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### Grant Information

\* **Project/Event Title** To provide continued support to a "street law" project that provides access to legal aid and health care services to populations at high risk of HIV/AIDS in Moscow.  
 \* **Requested Grant Amount** \$200,000.00  
 \* **Short-Term Goals** Objective 1: Regular outreach work and case management among drug users in Moscow  
 Objective 2: Educate and empower drug users community on issues of health and human rights  
 Objective 3: Ensure improved access to legal aid  
 \* **Long-Term Goals** To ensure that human rights and dignity of people living with or vulnerable to HIV in Russia are protected and they have access to HIV prevention and other health and human rights programs  
 \* **Evaluation** In 2013-14 ARF sought additional funding for carrying out an evaluation of the Street Lawyers project. The results of the eval will be released in September 2014 and they will help us to identify additional impact and process indicators for the project effectiveness.  
 Monitoring and data collection  
 Fieldwork: During the 5 years of our work we have established a smooth and efficient system of data collection. Every day, outreach workers submit online reports on their work. These reports include main quantitative indicators (number of contacts, number of new clients, number of consultations, tests and referrals, number of materials provided etc) and also description of the visit, including changes on site, special needs of particular clients, etc. The quantitative indicators are filled through a google form, while the field report is shared through the project listserv. This way the contact within the team is supported on a daily basis. The outreach coordinator makes monthly summaries regarding the achievement of indicators and a content briefing. In fall 2014 after the formal evaluation of the project is complete, we may have some other suggestions how to ensure quality monitoring for the project.

#### Negotiated Grant Objectives

Specifically, ARF seeks:

- \* To continue to train a cadre of 16 part-time dedicated street law outreach workers to provide basic legal services to help enforce the rights of injecting drug users and people living with HIV/AIDS.
- \* To provide legal aid, health services, and social service referrals to over 1,500 injecting drug users and persons at high-risk of contracting HIV/AIDS.
- \* To increase the number of HIV/AIDS and harm reduction-related cases taken on by mainstream legal clinics (e.g., Moscow State Legal Clinic and Public Interest Legal Network).

### Narrative Impact Report Information

\* **Type of Report** Progress \* indicates required  
 \* **Grant Objectives** Objective 1. Ongoing outreach work and case management.  
 Since the first contact with the participants of our Street Lawyers project occurs on the streets, it is very important for us to maintain and develop linking between outreach work, health counseling and legal counseling. To ensure quality work and to procure necessary supplies (syringes, condoms, HIV and hepatitis tests, ointments, bandages and Naloxone for overdose prevention), we attracted co-funding. This procurement was supported by the Open Society Foundations and through crowdfunding efforts using the Global Giving and Boomstarter.ru platforms. In the middle of 2015, we have also received funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The funding from GFATM allowed us to continue procurement of prevention materials and buy an outreach mini-van which will improve the length and quality of consultations on health and legal matters.  
 Currently we do outreach in several areas of Moscow. These areas include drugstores located close to Maryino, Bratislavskaya, Pervomayskaya and Vykhino subway stations. Every once in a while we make exploration trips seeking new areas for work. The outreach work is done on a schedule (we try to make sure that regular visits to a particular site happen in the same hours), in evenings when the maximum number of drug users gather around the drugstores. The work of most outreach workers, case managers and lawyers is fi

by LSF.

In order to establish and strengthen our connection with the participants we give out syringes and condoms, provide brief counseling health and legal issues and refer people to various municipal services. If necessary, and if a participant needs more substantive support a case manager is available to work with her. We have 15 outreach workers engaged in the project, and the levels of their engagement varied. Also we have an outreach coordinator, 4 case managers, 4 lawyers, 2 psychologists (on request) and the surgeon. Staff member time is co-funded from other sources.

The case managers also provide accompaniment in cases when the participants need more substantive assistance. The key principle of accompaniment and case management work include participant-centered approach, respect, equity and empowerment. We help our project participants obtain and keep receiving the medical and social assistance they are entitled to. And we do call the drug users who work with project participants rather than clients, because we communicate on an equal footing and the information exchange that always benefits both sides.

We gather second hand clothes from members of more socially advantaged groups and distribute the clothes among the participants who need them. The clothes are distributed both among the project participants who use our accompaniment services, and during street outreach work. This year we were able to redistribute a lot of second hand clothes to those who needed them.

