling out knowledge assessment questionnaires. The interviews and the survey provided additional and more detailed accounts and valuable insights into the quality of training and the utility of TA support. Overall, feedback on CSS/RLB training, capacity-building and networking activities was positive. Training participants highly evaluated the utility of learning about human rights, legal barriers and ways to address discrimination and criminalization. Feedback showed that participants learned new information, practiced skills and felt that the training sessions contributed to their professional growth. CLW and KP representatives understood the goals and received tools for human rights and legal assistance to KPs. In the interviews, participants noted that they gained new professional skills and experience in human rights protection and removing legal barriers. Exchanging CSS/RLB experiences and practices was an important part of learning. Meeting the TA team in person was important for relationship-building.

Some participants reported that they were overwhelmed with new information during the first RLB training. Based on the interviews, the first training indeed provided a lot of new and not-so-easy-to-grasp information about human rights and legal barriers as well as civic and legal tools to challenge the discrimination and criminalization of KPs. The intent of this first training was to introduce a full spectrum of civic and legal tools to HIV project teams and CLWs who were novices in these issues. Project representatives and CLWs were not expected to learn every detail but rather to understand that they have a wide range of tools for rights protection and for addressing legal barriers. Additional workshops in five cities for over 170 CLWs and 23 webinars the TA team organized with individual project teams provided opportunities to discuss issues that KPs and project teams face in their regions and analyze real situations.

*We had been providing advice to clients prior to this project, but we did not know what to do — how we can help them. This project gave us methods and tools to help our KP clients. Trainings taught us how to approach different cases and specific situations. We studied examples of situations and cases and discussed possible actions. For example, prior to this project I did not connect drug-related legislation and violations of the right for treatment. We learned to work out a strategy for each case and develop arguments. At the last, more in-depth training, we simulated court hearings and negotiations with health officials. This is very important knowledge for us — building our capacity to address these situations. We know better what a complaint or a petition are and how much time receiving a response would take.*  
– CLW, interview

*Back in 2014 when we tried to help our clients access health services, we felt like we were there alone trying to change the way the world works. After these trainings you understand that you are not alone and you can do a lot to change things around you and help your clients.* – CLW, interview

Project teams observed how their CLWs increased their professional skills and motivation as they participated in education and capacity-building. Project coordinators noted better understanding of CSS/RLB. They particularly noted an increased motivation to address legal barriers and human rights violations, and an enhanced ability to articulate the links between discriminatory policies and practices and negative health effects. Documenting each case, engaging in mediation and writing official complaints, CLWs help KPs remove barriers to treatment and protect their rights. This is corroborated by

an increase in the number of documented cases and KPs who requested or received RLB assistance, as discussed in Section 1.

*In the beginning of the project, our CLWs weren't completely getting what they were doing and why. We noticed that after the training, they have been demonstrating much higher motivation and initiative. Our CLWs gained better understanding of what they do and to what effect. They see a bigger picture, in which their work fits as a puzzle piece. – Project coordinator*

Project teams and CLWs have been effectively communicating problems associated with human rights violations and legal barriers to health authorities, police and other stakeholders. Some reported that after the CSS/RLB training, they were able to analyze sub-national and local legislation, regulations and public monitoring mechanisms and find opportunities for CSS/RLB. For instance, after the training sessions and community forum discussions, CLWs in Tatarstan realized they could use sub-national and federal laws on public control and access to information.

*We document all cases where PWUD face barriers trying to access health services. We often refer to the regional [sub-national] legislation on public control and the Federal Law on the Basis of Public Control [in the Russian Federation]<sup>50</sup> as well as the [Federal] Law on Obtaining Access to Information on the Activities of State Bodies and Local Authorities.<sup>51</sup> We explain to our clients what documents they should collect to prove violations or barriers — this is also educating the key populations. After we obtain necessary documents, we present and discuss this evidence with health authorities. If necessary we bring these issues up for a wider discussion with other stakeholders. Public control can be exercised only if we formally approach every case, write letters, file complaints, etc. We should collect evidence. Our local law [Republic of Tatarstan] on civil control allows us to access health facilities and other non-high-security institutions. – CLW, interview*

CLWs and project coordinators noted the importance of learning not only civic and legal tools, but also the language that officials understand and mechanisms that they cannot ignore. For instance, it is important to know that government institutions and officials must respond to public petitions and official complaints within a certain time period. This makes documenting cases and official communication with authorities an important tool for drawing officials' attention to problems and in some cases a mechanism for solving problems.

*It is important to make officials aware of the differences between administrative and criminal offences and demonstrate how human rights violations influence health. We have established a dialogue with authorities and use every opportunity to explain these issues. This is why we can solve many cases with mediation. We did not have many cases that required going to court. – CLW, interview*

Ongoing TA support and hands-on training for CLWs (during visits to project teams) provided support to project teams, CLWs and volunteers in their daily activities.

*We had several teleconferences and our staff participated in training sessions, and had a working visit to ARF in Moscow. Training is very important. CLWs from different cities met each other, exchanged experiences. Meeting professional lawyers and the TA team in person was very important. The relationship is different if you have met and know the person. We are building relationships with several lawyers, so asking them for help is easier. – Project coordinator, interview*

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<sup>50</sup> Available at <https://rg.ru/2014/07/23/zakon-dok.html>.

<sup>51</sup> Available at [www.consultant.ru/document/cons\\_doc\\_LAW\\_84602](http://www.consultant.ru/document/cons_doc_LAW_84602).

The efficiency and quality of training and training materials can be assessed by what participants remember and use a year after these training sessions. In the interviews, all CLWs remembered two practical exercises:

*Training is a very important component. We simulated real-life situations with the TA team. For instance, during the training we practiced negotiating treatment-related issues with a health official. Another useful exercise was simulating court hearings — what we should do and how we can participate. Based on our experience, we tried negotiating issues with health officials prior to this project, but it did not work so well. Only after we had started documenting questions and requests from clients and writing official letters and complaints, health officials began taking us seriously. – CLW, interview*

*The training sessions in this project were very useful, both theory and practice. We learned a lot from simulating situations such as practicing negotiations with health authorities and being public defenders in court. We received many new ideas of how we can help KPs. We could work together with CLWs from different projects and cities. These training sessions provide motivation and an energy boost. As a result, you want to continue growing professionally and do more. – CLW, interview*

The importance of CSS/RLB, training and the technical assistance component was also emphasized in interviews with the Principal Recipient.

*In the very beginning, the Coordination Committee made a decision to include CSS and RLB in all HIV projects. This approach, enhanced by the technical assistance component, proved to be effective, as there are no other training components in Russia's Global Fund project. The Technical Assistance team trained project staff, outreach workers and community members, and helped build capacity of projects in dealing with legal barriers and human rights violations. – OHI representative, interview*

## **2.6. Accessibility and quality of CSS/RLB technical assistance**

To evaluate the efficiency of implementing CSS/RLB and the utility of TA support, it is important to ask how easy it has been for CLWs and KPs to access CSS/RLB and technical assistance. How could CLWs and community members request assistance and connect with lawyers? What were the response rates and the level of satisfaction?

This project provided an opportunity for a more structured and systematic approach to addressing KPs. The TA team announced during all events and in communication with the project teams that the lawyers and community coordinators could provide on-demand round-the-clock support and that the lawyers were there to help with cases that required advice and support of professional lawyers. Project teams can request support from the TA team (community coordinator or lawyers) by email or phone. KP representatives can learn about RLB support through local HIV projects, community networks and support groups as well as by visiting CSS/RLB websites. Remote access to community coordinators, TA team lawyers and legal advice is important for cities where HIV projects are not available or do not provide CSS/RLB services currently. The TA team has a mailing list with CLWs and KPs who participated in training and events, where CLWs and KPs can ask questions about project participants' cases and request support from the TA team. The TA team is present on social media, through the Facebook group and in a similar group on VKontakte. Additionally, the coordinators and several lawyers have their own social media accounts and reach out to communities through relevant online community forums.

*There are at least three ways to provide access to technical assistance for KPs and project teams. First, clients can send a request to a community coordinator via an email list. I (and other CCs)*

*will forward those cases to the TA list with all lawyers, and one of them would take it depending on the case and their expertise. Second, we receive open requests for help via Facebook or VKontakte. Group moderators forward requests to the TA email list and lawyers take on these cases. The latter happens without any involvement from the community coordinators. A third way is when a community coordinator receives a request and sends it directly to a lawyer who is best positioned/most experienced to deal with this request. In other words, matching the client with a lawyer directly. – Ilya Lapin, Community Coordinator*

Several lawyers have accounts on online community forums where they provide legal advice and offer support to KPs. TA team members have also been developing resources that CLWs and professionals can consult. For instance, project lawyer Anna Kryukova runs the Open Medical Club web portal<sup>52</sup> for experts and lawyers. In 2016, Anna developed a brochure on the rights of patients, which is available on the web portal. She publishes in scientific journals to ensure “academic outreach.” Another project lawyer, Marina Avramenko, is working on a brochure on the rights of sex workers for experts and lawyers.

Overall, the TA team has been accessible to the project teams and clients. CLWs are aware of technical assistance and have established relationships with their community coordinators and lawyers. This helps them access legal advice faster. The CSS/RLB modules and the TA component contributed to a new understanding of CSS/RLB and provided a framework for implementing and reporting on these activities. In this, the TA team is viewed as a valuable legal support resource for KPs and HIV project teams and a source of free professional legal advice for KPs. The demand for technical assistance has been growing.

#### **Assess to CSS/RLB technical assistance: The voice of community-based project staff**

“We used to have a lawyer in the project who consulted us from time to time on some legal issues, but we had not identified legal assistance for KPs as one of our activities. Having a team of lawyers with different specializations who understand the needs of key populations makes all the difference. Professional legal support for KPs is extremely important. This support had never been available to KPs before. To have lawyers who can help with various issues is a great asset that this project provides. And the help is free for KPs.”

“When you are working on your own you face internal dilemmas: what to write and what will happen next. When you can consult with someone and get help, it becomes easier to act and make decisions.”

“In the beginning, we asked the TA team how to write a request, but now we do everything ourselves and our clients do a lot themselves. We had more detailed questions for the TA team. Now we have learned how to do things and contact lawyers if we need legal advice after we have worked through a case and collected the paperwork. All cases are different, but there is a common algorithm: we need to collect information to clarify all details and obtain evidence. We can write to the prosecutor’s office or to a drug treatment centre. Our CLW can help with some cases such as those related to receiving social benefits. She also helps run a group where we discuss legal issues with clients.”

“In the beginning, lawyers were assigned by regions. We tried to write to our lawyers ourselves but the response was sometimes slow. We had Skype calls and meetings with the TA team where we met the lawyers in person. After we met them and learned more about them, the algorithm changed. We write Ira or Marina, and in urgent cases we can call them; they always provide consultations and support. Two lawyers, Timur and Anna, regularly help PWUD. Alexandr provides advice and support with treatment-related questions. We know the lawyers and what they specialize in. The process has become more streamlined and efficient. Same with the coordinators: in the beginning we asked Larisa and Ira for advice, but now we act ourselves and contact the lawyers directly.”

“With two lawyers we have been working on a case of parental rights; we learned to operate within the court system. We can even call the lawyers to ask questions. Overall, so far the reaction of our clients has been very positive.”

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<sup>52</sup> Available at [www.health-rights.ru](http://www.health-rights.ru).

## 2.7. Changes in practice of CLWs

HIV organizations and community initiatives have benefited from implementing the CSS/RLB modules. The Principle Recipient characterized TA support as motivating and useful for Russia's HIV program implementers: "The training sessions and ongoing communication with the TA team give the projects a strong emotional impulse, increasing their knowledge and intellectual potential" (OHI representative, interview). An analysis of responses to a survey conducted six months into the project demonstrates that respondents see the value added and benefits of CSS/RLB for KPs, CLWs and volunteers. Most respondents noted that it was important to have CSS/RLB training, where CLWs received guidance and tools for a more systematic approach to working with KPs on human rights issues and legal barriers. The CSS/RLB component, training and TA team provided information about the RLB process, methods and approaches, and opened up new opportunities for CLWs and KPs. Professional lawyers working closely with CLWs and KPs is an innovation that the TA component brought to Russia's HIV program.

*We had not done this type of advocacy prior to this project. Since the beginning of this project in 2016, with support from professional lawyers, we began documenting violations and now we are helping our clients solve problems and address human rights and legal challenges. – Project representative, survey*

*We received a clear [RLB] method and step-by step instructions... Our work with clients has become more structured and efficient. We have begun paying more attention to documenting our work. – CLW, interview*

The TA team explained to CLWs, KPs and project representatives the CSS/RLB goals and presented methods. Participants gained a deeper understanding of protecting human rights and removing legal barriers, and received relevant step-by-step instructions. Many projects observed an increase in the quality of the RLB support provided to KPs. Outreach workers and volunteers' professionalism increased. Consequently, the quality and quantity of HIV services for KPs improved.

