

Ukraine

Emergency type: Protracted Emergency

Reporting period: July, 2020

2020 HRP Overview



1.3 million people the Health Cluster aims to assist in 2020

21 projects approved for 2020 HRP

42,628 people benefited from healthcare services in 2020



USD 22,4 million funds requested

USD 3.6 million funds received (16.2% of requested)

2020 COVID-19 HRP Overview



400,000 people the Health Cluster aims to assist (in addition to 1.3 m) in 2020

1,184,346 people benefited from COVID-related assistance in 2020



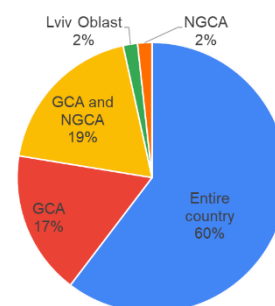
USD 16,6 million additional funds requested

USD 4.4 million funds received (26.8% of requested)

Health Cluster 2020

Health Cluster Partners: 56

- International NGOs: 16
- Government/foreign embassies: 10
- National NGOs: 8
- United Nations agencies: 7
- International donors: 6
- International organizations: 4
- Representatives of International Red Cross and Red Crescent Movement: 3



COVID-19 situation overview

Epidemiological situation in ECA

In Government-Controlled area (GCA) numbers continue to rise, particularly in Donetsk oblast. According to the Public Health Center, in Donetsk oblast, samples have been collected from 1,217 suspected cases, of which 865 are positive for COVID-19 (71% positivity rate), 645 recovered and 12 died as of 31 July. Whereas in Luhanska oblast, 749 suspected cases have been reported, of which 122 are positive (16% positivity rate), 94 recovered and 1 died.

In Non-Government Controlled Area (NGCA), the situation is less clear than in GCA, especially with Luhansk not providing updates on a regular basis. In addition, no case-based data is being provided by the de-facto entities, limiting the possibility of further analysis. In Donetsk, 1,728 cases were reported as of 29 July, including 808 recovered and 100 deaths. In Luhansk, 609 cases have been reported on 29 July, including 567 recovered and 15 deaths. High infection rate among healthcare workers remain one of the of the major concerns reported in NGCA.

Public health situation

In GCA, the testing capacity for COVID-19 has considerably improved. As reported by the Ministry of Health (MOH), within the past three months the number of laboratories testing coronavirus increased from 3 to 69, with daily testing capacity reaching 14,000 tests per day.¹ The ministry also committed to double its number of tests for COVID-19 by September 2020 compared to current indicators by expanding the capacity of domestic laboratories.²

Infection prevention and control (IPC) measures in healthcare facilities in ECA (GCA) continue to be limited and require improvement. According to the recent UNICEF assessment on existing IPC practices in healthcare facilities in GCA, most critical gaps include: lack of systematic trainings, inadequate Healthcare-Associated Infections (HAI) surveillance, lack of alignment of IPC plans with WASH requirements, excessive and ineffective use of disinfectants, poor natural ventilation (windows need repair, poor supervision), outdated and run down tools for cleaning, lack or absence of Standard Operating Procedures (SOPs).³

Routine vaccination against most antigens included into the National Immunization Schedule was significantly improved in May-June comparing to April 2020. Still, measles-mumps-rubella among one-year-old and six-year-old children remains most hampered by the COVID-19 national quarantine, now with a 20 per cent decline in annualized coverage rates compared to 2018-2019 data. Routine immunization efforts have been scaled-up since late April to maintain routine vaccination and post-exposure prophylaxis during the COVID-19 pandemic. Technical discussions continue on the planning and implementation of accelerated routine vaccination to cover unimmunized population pockets accumulated during March-April. WHO and PHC are jointly conducting distant supportive supervision activities for regions on vaccine-preventable diseases surveillance to ensure the timely detection of cases and post-exposure prophylaxis among contacts.