Drug dependency is a complex issue and aside from social challenges and HIV risks, people who use drugs often face other health issues. One of the most pressing health issues for our participants is post-injection complications and bacterial infections. We see abscesses, phlegmons, vast trophic ulcers and many other issues. Since we do street outreach we offer medical counseling on these issues. Medical counseling is provided both through regular outreach work as well as on request from project participants. We usually have a doctor who goes to outreach couple times a week to provide counseling and primary care. For a few months we have had a certified surgeon who works with us, offering assistance to our project participants during outreach.

For those cases where it is impossible to offer counseling and address the issues on-site, we have partnerships with a plastic surgeon and a vascular surgeon -- both see our project participants individually in medical settings. They can perform venous ultrasound and consultations for blood circulation issues, as well as provide emergency medical assistance for acute conditions.

Another serious issue faced by our participants is opioid-related fatal overdose. To help prevent overdose deaths, we provide on-site training and counseling as well as Naloxone. Naloxone is a medicine that is used to prevent death from overdose. It is one of the most effective harm reduction interventions. In 2015 we received reports of 205 lives saved thanks to our training and Naloxone - an is only those cases, that were reported back by our participants! Naloxone is procured through private donations and we also advocate its wider distribution in Russia (see legal cases below).

Accompaniment is provided for our project participants who have other medical issues. The social workers participate in the process of hospitalization and together with the participants ensure that necessary care is provided and the patients are treated with respect in hospital. It is often a problem since in Russia drug users often face stigma and discrimination and horrible disrespectful treatment, including in the medical settings. We focus on supporting the project participants fighting for their right to health and for medical assistance and humane treatment in healthcare settings.

We also help people to seek drug treatment and rehabilitation.

In the period between December 2014 and December 2015, we were able to obtain the following results:

Total contacts with the project participants: 5,294, including 1942 first-time contacts

Of them, contacts with women / including first-time contacts: 1,326/ 464

Syringes given out: 187,665 (syringe and condom procurement was co-funded by the Open Society Foundations and the Global Fund)

Fight AIDS, TB and Malaria)

Condoms: 9,101

Drug treatment counseling: 376

HIV and hepatitis counseling (Dec 2014 -- Aug 2015): 159

HIV counseling (Sep -- Dec 2015): 110

Hepatitis C counseling (Sep -- Dec 2015): 55

Hepatitis B counseling (Sep -- Dec 2015): 4

STI counseling (Sep -- Dec 2015): 41

Post-injection complications counseling: 525

Overdose counseling: 677

Other counseling: 194

Legal counseling: 87

Lives saved thanks to Naloxone (procured through co-funding): 205

Objective 2. Training and empowering the drug user community to protect their rights.

The work under this objective included 8 mini-trainings for people vulnerable to or living with HIV as well as the professionals who work with them and 47 people were trained. We emphasize the protection of the rights and health of people who use drugs. The workshops were dedicated to the following key topics:

HIV, prevention, treatment. Implementing the right to HIV treatment

Social work on the streets and the rights of people who use drugs

Accompaniment and legal assistance in absence of service provision by the state

Violations of the rights of people who use drugs. Questions and answers

These mini-trainings allowed us to pay attention to the importance of social work and legal assistance to people who use drugs. As for drug users themselves, the workshops helped them understand their rights and how these rights are violated, but also, and most importantly, gave them the tools to protect and defend their rights. We believe that the workshops gave a boost to activism dedicated to protecting the rights of people who use drugs

Objective 3. Improving the quality of legal assistance.

Since 2013, we provide legal assistance to our project participants within the Street Lawyers project supported by LSF. As before, the main concept is to teach legal defence skills to people who have no formal legal education -- to social workers and people vulnerable to HIV. Today our outreach workers are well-trained and have sufficient legal skills to be able to provide to drug users brief and timely consultations addressing basic legal issues.

Our foundation's legal work can be split into several streams. First, we do advocacy work on various issues, using legal mechanisms. For example, the Foundation is working to reclassify Naloxone, a drug to prevent lethal overdoses, from prescription to over-the-counter status. We have submitted related requests to the Russian Ministry of Health, and we kept correspondence with Russia's Chief Narcologist. On the successes of this work is that in the end of 2015 the Chief Narcologist made a public announcement that as of 2016, Naloxone will be provided free of charge and anonymously to drug-dependent persons registered in Moscow.