*The professionalism of our project staff has increased noticeably since the beginning of the project. They gained a better understanding of human rights and how we can help KPs protect their rights. – Project representative, survey*

Several respondents reported that their projects have become more attractive for KPs. Especially following successful cases, more clients are coming to the projects seeking legal advice and support. Many of them are new clients. KPs refer each other to CLWs for assistance with various issues affecting their access to treatment. The CSS/RLB modules have contributed to building more trustful relationships with KP clients and helped mobilize KPs to act on their rights:

*Thanks to this module [RLB] the project became more attractive for sex workers. We managed to gain their trust. Our RLB work guides the process of uniting the sex worker community. – Project representative, survey*

Several organizations noted that they had become stronger and more visible stakeholders. Representing KPs at different levels and defending their right to health with each case has strengthened the positions of HIV organizations and community initiatives. They became a power that authorities and other stakeholders can no longer ignore or disregard. Authorities can no longer ignore KPs when they come with official complaints and take legal action: "Now the authorities and government institutions know about our organizations. They try not to limit access to services for our clients" (project manager, interview). This helps build new relationships with government, health, human rights and other organizations from a position of a stronger organization: "Within these modules, our organization [working with MSM] has expanded its client base and helped strengthen and build new partnerships

with other human rights organizations” (project representatives, survey). These are important CSS/RLB outcomes and evidence of community systems strengthening reported by project teams.

*We soon noticed that the number of requests for support was decreasing, because people within communities had received templates of complaints and letters or could ask their local projects for help. They were able to get some results from that. So KPs stated they were asking their local project for help more often than me because I am somewhere far away from them. They have begun solving their problems at the local level. In other words, the local communities have gained independence. – Ilya Lapin, Community Coordinator*

*I can't help noticing the professional growth of our CLWs and volunteers. Within one year the quality of requests from the CLWs has increased significantly. If requests use to be rather vague (“Someone has this problem what should we do?”), now the CLWs document cases, collect documents and address many cases themselves. – Alexey Kurmanaevskiy, lawyer*

## **2.8. Community systems strengthening: CLWs pass knowledge on to KPs**

**The role of CLWs is two-fold. First, they identify and address KPs’ human rights violations and legal barriers. Second, they empower KPs through RLB and human rights support and education.** CLWs and KPs are expected to be vocal about human rights violations and legal barriers and should address such violations. This is important for not only protecting individual human rights, but also creating a reality where violations and legal barriers are not tolerated and eventually cease to be a societal norm. All this work filing complaints, defending clients in court and bringing cases to the attention of international human rights bodies should be communicated widely to all partners, including health authorities. The goal is to let everyone know that communities are capable of protecting their rights and cannot be taken lightly or ignored. This sends a strong message to the wider audience that KPs know their rights and have the knowledge, tools and resources to protect their health and lives. Such strong positioning of KPs is good for advocacy. The continuous education and capacity-building process and the TA team have contributed to building new (informal) networks of actors — a network of CLWs and KPs. They received knowledge about human rights and civic and legal instruments to protect those rights. These activities have contributed to strengthening community systems and supporting individual KPs. However, CSS still depends on local HIV projects and communities.

*To me HIV infection is always a pretext to speaking about human rights. It was important that outreach workers understood this, implemented this principle and passed this knowledge to their clients. This is not about the virus but rather about people being aware of their human rights. We can teach them how to defend their rights, so they will learn to seek services and will no longer tolerate discrimination. – Irina Maslova, Silver Rose, Community Coordinator, TA team*

*It is also important that projects understand the need to keep developing professionally. Many of us started as activists and now we pass these ideas to others. Know Your Rights is a great resource: so if one person tells ten other people about these activities, this is already important. – Alexey Kurmanaevskiy, TA team lawyer*

**An important CSS outcome of the continuous RLB education process was that CLWs have begun passing their knowledge on to KPs.** CLWs not only help KPs with their cases, but also have an important task of passing their RLB knowledge on to KP representatives. The project teams, CLWs and invited TA team members organize training for their clients. Training KP representatives has become a daily practice for project staff. Common questions, cases and ways of approaching them are summed up in algorithms and can be taught to enable KPs to address their issues. Once cases are documented, solutions can be passed on to other CLW and KP representatives.

*It is also important to train our clients; we included legal aspects in our training for PWUD. We provide consultations and explain what they can do and where they should go. This project gave us access to information about possibilities and what needs to be done, what our potential is. – CLW, interview*

*Two CLWs in our project are working with PWUD and SWs. They participated in the training sessions and learned how to document cases. They received an algorithm and can deal with cases independently. Our next goal is to teach our clients. For example, a person who requested to be removed from the drug user registry can teach others and give them templates of forms and lists of documents to be collected for this request. – Project Manager, interview*

*Our outreach work and counselling have gained a new meaning: we conduct mini-trainings on filling out protocols, then our girls gather other girls and they self-organize. We are trying to teach them and encourage them to help each other, pass information and share experiences with each other. This self-organizing process is in itself a very important result. – CLW, interview*

*On December 1 (World AIDS Day), a workshop for sex workers was organized in Krasnoyarsk. Following a discussion about HIV prevention and testing, the participants discussed the manifesto "I am a prostitute." We talked about the experience of dealing with Article 6.11 cases and how to prepare an administrative case protocol. I gave a talk about the possibilities of redress. As a result, two sex workers asked for advice on legal issues. – Marina Avramenko, TA team lawyer*

*This project proves that there are many smart people out there in the regions capable of defending their rights. What they may be lacking is ideological and technical support. CSS and RLB provided such support — this time not only to formal legal entities, but also to informal grassroots initiatives and community activists. – Iliya Lapin, Community Coordinator*

The TA team members worked on average for up to 17 hours each week on individual cases, conducted training sessions and visits, communicated with KPs and CLW and provided technical assistance, as well as participated as experts in meetings with strategic partners. The number of hours per case varied greatly from a few hours (to document cases and investigate the nature of KP requests) to days and months of muddling through cases. Table 4 presents quantitative indicators of the TA team work.

**Table 5. Quantitative results of the TA team’s work**

<b>Community Coordinators</b>	<b>Indicators</b>
<i>Number of people from KPs who received access to legal aid with your support</i>	950
<i>Number of new KP representatives who received access to legal aid with your support</i>	560
<i>Number of KPs related to The Global Fund project who received your support, excluding legal aid (e.g. developing, launching, M&amp;E of service projects with KP participation, access to HIV funding)</i>	SWs, MSM/LGBTQI, PWUD, incl. women who use drugs, KPs in prisons, PLWH
<b>Lawyers</b>	<b>Indicators</b>
<i>Number of people from KPs who received access to legal aid with your support*</i>	Over 300
<i>Number of new KP representatives who received access to legal aid with your support</i>	150
<i>Number of documented cases of human rights violations addressed with your assistance</i>	170
<i>Number of appeals filed with the public authorities with respect to access to prevention, care and treatment of HIV infection, including the lack of funding</i>	150
<i>Number of legal seminars on technical assistance **</i>	50
<i>Number of KP representatives who participated in workshops on CSS/RLB and technical assistance**</i>	Over 200

Number of representatives of public authorities who participated in legal seminars to provide technical assistance to KP representatives***	Over 100
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*\* Requests varied from one-time contacts to long-term cases. The 300 cases mentioned in the table resulted in exploring cases and communication among KPs and lawyers (documented in the TA team reports).*

*\*\*Events include conferences for KPs, NGOs, health-care professionals at the local, regional, and national levels. These include 23 webinars, three community forums, and training sessions for HIV projects and KPs.*

*\*\*\*Lawyers and coordinators delivered presentations on human rights and legal issues to government officials and health-care representatives in a number of events. The number of government representatives was estimated based on the number of participants of conference panels on human rights and legal barriers.*

Community coordinators received requests from 950 KP representatives. They attended to all requests and acted on 550 (or 60%) of all received requests. The largest number of requests for support was from sex workers, followed by requests from people who use drugs and then MSM/LGBTQI communities. It is also important to note that requests from PWUD — a group that is criminalized and stigmatized — was further sub-divided into incarcerated PWUD, women who use drugs, and people who quit drugs but remain on the drug user registry. Every month, TA lawyers and community coordinators receive requests for advice or support and questions from new individuals representing key populations. Community coordinators documented cases, provided assistance directly or forwarded requests to HIV project teams, CLWs and TA lawyers when necessary.

The TA lawyers reported providing legal assistance to more than 300 members of KPs. Hence, over 50% of cases that TA lawyers received from community coordinators or directly from KPs required legal assistance. TA lawyers reported providing legal assistance to 170 members of KPs. Fifty percent or 150 KP representatives who were referred by community coordinators and/or legal experts required legal advice and support of a lawyer. The lawyers pursued 88% of these cases (i.e., appeals filed with authorities, documents requested, evidence collected, cases pursued in court, clients defended in court).

TA community coordinators and lawyers received a variety of requests from all the groups that Russia’s HIV program focuses on. Requests from KPs that HIV projects and TA team received from KPs within just one year demonstrate the magnitude of discrimination, human rights violations and unnecessary criminalization of KPs, which create significant obstacles in accessing health services. The increasing number of requests provides evidence that removing legal barriers and strengthening community systems is an important direction that should be developed further and supported. Part IV provides a more detailed description and insights into a variety of actions that KPs were able to take with the support of TA community coordinators and lawyers.

## PART IV: DISCUSSION

### 1. Legal cases that made a difference

#### 1.1. Common types of human rights violations and legal barriers

This HIV program is the first in Russia to systematically document and collect human rights violations and legal barriers that prevent KPs' access to health and other services. This is a significant innovation that allows collecting evidence of pervasive discrimination, human rights violations and legal barriers that KPs experience everywhere from Kalinigrad to Yuzhno-Sakhalinsk. Having a common method across the projects helps systematize and analyze data. While every case seems unique, accumulating information from different cases from all over Russia has helped the TA team identify some common challenges that KPs face.

Some of the common violations and barriers became apparent in this analysis.

<b>Sex workers</b>	<ul style="list-style-type: none"><li>• <b>administrative offences and fines for sex work (Article 6.11 of the <i>Code of Administrative Offences</i>)</b></li><li>• <b>assault and robbery by clients</b></li><li>• <b>humiliating treatment and unfounded detention by police</b></li></ul>
<b>PWUD</b>	<ul style="list-style-type: none"><li>• humiliating treatment and unfounded detention by police</li><li>• administrative offences and fines (Article 6.9 of the <i>Code of Administrative Offences</i>)</li><li>• drug-related criminal offences (Article 228 of the <i>Criminal Code</i>)</li><li>• humiliating practices instead of evidence-based approaches in rehabilitation services</li><li>• refusal to remove a person from the drug treatment ("narcology") registry after 3 years (in accordance with the new Health Ministry order)</li></ul>
<b>Health services / Antiretroviral treatment</b>	<ul style="list-style-type: none"><li>• refusal to provide medical services (e.g., surgery) or HIV treatment to KPs</li><li>• ART interruptions or unexplained changes in treatment schemes</li><li>• limited or no access to treatment for domestic migrants (people moving from one city to another), labour migrants or immigrants</li></ul>
<b>Common for different KP groups</b>	<ul style="list-style-type: none"><li>• termination of parental rights of PWUD and PLWH</li><li>• disability claims</li><li>• social support claims</li><li>• other legal issues related to property and finances</li></ul>

Persistently addressing common challenges has already led to a shift in daily practices among people who commonly perpetuate human rights abuses: from assaults and humiliation to recognition and support, from limited to easier access to services. Active work and involvement of CLWs and professional lawyers influence court decisions: from incarceration to treatment and rehabilitation for PWUD, from administrative offences and fines for sex work to acquittal. Understanding and addressing common challenges mean making incremental changes toward achieving a tectonic shift in society's attitude towards KPs. The following sections provide examples of cases.

#### 1.2. RLB cases

Thousands of requests and hundreds of cases were addressed within the first year of this project. Each case — either documented only or successfully resolved — contributed to CSS/RLB. Each person who was not afraid to tell her or his story made a difference. This section presents a fraction of the immense CSS/RLB work by the individuals from key populations, CLWs, lawyers and community coordinators in 2016. These cases were selected to provide examples of cases for each group (SWs, PWUD, MSM and PLWH) and to provide a geographic coverage of different regions in Russia where CSS/RLB works. Cases discussed in this section demonstrate successes or provide important lessons for CSS/RLB.

