



Ukraine

Emergency type: Protracted Emergency

Reporting period: April, 2019

| HRP 2019 | HEALTH CLUSTER 2019 |
|---|---|
|  <p>5.2 million People affected</p> <p>2.2 million People in need of health support</p> <p>1.3 million People the Health Cluster aims to assist in 2019</p> | <p>Health Cluster Partners: 39</p> <ul style="list-style-type: none"> • International NGOs: 16 • National NGOs: 9 • UN agencies: 4 • National authorities: 2 • Donors: 4 • Others: 4 |
|  <p>10 projects approved for 2019 - 2020 HRP</p> <p>U\$18.1 million funds requested</p> | |

HIGHLIGHTS

- Twenty-nine participants from 20 organizations attended the Health Cluster meeting on the 10 April 2019. The meeting discussed access to health care services in Donetsk and Luhansk.
- On 17 April Health Cluster participated in the inter-cluster mission in Donetsk oblast to strengthen the evaluation of the humanitarian situation in the area.
- Twenty-nine participants from 18 organizations attended the Health Cluster meeting on the 22 May 2019. The meeting discussed advocacy paper written by the Health and Protection Clusters.

Situation Update

People living along the contact line continue to be affected by the armed clashes, landmines, and explosive ordnance. UN Human Rights Office (OHCHR) reported seven civilian deaths and 32 injuries as a result of armed conflict in 2019. The essential water, sanitation, and electricity infrastructure frequently come under fire, causing severe damage and interruption of water and electricity supplies. The latest ceasefire that came into force on 8 March 2019 brought limited respite from violence.

The security situation continues to be

Residents in both GCA and NGCA still experience difficulties in accessing health care services due to insecurity, limited public transport, and shortages of health care workers.

Health Risks, Priorities, Needs and Gaps

- **Water-borne disease** - risk remains high due to water delivery system disruptions caused by damage from shelling, breakage, and lack of maintenance.
- **Shortage of medical health care staff** - Overall functioning of health care is decreasing in the conflict-affected areas partly due to the lack of qualified health care staff in key health service areas, especially affecting the communities along the contact line and in NGCA.
- **Vaccination coverage** - Surveillance remains weak for both vaccine-preventable and water-borne diseases. Limited data sharing and early notification, along with documented gaps in laboratory capacity increase the risk of outbreaks.
- **Limited reporting by health authorities** on key epidemiological and health system indicators significantly limit proper understanding of health needs and gaps.

- Continued **restrictions on the movement** of people and goods between GCA and NGCA reinforces social isolation and affects the availability of quality health care services. People in the areas near the 'contact line' are regularly cut off from healthcare services, people with chronic diseases are highly vulnerable and at risk of treatment interruptions.
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Health Cluster April Meeting – 10 April 2019

Access to health care services: thinking beyond pills and injections

Twenty-nine participants from twenty organizations attended the meeting. The key objective of the meeting was to identify and articulate key advocacy messages highlighting challenges and proposed recommendations to improve access to healthcare services in Donetsk and Luhansk Oblasts.

Participants identified the disruptions to public transport, shortage of medical staff, and the cost of medicines as key issues limiting access to health care services. The elderly, people with disabilities, and people struggling with addictions and mental health were identified by the participants as vulnerable groups in need of advocacy and assistance with access to health care services.

Health and Protection clusters proposed drafting an advocacy paper highlighting barriers people are experiencing in regards to access to health care service in conflict-affected areas. The paper is intended to provide a background for discussions of specific health issues and groups which will be further explored and documented for advocacy purposes using fact sheets.

Health Cluster May Meeting – 22 May 2019

Discussion of the data needs and gaps and information sharing to improve access to healthcare services in conflict-affected eastern Ukraine.

Twenty-eight participants from eighteen organizations attended the meeting. The draft advocacy paper, Access to Health Care Service in eastern Ukraine written by the Health and Protection clusters, was shared with the participants for discussion and feedback. The health cluster will circulate the advocacy paper and a one-pager advocacy factsheet template to all the health cluster partners with a request to put forward suggestions regarding specific issues that the advocacy fact sheets should address.

Inter-cluster (ICCG) mission to Donetsk Oblast

On 17 April 2019, Inter-Cluster Coordination Group (ICCG) conducted a mission to Donetsk Oblast along the 'contact line.' The mission was part of the overall strategy of the HCT to strengthen the inter-sectoral analysis of the humanitarian situation in the conflict zone. The ICCG, including Health Cluster representative, visited Entry/Exit Checkpoint (EECP) in Maiorske and Marinka and an isolated settlement of Zhovanka. The locations were selected based on analysis of the recent 'hotspot zones' where daily hostilities occur. Both the EECPs and isolated settlements have unique humanitarian needs that differ from other conflict-affected areas. The mission focused on identifying and articulating needs to inform future surveys, analysis, and advocacy.