Second, our lawyers are working to provide legal assistance to drug users based on specific requests. In particular, they assist drug users who have become victims of criminal prosecution (legal counseling in relation to criminal cases against drug users). For example, in one case our social worker solicited the court to change a woman's pretrial restriction from detention to house arrest. As a result, the woman was released from detention. Later the court gave her a sentence with probation and she was able to avoid prison. Summary description of specific cases is given below.

We help HIV positive people to obtain medical assistance and ARV therapy. Recently there have been more and more such cases because the state does not make sufficient efforts to ensure access to therapy and uninterrupted supply. Apart from our outreach work we have also received several complaints from the penitentiary facilities -- the situation there is especially critical. We have helped to write solicitation letters based on these complaints.

Our social workers have obtained skills in preparing legal documents (complaints, statements, letters of attorney and solicitations), and the experience they have accumulated while implementing this project. Our work with drug users has become more efficient, and our services are even more accessible now. During last year we prepared 167 legal documents (including appeals within the court trials criminal and civil cases, requests to the public authorities, statements of claim and statements challenging the actions of public authorities), as well as about 20 court appeals. Our social workers took part in (around) 20 court hearings. The key topics for our legal work in 2014-15 were: protection in drug-related criminal cases, protection of the right to health (access to ARV, protection from discrimination of people who use drugs and live with HIV and hepatitis C).

The Street Lawyers project is therefore realized on several levels:

Level 1. Street work. During outreach work drug users often have questions for the outreach workers. Thanks to the experience and knowledge they now possess, the outreach workers can isolate legal requests and either provide brief clarifications or forward these requests to the project lawyers and initiate the process of case management. In addition, the outreach workers distribute informational materials on legal matters and a drug users' newspaper Shlyapa i Bayan which provides a lot of legal tips.

Level 2. Mediation. Our outreach workers try to mediate when working with medical staff as well as with employees of state facilities in order to protect the rights of drug users. Mediation is particularly effective when interacting with state facilities that assist homeless persons.

Level 3. Official requests and complaints. The skills obtained in the course of training workshops and, most importantly, in the course of practical work, allow the outreach workers to prepare official requests to healthcare organizations and other state facilities. Earlier all requests would be prepared by lawyers, but now many of them are prepared by our social workers while lawyers only provide additional support when necessary.

Level 4. Court participation. During last year our social workers and lawyers participated in court hearings on issues such as access to antiretroviral treatment, protection of the family rights of drug users, amnesty, etc. Our social workers also help in the preparations for court hearings, including by holding family conferences, visiting healthcare facilities with drug users, and so on.

Level 5. Criminal cases. Our outreach workers assist participants in criminal cases (mostly, drug related). The social workers try to participate in courts as public defenders, together with lawyers. If the court rejects a social worker's participation, the worker then supports the court providing insights about the defendant's personality characteristics. Our social workers also interact with the State-appointed attorneys to design a more effective defense strategy. The outreach workers' participation in the criminal procedures is useful and productive.

With the help and funding of the Open Society Foundations we have carried out a scientific evaluation of our Street Lawyer Project. The report of the evaluation is available in Russian and we plan to translate it into English.

See Appendix 1 for the summary of our main cases in 2015

**\* What have you learned from the project?** Timur Madatov (lawyer): The project taught me how to explain legal procedures in a plain, accessible language. It's a useful skill that valued by many people. Secondly, the project helped me understand that jurisprudence isn't something boring and complex, not something accessible to just few people. Our project participants often realize that their rights were violated, and they feel that an inj was done to them, but they don't know exactly how to fight it. So I think the most important thing is to help someone understand that 90% of cases legal defence isn't complicated and to help them make use of this mechanism.  
Vladimir Tsvingli (lawyer): The lesson is probably that on one hand, it's a project that requires knowledge, motivation and discipline, the other, basically anyone can do it if they want and try hard, and knowledge comes with practice.  
Anna Alimova, outreach worker: The "Street Lawyers" project is quite relevant, both for the project participants and for the staff. We learning legal skills while working, to an extent (and each of us defines that extent for themselves), and then we learn to use this knowledge in practice.  
Katya Nesterova, doctor: I got acquainted with the social group of street drug users for the first time, learned about their problems, vulnerabilities and specific behaviors outside of the treatment center, about their low adherence to outpatient treatment and about th psychological issues.