Cases are presented as their storylines unfold, following a general structure: describing violations/legal barriers for which KP representatives sought technical assistance, types of technical assistance provided, case advancement and case outcome. The sections below present several cases for different KPs. Each section concludes with a discussion addressing the following questions: What difference did these cases make for improving KPs' access to services and treatment? How did these cases contribute to the knowledge and practice of CSS/RLB?

### 1.3. People who use drugs

*“Rumours spread in our narcology [drug treatment] centre that the community has a super lawyer working for them.” – CLW, interview*

In 2016, removing personal information from the drug user registry was a common and current concern. Being included in the drug user registry can lead to stigma and discrimination when seeking health services, social services or employment. For instance, people are banned from driving or obtaining a driver's licence, their parental rights are limited and they cannot seek jobs where a medical certificate is required. Many who quit drugs a long time ago but did not comply with the regular check-up requirements remain on the registry. Usually people learn about the fact that they are on the drug user registry when they need to obtain medical certificates for a driver's licence or for potential employers.

Since the Soviet times, people with positive drug test results at a state drug-treatment facility (narcology centre) were automatically included in the drug user registry. They could come to a drug clinic voluntarily seeking medical advice or treatment or could be taken there by the police or relatives. Once on the drug user registry, they were required for the next five consecutive years to visit a local drug treatment centre for monthly check-ups and drug tests to prove abstinence. To comply with this requirement, some people had to travel long distances if they had moved to a different city. After a person had demonstrated five years of abstinence, a commission of health professionals would decide whether to remove the person from the registry. If they don't comply with these requirements, people cannot be removed from the drug user registry (even if they quit drugs long ago).

A 2015 Ministry of Health order eased the term of mandatory visits to a drug treatment clinic from 5 to 3 years. Individuals who have been abstinent for three years have been increasingly requesting drug clinics to be removed from the drug user registry. Moreover, the new order stipulated that inclusion into the drug registry requires informed consent of patients. However, because the practice for implementing the new order had not been established yet, many requests from patients to be removed from the drug registry have been refused. Many drug treatment centres do not have enough doctors to deal with the influx of requests. Considering the negative consequences of being included in the drug user registry, this represents a violation of human rights and creates barriers to health, employment and other services.

Two cases below demonstrate how CLWs and the TA team helped people on the drug user registry remove themselves from the registry and have their rights and freedoms reinstated. First, many became excited about this new order and the opportunity to restore their rights. “Dozens of people were calling me about the new order. They were telling each other and passing on my contact information. I posted all documents and forms on my website,” says Aleksey Kurmanaevskiy, a TA team member and project lawyer. However, some drug treatment centres created obstacles for people wishing to get off the registry.

#### **Drug user registry**

##### **Scenario 1: The drug user registry rules slow down reintegration into society**

A. was released from prison where he spent several years. He requested to be removed from the drug user registry, hoping to find a job and obtain a driver's licence (which would have increased the likelihood of employment). The narcology centre suggested he stay on the registry for one more year and come in for weekly check-ups. After almost a year of regular check-ups, he was hospitalized and spent a year in a TB clinic. The narcology clinic specialists refused to remove him from the registry because he missed regular check-ups while being hospitalized. For A., this response meant that plans to find a job would be deferred and re-integration into society slowed down. At this point he turned for help to a CLW from a local community initiative group who documented this story and helped write a formal letter to the chief doctor at the narcology centre, requesting to consider this case and remove A. from the drug user registry. The letter was to demonstrate to the health authorities that A. and CLWs understood the process and would continue filing official complaints and if necessary take other actions to have his rights reinstated. The important first step was made by A. and CLWs and work on this case continues. These first steps are important as they "instill people with a sense of dignity when they use their opportunity to stand up and fight back."<sup>53</sup>

### **Scenario 2: Challenging drug treatment centres to implement recent Ministry of Health order on drug user registry**

In a different region, narcology centres refused to provide necessary information to people in the registry or explain the procedures. People who encountered this problem began writing to the TA lawyers and CLWs. Activists and CLWs jointly challenged this persistent problem. Some helped accessing information and collecting paperwork: "We have access to our narcology centre and could help people with obtaining copies of their patient journals that demonstrate proof of remission" (CLW, interview). Others helped prepare official requests to have people removed from the registry. Responding to these requests, health authorities held meetings with patients, CLWs and community workers, and explained that they were overloaded with requests and did not have capacity to organize medical commissions for all individual cases. A more comprehensive step was taken by CLWs from several cities in the region:

*We decided to file a complaint with the prosecutor's office. We made a case for an administrative offence — people should not be forced to be on the registry for 5 years if they are recovering and have not used drugs for three consecutive years. Being on this registry limits one's rights (a driver's licence, employment, etc.). The Chief Narcologist met with those who filed the complaints and offered to remove them from the registry if they call off their complaints. Rumours spread in the narcology clinic that the community has a "super lawyer" working for them. — CLW, confidential interview*

*Today a funny incident occurred: a client asked me about withdrawal from the drug user registry. He lives in Moscow, yet he is supposed to visit his home town for weekly check-ups. And then comes the funny part! He arrives at his narcology centre and tells them, "I cannot come here weekly from Moscow; remove me from the registry". His doctor responded: "You know you should file a complaint. Here is the contact information of a lawyer who can help you. We are fed up with this dated process of removing people from the registry." — Alexey Kurmanaevskiy, TA lawyer*

### **Lessons learned**

There are several takeaways from the drug user registry cases: This situation is experienced across the country as the Ministry of Health order provides guidance to the nationwide network of state narcology centres. CLWs in different regions heard similar concerns from their clients. CSS and RLB activities provide important lessons beyond Russia's HIV program. People affected by this problem were able to demonstrate that they are aware of the new order and intend to defend their rights. Community systems (CLWs and lawyers) were able to support these people. Narcology centres are aware of the work of CLWs and project lawyers. Unable to handle requests for withdrawal from the drug user registry list, these narcology centres referred their patients to the CLWs. This referral is a sign of acknowledging the communities and their lawyers. This acknowledgement could be viewed as an indirect invitation to

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<sup>53</sup> Know Your Rights, Use Your Laws, p. 10.

collaborate extended to communities and their lawyers. There are certain things that state health facilities and officials cannot do on their own. Narcology doctors were overwhelmed with registry removal requests because procedures are outdated and too complex. The narcology centres are unable to deal with the influx of requests. This predicament could provide an opportunity for CLWs to work with narcology centres and people on the drug user registry to help update these procedures and remove obstacles. This work can be done in partnership with narcology centres and may be done through official complaints and court decisions. This particular situation and the new Ministry of Health order may present an opportunity for communities to establish contact with their local narcology centres and discuss possible directions for collaboration. Finally, the “community has a super lawyer” buzz that emerged from this story and this HIV program provides evidence of successful CSS and RLB.

### **Violations in rehabilitation centres: Humiliating and not evidence-based treatment of PWUD**

*Documenting complaints and being attentive to details led CLWs to discover human rights violations and humiliating treatment of PWUD in rehabilitation centres. The CLWs and a professional lawyer acted to protect patients’ rights to health and evidence-based treatment.*

#### **Uncovering abuse**

Harm reduction project staff often visit drug treatment and rehabilitation centres. During one such visit, a project social worker noticed that patients were carrying around weights and other heavy objects that were chained to their arms and legs. They were told that this was a method of rehabilitation. To follow up on this surprising discovery, the project team wrote a letter to the Chief Narcologist of the Republic of Tatarstan describing the situation, enclosing pictures as proof. The head of this rehabilitation centre was fired the next day and this “treatment method” was no longer used. Later on, during a visit to another rehabilitation centre, a project worker witnessed bullying of patients and brought this fact to the attention of local media; as a result, he received threats from the rehabilitation centre. To protect his personal safety, he wrote to the prosecutor’s office about these threats.

#### **From documentation to action**

CLWs and TA lawyers began collecting complaints about humiliating treatment of PWUD and human rights violations in private rehabilitation centres. These violations included kidnapping, illegal incarceration, infliction of grave injuries and even murder. The victims were afraid to testify as they believed police would not treat their complaints seriously and they would become known to the police as drug users. The lack of witnesses was a significant challenge when proceeding with this case. These experiences led to the idea of checking all rehabilitation centres, over 100 in Tatarstan. The harm reduction project decided to visit and examine the conditions in all these rehabilitation centres.

Over six months, the TA team lawyer and HIV project teams collected evidence. Twelve interviews were conducted with victims and former employees of the rehabilitation centres. Their personal accounts were video-recorded. The interviewees talked about their horrendous experience and violence in rehabilitation centres including suicides and lethal beatings. Four videos were produced based on these interviews. Finally, an official complaint summarizing these unlawful actions and personal accounts was sent to the Prosecutor’s Office.

As a result, the Prosecutor’s Office ordered an inspection of 35 private rehabilitation centres. Evidence of activities that endanger the health and lives of people was collected in 19 centres; these centres were closed and suspended until they addressed these problems. In addition, 13 rehabilitation centres received warnings, and administrative cases were initiated against 18 rehabilitation centres.

#### **Media and legal advocacy**

After a PWUD agreed to a TV interview (Russia TV, Tatarstan) and confirmed the validity of complaints about abuse in rehabilitation centres, two more victims came forward and decided to appeal to the police and the Prosecutor’s Office. The appeals were prepared and submitted. Based on this evidence, and with support from the organization Mothers Against Drugs, an appeal was sent to the President of Tatarstan. TA lawyer Alexey Kurnmanaevsky and the Timur Islamov Foundation used the interviews to appeal to the Ombudsperson of Tatarstan. A commission was

created, comprising human rights activists, drug treatment specialists and others. The interviews were used as testimonies, but none of the victims were willing to testify in person. Voluntary checks of the rehabilitation centres were useless, as only six out of the 40 centres had agreed to such checks. Several media reports were issued. The first one, “The Ice Bath,”<sup>54</sup> was published in March 2016. Following these publications, several other victims came forward and another story was published, “21st Century Slavery”<sup>55</sup> also in March 2016.

### *Lessons learned*

Quality and precision in documenting this case (using photo evidence, video- and audio-recording interviews) was an important success factor. Photos documenting violations and abuse supported by video and audio-recorded interviews, all provided undeniable evidence. Recorded interviews were used without disclosing the identity of the victims, who wished to remain anonymous. Media sources accepted anonymous interviews, especially when plausible reasons for protecting one’s identity were provided. The second success factor, documenting a significant number of similar complaints, allowed CLWs to identify a worrisome trend: evidence of systemic discrimination and abuse in rehabilitation centres. This case also demonstrates that CLWs were able to build trustful relationships with PWUD and received a number of similar complaints that led them to the idea of broadly investigating rehabilitation centre practices. Importantly, many KP representatives decided to share their problems with CLWs enabling them to collect evidence of discrimination and ill-treatment, and draw the attention of the media and the authorities to these problems. The media, authorities, and other KP representatives are more likely to trust CLWs when they see that their complaints and inquiries lead to action and yield positive results. The more open and trustful KP representatives are with CLWs or lawyers, the higher the likelihood that problems common for many KP representatives will be identified and resolved. This again shows that every case should be thoroughly documented. Finally, CLWs and lawyers kept journalists informed about this case and provided information about why discrimination, ill-treatment and abuse in rehabilitation centres should not be tolerated. CLWs built alliances with different media outlets, providing interesting and important stories about social issues. Thus, this case demonstrates the potential of documented cases to be covered by the media. The more quality evidence CLWs can provide, the stronger the presentation of the problem to the general public will be.

#### **1.4. Sex workers for legal changes: Fight against unfair laws, violence and crime**

*Helping girls is often not a simple task; people entrust you with the most precious thing that they have, their life. We are fighting because this is a matter of life and death.* – Irina Maslova, Community Coordinator

Sex work is punishable under the administrative and criminal codes. The *Code of Administrative Offences* prohibits “Engagement in prostitution” (Article 6.11) and “Deriving income from engagement in prostitution, where this income is connected with another person's engagement in prostitution” (Article 6.12). The *Criminal Code* makes it illegal to keep brothels and organize prostitution (Articles 240 and 241). Documented cases and personal accounts of sex workers show that Article 6.11 is the most common legal tool police use to discriminate against and intimidate sex workers. Sex workers can be detained, and if sex work is proven, they can be fined. Police often detain sex workers and intimidate or threaten them into signing an admission of guilt.

This prohibitionist legislation deprives sex workers of their fundamental rights and freedoms including the freedom of association for health protection and HIV prevention. Not protected by the law and

<sup>54</sup> A. Kuzina, “The Ice Bath,” Radio Liberty’s Russian service (Svoboda), March 15, 2016. Available at [www.svoboda.org/a/27604656.html](http://www.svoboda.org/a/27604656.html).