Many people in Ukraine believe that they are unlikely to be infected with COVID-19: according to the recent WHO behavioural study conducted during May-June 2020, over 60% of respondents believe that they are unlikely to be infected with COVID-19 and in case they do – the infection will not be severe. The study also revealed a number of misperceptions, particularly among people with low education, unemployed and health workers. The most popular misconceptions among the health workers include the effectiveness of antibiotics in treating COVID-19 (19%), effectiveness of herbal supplements in prevent COVID-19 (24%) and effectiveness of the flue vaccine in preventing COVID-19 (31%).⁴

Government measures

The Cabinet of Ministers of Ukraine extended the adaptive quarantine until August 31, 2020. The relevant decision was made by the Government at a meeting on July 22.⁵ As reported earlier, the adaptive approach envisages a possibility of strengthening quarantine measures in particular regions of Ukraine, if the situation requires.⁶

The coordination of the crossings between the GCA and NGCA has reportedly improved in the past weeks, with 'lists' of people being shared between the parties to avoid being stuck in the 'grey zone'. In Donetsk oblast, the 'Novotroitske'/'Olenivka' (NGCA side) EECF has been open for crossings in both directions two times a week: on Mondays and Fridays. The same rules continue to apply – (i) only people who have permanent place of residence ('propiska') in GCA may exit NGCA and enter GCA; and (ii) only people on the NGCA 'pre-approved lists' may enter Donetsk oblast NGCA. In Luhanska oblast, the 'Stanytsia Luhanska' EECF remains operational on a daily basis. The GCA side allows free passage to the civilians who possess an electronic permit issued by State Security Service of Ukraine, while the NGCA side allows free

¹ Ministry of Health (MOH) of Ukraine. "Maxim Stepanov: In three months, the Ministry of Health has increased the number of laboratories for coronavirus tests from 3 to 69, and the number of tests - from 300 to 14,000." MOH website. Last modified July 4, 2020. <https://bit.ly/2OWVthV>.

² Ministry of Health (MOH) of Ukraine. "Maxim Stepanov: By September, we will double the number of tests for coronavirus in Ukraine." Last modified July 17, 2020. <https://bit.ly/2OWclzA>.

³ UNICEF. "Preliminary results of the baseline assessment "Health system strengthening component in the conflict settings through the water, sanitation and hygiene (WASH) interventions to ensure sustainable and appropriate infection control programme". 18 May - 5 June 2020." Last modified July 9, 2020.

⁴ WHO. "Preliminary results of the study "Behavioral insights on COVID-19 in Ukraine"." Last modified July 15, 2020.

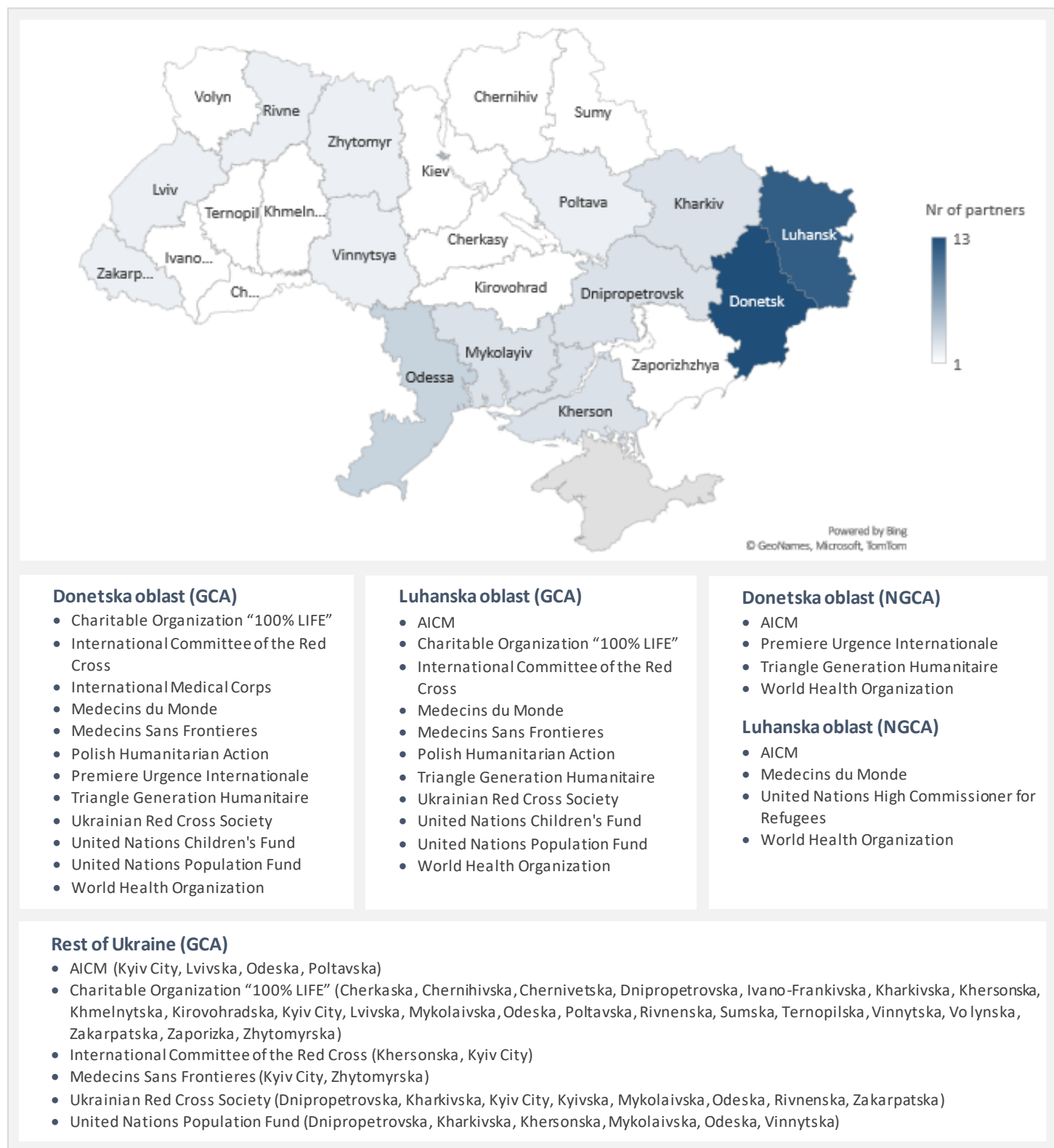
⁵ Cabinet of Ministers of Ukraine. "Adaptive quarantine in Ukraine will be extended until August 31." Gov.ua. Last modified July 22, 2020. <https://bit.ly/30MYoz7>.