EECP 'Maiorske' - some 250,000 individual crossings at EECP 'Maiorske' are recorded per month. Seven people have died from heart attacks or other health-related issues at this checkpoint so far this year. The main humanitarian concerns at this checkpoint are water/sanitation, protection, and transport.

EECP 'Marinka' – Over 3 million people crossed this checkpoint in 2018. The medical point is located about one kilometer from the entrance of the EECP, near the bus stop, a distance people must walk to access medical assistance if needed. Sunburn in summer and frostbite in winter are serious health issues at this checkpoint. Many health emergencies occur on overcrowded buses as people leave the checkpoint.

Zhovanka village, located near the EECP 'Maiorske'. About 130 people still live there; 60 % of the residents are pensioners. There are also three families with young children living in the village. Before the hostilities, about 800 residents were living in the village. All the houses in the village have sustained some damage as a result of hostilities. Lack of public transportation is a major issue in accessing health care service, and limited access to the village restricts access by the ambulance.

2019 3W partner activity mapping update

The Health Cluster 3W dashboard was launched in February 2019. The dashboard facilitates mapping of the four key areas of Health Cluster partners interventions in eastern Ukraine: Health Facility Support, Cash and Voucher for health-related expenses, Mental Health and Psychosocial Support and Mobile Clinics. As of May 31, ten partners have reported 104 activities. Four partners have reported 13 Health Facility Support activities, three partners reported seven Cash and Voucher activities, six partners reported 80 MHPSS activities, and one partner reported 4 Mobile Clinics activities. Out of the 104 reported activities, 93 were conducted in GCA and 11 in NGCA. The activities in NGCA included 7 Health Facility Support activities conducted by four partners, 3 Cash and Voucher assistance activities conducted by two partners and 1 MHPSS activity.

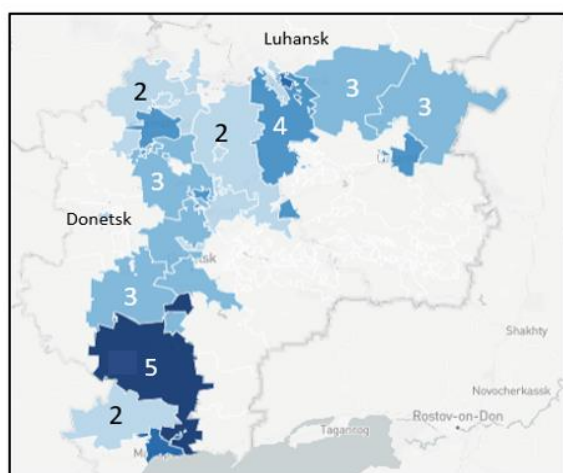


Fig 1. # Partners active per raion

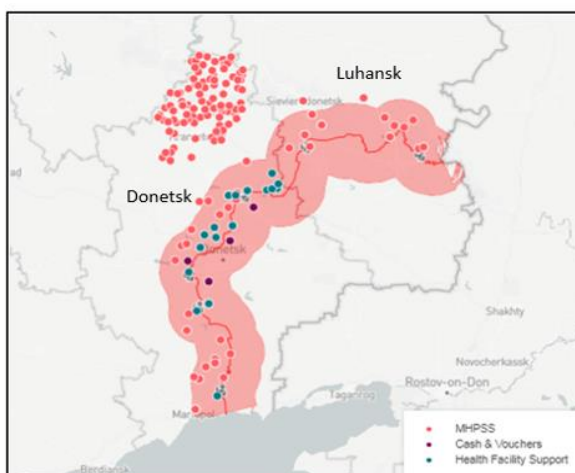


Fig 2. Settlement locations of partner activities

Link to the HC 3W survey

<https://enketo.aws.emro.info/x/#f0ZzvjsB>

Link to the 3W dashboard

<https://whe-ukraine.org/superset/dashboard/4/>

User name: HCpartner

Password: HCpartner

Contacts

Health Cluster

Gabriel Novelo
Health Cluster Coordinator
+38 095 280 1955
novelog@who.int

Paul Jaskierniak
Health Cluster IMO
+38 095 280 5785
jaskierniakp@who.int

MHPSS Working Group

Alisa Ladyk-Bryzgalova
MHPSS Working Group
+38 095 280 5795
ladykbryzgalovaa@who.int

Andrew J Jones
MHPSS Working Group
+38 099 071 0688
ajjones@internationalmedicalcorps.org

TB/HIV Working Group

Martin Donoghue
TB/HIV Working Group
+38 095 280 5786
donoghoe@who.int