<sup>55</sup> I. Plotnikova, G. Zaripov and M. Matveyev, “The 21st Century Slave Trade: Network of ‘Private Prisons’ for Drug Addicts Created in Tatarstan?” *Realnoe Vremya*, March 31, 2016. Available at <https://realnoevremya.ru/articles/27420>.

discriminated against, sex workers are vulnerable to humiliation and assault by clients and abuse of power by police. Within the CSS/RLB modules, SW Community Coordinator Irina Maslova, TA lawyer Marina Avramenko, the SW movement Silver Rose,<sup>56</sup> CLWs, and sex workers from all regions work to change discriminatory legislation and attitudes toward sex workers. Eliminating Article 6.11 will promote sex workers' human rights, as they will not be afraid to turn to the police for help when clients abuse or assault them. Decriminalization will also enable sex workers to organize and protect their rights, health and lives. With support from CLWs and lawyers, sex workers have been encouraged to protect their rights and challenge unfair legislation, humiliating treatment, discrimination, violence and threats to their health and lives.

Silver Rose, CLWs and the TA team worked on many cases related to Article 6.11, as illustrated below.

### Scenario 3. Discrimination and harassment of sex workers

#### Case 1. "Datsik case": Sex workers subjected to misogyny and racism

"Engagement in prostitution" (Article 6.11) makes sex workers an easy target for violent and abusive clients. Administrative offences connected to sex work prevent sex workers from seeking the help and protection of the police. If a sex worker complains to the police about abuse from a client, she would incriminate herself. Instead of investigating the crime, the police would use Article 6.11 to extort money and an admission of guilt from her. The sex worker would be charged with an administrative offence and fined, and consequently, blamed for whatever happened to her. The following "Datsik Case" demonstrates how legislation leaves abuse and extreme violence (attempted murder) unpunished and allows the police to humiliate sex workers and ignore their complaints and human rights. The case also demonstrates how CLWs and SWs mobilized to support the victims and presents joint CLWs and SW efforts to change the discriminatory legislation that puts sex workers' lives in danger.

**Background:** In 2016, CLWs and lawyers working closely with Silver Rose, a community-led movement, dealt with cases of violent attacks on sex workers committed by a right-wing racist gang led by Vyatcheslav Datsik in St. Petersburg. In May 2016, Datsik and his supporters broke into a brothel ("salon"), physically threatened 10 sex workers, ordered them to undress and walk naked to the nearest police station.

**Inadequate police response:** While Datsik's actions were horrendous, what happened next at the police station was no less surprising. Instead of detaining and charging Datsik and his supporters for kidnapping, threats, abuse and the many other crimes they committed against the 10 women, the police detained these women and diligently worked on filling in protocols to charge them with "engagement in prostitution" (Article 6.11). These women spent the night at the station without clothes, water, food or phones. Such police treatment of citizens and victims of a violent crime is unspeakable. While the situation seems quite hopeless, Silver Rose, CLWs and lawyers work hard to change the status quo and challenge the discriminatory legislation.

**Emergency assistance:** Silver Rose immediately reacted to this incident. Three lawyers from Silver Rose arrived at Police Station No. 30 where the sex workers were detained. Volunteers collected clothes, ensured food delivery and brought a pre-paid mobile phone. Silver Rose and CLWs advocated for a fair and unbiased investigation, and ensured media coverage of the attack. Dozens of volunteers from the community offered their help.

#### Documentation of this case uncovered many other violent incidents against SWs:

CLWs and lawyers working closely with Silver Rose have since been actively involved in the investigation of this case. They collected evidence from over 50 other sex workers who were attacked by Datsik and his followers. CLWs and lawyers discovered that he has threatened and raped several sex workers. Recently, Datsik attempted to kill Sandra, a sex worker from Nigeria. He destroyed her passport and pushed Sandra out of a second floor window. She survived but had broken bones. CLWs also learned that police had ignored complaints filed by the victims.

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<sup>56</sup> For more information, see "Silver Rose: A long way to success," Sex Workers' Rights Advocacy Network (SWAN), May 1, 2016. Available at [www.swannet.org/en/content/silver-rose-long-way-success](http://www.swannet.org/en/content/silver-rose-long-way-success).

Silver Rose then interviewed witnesses and victims of the earlier attacks and documented the facts. Information about police raids on brothels was also monitored and collected.

Datsik recorded videos during these raids and shared these videos with the media. The media did not cover the faces of sex workers.

**Challenging the abuse:** Community Coordinator Irina Maslova, TA team lawyers, CLWs and project volunteers began to work with the victims immediately. They helped with the paperwork, provided counselling and legal advice when filing a complaint against Datsik. They helped ensure that a criminal case was opened against him, and solicited for his arrest. A legal team prepared letters and appeals regarding the attacks committed by Datsik's gang, emphasizing the need to stop illegal or legal (police) raids against sex workers and violations of their human rights. The appeals were sent to the Ombudspersons of St. Petersburg and Leningrad Oblast, as well as to the Ministry of Interior Department in St. Petersburg and Leningrad Oblast.

Silver Rose used the opportunity and publicity to discuss the need to abolish Article 6.11.

The police charged Datsik with grievous bodily harm motivated by hatred towards a social group under (Article 111(2e) of the *Criminal Code*), burglary (Article 139), and aggravated robbery (Article 162).

Silver Rose and its volunteers raised funds to pay for Sandra's operation, rehabilitation and care. Importantly, other sex workers responded to the call for support and contributed funds.

Contacts were made with the Nigerian embassy to issue Sandra a new passport.

**Ongoing advocacy:** Silver Rose immediately notified all sex worker advocates and partner organizations in Russia and abroad. Allies were encouraged to sign a petition to the Investigative Committee to prosecute Datsik, distributed through social networks.

Immediately upon learning about the attack, Irina Maslova, head of Silver Rose, was interviewed by LifeNews, TV Channel Russia, and about 20 other media channels. This media advocacy was an important component of legal defence because of the need to add a human face to the tragedy and to highlight the importance of protecting sex workers' rights. Irina emphasized the need to change legislation and abolish Article 6.11.

"What he did is a crime against people that have civil rights. He should be held accountable. We will do all possible and impossible to hold him accountable. We will write to the Commissioner for Human Rights. He should go to prison. In 2015, Russia received the recommendation from CEDAW to remove the punitive Article 6.11 that criminalizes sex workers. We will insist on implementation of this recommendation." – Irina Maslova, head of Silver Rose, TA Community Coordinator

## **Case 2. Article 6.11 case: Police harassment**

"Engagement in prostitution" (Article 6.11) makes sex workers easy targets for the police to extort money and an admission of guilt.

According to E., a sex worker, law enforcement officers came to the brothel for routine collection of their share of proceeds. Not willing to share the proceeds, the manager turned two sex workers in to the officers. The police officers charged the women with engagement in prostitution. When taken to the police station, E. admitted to the charge and signed an admission of guilt. Although procedures were not followed and the protocol was incomplete, E.'s confession was sufficient for the judge to rule that she was guilty and to order her to pay a fine accordingly. This conviction could have had serious consequences for E. who hides her engagement in sex work from her family members and other places of employment. The administrative offence records are entered in a database that current and potential employers can access. The TA lawyer helped E. appeal this court decision and file a complaint with the police explaining that the circumstances of the case were not properly documented, and procedures and

protocol were not followed. The appeal led to a new court hearing. The main argument in the appeal and in the court hearing was that the exchange of sex for money was not proven. A higher-level court sustained this complaint and quashed the case. E. was acquitted of the administrative offence.

This case shows that acquittal is possible in Article 6.11 cases. Moral and legal support is very important for women. General advice provided to all is not to testify or give any information when detained. File a written petition to postpone court hearings to have time to work with a lawyer and announce in court that a written petition was filed. Then work with your lawyer to identify the best line of defence and course of action.

### **Case 3. Article 6.11 case: Assault and blackmail by a client and police**

A client assaulted sex worker N., who then wrote about this incident on a SW online forum. The lawyer followed up with N. and advised her to file a statement to the police, helping her to write the statement.

The statement was filed with the police. The woman insisted that the client was violent and had a weapon, although police officers advised her to drop this fact from the statement. The police threatened N. with prostitution charges (Article 6.11), but she resisted. Then the police threatened N. with charges of drug use and possession. N. said that she was not afraid, that they could not prove either engagement in sex work or drug use/possession. They would not be able to find and prove anything, and she would not sign the admission of guilt. N. received legal advice and support and was able to handle all police threats. With the assistance of a TA team lawyer, a criminal case against the client was launched and her offender was detained.

### **Lessons learned**

The current sex work-related legislation perpetuates discrimination of sex workers and human rights violations. The Datsik case and the police response and involvement (in the cases above) provides evidence that sex workers require protection from both violent clients and the police. Yet, the current sex work-related legislation supports discriminatory police practices (including bribery), allows violent criminals to be at large (as happened in the Datsik case) and leaves sex workers completely unprotected against human rights violations. An analysis of reports by HIV project teams and the TA team demonstrates that these cases are not unique. Unlawful actions and abuse by police and clients are rampant. These cases clearly demonstrate the need to review and change the legislation.

Not being able to rely on the police, TA lawyers, CLWs and sex workers themselves took matters into their own hands. These cases demonstrate that empowering women with legal knowledge and the support of lawyers helped them handle the threats and pressure of the police and abusive clients. These cases confirm the importance of education and capacity-building of the sex-worker community. Knowing one's rights, the legislation and procedures, and thoroughly documenting cases help save lives, and protect rights and human dignity. HIV project teams and CLWs should continue educating sex workers and supporting them when legal assistance is required. Lawyers played an important role in providing support to sex workers in the cases of unlawful detention, threats, violation of procedures, appeals and court hearings. As in the case of PWUD who faced abuse in rehab centres, these cases also demonstrate the importance of building reliable community systems to support and protect sex workers. Empowering more women to systematically challenge those with more institutional power will help change the status quo. Mobilizing the sex-worker community, documenting as many cases as possible, working together and trusting each other helped identify trends and uncover systemic violence, abuse and humiliation by clients and the police. Documenting cases allows understanding patterns and collecting solid evidence for challenging abuses and discrimination at the local, national and international levels.

Cases documented in this project have already been used by other community-led initiatives at the national and international levels to provide evidence to demand a repeal of Article 6.11. For instance, Silver Rose participated in an international expert group that developed a report on Russia to the UN

CEDAW Committee. CEDAW considered the report and issued recommendations to Russia to repeal Article 6.11.

**UN CEDAW Committee Recommendations to the Russian Federation:**

(c) The reports of widespread violence and discrimination against women in prostitution, enabled by the penalization of prostitution as an administrative offence under Article 6.11 of the *Code of Administrative Offences*, which results in various forms of abuse, including extortion, beatings, rape and even killing of women in prostitution, the limited assistance available to them and the absence of exit and reintegration programmes for women who wish to leave prostitution.

26. The Committee recommends that the State party:

(c) Repeal Article 6.11 of the *Code of Administrative Offences* and establish an oversight mechanism allowing the monitoring of violence against women involved in prostitution, including by the police ...<sup>57</sup>

It is important that sex workers are equipped to promote an understanding of international principles that do not support the use of repressive legislation that affects them, making them vulnerable to police, clients and others who discriminate based on their involvement in sex work. Silver Rose advocates for changes and promotes the CEDAW recommendations among sex workers. The strong and knowledgeable SW community and community systems that this project supports (including community initiatives and lawyers) will help accelerate the process of legal change. The TA team and HIV project teams support and promote the CEDAW recommendations. Reportedly, one woman has already used the CEDAW recommendation to repeal Article 6.11 in her defense in court.

### 1.5. CLWs as public defenders: Strong defence saves KPs' freedom

#### **Provide treatment, not punishment**

CLWs and lawyers supporting key populations have successfully influenced court decisions. In an increasing number of cases, imprisonment for minor drug-related crimes was replaced with probation, treatment and rehabilitation or the charge was dropped. Project lawyers, community coordinators and CLWs who acted as public defenders played a crucial role in these achievements. This project shows that making KPs aware of avenues to defend their rights empowers them to take important first steps towards their defence: request and receive legal support and request that a public defender be admitted to the criminal proceedings.

