

Ukraine

Emergency type: Protracted Emergency

Reporting period: August, 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

1,539,704 people benefited from COVID-related assistance in 2020



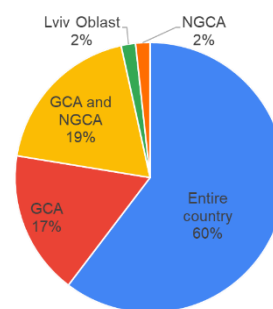
USD 16,6 million additional funds requested

USD 4.9 million funds received (29.5% 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



Health Cluster – Summary of August activities

Health Cluster, led by WHO, continued to play a leading role in coordinating humanitarian response in eastern conflict area. These include facilitation of national and sub-national coordination meetings, compilation and analysis of data on COVID-19 and non COVID-19 health response, reviewing new project proposals, facilitation of different technical trainings, dissemination of new and revised global guidance, etc.

Ukraine's humanitarian community entered an active phase of work on Humanitarian Program Cycle (HPC) 2021. As part of the HPC 2021 preparations, Health Cluster facilitated a meeting on sectoral needs analysis which discussed major changes, themes and action points required to start the work of Humanitarian Needs Analysis 2021.



Health Cluster initiated revision of baseline indicators to be used in the Joint Intersectoral Analysis Framework (JIAF).

With the help of JIAF, the Cluster will assess and analyze severity of needs in the health sector in Ukraine, thereby preparing the ground for the evidence-based planning of the response.

The first phase of REACH Knowledge, Attitude and Perceptions/practices (KAP) Survey on COVID-19 in GCA has been completed and preliminary findings have been presented and discussed with Health Cluster partners. Preparations for the second phase of KAP Survey in NGCA are currently ongoing.

The Cluster continued to monitor situation with gradual opening of entry-exit check points (EECPs), particularly with regards to COVID-19 mitigation measures. Following the rapid assessment of EECPs in GCA on 11-12 June, Health Cluster participated in a joined assessment visit to the sites of future EECPs in Shchastia and Zolote. The mission took place on 25 and 27 of August and was attended by OCHA, UNHCR, and WHO. Earlier in August, the Cluster also attempted an assessment mission to Olenivka EECP in Donetsk, NGCA.

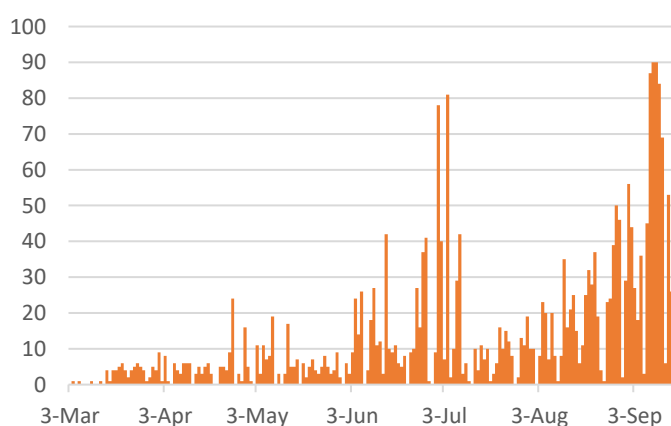
COVID-19 situation overview

Epidemiological situation in ECA

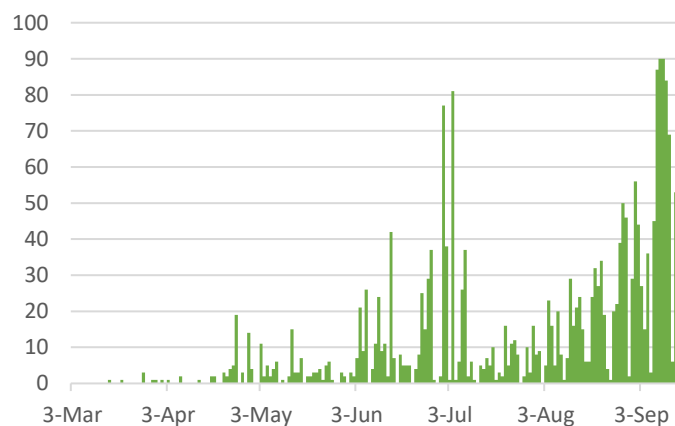
In Government-Controlled area (GCA) numbers continue to rise. **In Donetsk oblast**, the number of confirmed cases have doubled since last month (2,272 cases as of 17.09.2020 comparing to 1,094 cases on 17.08.2020). According to the Public Health Center, in Donetsk oblast, samples have been collected from 2,666 suspected cases, of which 2,272 are positive for COVID-19 (85% positivity rate), 974 recovered and 35 deaths as of 17 September. **In Luhanska oblast**, 1,485 suspected cases have been reported, of which 689 are positive (42% positivity rate), 339 recovered and 4 died. The table below provides a summary of all COVID-related indicators in Donetsk and Luhanska oblasts (GCA) since the start of the pandemic.