⁶ Cabinet of Ministers of Ukraine. "Government prolongs adaptive quarantine until July 31." Last modified June 17, 2020. <https://bit.ly/2YOG5IF>.

passage to those with Luhanska oblast NGCA registration. Those who cross to GCA are required to install the “Dii Vdoma” mobile application. The 14-day quarantine with the application may be terminated earlier in case after crossing to GCA a person gets tested for COVID-19 and receives a negative PCR test result from one of the MOH-accredited laboratories.

COVID-19 response: Health Cluster partners

Health Cluster mapping by oblast – June 2020⁷



⁷ Based on the latest 5W data from the Health Cluster partners, June 2020

Assessment mission in response to flooding in Western Ukraine (Ivano-Frankivsk oblast) – 7-11 July, 2020

Health Cluster participated in the multi-sectoral assessment mission in response to flooding in Western Ukraine, organized by OCHA. While the overall healthcare situation in Ivano-Frankivsk oblast represent a complex of systemic problems, the mission found that the flooding has not disrupted health services' provision. The locations that were cut off remained accessible with support of the State Emergency Service, and access to the 17 paramedic points (FAP) and 1 hospital which were flooded was shortly resumed.⁸



Photo: The United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

While small pockets of needs remained to be addressed, particularly among those whose houses were completely destroyed and those who have been cut-off from services due to infrastructure damage in the mountainous areas, at the time of the mission the situation had improved considerably and stabilized. The mission, therefore concluded that there was no need for a large-scale international emergency humanitarian response, assuming that the government would continue its effort in addressing the immediate and long-term needs.⁹

Joint EECp assessment in NGCA

Joint UN assessment of the EECps in NGCA has been elaborated by the UN field offices: it will include a desktop research, negotiation with the de-facto entities, and joint mission preliminary planned for 03 August 2020 in Donetsk NGCA.

Coordination meetings

Event	Key Highlights
25 June: Health Cluster Meeting	• There has been a spike in COVID-19 confirmed cases in Sloviansk, which now has the second highest number of cases in Donetsk oblast. As reported by MdM, the spreading started in city facilities. The rapid assessment of the Primary Health Center in Sloviansk has been completed and shared by the PUI. • Health Cluster raised several points of concern related to the latest developments at EECps, particularly: 1) Decision by the de-facto entities in Donetsk NGCA to undergo mandatory observation of all arrivals from GCA. Considering that capacity of the hospital is only 350 beds, and already 276 persons have been registered for crossing, this could expose big numbers of people to further spread of the COVID-19 infection. 2) The requirement of government entities in GCA to install "Diy Vdoma" application for all arrivals from NGCA. Large numbers of people are being stuck at the EECps (e.g. Novotroiske) due to inability to download the app on their phone. The problem is especially acute for the elderly population. 3) People who want to enter NGCA Donetsk should be registered by DFA in a list beforehand. • Health Cluster presented a draft calendar for Humanitarian Programme Cycle (HPC) 2021, developed by OCHA. The global deadline for Ukraine inputs (concise narrative & four ballpark figures) for inclusion in the 2021 Global Humanitarian Overview (GHO) is 1 November 2020. The global launch of the 2021 Global Humanitarian Overview (GHO) is 1 December.