In Russia, criminal procedural law provides for the right of laypeople to become public defenders and work along professional lawyers. A CLW can be admitted as a public defender in criminal cases upon the accused's request. This opportunity has allowed CLWs and HIV project staff to be involved in the case and work in close cooperation with the defence lawyer, especially when the accused is in pre-trial detention. To make this mechanism work, first, the accused needs to be aware that she or he can make a motion to be represented by a layperson alongside a professional lawyer or lawyers assigned to the case. Second, CLWs should be prepared and trained to act as public defenders. Additionally, a contract between an NGO and the client, and a power of attorney can further persuade a judge to admit a layperson to be a public defender in a criminal procedure. A judge is more likely to admit a layperson as a public defender in a criminal case when there is a contract outlining the reasons for and parameters of the relationship between the accused and the potential public defender.

#### **CLWs as public defenders**

##### **Case 1. Strong defence protects KPs' rights and freedoms**

<sup>57</sup> UN Committee on the Elimination of All Forms of Discrimination against Women, *Concluding observations on the eighth periodic report of the Russian Federation*, CEDAW/C/RUS/CO/8, November 20, 2015. Available at [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fRUS%2fCO%2f8&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fRUS%2fCO%2f8&Lang=en).

Venera, charged with drug possession, listened to the prosecution and agreed to plead guilty in the hope that this would increase her chances for a suspended sentence. She ended up with a special procedure for the trial, where no evidence was presented during the court hearing. After the verdict had been announced, convicting her to a three-year prison sentence, Venera thought that the sentence was extremely unfair and asked for help in preparing an appeal. She even outlined her position in writing.

In her appeal, Venera stated that the court did not take into account the state of the defendant's health when issuing judgment. The results of the investigation clearly indicated that Venera suffers from opioid dependence. The appeal also indicated that the drug possession crimes for which Venera was convicted were due to her drug dependence. The confirmation of the state of her health, with the indication of the need for treatment, was at the disposal of the court. Thus, rehabilitation, which would enable Venera to stop taking illegal drugs (and thus stop committing the crime of drug possession) could be achieved only through drug dependence treatment and rehabilitation. The court had the opportunity to oblige Venera to undergo treatment and rehabilitation. However, the court did not even consider treatment as an option and instead handed down a prison sentence.

In addition, the defence indicated that the court did not take into account the fact that Venera has an eight-year-old daughter, for whom life without a mother would be traumatic, since the child has no one besides Venera, and placing the child in an orphanage would be a tragedy for both the mother and the child.

The appeal court considered this appeal, found it reasonable and changed the lower court's ruling by appointing Venera a suspended sentence of 1.5 years.

"This case is indicative not only because it ended successfully for Venera (the verdict was changed), but also because Venera took an active part in the process of appealing. She drafted a complaint, in which her position was reflected, I only presented this information using legal terms and a standard format. Venera first took a passive position: she pleaded guilty and agreed to a special procedure for the trial in the hope for a conditional sentence. Venera's case clearly demonstrates that if you make an effort and do not give up, it can lead to a positive result." – Timur Madatov, TA team member and a project lawyer

Factors of success in this case included the proactive role of the accused, Venera, and timely support of a lawyer. However, without the support of a CLW who acted as a public defender, the result could have been different. The CLW's passionate defence speech in the court influenced the way the judge viewed the situation. Importantly, the CLW reminded the court that people with a proven drug dependency should receive treatment, not punishment. The CLW successfully made a case for the "Support, don't punish" approach in the legal system.

Tatiana Kochetkova, a CLW in Togliatti who acted as a public defender in this and other cases, recalls:

"So when Venera asked for help, I, as usual, rolled up my sleeves and began to prepare documents and speeches. They called me. I was very worried, as always. My brief presentation in the court went as follows:

Judge: 'What can you say on the merits?'

CLW: 'Essentially, your honour, Venera has a small child, she is looking for work. She is ready to change and looking for support.'

The court was surprised by my pressure and willingness to support Venera. This was a new phenomenon for people in the room: someone, without a legal education and free of charge, protecting a person who uses drugs passionately as if she were their daughter. By the end of my speech, the court looked at me and Venera with different eyes.

The verdict: Cancel the prison sentence; assign a conditional sentence. The convoy disappeared. The judge after the announcement allowed himself a lyrical digression: 'I am surprised by my decision!'<sup>58</sup>

## **Case 2. Public defence shows judges that treatment is a viable alternative to incarceration**

Possession of narcotic substances with no intent to supply can lead to incarceration for 3 to 10 years (Article 228 of the *Criminal Code*). Alternatively, if drug use is documented, an accused can be given a conditional sentence with mandatory treatment and rehabilitation. Until CLWs got involved in the process, judges had not considered

<sup>58</sup> A complete account of this story is available at the ARF website: T. Kochetkova, "Venera," Andreyi Rylkov Foundation for Health and Social Justice, January 10, 2017. Available at [http://rylkov-fond.org/blog/women\\_and\\_narcopolitics/pravovie-aspekts/venera](http://rylkov-fond.org/blog/women_and_narcopolitics/pravovie-aspekts/venera).

treatment and rehabilitation as an alternative to incarceration. CLWs were able to change this situation case after case.

In Kaliningrad, thanks to the activities of CLWs and KPs, replacing a prison term with a conditional sentence, treatment and rehabilitation is an emerging trend. A CLW represented a client during the investigation process (though was unsuccessful in obtaining permission to act as a public defender in this case) and provided evidence to support the client. What the CLW (as a witness) told the court changed the course of the trial and the judge's opinion. The case resulted in a conditional sentence along with an obligation to visit a drug treatment doctor and undergo drug rehabilitation. Usually this charge results in incarceration.

Client representatives and public defenders in other regions achieved similar results. In Yekaterinburg, CLWs participated as public defenders for a client in court hearings on drug-related charges (Article 228 of the *Criminal Code*). Public defenders successfully argued that imprisonment can be replaced with a conditional sentence and mandatory treatment. The project helped the client obtain necessary legal documents and sign an agreement with a rehabilitation centre on his behalf. In Togliatti, a project lawyer, social worker, and staff member of a rehab centre participated in the trial which resulted in a probationary sentence.

"In one case, a hired defence lawyer told a client: 'You will definitely be imprisoned. If you confess (in something that person did not do), the judge will give less; if you do not admit your fault, they will give more.' The judge at the trial was so enthusiastic about my speech about the defendant, the judge simply released this person from the courtroom. This scenario repeated in a different court hearing. The judge found my arguments sufficient not to deprive the person of freedom. This person has never committed another crime since, quit drugs, and the threat of deprivation of liberty was eliminated in principle." – Tatiana Kochetkova, CLW, Togliatti

### **Lessons learned**

Involvement of CLWs in criminal procedures and their acting as witnesses supports those accused and provides opportunities to offer additional evidence in favour of the accused. It was important to help the defendant prepare for trial and demonstrate motivation for treatment (failure to do so would lead to more severe punishment in this case). Several cases showed that imprisonment can be replaced by treatment and rehabilitation. The increasing number of such court decisions correlates with the instances of CLW involvement in the cases and the involvement of initiatives, organizations trained in CSS/RLB and connected to the TA team.

Involving CLWs in criminal procedures was not an easy process. Many problems were encountered, but solving these problems has contributed to building a more solid base for these RLB activities. Among the problems was unwillingness of the lawyers assigned to the case to talk to the defendants regarding a possible appeal for treatment and rehabilitation as an alternative to incarceration. In some regions, public defenders and CLWs encountered opposition to public defence from the client's lawyer and the judge. Clients tend to reject the public defender's services if there is such opposition. Another problem concerns the client: as a legal strategy, it is important to hold off detoxification until after the investigation, to ensure that treatment is part of the sentence, an approach that raises ethical concerns. Medical records showing unsuccessful treatment attempts with a doctor's recommendations of long-term rehabilitation (and support letters from rehab centres) are important.

These cases and the information about the role of public defenders were discussed during the PWUD Community Forum and articles based on the cases were distributed via websites and social media (e.g., ARF website and CSS/RLB Facebook group). CLWs became interested and expressed their interest in acting as public defenders but requested more information, hands-on-training and the support of professional lawyers.

*Acting as a public defender is a challenging task. We do not have sufficient training on this and would like to have more. The experience of Yekaterinburg was very helpful. They acted as public*

*defenders in several cases. I do not have such experience and would like to learn more. I did this one time and was very nervous due to the lack of experience and knowledge how to behave in the court, what you can say to the judge ... It would be important to have the support of lawyers and hands-on practice. – CLW, interview*

While diverting people from prison, mandatory treatment and other punitive measures “unnecessarily undermine human rights and a firmly public health approach.”<sup>59</sup> The Legal Network calls for alternatives “that may more adequately respect, protect and fulfill the human rights of people with drug dependence, while achieving the desired goals of reducing drug-related crime and thereby improving public safety.”<sup>60</sup> Doing so requires a paradigm shift and political will to move from punishment to health-centred policies that include increasing viability of voluntary treatment, ensuring access to more harm reduction programs and decriminalizing certain drug offences.<sup>61</sup> Improving the current situation could be achieved through protecting the human rights of people accused of drug-related crimes, evaluating the impact of assigning mandatory treatment, and exploring alternative approaches including a “pre-criminal adjudication diversion program” and culturally appropriate and gender-specific harm reduction programs and treatment services, to encourage and support voluntary treatment.<sup>62</sup>

### **1.6. Access to ART, health services and social support**

Helping people living with HIV defend their rights is an important task of Russia’s HIV program. KPs living with HIV often experience greater stigma connected to their HIV status and other stigmatized status. Common problems identified and addressed in this project included ART interruptions or unexplained changes in treatment schemes; refusal to provide medical services (e.g., surgery) or HIV treatment to KPs; assistance to PWUD and PLWH in reclaiming parental rights; access to treatment for domestic migrants; and supporting immigrants with their disability and social support applications, and their reclaiming parental rights. The TA team actively participated in these cases and provided legal advice and support to CLWs.

#### **Access to ART and health services**

##### **Case 1. Building strategic partnerships to increase access to ART and health services**

Building strategic partnerships and using mediation helped address the endless wait times for PLWH to see doctors and the shortage of antiretroviral medication at the Novosibirsk AIDS Centre. In early 2016, the situation with supplying ART in Novosibirsk sharply worsened. In March, the AIDS Centre ran out of half of the medication (Prezista, Nikavir, nevirapine, and Reyataz). Patients had their drug schemes changed multiple times due to the ART shortages. In a personal conversation, the head of the AIDS Centre noted that only half the necessary funding was allocated and the budget was reduced by 50 million RUB. As a result, instead of accessing modern, safe and less toxic drugs, the vast majority of patients had to use what was available to avoid treatment interruptions. Patients line up to see a doctor starting at 6 a.m. By 8 a.m., 105 people were in the waiting room and people kept coming. This situation violates all recommendations and standards of treatment and care, not to mention the anonymity (seeing friends in the queue) and the psychological stress. To help address these challenges, Community Coordinator Evgeniy Pisemskiy and PLWH representatives built strategic partnerships: they met several times with the chief doctor of the Novosibirsk AIDS Centre. They also successfully used mediation. Several requests were sent to the Federal Health Ministry and the territorial health authority asking them to investigate and address the long wait times and ART shortages. Community consultations and public hearings were organized to discuss the situation. In May, responding to the requests, the government of the Novosibirsk region decided to

<sup>59</sup> Canadian HIV/AIDS Legal Network, *Impaired Judgment: Assessing the Appropriateness of Drug Treatment Courts as a Response to Drug Use in Canada*, October 2011, p. 37.

<sup>60</sup> *Impaired Judgment*, p. 37.

<sup>61</sup> *Impaired Judgment*, pp. 37–38.

<sup>62</sup> *Impaired Judgment*, p. 38.

reorganize the municipal AIDS Centre. In April 2016, Novosibirsk AIDS Centre held a public hearing to discuss the reorganization of the AIDS Centre to address the problems with funding, ART and the organization of treatment provision. Health authorities were requested to produce a road map to improving services and treatment provision. However, by mid-May the Ministry of Health did not produce a road map and community advocacy work is still in progress.

### **Case 2. PLWH address treatment interruptions with letters to the Ministry of Health**

Due to the ongoing ART interruptions in many Russian regions, organizations working with PLWH have been receiving requests to support patients' litigation efforts. Without support, the patients are afraid to complain, and in many regions community systems are weak. A lesson here is that community systems are crucial to overcoming legal barriers. Due to active advocacy done through social networks, three patients from Tver asked for legal assistance to appeal to the Ministry of Health. The movement Patient Control also submitted over 30 appeals from patients in Moscow Oblast, and the patients submitted more such appeals themselves. The Ministry of Health found violations at the regional AIDS centre. An appeal to the Investigative Committee was also submitted.

### **Case 3. A curious connection between ARV and drug use—related accusations**

In Yekaterinburg, a client's driver's licence was suspended based on alleged drug use. In fact, the client takes the ARV drug Stocrin, which can result in a positive cannabis test. A CLW consulted with the lawyer and requested from the AIDS centre a document confirming the effect of this drug and that the drug is included in this individual's treatment. These documents were sent to the police and his driver's licence was reinstated.

