

Ukraine

Emergency type: Protracted Emergency

Reporting period: November-December, 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>Ten projects approved for 2019 HRP</p> <p>U\$18.1 million funds requested</p> <p>U\$6.3 million funded (34.8% of requested)</p>	

HIGHLIGHTS

- A smaller working group within health cluster has been formed that will closely look into the new health reform and document the changes that have impacted or can potentially impact the ongoing humanitarian response. The group compiled observations from different project teams currently in the field and the draft was presented at the last health cluster meeting held on 13 December.
- A team from WHO, instrumental in the health reform agenda, briefed health cluster partners on progress thus far and landmarks of the ongoing reform. The major characteristic of the reform includes making health provider autonomous, strong IT capability and income generating components. Affordable medicine program with budget been approved, All hospitals are expected to have a contract on or before 1st April 2020, readiness assessment conducted to decide and provide the package of medical guarantee of basic services
- Health Cluster participated in the Inter-Cluster Coordination Group (ICCG) undertook a joint field visit, on 16-19 December, to eastern Ukraine to isolated settlements 'Mykolayivka', 'Chermalyk', 'Pavlopil' and 'Talakivka' along Mariupol axis with the objective to gain a first-hand understanding of the humanitarian needs and response challenges in these locations
- The cluster had two meeting during the period, one each in November and December with different agenda items including health reform; emergency preparedness and IHR, child protection sub cluster and operational update
- Health cluster together with OCHA drafted narrative section of HRP 2020, the cluster also provided final comments and input on the final draft of HNO 2020.

Situation Update

- NGOs providing humanitarian aid in eastern Ukraine call on members of the Normandy Four negotiations to stand for humanity in their upcoming meeting. The eight NGOs released a joint statement asking for a lasting end to hostilities, protection of civilians and civilian infrastructure, increase humanitarian access on both sides of the line of contact and safeguard to the safety and dignity of people crossing the front line to access services.
- Normandy Four meeting held in Paris on December 9, 2019 between the presidents of Ukraine, Russia, France and Germany. After the meeting, the two countries have reportedly agreed to continue with disengagement of troops from three additional points along the contact line though the exact location is yet to be disclosed. The repeated ceasefire violation was discussed in the meeting with next Normandy meeting scheduled for March 2020
- 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 Cluster November Meeting – 28 November 2019

Discussion on impact of disengagement of troops and health reform on humanitarian response

Partners operating in the conflict affected areas provided update and the following are the key issues:

- It is still early to see if the demilitarization has positive or negative impact for ongoing health interventions in eastern part of the country. However, there are some early positive signs and expect improved security situation with additional four zones to follow soon.
- According to most partners the local community lacks knowledge of the new policy and majority do not know where and how to access health care
- It was also reported that it is difficult to convince doctors with specialty to go the buffer zone and provide services

Update on new project by National Committee of Ukrainian Red Cross Society

The project has four mobile health units in Luhansk and Donetsk GCA which operates with close collaboration with local health authorities. The project will have additional components of winterization and livelihood which will be fully implemented in 2020, the project team is closely working with other partners like MDM and efficiently using resources including personnel as appropriate.

Update from Health Cluster

Health cluster provided brief update on UHF second allocation, final health cluster objectives/activities, cluster severity mapping and online survey participation.

- UHF, Ukraine Humanitarian Fund, is preparing a second-round allocation estimated to be around \$2 million
- Five cluster objectives and 11 activities formulated under three strategic objectives of HRP 2020, in addition to a new objective on advocacy for protection
- Health cluster severity map presented with high severity in 0-20 km NGCA and 0-5 GCA while lowest severity is in +20 km in urban GCA
- Cluster call upon partners to participate in online survey on global initiative to coordinate multi sectoral activities between Health and Protection Clusters

Health Cluster October Meeting – 13 December 2019

Update on Health Reform by WHO team

The WHO team who work closely with the MOH and NHS stated that the reform is still agile, but the major landmarks are:

- Government work plan agreed and MOH detail workplan is currently being drafted
- Making health provider autonomous, IT capability, income generating, etc.
- Affordable medicine program with budget been approved, increase in health budget and room exists to increase allocation for the program
- WHO has good working relationship with NHS and MOH who are focal points for Donbas
- All hospitals will have a contract before 1st April 2020, readiness assessment conducted to decide and provide the package of medical guarantee of basic services
- Specialized IT tool is being developed for those health facilities that are not registered

Observation from the field on health reform and possible implication

A small group within the cluster that document and review the changes in the ground summarized the observations in four thematic areas:

- Administrative reform (decentralization) and medical reform are two parallel processes that are poorly coordinated
- State free-of-charge health programs – patient registration and local budget
- Affordable drugs – the program works with SMS technology and it is a concern for elderly and/or disabled person
- Referrals to the secondary level facilities- Electronic systems in Luhansk and Donetsk oblasts have not yet been installed which could be a challenge for referral system

Emergency Preparedness and IHR

WHO focal point for IHR made a presentation highlighting the following:

- MOH coordinated all other government bodies in operationalize IHR
- STAR Tool - An approach for the integrated and strategic risk assessment of public health threats
- Assessed all existing public health risks and identified high priority that require preparedness
- A total of 40 hazards identified, two classified as very high risk while 16 are under high risk category
- Measles outbreak and armed conflict are the two top hazards classified as very high risk where WHO recommends advanced preparedness plan which includes tested contingency plan, i.e. simulation exercise

Inter Cluster Coordination Joint field mission

The team has visited four isolated settlements with some peculiar observations however, general observation that applies to all visited settlements are:

- Access to health care services, primarily for specialized services, is a problem due to the distance and availability of public transportation. All the settlement visited are closer and public transportation, at relatively cheaper rate, is available to Mariupol city rather than to Volnovakha where they are referred to for specialized services.
- There is a strong need for psychosocial support in all visited settlements, during the discussion the service was reported to have and/or interrupted by the end of the year. As all visited settlements are very close to the line of contact with military presence and frequent shelling, among other reasons, necessitates regular psychosocial support

- Ambulance services in case of emergency is not available at all or arrive late, with elderly residents of these settlements in good number, sudden illnesses can easily turn fatal if not attended to in timely manner.
- Residents of the visited settlements reported that they are not consulted or informed about the new changes expected to be effective next year when the health reform takes off. As these settlements have smaller population and close to contact line, doctors are not interested to prescribe patients and work there which required close follow-up and provide appropriate solution.

Health Cluster Severity mapping for 2020

Health cluster severity mapping is done for five geographic zone that is used for HRP 2020 as agreed by all clusters. In some of the zones further category is made between rural and urban settlements with most severe being 0-5km GCA, both rural and urban, and 0-20km NGCA while the least severe zone is 20+ km GCA urban.

Geo Zone	Geo sub Zones	Severity
+20_KM(GCA)	Beyond 20KM_Rural	4
+20_KM(GCA)	Beyond_20KM_Urban	3
+20_KM(GCA)	20_KM(GCA) sub total	
5-20_KM (GCA)	5-20km_rural	4
5-20_KM (GCA)	5-20km_urban	4
5-20_KM (GCA)	5-20 km sub total	
0-5_KM (GCA)	5km_rural	5
0-5_KM (GCA)	5km_urban	5
0-5_KM (GCA)	5km sub total	
GCA sub total		
0-20_KM (NGCA)	0-5 km (estimated based on local knowledge as data does not exist)	5
0-20_KM (NGCA)	5-20KM (estimated based on local knowledge as data does not exist)	5
0-20_KM (NGCA)	0-20_KM (NGCA) sub total	
+20_KM(NGCA)	Outside 20 KM (estimated based on local knowledge as data does not exist)	4
NGCA Total		

Sub National Coordination Meeting

Following the decision to revitalize coordination meetings at sub national level, the cluster took the opportunity of the intra cluster mission to Mariupol and conducted a joint Health-WASH coordination meeting with partners in the area. Furthermore, regular sub national cluster meetings were organized in both GCA and NGCA during the reporting month. The cluster will continue similar coordination meetings regular, atleast once in two months, in the four hubs, three in GCA and one in NGCA, during implementation of HRP 2020.