⁸ OCHA. *Multi-sectoral assessment mission in response to flooding in Western Ukraine (Ivano-Frankivsk oblast) 7-11 July, 2020*. 2020.

⁹ Ibid.

	• The Ukraine Humanitarian Fund launched allocation to support access for humanitarian partners in NGCA. This reserve allocation makes available US\$ 1 million to address priority humanitarian needs, support humanitarian access and strengthen response capacity in areas outside of Government control. • Health Cluster Assessments. The Cluster has compiled a database to capture all cluster assessment. Partners are kindly requested to share information on the completed, ongoing and planned assessments with Health Cluster.
9 July: Health Cluster Meeting	• Contact tracing strategy. Since the onset of the pandemic, MdM and PUI have been providing important technical and logistical support with contact tracing in Luhansk and Donetsk, GCA. The two partners have also contributed insights into the national contact tracing strategy drafted by the WHO and will continue participating in the national WG on contact tracing. • Flooding in western Ukraine. Health Cluster participated in the rapid multi-sectoral needs assessment in response to the flooding in western Ukraine (7-11 July, 2020), organized by OCHA. The draft assessment report was shared with partners for their review and feedback. • Health Cluster, WASH Cluster and REACH are rolling out a KAPA survey on COVID-19 with the focus on ECA. The data collection should start this month. The first phase will take place in GCA and will be followed with a second phase in NGCA. • Presentation of WASH/IPC assessment results in GCA. UNICEF presented the finding of their baseline assessment “Health system strengthening component in the conflict settings through water, sanitation and hygiene (WASH) interventions to ensure sustainable and appropriate infection control programme”, conducted during May-June, 2020. The final report from the assessment is currently being finalized. • Update on COVID-19 5W monthly reporting. The Cluster appreciated partners who have submitted their June input on COVID-19 monthly reporting and highlighted the progress on both, the quality of data and the number of partners reporting their activities. The COVID-19 data for May has already been integrated into the COVID-19 Ukraine dashboard, available here. • Technical Working Group (TWG) meeting on estimating indirect beneficiaries of healthcare facilities. The Cluster brought to partner’s attention the existing gap in representing the number of beneficiaries of health services: most HC partners who provide support to healthcare facilities face difficulty estimating the number of direct beneficiaries of their services. To address this issue Health Cluster called a small Technical Working Group (TWG) meeting to develop a unified methodology on estimating indirect beneficiaries of healthcare facilities. • Updated Health Cluster page on Humanitarian Info. The Cluster presented the updated Health Cluster page on Humanitarianresponse.info and requested partners to contribute with relevant content (news, reports, assessments, dashboards, videos, guidance etc.). • HRP second quarter reporting (Jan-Jun 2020). The Cluster reminded partners that the second quarterly reporting covering April to June 2020 is now due and promised to disseminate the updated template for partners to report on their Q2 activities. The deadline for partners to submit their inputs is 22 June, 2020.
16 July: Meeting on the COVID-19 response and needs in NGCA	• Ongoing response. Partners operating in NGCA discussed strategic issues highlighting the ongoing response and urgent needs for the remaining period of the year. Based on information received from the monthly ‘5W’ reporting during May-June, the ongoing response can be grouped into the four areas: 1) Risk communication, particularly with the focus on distribution of Information Education Communication (IEC) materials (IOM, UNHCR, WHO, UNICEF)

- 2) Provision of biomedical equipment to designated hospitals (Mdm, WHO, AICM, UNICEF, UNHCR)
- 3) Technical training on infection prevention and control (IPC), case management (WHO)
- 4) Technical support to laboratories, including provision of test kits and medical supplies (WHO)

This support, however, represents only a small fraction of the need and is severely limited by the lack of funding/humanitarian access.