## **Limited access to medical assistance and terminating parental rights of PWUD and PLWH**

### **Case 1. Parental rights of PLWH**

Yulia is a Roma woman, orphan and widow who has been using drugs since she was 8 years old. She has a small child and was expecting a second. Support included HIV and TB diagnostics and treatment, primary school attendance to gain literacy, disability support registration, pension and shelter (as a TB patient). A maternity clinic denied her medical assistance and her unborn child died. TA lawyer Alexander Koss provided support to Yulia in this case. Together, they prepared an appeal stating that Yulia experienced discrimination at the medical facility, which caused her child's death. This case is significant as an example of how defence works with someone who is discriminated and marginalized as a person living with HIV, a person who uses drugs, a single mother and a Roma.

## **Lessons learned**

Living with HIV adds to the stigma and aggravates the problems KPs experience. CLWs and free legal aid provide much necessary psychological support to KPs and tangible results in resolving legal issues. Whether a question of interrupted access to treatment, discrimination in medical settings, police abuse or parental rights, CLWs and lawyers came to help PLWH who experience discrimination and human rights violations. Yulia's case has received legal support for over a year and continues to do so. This case demonstrates that for KPs some seemingly simple cases can last for years and require commitment and time from the lawyers and the client. Mutual trust, persistence and perseverance are thus very important success factors in CSS/RLB for KPs and people living with HIV — for everyone whose rights have been routinely violated. Russia's HIV program and the TA team is the first initiative that supports KPs and PLWH in challenging systemic human rights violations and legal barriers. For the first time, these groups received the support of legal experts and CLWs, education, resources and tools to challenge systemic discrimination. The growth and strengthening of cohorts of CLWs and professional lawyers working with KPs is an important direction for community systems strengthening.

## **2. Expanding the support network: Building strategic partnerships with stakeholders**

In 2015–2016, the TA project established strategic partnerships with a wide range of stakeholders who are key to the implementation of the project. These stakeholders include governmental organizations, medical institutions, civil society organizations and human rights organizations among others. All these partners are instrumental in the protecting human rights, and providing advice and support. Importantly, the projects set up technical assistance partnerships between human rights lawyers and NGOs representing or serving criminalized groups. The following examples of strategic partnerships help demonstrate the importance and value added of networking and cooperation with a wide range of stakeholders and partners.

### **2.1. A workshop on Drug Referral Schemes for law enforcement officers**

The TA team completed the Legal Environment Assessment Report for Russia’s HIV program as well as the legal report about the implementation of Drug Referral Schemes (DRS) in partnership with civil society and law enforcement in Russia. A workshop on Drug Referral Schemes for law enforcement officers, city officials and medical practitioners facilitated by Canadian HIV/AIDS Legal Network Senior Policy Analyst Mikhail Golichenko was organized in St. Petersburg. The DRS report was presented in detail to the workshop participants. As a result of this workshop, the City Administration of St. Petersburg pledged financial support to support civil society organizations in DRS implementation based on the DRS report.

### **2.2. Establishing a partnership between the NGO and the Probation Service as a result of mediation and strategic litigation**

Activists used mediation techniques presented at the Kazan workshop in their work with probation officers in Almetyevsk, with support from the Timur Islamov Foundation (TIF). The TA team considered cases of abuse of authority by employees of the Federal Penitentiary Service (FSIN) probation services. In particular, there were attempts of bribe extortion, threats, and sexual harassment of female prisoners. CLWs of the city of Almetyevsk, with the support of TIF, contacted the higher-ranking personnel of the FSIN of Almetyevsk. Negotiation led to an agreement on cooperation. All problems clients raised were solved quickly. All clients who filed complaints had the investigators assigned to their case replaced and staff participated in meetings where issues of human rights were explained. It is important to note that the problems were not solved earlier because the situation was perceived as an insurmountable conflict, though negotiations with all parties involved had not been attempted. Moreover, the FSIN management noted the professionalism of the TIF staff and the CLWs and expressed readiness for further cooperation. As a result, a partnership was established between TIF and FSIN. CLWs pointed out that the mediation skills they learned at the Kazan workshop played a key role and taught them that they needed to engage in constructive dialogue instead of conflict.

### **2.3. Working with national and EECA KP community networks**

In addition to working with the TA team and HIV project teams, community initiatives and KPs can also refer members of key populations to community initiatives and informal networks. KPs can report treatment interruptions on the website [pereboi.ru](http://pereboi.ru); sex workers can be encouraged to contact Silver Rose and SWAN; PWUD can be encouraged to learn more about ENPUD, MSM about ECOM, etc. This information should be widely distributed among KPs during trainings or support groups. For instance, some MSM/LGBTQI project representatives were not aware of the website [pereboi.ru](http://pereboi.ru). The TA team suggested the project to discuss this and other community initiatives and invite KPs to contact them if they have treatment-related problems.

In 2016, in many regions, tenders for the purchase of ARV medication did not take place in time and people living with HIV experienced problems accessing ART. Organizations working with PLWH received requests to provide legal assistance in handling patients' appeals to the authorities overseeing tenders as well as to organizations protecting health and human rights. Interacting with patients and activists uncovered an important barrier: PLWH were afraid to file complaints with health authorities and AIDS centres as they depend on the AIDS centres for medical care and services. Russia's HIV program and TA team aimed to make free legal assistance more accessible for PLWH and other KP representatives. The TA team observed that PLWH ask for help only in those regions where well developed community systems and community legal service are provided. This proves that overcoming legal barriers requires strong and realizable community systems that should include CLWs and lawyers. The work on social media (such as through the CSS/RLB Facebook group) and specialized thematic groups such as those at the patient-monitoring website pereboi.ru help motivate PLWH from different regions to share problems with ART access, collect data and protect their rights.

### **Case 1. Addressing ART problems in Moscow and Moscow Region: Collaborating with ITPC.ru and Patient Monitoring**

TA lawyers Alexandr Ezdakov and Anna Kinchevskaya worked with PLWH groups, NGOs and community initiatives to address problems with access to ART in Moscow and the Moscow Region.

In spring 2016, the Moscow Oblast Centre for AIDS Prevention and Control stopped providing some of the ARV drugs. Patients received only one of three prescribed ARV drugs. Doctors offered patients a choice of buying the other two drugs or "take a break" from treatment.

TA lawyers Alexandr Ezdakov and Anna Kinchevskaya and the Patient Monitoring community group worked with PLWH and PWUD helping them to prepare inquiries and complaints. As a result, Patient Monitoring received 50 complaints about the lack of ART access from PLWH and submitted these complaints to RosZdravNadzor (Russia's health-care regulator). Alexandr Ezdakov also prepared six petitions to the Investigation Committee regarding the Minister of Health's negligence (Articles 238 and 293 of Russia's *Criminal Code*). One of the Moscow Oblast Centre clients worked with Alexandr as a CLW. Alexandr worked actively with the media to cover the issue of ART interruptions and the process. He participated in programs on NTV and TV channel Rain, and in several publications including *Kommersant*, *Ogonek* and *Takie Dela*. Alexandr noted that finding PLWH willing to talk to the media was easier in 2016. He attributes this change to more proactive work with the PLWH community by the TA team, community organizations and HIV projects.

The attention to the issue, and PLWH complaints and activities resulted in audits of the AIDS centre and the Ministry of Health of the Moscow Region. The RosZdravNadzor department responsible for control over government programs implemented by the Ministry of Health reported that they conducted four audits in the Moscow Oblast Centre and the Ministry of Health. The audits uncovered administrative violations and several administrative cases were open. The Minister of Health and the head of one of the responsible Departments was fired following this and other investigations of administrative violations within the Ministry conducted by RosZdravNadzor.

In November 2016, RosZdravNadzor organized a meeting on the situation with the Moscow Oblast Centre for AIDS Prevention and Control. Meeting participants included representatives of RosZdravNadzor, management and a lawyer of the Moscow Oblast Centre, and Alexandr and Anna as representatives from the patient community. The problems RosZdravNadzor identified at the Moscow Oblast Centre included the centre's incorrect statements of the demand for ART, insufficient number of infectious disease specialists and other medical specialists, insufficient space (several patients were talking to their doctors in the same room). Problems identified at the Moscow Oblast Ministry of Health included delayed drug procurement that led to treatment interruptions. As a result of these audits, the Ministry of Health announced ART procurement tenders immediately. The Moscow Oblast Centre received additional space and each infectious disease specialist had their own room to see one patient at a time.

Patients also have opportunities to receive help in local clinics. But not all medical specialists are available at the Moscow Oblast Centre and not all PLWH are receiving ART. RosZdravNadzor monitors these issues and the implementation of its audit recommendations.

Anna Kinchevskaya raised the issue of inadequate access to ART for people who use drugs. For example, for many different legal reasons, such as the lack of documents or the lack of residency registration, PWUD who undergo treatment or rehabilitation do not always receive ARV medication. The Moscow Oblast Centre representatives assured meeting participants that they have agreements with drug treatment clinics and other medical institutions and supply ART to patients.

Finally, RosZdravNadzor confirmed that they are open for cooperation and communication and take patients' complaints and requests seriously. A complete report about this meeting from the RosZdravNadzor website was distributed via social media, ITPC.ru and Patient Monitoring mailing lists and websites, and the CSS/RLB Facebook group.

### 3. Obstacles and opportunities

#### 3.1. Obstacles

##### *Low retention of clients (or insufficient trust in this new type of support?)*

CLWs and lawyers observed that clients disappeared in the process of working on cases. The TA team shared ideas about how they could better motivate clients. Low retention of clients is a problem that both CLWs and the TA team identified in their work. KP clients disappeared after the first interview and did not want CLWs or lawyers to interfere in their cases, or the clients themselves didn't want to go through the (perhaps lengthy) process of pursuing their cases. Reasons included insufficient interest in pursuing the case; clients did not want to collect documents; or simply their lives changed. There may be other, more systemic reasons but to identify them would require conducting a survey or interviews with clients. Solutions suggested include informing KPs about successful cases, cover successes in social media and KP publications. Wide coverage can demonstrate to those who have similar problems that their case is not unique and can be solved.

*Motivating clients is the most difficult thing in Russia and in other countries. They do not believe in success and are not always willing to participate. What is important is the process of creativity, working with each case trying to find solutions. Creativity and empowerment help key populations realize that they can do it. One begins feeling that he/she can actually do something — they see "a way out of the den." Even if the case is lost — so a person acts, does something for her or himself and understand that they can act to defend themselves. And this personal transformation is important. — Aleksey Kurmanavskiy, TA lawyer*

Another important solution is to view KPs not only as people who require services, but also as partners who can be empowered and supported in defending their own rights. Outreach visits and contacts with KPs should aim to identify leaders, and project teams should continue their work on training and empowering community members to know their rights and contribute to ending discrimination and violations. Knowledgeable and empowered KP representatives are an important expected result of community systems strengthening and removing legal barriers.

*For me, HIV is a pretext to talk about human rights. Human rights are what is important. I wish that all outreach workers understood this. It is great to train CLWs, but most importantly, all this work should contribute to the growth of new knowledgeable and vocal community leaders. Leaders who are not afraid to speak up for themselves and their communities and protect their rights. For me, advocacy is providing opportunities for people to gain their voice. If they have*

*their voice and are considered as equal, lawyers and CLWs will be able to provide help and support changes. – Irina Maslova, Community Coordinator*

### **Insufficient level of professional confidence among CLWs**

Providing legal advice and assistance means taking on responsibility for a person. A common problem was low self-confidence among CLWs. On the one hand, this is normal for novices dealing with people's problems, the legal system, authorities, etc. Their learning curve was quite steep, and dealing with authorities can be intimidating. The TA team encouraged the CLWs to keep documenting cases and keep working on these cases. They reiterated that technical assistance is available to support CLWs and KPs round-the-clock. If CLWs are ever in doubt, they can contact any community coordinator or lawyer and receive support. Training and community forums were important for building CLWs' self-confidence. Another important solution is practicing CSS/RLB and helping KPs.

*Technical support is a resource for KPs and CLWs. We — four community coordinators and a pool of reliable legal experts — are there for KPs and CLWs. This is our task, to respond promptly to all requests for help from KPs. – Irina Maslova, Community Coordinator*

Practicing CSS/RLB and working with professional lawyers, CLWs learn that every detail matters: every detail may help protect one's rights, health and freedom and save their life.