MHPSS and TB/HIV Working Group

Mental Health and Psychosocial support working group continue to regularly conduct its monthly coordination meetings at national level. The working group has made all necessary arrangements to establish similar platform at sub-national level, in GCA, where MHPSS response is coordinated and ensure resources are efficiently used by avoiding duplication. On 3rd of Decemembr TB/HIV technical working group met to discuss updates on TB/HIV situation, recent activities related to TB/HIV in NGCA ; to summarize main achievements of TB/HIV related programmatic activities. in NGCA in 2018 -2019; to present and discuss planned TB/HIV related activities for 2020 and beyond as well as to discuss further work of HealthCluster WG on TB/HIV in 2020.

Uninterrupted supplies of TB and HIV drugs and diagnostics in NGCA during last years was identified as one of the main achievements of partners and HealthCluster Working Group on HIV and TB.

The working group highlighted importance of having regular coordination meeting in 2020 and agreed to meet once per quarter, next meeting is tentatively scheduled to be in March 2020

Laboratories

A second mentoring visit to microbiological laboratory of the children’s hospital and workshop on Laboratory Quality Management System for 50 lab specialists was conducted in Luhansk NGCA on 04-08 and 11-15 November respectively. The purpose of the workshop is to implement laboratory quality management system, monitoring of antimicrobial resistance, biosafety and biosecurity regulations. Laboratory equipment and consumables including hematology and biochemistry analyzer procured by WHO and handed over to the clinical laboratory in Luhansk central hospital while mechanical pipettes were delivered by UNICEF during the reported period.

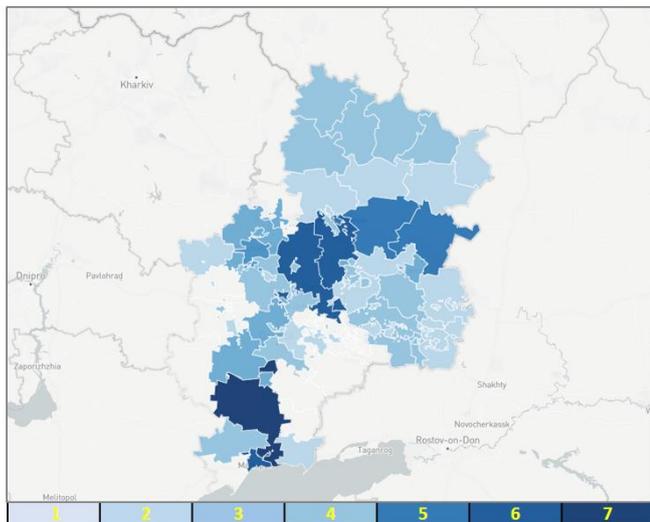


Fig 1. # Partners active per raion

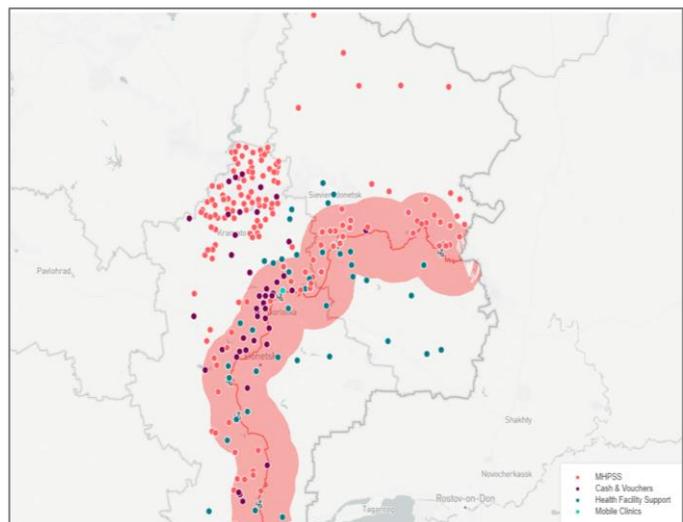


Fig 2. # of activities by type and settlement

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

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