**\* What are you most proud of?** Timur Madatov (lawyer): Most of all I'm proud of those moments when our project participants demonstrate their strength and patien when defending their rights.  
Maria Preobrazhenskaya, case manager:  
The feeling that it's possible to turn the situation around together with someone who just a while ago seemed empty, hopeless, devo resources and faith in themselves, so as to look at the situation in a different light and act in a different way; it's an amazing feeling! then someone who thinks they have no rights in this world of structures, rules and obstacles disguised as "the state" begins to realiz do have rights, begins to act against their fears, their weaknesses, their myths.  
Anna Alimova, outreach: Our project participants often apply the knowledge we provide, and that makes me glad. I'm proud that we gained the trust of so many participants that they come to us for consultations and for help, and sometimes bring their friends as we like to note also that I've often heard drug users say, "You are really doing good things, thank you!" And I think that's something to bi proud of )  
Asya Sosnina, case manager: I'm proud of our team! Proud that our contacts with our project participants are turning into close relat because we have common goals and values - defending human dignity and the right to fair trial. I'm proud that often something that starts as a legal request develops into something else, even though the case had a negative "outcome". I think this is because our w built on the subject-to-subject principle rather than the subject-to-object principle. It is also built on the possibility of providing suppor is not limited to legal assistance. I'm proud that most of our cases result from project participants sharing information about the ARF means we have their trust. I'm proud of those cases where the ARF did minimal work and the participant did most of the work.

**\* What would you do differently to have greater impact?** Timur Madatov (lawyer): I think that I personally could have made more of an effort to achieve results in some cases as a result of g them to the court stage. Also, we should probably focus more on distributing information in the community regarding the legal assist that we are providing.  
Anna Alimova, outreach worker: Increasing the number of organizations such as ours -- so far, we're the only ones in the whole city Moscow and even if we want to reach everyone we can't. Also it would make sense to seek adequate people in government for futur collaboration.  
Katya Nesterova, doctor: It would be good to connect with the network of pharmacies so that we could "refer" people to help them o specific drugs (not just bandages but also antibiotics, for example anti-inflammatory drugs).  
Asya Sosnina, case manager: Creating more opportunities for exchange of experiences between the project participants (both positi negative experiences are important), providing more support to help in their empowerment.

**During the reporting period, did women, men, and/or transgendered persons participate and benefit equally from the project? If not, what were the differences and why?**

The men and women benefited equally from the project. we do not have transgender participants yet.

**Did unexpected gender issues or other human rights issues surface during project implementation? If so, how did (or will) you address them?**

we have carried out a focused research on gender issues (women issues, to be precise) so they were not unexpected. However sev barriers are impossible to overcome in the current political climate. For example, due to lack of methadone substitution programs its challenging to provide services to pregnant women.

**If your program will continue past the grant period, how are you progressing in obtaining other sources of support?**

It is becoming more and more difficult to obtain any resources in Russia as the international donors turn away from the country beca the politics and the state does not fund harm reduction work due to ideological reasons. We have funding from the GFATM, but its v limited.

#### Additional Comments

Appendix. Below we describe key cases from last year:

1. Vasily Evgrafov (Access to free Hepatitis C treatment)

Vasily is suffering from Hepatitis C. In the fall of 2014, he decided to start therapy and turned for support to the ARF where he is an outreach worker.

Since the fall of 2014, Vasily has maintained regular correspondence with state facilities, defending his right to free Hepatitis C treat In addition, while working on the case Vasily defended his right to informed consent to medical interventions. Finally, Vasily is defen his right to free medical assistance, including free diagnostics (fibroscanning instead of the biopsy offered to him).

2. Angilina (Guardianship of her grandchildren).

Guardianship services refused to grant Angilina Alexeevna guardianship rights for her two grandchildren (both are minors). Their mc Elena Ismailova, had had her parental rights terminated. The refusal was grounded in the fact that Angilina had been convicted on November 17, 1975 of a drug-related crime. The refusal was appealed in court on September 23, 2014. The Golovinsky district cour decided against Angilina. The argument (this application of Article 146 of the Russian Family Code violates Article 54 of the Constitu which prohibits retroactive effect of a law that introduces or aggravates responsibility) was ignored by the court of first instance. This decision was appealed in the court of appeals. On March 24, 2015, the Moscow City Court upheld this decision. Now her children ar foster care.