In addition to training, capacity building and the support of the TA team, encouragement for CSS/RLB should come from heads and staff of the projects or NGOs. Heads of organizations should provide more support for CSS/RLB and encourage and support CLWs in their work. It should be clearly communicated to SRs and SSRs that CSS/RLB indicators are mandatory and regular reporting progress on these indicators to OHI is very important. During the webinars, the TA team reminded the project teams that 20% of their time must be dedicated to CSS/RLB.

### **What is a case that is worth documenting and reporting?**

An important problem was identified and addressed during the TA webinars. Some projects misunderstood what constitutes a "case" and didn't realize that they should be documenting every complaint or request for assistance. Many projects thought that a case means a big strategic undertaking (e.g., filing a case in the international court or getting a high level bureaucrat fired). Because of this misunderstanding, these projects did not document KP requests for help, questions and small cases they attended to daily. **The TA team explained that the goal of RLB is to help KPs solve all kinds of problems, even seemingly small and simple ones.** For example, a CLW helped someone who was not receiving ART because of treatment interruptions who later received ART and told his/her friends how this problem was solved. Project staff may be doing this every day, but they were not documenting such small cases. **The TA team emphasized that each case is important and should be documented.**

*If all CLWs and projects followed the algorithm we developed and taught during the training (the form for documenting cases, a set of documents they need to collect, forms for requests), it would be easier to deal with all cases. We would know the nature of the client's problem, the request, who is our client, and a contact — a standard description. – Anna Kryukova, TA team lawyer*

### **Documenting each case may be a daunting task**

While identifying cases of human rights violations and legal barriers and acting on them are a big part of this project, documenting cases from the beginning to the end is critical. Documenting cases is important for creating the new RLB reality, in which everyone from KP representatives to authorities and governments know that discrimination and violation of human rights are unacceptable and will be

challenged. However, documenting may be a challenging task. In the interviews, CLWs said they understand that documenting 5W1H is important. But doing so in the field may be not an easy task for a CLW. Outreach visits often get too busy: too many questions at once, and it can be overwhelming to record everything. Sometimes CLWs video-record clients on the phone (with the client's permission). CLWs reported that they are not used to documenting and writing reports (which includes describing cases and their outcomes).

These difficulties may be attributed to the discomfort associated with learning and shifting to a new type and quality of relations with KPs: from distributing needles, condoms and information, to listening and documenting KPs' problems and taking action. CLWs are no longer outreach workers whose role is to provide useful information and distribute syringes and condoms, and they are more than case managers helping individual KPs access health and social services. CLWs are aides to KPs on human rights and the law who assume a serious responsibility for another human being — her/his rights and sometimes freedom. This is why documenting every step along this path is critical.

*We are used to doing things, not writing about them. It is easier for me and outreach workers to go do outreach work and talk to clients and help them than sit down and describe every detail. However, if I do not get enough information, I will not be able to communicate the client's story to a lawyer. I know that I will have to ask this client the same questions to document everything properly, which is annoying. So I'd better do it one time and do it right. Still it can be overwhelming, especially on the outreach visits. Also, it would be great to have a person who would write reports. This bureaucracy is tiring ... Papers and documenting becomes more important than people. – CLW, interview*

The TA team explained the importance of documenting cases. A detailed description of ways to document information and why this should be done with examples and templates is provided in the handbook *Know Your Rights, Use Your Laws*. CLWs should collect information, first of all, to best understand the case and to provide the needed solution. Documenting can be done by interview: with the client's permission, interviews can be audio- or video-recorded with a mobile phone. The Principal Recipient (Open Health Institute) does collect a detailed description of cases from project teams and requires them to keep these records and all the paperwork on all cases in a safe and protected place. Project staff should be able to produce proof of these documented cases upon request from OHI.

Documenting cases can also take other forms that could work for outreach workers and project managers. For instance, outreach workers could email a brief field report with all cases/requests from KPs to a manager. By doing so, outreach workers would not need to interview every client but at the same time would be able to keep track of all interactions with clients and will be able to monitor the development of each client's case.

### ***Institutional challenges: Foreign Agent legislation and existing partnerships***

During trainings, webinars and visits to projects, the TA team had opportunities to monitor the implementation of the CSS/RLB modules, learn about success stories, explore challenges that the projects face and discuss needs for technical assistance. This ongoing engagement with the projects and CLWs has demonstrated a different level of understanding and uptake of the RLB concept among The Global Fund HIV projects.

The three groups of projects identified for technical assistance are (1) projects that actively participate in CSS/RLB and have a good understanding of what they are expected to do for KPs, (2) projects that demonstrate good progress but could do much more (projects with potential) and (3) a small group of projects not sufficiently engaged in RLB. The last two groups mentioned the "foreign agent" law and institutional relations with state agencies that make official complaints challenging for them.

According to the community coordinators, the TA webinars demonstrated that some projects were worried that RLB can attract the authorities' attention to their NGOs and they would be added to the "foreign agent" list. Projects that are based in AIDS centres or drug treatment clinics or work closely with state health institutions were worried that mediation and official complaints could break up their good long-term relationships built in years of service provision.

*We have spoken with several really well-established projects with really good reputation among KPs. They had no clue what is happening with CSS/RLB, what needs their communities have apart from needles and condoms. We were trying to persuade them that they should ask their KPs about their problems. They are very much afraid of the foreign agent legislation — this puts pressure on the NGOs. As a result, they do not have clear goals, directions and support for CLWs in CSS/RLB and very little progress with CSS/RLB. – Evgeniy Pisemskiy, Community Coordinator*

Technical assistance mitigates this problem to a degree. Clients who require RLB support can be put in touch with community coordinators and lawyers directly. This way NGOs can avoid the threat of the foreign agent designation and avoid conflicts with the local authorities. While the TA team can take on this part of the RLB work to support KPs and projects, project staff remain responsible for checking with KPs for any problems they may have and documenting all cases diligently. Project staff did not view TA support this way, so this division of responsibility was a useful lesson from the webinars. Still, the TA team cannot and should not be doing the CSS work for the project teams.

### **Foreign Agent Law**

Since the late 1990s, in Russia, the work with key populations affected by HIV has largely been supported by international funding. Today international funding is limited and organizations who receive funds from abroad must report this to the government authorities. At the discretion of authorities, any NGO can be included in the list of "foreign agents." Being on this list may mean regular inspections, possible fines and other repercussions for these NGOs. As the government does not support harm-reduction services (ideologically or financially), this legislation concerns many harm-reduction organizations. These NGOs will not be shut down, but they will be labeled and prohibited from receiving any domestic government funding.

The recently amended NGO legislation explicitly bans foreign agents from receiving state funding to fulfill social services (amendment to SO-NGO legislation,<sup>63</sup> in force since January 1, 2017). As a result of these policies, international funding dropped (The Global Fund is the only international donor for HIV programs in Russia); at the same time, HIV NGOs have very limited if any chance to receive domestic funding for harm-reduction services.

Despite these difficulties, several Russian harm-reduction organizations continue their work even after being labeled foreign agents, ARF and Project April being notable examples.

While legitimate, concerns about foreign agent designations were also viewed by some on the TA team as a pretext for not doing RLB.

*"I do think that RLB matters. This is more the matter of plans that these authorities have. Bureaucrats will first try solving things that do not require leaving the office. It makes sense to treat this legislation as inevitable and continue doing what you want to do — removing legal barriers, challenging illegal and discriminatory actions, helping KPs. If I believe in what I do, I will be able to communicate it to others. If I don't believe in something, I better stop doing it." – Alexey Kurmanaevskiy, lawyer*

Opportunities lie in empowering communities, working with community networks and other partners, using legal tools skillfully, and most importantly in doing only what one believes in and doing it right.

<sup>63</sup> Available at <https://rg.ru/2016/07/08/nko-dok.html>.

Keeping in contact with local institutions (e.g., the AIDS centre, drug treatment centres and other health facilities, the police, the penal system), explaining to them the vision and goals of the project, and building strategic alliances are important steps.

### 3.2. Opportunities

#### ***Support of lawyers: Availability of free professional legal advice for KPs***

EHRN runs an RLB project in eight EECA countries. They take a similar approach with training CLWs and community representatives. However, the EECA project is missing one important component: professional lawyers' services for KPs. According to the observations of Alexey Kurmanaevsky, who has been actively involved in both projects, lawyers' services and legal aid to KPs and CLWs make all the difference in Russia. According to Alexey, the free legal services and legal aid to KPs and the work of CLWs allow KPs and project staff to proceed with cases and achieve real results as shown above.

#### ***Successful cases are important for learning and motivation***

Examples of successful cases have helped CLWs and lawyers identify fast, efficient solutions for similar problems. For KP representatives, successful cases provide evidence that their problems can be addressed and they can entrust CLWs, project staff and lawyers with helping them in difficult situations. For CLWs, successful cases are important for learning and motivation.

*"After we had one successful case, rumors started spreading and we had several new people asking for support with legal or human rights issues. Then we had several successful cases and people began coming to us. ... Once you have successful cases or a positive experience, clients understand that they are not alone."* – CLW, interview

*Visiting other projects is very useful: We can see how they document, collect and store information, how they communicate with clients, etc. Meeting face-to-face with colleagues from other projects, studying cases and how others solved these cases. Successful cases are important, for example, on Article 228 of the Criminal Code (simple possession of narcotics).* – Project manager, interview

#### ***Documenting cases helps demonstrate the prevalence of violations and legal barriers. This data can be used to identify trends and changes in discriminatory practices***

Data collected by HIV projects, community initiatives and the TA team can be used to classify types of violations and barriers, identify the most common violations KPs experience and estimate prevalence of violations and barriers. Research can be conducted to analyze trends in the number of violations and to evaluate the effects of CSS/RLB work. Research can also help highlight ways to address these challenges using knowledge, algorithms and the experiences of CLWs and lawyers and their clients. Therefore, documenting and sharing methods and approaches to common cases can help address similar challenges in the future. This program collects evidence of violations and legal barriers and can build a strong evidence base, the method and examples for addressing these violations.

Not all the details of cases are recorded in OHI's SYMONA (especially personal and confidential information), but project staff keep records of their cases. Thus, this program created opportunities for future research.

#### ***CLWs interested in TA training and support: How to become efficient public defenders***

Inspired by the cases from Kaliningrad, Yekaterinburg, Togliatti and Moscow, CLWs from other regions expressed interest in learning more about acting as public defenders in court hearings. But CLWs who had not assumed this role before did not feel prepared to be in court as public defenders. Receiving

advice from a lawyer and possibly preparing and participating in court hearings with a help of a professional lawyer was suggested as hands-on education approach for CLWs.

*Successful cases of representing clients in court were important for us. We would like to learn more about representing our clients in the court. Our CLWs do not feel confident enough and are afraid to participate in the court hearings. Once we had a client who had a court hearing: we could not support her because we did not have enough knowledge about how to prepare, what we should say, how to behave. Prepare and participate in a court hearing together with someone from the TA team would be valuable. This would take our project to a new level. – Project representative, interview*

## PART V: CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

Russia's HIV program is on track with its overarching goal of "contributing to building and strengthening the national legal, methodological and financial framework to enable sustainability and expand coverage of the key groups with HIV prevention services, HIV/AIDS treatment, care and support."<sup>64</sup> As described in the Theory of Action framework, the goal is achieved through two modules of the advocacy component: CSS and RLB. As this report shows, in its first year, the project achieved all Level 1 outcomes (see Figure 2). Through the CSS/RLB training and technical assistance, the number of RLB cases increased, the number of successful cases increased, CLWs were trained and are actively working with KPs, community-based organizations received small grants to support additional CSS/RLB activities, three community forums were organized and strategic alliances were built. Project implementation in the first 12 months provided a strong base for achieving Level 2 outcomes, CSS/RLB goals and the overarching project goal. In fact, some of the Level 2 outcomes have already been achieved. Many projects and small grants recipients challenged legal barriers, discriminatory laws and practices routinely, including by connecting individual cases through the advocacy actions of the KP forums. CLWs document evidence of HR violations and legal barriers to make them available to municipal, regional and federal authorities, and international human rights bodies. KP forums and small grants recipients have become strong pillars for KPs' sustainable community systems. KP leaders actively participate in HIV projects, RLB, advocacy, CSS and strategic partnership-building.

During the next two years of the project and after its completion, monitoring and evaluation should focus on assessing Level 2 outcomes.

Key populations are uniquely positioned to contribute to protecting their health and rights when adequate client-oriented technical support is in place. By implementing CSS and RLB, Russia's HIV program acknowledges key populations and community-based projects as agents of change. Strong community systems, including the TA team and community legal workers, help key populations navigate complex environments (e.g., the legal or the social support system). The project demonstrates that key populations are interested and willing to address discrimination and human rights violations.