- **Priority needs and gaps in the response.** Based on consultations with humanitarian partners operating in NGCA, the following areas of needs / gaps have been identified:
 - i. **Infection prevention and control (IPC):**
 - Personal Protective Equipment (PPE) for medical staff, including at non-designated hospitals, SES labs, EMS and EECs;
 - Scaling up capacity building on broader IPC (webinars on IPC);
 - IPC support to hospitals, including training and donation of IPC equipment (autoclaves, disinfection stations, etc.).
 - ii. **Laboratory support:**
 - Support to expand capacity – beyond COVID-19;
 - Building technical capacity of reference laboratories (training, developing algorithms, SOPs, etc.).
 - iii. **Case management support:**
 - Technical support with case management, including onsite training and webinars;
 - Provision of biometrical equipment, especially to non-designated hospitals.
 - iv. **Other areas:**
 - Mental and psychosocial support to medical workers;
 - Advocating access to case-based data, surveillance and case investigation;
 - Support and coordination related to operation of the EECs, including the possibility of inter-sectoral assessment of needs;
 - Access to new humanitarian actors and accreditation renewal.
- **Operational challenges:**
 - **Limited financial resources for COVID-19 response.** Despite the growing needs, very few donors are providing funding for COVID-19 response in NGCA. This has a risk of spreading the infection not only within NGCA but to GCA (through the “contact line”, following the partial opening of the EECs), but further to the sub-region as people are crossing to and from the Russian Federation.
 - **Limited humanitarian access.** Humanitarian organizations operating in NGCA continue facing challenges with obtaining humanitarian access and renewing accreditation.
- **Recommendations/next steps:**
 - Explore the possibility of conducting intersectoral assessment of EEC needs in NGCA (Health Cluster to liaise with OCHA and WASH Cluster);
 - WHO to arrange modalities for NGOs to access and use global procurement system for biomedical equipment, PPE and other COVID-19 related supplies
 - Use all opportunities to advocate for increased financial support to NGCA; consider raising additional funds through the Ukraine Humanitarian Fund

- Continue advocating for increased humanitarian access for new partners, as well as easing of the renewal process for the existing partners working in NGCA.

Update from MHPSS TWG

Mental Health and Psychosocial support working group continues to regularly conduct its monthly coordination meetings at national level and once two months on a regional level (covering partners operating in Kramatorsk, Mariupol and Severodonetsk). Considering changed modalities due to quarantine measures meetings on national and regional levels are conducted online.

MHPSS TWG mapping is under the process of data clarification and finalising the visualisation of the partners data on a new platform for easier use.

On July 7, the first out of series of workshop was held on the topic of **Adaptation of MHPSS programming during the COVID-19 outbreak**. The workshop was held by **Dr. Marcio Gagliato** – Senior Humanitarian Advisor, Mental Health, Protection & Psychosocial Support Consultant, Director of Operations of The Global MHPSS Network – mhpss.net. It was aimed to strengthen the capacity of partners in their operational response in psychosocial support to population, as well as receiving supervised recommendations on programme planning and management of their response.

On July 21, the next workshop on **IASC Common Monitoring and Evaluation Framework for MHPSS Programmes in Emergency Settings** was held by Sarah Harrison — MHPSS Technical Advisor, International Federation of Red Cross Red Crescent Societies Reference Centre for Psychosocial Support, Co-Chair of IASC MHPSS Reference Group. The webinar will be followed-up by practical workshop on M&E framework planned in the beginning of September.

Useful links and resources

- [Advice on the use of masks in the context of COVID-19: interim guidance, updated 5 June 2020 - EN, RU](#)
- [Clinical care for severe acute respiratory infection: toolkit: COVID-19 adaptation – EN, RU, UA](#)
- [COVID-19 Response Dashboard as of 31 May 2020](#)
- [MHPSS TWG meeting minutes - July 2020](#)
- [Epidemiologic situation in all regions of Ukraine as of 23 July, Public Health Center – UA](#)
- [Strengthening the health systems response to COVID-19 - Technical guidance #5, 17 June 2020 – EN, RU](#)
- [UKRAINE: Humanitarian Impact of COVID-19 Situation Report No.4 - 3 June 2020](#)
- [Updated Health Cluster page on Humanitarian Info](#)
- [Базові навички психосоціальної підтримки: посібник для осіб, що залучені в реагування на COVID-19](#)
- [Інформаційна записка МПК: Аспекти психічного здоров'я та психосоціальної підтримки під час спалаху COVID-19](#)

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