3. Galina from Schelkovskaya.

Galina was accused of attempted supply of illegal drugs (two episodes), as well as of illegal drug possession (one episode). The prosecutor partially dismissed the charges, and one of the episodes (preparing to supply drugs) was reclassified to possession (Artic part 1). As a result, Galina was sentenced to 5 years of imprisonment. Galina appealed, but the Moscow City Court rejected her app Another appeal has been filed with the Court of Cassation, and a complaint has been sent to the European Court of Human Rights because the provisions of Article 6 of the Convention (the right to fair trial) had been violated.

4. Arsen (Penal Colony No. 2).

Since 2011, A. M. Musaev is serving his sentence at the Penal Colony No. 2 in Orlovsky oblast. In 2013, A. M. Musaev was diagnos with HIV. At that time, his viral load amounted to 365 CD4 cells (cells/μl). Thanks to our collaboration with a partner organization, we able to establish contact with the Orlovsky oblast AIDS Center. Arsen's test results were studied by a doctor visiting the colony, and therapy was provided to him.

5. Roman Polyakov (Penal Colony No. 2).

Since 2004, Roman is serving his sentence at the Penal Colony No. 2 in Orlovsky oblast. In 2006, Roman was diagnosed with lung : lymph node Tuberculosis. In 2007, Roman's neck lymph nodes were removed. In 2012, he began to experience pain in his right fore Because of the pain, since 2012 he has repeatedly asked for medical assistance, but none has been provided. The Foundation's lav prepared and submitted their appeals.

6. Lena Sh. (Denial of an early termination of probation and refusal to remove a criminal record).

In 2012, Lena was sentenced to 3 years on probation according to Article 228 part 1 (illegal procurement, possession, trafficking, etc drugs without intent to supply) and Article 232 part 1 (organizing or keeping a drug den), her probation term being 5 years. Last sum marked the midpoint of her probation term, and according to Article 74, part 1 of the Russian Criminal Code she solicited her district for an early termination of her conditional sentence and for the removal of her conviction from her record. Deputy prosecutor had no objections. However, the court had a different opinion and refused, noting that "Convict Lena Sh. has served more than half of her probation term, is characterized positively at work, and the court also takes into account her health condition (Lena was in the last trimester of her pregnancy) and the fact that she underwent drug treatment. Nevertheless, the court believes that the convict's good behavior and the fact that she respects the limitations imposed by her sentence is her responsibility as a convict placed on probatio should not be considered as unequivocal confirmation that she has reformed and that her probation must be terminated and her crin record cleared." The Foundation's lawyers prepared an appeal of this decision by the court of first instance. The Moscow City Court overturned the decision of the court of first instance and satisfied Elena's solicitation of an early termination of her probation and the removal of her criminal record.

7. Alexey Zaytsev (Amnesty).

Alexey came to us after a court refused to grant him amnesty to mark the 70-th anniversary of WW2. The court grounded its refusal fact that while serving his probation term Alexey had committed a crime which made him ineligible for an amnesty. However, his ser which was related to the case the court of first instance classified as a "crime", had not yet been announced and his case was still b investigated. In their appeal the Foundation's lawyers noted that using this case to justify the refusal of his amnesty violated his presumption of innocence. The Moscow City Court satisfied Alexey's appeal and granted him amnesty.

8. Yury Sevryukov (Access to ARV therapy).

Yury is HIV positive. He is a citizen of the Russian Federation. He does not have a usual place of residence although he has lived in

Moscow practically all his life. He was hospitalized and then referred to the Moscow AIDS Center for registration and ARV treatment. However, the Moscow AIDS Center referred him to the Moscow Department of Healthcare. There he was refused treatment because he was not registered as a Moscow resident and could not therefore use the AIDS Center's services. Our lawyers submitted a second appeal to the Moscow Department of Healthcare. Yury's request was rejected again. Again we submitted an appeal, this time against the Department's illegal decision. Moscow's Tverskoy District Court rejected our appeal noting that "...the right to free antiretroviral drugs only be exercised if the healthcare facility has a stock of these drugs and the financial means to procure them. Not all HIV positive citizens have the right to free HIV drugs in spite of the fact that this right is guaranteed by law." We appealed this decision in the Moscow City Court. On October 28, 2015, the Moscow City Court rejected our appeal and upheld the Tverskoy District Court's decision. Currently we are working to get Yury to register at the Federal AIDS Center and preparing an appeal with the Court of Cassation.