**A year of systematic work on CSS and RLB revealed a high prevalence of human rights violations and legal barriers.** Requests and cases that fall under this project are just the tip of the iceberg when it comes to the need for legal and human rights support among key populations in Russia. The CSS and RLB component provided opportunities for CLWs and HIV project teams to build new trustful relationships, offer real help and obtain tangible results. Key populations received information, gained skills and

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<sup>64</sup> Non-CCM Concept Note.

knowledge about human rights and legal barriers, and were provided an opportunity to receive free legal support. This project treats key populations as people who have rights and dignity.

**The technical assistance provided as an integral part of this project demonstrated its utility.** The education and legal support lawyers (with support from community coordinators) provided to HIV projects, CLWs and key populations were key to the successful implementation of CSS and RLB activities.

**An important result of this project is training a new group of community experts and community legal workers.** Over 200 HIV project staff and KP volunteers received training on human rights and legal issues. Prior to this project, no systematic RLB work had been done in Russia, and CLWs needed to take their relationships with key populations to a new level of trust. The TA team prepared CLWs for this task by providing specialized legal and human rights training, clear guidelines and an RLB process. Community legal workers demonstrated interest and enthusiasm about developing professionally and gaining new skills. In addition to the training, CLWs and key populations were able to receive ongoing legal advice offered by lawyers and support from all TA team members on human rights, social issues, networking and other important issues.

**To help integrate CSS and RLB activities in the daily routine of HIV project staff, the TA team provided CLW training and ongoing support, and equipped them with a method and guidelines.** A critical first step in this method is documenting cases and keeping track of requests from key populations to better understand legal barriers and human rights violations and provide timely responses. Russia's HIV program and technical assistance enabled key populations to use the capacities of lawyers and community legal workers, community coordinators, outreach workers, volunteers and other project staff (including case managers, psychologists and medical specialists).

**Russia's HIV program and its technical support component contributed to key population empowerment, enhancing the capacity of HIV projects and strengthening community.** In one year, over 7,683 key population representatives received consultations from CLWs and TA team. Of 1,195 documented cases, 929 led to full or partial resolution. Documenting every case diligently, exchanging knowledge about successful cases, discussing challenges and complicated cases, and strengthening community systems helps communities protect their rights and attain better health. A clear RLB process was an important factor in the success of the project and in replicating this approach across the country and working with different key populations. The TA team and CLWs helped KP representatives prepare and submit 580 complaints or other forms of appeals to authorities and state institutions in cases of identified obstacles in access to HIV prevention, treatment and care services. Authorities responded to over 71 % of these complaints. While the content of these responses is not available, the response rate itself suggests that written requests are an efficient tool in dealing with authorities. It is important to seek explanations or information and ask questions.

The advocacy components of this program helped expand the general understanding of community systems and strategic alliances. Project staff, activists and key populations participated in training events and community forums and referred to the TA team for legal advice and technical assistance. **Engaging in these networking activities, activists learned about the national and EECA regional key population networks, human rights groups, social support institutions, and other associations that constitute community systems in Russia.** With mutual support, key populations and community systems mechanisms can build strategic alliances with other stakeholders; engage with decision-makers; work with media; and influence legislation and policies that adversely affect the health and lives of key populations. This support contributed to changing the environments and attitudes that were the cause of rights violations, vulnerability to HIV and limited access to health services.

**In several cases, media coverage helped raise awareness of key populations' problems among wider audiences and other key populations themselves.** Readers and viewers were informed that problems exist and why addressing these problems was important. This approach also reached other key populations and invited them to contribute to collecting the evidence being gathered. Several TA team members and CLWs mentioned the importance of working with journalists and media in the interests of clients. This work is a part of strategic partnership-building.

From 2016 to 2018, the budget for CSS, RLB and TA is roughly US\$575,000 annually. This report did not assess return on investment of the human rights and legal assistance to key populations. Estimating value for money at the end of the three-year project will be an important next step in the project evaluation. Roper LYV Consulting defines "value for money" as "cost-benefit, cost-effectiveness, and social return on investment."<sup>65</sup> Evaluating value for money will help program implementers and stakeholders understand the financial implications of incorporating human rights and legal interventions into nationwide HIV, tuberculosis or hepatitis C programs. **Further research, preferably using economic modeling methods, is necessary to assess the cost effectiveness of including legal services and legal technical assistance** in HIV services in Russia.

Considering the two advocacy components (strengthening community systems and removing legal barriers) as goals and HIV services as a means to achieve these goals is a necessary paradigm shift. Projects have been perfecting their service provision components for 20 years. **Russia's HIV program, with the support of the Legal Network, demonstrates that CSS and RLB are important for making key populations agents of change. Acting together, HIV organizations and community initiatives, KPs and lawyers can address the stigma, discrimination and criminalization.**

## Recommendations

This project has demonstrated a great need for further expansion of CSS and RLB activities, expanding education about legal issues and human rights, free legal aid to KP representatives and technical assistance to CLW and KP. The technical assistance the Legal Network provided has proven to be effective. All stakeholders working with key populations and domestic and international funders should take note of the following recommendations:

- Recognize and operationalize in strategies and daily activities the urgent need for human rights components in HIV projects, to address stigma, discrimination and criminalization that often lie at the root of key populations' vulnerability to HIV and their inadequate access to prevention, treatment, care and support.
- Continue CSS and RLB work in the regions and beyond to protect and promote key populations' human rights and dignity as part of an integrated and comprehensive response to HIV.
- Provide sufficient funding for legal client-oriented technical assistance, enabling key populations to resist human rights violations and engage in meaningful dialogue with authorities as a cost-efficient way of dealing with complex legal and social issues that contribute to the HIV epidemic in countries such as Russia.
- Continue providing education and technical assistance to experienced and new community legal workers to ensure this work is done in other Russian cities as well, including by enabling communication between cities and countries about case work and sharing experience.
- Consider further research with economic modeling methods, to evaluate value for money of human rights activities, legal services and legal technical assistance. The evaluation at the end of this three-

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<sup>65</sup> Canadian HIV/AIDS Legal Network, 2016.

year project will help to estimate the financial implications of incorporating human rights and legal interventions into HIV services as well as into nationwide HIV, tuberculosis or hepatitis C programs.

- Include support for CLWs and key populations in addressing human rights violations and legal barriers as part of the professional responsibilities of HIV project managers and staff.
- Create standards for legal support provided to key populations free of charge as part of HIV projects.
- Continue enabling key populations to build strategic partnerships and work with journalists, lawyers, medical professionals, licenced attorneys, legal clinics, human rights NGOs, educational institutions, state officials, other experts and the community at large.
- Continue innovating by using the internet, digital technology and peer-to-peer education to expand human rights services and capacity-building activities for key populations.
- Continue using a consistent approach to document human rights cases for tracking and comparing data on cases and results across the country. The TA team should document cases (i.e., describe the nature of the complaint, process and resolution, protecting the identity of complainants) to make this information readily available to legal professionals, community legal workers and all interested parties (including HIV project staff and media). The collected data can be used also for research purposes, including to analyze the situation and identify trends, common complaints, ways of addressing cases, and results, including resolved and unsolved cases. This data should be analyzed and findings should be used for advocacy.

The main ideas and results of the projects are summarized well in the following quotes:

*Many more problems can be uncovered and addressed when dealing with legal issues and human rights violations. I have been working in the field of HIV/AIDS and harm reduction for a long time, and I know that if you are not ready to listen to a person you are not a good specialist. Therefore, it is very important that outreach workers and HIV projects understand that they can go beyond distributing syringes and condoms. Outreach workers and projects need to focus on the people who come to the project, their needs and problems, which, as our project shows, often include discrimination and human rights violations. – Ilya Lapin, Community Coordinator*

*HIV work should not be limited to the provision of HIV services and case management. Learning about HIV is just the beginning of a longer journey. For me, HIV is a pretext for starting a conversation about human rights — the right to health and non-discrimination. I have rights, and I am teaching others that they are entitled to these rights. If a person knew about their rights and acted to defend them, they would be eager to demand services and would not tolerate discrimination. This is why our project of technical assistance and legal support has worked so well. We educate community members and projects. For me, advocacy is about helping key populations to obtain a strong voice and be heard. It is important to empower community leaders with knowledge. Communities should be strong advocates for themselves.— Irina Maslova, Community Coordinator*

*Earlier in my personal and professional life, I learned how to document violations, write complaints and appeals, and submit inquiries to institutions and authorities. Working with lawyers helped me gain experience of working with the court system to ensure quality defence and participating in court hearings as a public defender. With this knowledge I can offer real help to other people. – Larisa Solovyova, Community Coordinator*

## Annex 1. Monitoring, Evaluation and Learning (MEL) Indicator Matrix<sup>66</sup>

Measure	Indicator	Tool	Source
<b>Training</b>			
Reach of webinars	Number of people who participate from each district	Course participant list	OHI/ Legal Network
Trainees' assessment of training quality	Trainee-provided assessment of content, presentation, quality of instructors, pace, etc.	Survey or other method of assessment at end of training	OHI
Instructors' assessment of webinar quality	Engagement of trainees in webinars (confusion, uncertainty, suggestions, examples provided through comments)	After-event review (AER)	Legal Network
<b>Quality of ongoing accompaniment/support</b>			
Level of demand for support	Number of requests for support from legal advisor(s) or community coordinators	Log book and/or monthly report	Community coordinators; legal advisor(s); Legal Network legal advisor
Types of violations seeking TA	Number and type of violation (disaggregated by gender, sexual orientation, vulnerability factors) documented per CLW		Legal advisor
Intensity of demand – ongoing and discrete info requests	Number of hours dedicated to each request/case	Log book categorizing response times/activity report	Legal advisors/community coordinators
Type of support provided	Specific actions taken per request/case	Log book and/or monthly reporting	Legal advisors/community coordinators
Case advancement	Stage each ongoing case has reached each month	Monthly reporting	Legal advisors/community coordinators
Case outcome	Number favorably resolved; number with negative decisions; number dropped and content of any decisions	Case reporting, legal decisions	Legal advisors, CLWs
Expansion of support network	Referral list, organizational allies list	Document maintained by the Legal Network	Legal Network, legal advisors
Opportunities and obstacles	As identified by TA providers and CLWs	Monthly activity report, case files	Legal support providers/CLWs
Quality of response	Timeliness and helpfulness	Mini-satisfaction survey on support given to CLWs at 6 and 12 months of the program	CLWs
<b>Changes in practice of CLWs</b>			
Perceived ability of CLWs to identify and document violations	Content of CLW discourse, analysis in interaction with TA providers	Key informant interviews	Legal advisors, community coordinators, NGO allies
Quality of documentation	Thoroughness (5W1H), witness testimony, photos/videos, etc., as made available to TA providers	Record of case in client log/case file, as available; checklist (entered in CLW logbook)	Legal advisors, community coordinators, NGO allies
Engagement with service providers, police	Number of state officials CLWs recruited to take part in seminars or type of support TA providers gave for seminars	Attendance at seminars, activity report	Course organizer, TA support providers
Advocacy with service providers	Content of arguments, capacity to negotiate, successful outcomes of cases	As reported to and by TA providers,	TA providers, CLWs

<sup>66</sup> Roper LYV Consulting and the Canadian HIV/AIDS Legal Network, 2016.

Measure	Indicator	Tool	Source
		key informant interviews	
CLWs' networking capacity	Relationships established with sympathetic service providers, legal aid organizations or pro-bono lawyers, etc.	Community resource list — resources available at the international, EECA regional and national levels	
<b>Evolution of a few cases</b>			
Legal remedies pursued in a few detailed case examples	Number of KPs who received legal assistance (informal or formal complaint, mediation, petition, etc.)	Record in client log/case file, record of formal complaint (copy of documentation)	CLWs
Type of support RLB helps enlist	Pro-bono lawyer, state appointed lawyer, human rights or legal aid organization	Client case file, CLW log book	CLWs
Case outcome	Number of cases remedied, disposition of cases not remedied, number of cases lost	Client case file, CLW log book	CLWs with community coordinators
Main opportunities/obstacles	Key factors that lead to successful outcomes, key obstacles that prevented successful resolution	After-event review	CLWs with community coordinators and any advisors
Conflicts/intimidation	Number and types of conflicts/threats directed at client or caseworker	Client case file, CLW log book	CLWs and community coordinators (part of quarterly risk assessment review)
<b>Consolidated Report</b>			
Timeliness	Issued within agreed time frame		
Content quality	Number of districts/CLWs filing completed reports, number and utility of case examples	Percentage and completeness of all cases that began by time of report, review logbooks	Community coordinator, OHI
Analysis quality	Clear conclusions and recommendations based on sufficient evidence	Review checklist, Expert opinions, Downloads and citations of report	External readers Media tracking