#### 9. Advocating for over-the-counter naloxone.

Currently Naloxone, an opioid antagonist used to provide first aid for opioid overdoses (in particular for heroin overdoses), is only available in Russia as a prescription drug. ARF distributes Naloxone among Moscow drug users and regularly receives their positive feedback. Based on this feedback, the Foundation keeps count of all the lives saved through the use of Naloxone. In August 2015, we sent a request to the Ministry of Health to find out about the procedures for prescribing Naloxone and about the possibility of offering it as an over-the-counter drug. We prepared a similar request for Russia's Chief Narcologist E. A. Brun. In response, E. A. Brun invited our social workers for a meeting to discuss overdose prevention collaboration. The meeting has not been scheduled yet. We are also preparing an appeal to the pharmaceutical companies that produce Naloxone to find out about the possibility of offering it as an over-the-counter drug.

#### 10. Dmitry Polushkin (Litigation regarding substitution therapy).

Dmitry has repeatedly attempted to obtain treatment for his opioid dependency, as described in detail in his appeal to Moscow's Tverskoy District Court from October 10, 2014 regarding the illegality of the Ministry of Health's refusal to offer Dmitry substitution therapy with methadone, submitted in accordance with Article 25 of the Russian Civil Procedural Code. On February 25, 2015 Moscow's Tverskoy District Court refused to acknowledge the illegality of the Ministry of Health's actions and to satisfy Dmitry's appeal. On May 20, 2015, the submission of a brief appeal and two appeals to the Chair of the Court, we got this refusal as a final decision. On September 22, 2015, the Moscow City Court rejected the appeal and upheld the Tverskoy District Court's decision. We submitted an appeal with the Court of Cassation. Our appeal was reviewed by a judge of the Moscow City Court and she refused to transfer our appeal to the Presidium of the Moscow City Court. Currently we are preparing another appeal to the Supreme Court of the Russian Federation.

#### 11. Dmitry Polushkin (Compensation for inhumane treatment, unjust imprisonment).

In 2012, Dmitry was convicted for drug possession but with the help of a lawyer and with ARF support he was able to appeal his sentence and the case against him was closed. He was acquitted. In spite of this victory, because of the criminal prosecution Dmitry had to spend months in a pre-trial detention center. Moreover, while he was in the detention center no medical assistance was provided to him to address his drug dependency, and as a result he experienced withdrawal ("cold turkey") and physical and mental pain. In the summer of 2014, with support from ARF lawyers, Dmitry appealed in court to receive compensation for psychological damage, assessed at R300,000. The court of first instance only awarded R50,000 to Dmitry, noting that "...the court cannot accept as grounds for compensation the physical pain claimed by the complainant due to the withdrawal syndrome, because the mere fact of illegal drug use does not deserve respect..."

Dmitry was not satisfied with this decision and appealed it because the court of first instance had not taken into account a number of factors listed in the first appeal, and he thought that a R50,000 compensation for 8 months in jail with all the physical and mental pain was unfair if not humiliating. On December 15, 2014 the court of second instance agreed with our arguments and doubled Dmitry's compensation to R100,000.

#### 12. Pavel Dyubanov (Access to HIV treatment)

In 2013, Pavel was diagnosed with HIV. In 2015, Pavel came to the Moscow AIDS Center to get registered and start receiving ARV therapy, but he was refused treatment because he did not have permanent registration in Moscow. Pavel has a temporary registration valid for 5 years (until 2019). He turned to the Moscow Department of Healthcare with the same request. In response to his request, in May of 2015 he was denied registration at the AIDS Center. The explanation was that "the number of residents attached to the Center exceeds its capacity". Pavel appealed in court to have it acknowledge the illegality of the Moscow Department of Healthcare's decision. On December 8, 2015 Moscow's Tverskoy District Court again rejected Pavel's appeal. We have again appealed this decision.

#### 13. Masha Kuznetsova

In November of 2014, the Foundation learned that Masha, a friend of one of our project participants whom we had been helping, had been charged with possession of a drug (amphetamine). Masha had been placed in pre-trial detention. On December 11, 2014 she had a hearing regarding an extension of her detention. Our social worker prepared a solicitation to replace detention with house arrest. As a result, the court did replace Masha's detention with house arrest (something a Russian court would rarely do). On February 28, 2015 Masha had a court hearing, and as a result she was sentenced to 3 years on probation (the prosecutor asked for 5 years on probation). We think this case is important, first of all because the lawyers' participation was minimal. The main work (such as participating in the court hearing and working with the lawyer) was handled by the social worker.

## Financial Impact Report

\* indicates required

### \* Financial Report

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