Donetska oblast (GCA)									
Suspected	Confirmed	Recovered	Deaths	Active	Incidence rate	Case fatality rate	Active cases per 100,000 population	Number of available beds	Bed occupancy rate
2573	2180	946	33	1201	116.1	1,51%	63.9	871	19.3%
Luhanska oblast (GCA)									
Suspected	Confirmed	Recovered	Deaths	Active	Incidence rate	Case fatality rate	Active cases per 100,000 population	Number of available beds	Bed occupancy rate
1449	653	329	5	319	97.1	0,77%	47.4	199	39.7%

Number of suspected cases



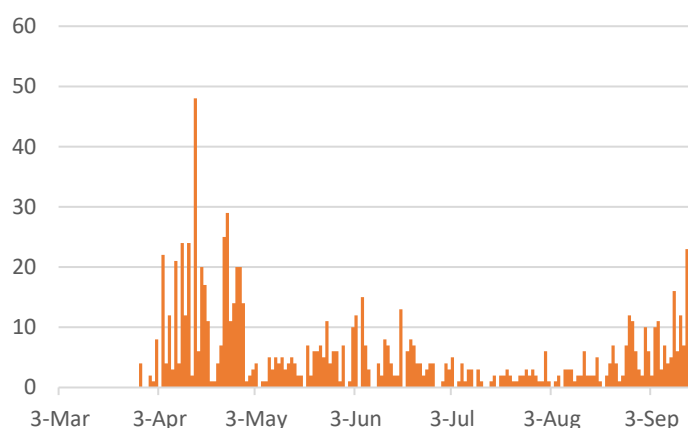
Number of confirmed cases



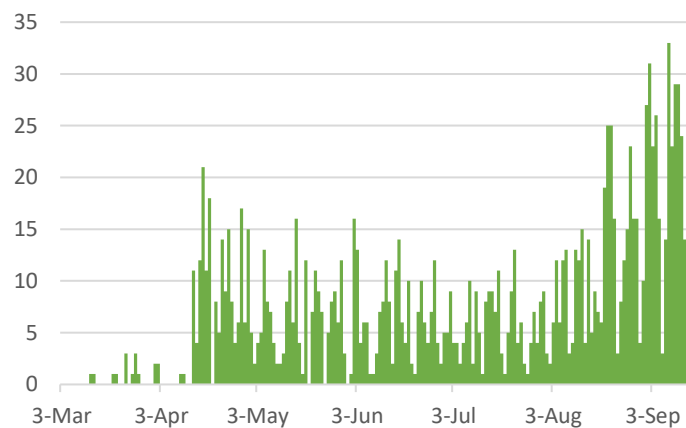
In Non-Government Controlled Area (NGCA) the situation is less clear than in GCA, especially with Luhansk not providing updates on a regular basis. In addition, no case-based data is being provided by the de-facto entities, limiting the possibility of further analysis. In Donetsk, 2,840 cases have been reported as of 17 September, including 1,511 recovered and 163 deaths. In Luhansk, 789 cases have been reported, including 677 recovered and 23 deaths. High infection rate among healthcare workers remain one of the of the major concerns in NGCA: as reported, 135 medical workers have contracted COVID-19 since the beginning of the outbreak. The table below is provides a summary of all available COVID-related indicators in Donetska and Luhanska oblasts (NGCA) since the start of the pandemic.

Donetska oblast (NGCA)							
Confirmed	Recovered	Deaths	Active	New cases, including arrived from GCA	New cases including arrived from Russia	Case fatality rate	Cases among health care workers
2,848	1,511	163	1,174	108	16	5,72%	135
Luhanska oblast (NGCA)							
Confirmed	Recovered	Deaths	Active	New cases, including arrived from GCA	New cases, including arrived from Russia	Case fatality rate	
789	677	23	89	-	-	2,92%	-

Number of suspected cases



Number of confirmed cases



Public health situation

In GCA, the capacity of hospitals to respond to COVID-19 has considerably improved in the past five months. According to the recent briefing by the Minister of Health on 04.09.2020, there are 26,000 beds in 315 health care facilities that provide care for COVID-19 patients, and another 213 hospitals in the reserve, ready to accept another 9,000 patients with coronavirus disease. In addition, hospitals have been equipped with 4,467 patient monitors, 468 mobile X-ray machines and 156 blood gas analyzers. According to the minister, the shortage of PPE has been eliminated too. As Ukraine moves into the fall, hospitals have more than 1.4 million suits and gowns (an average three-month supply), almost 5 million masks, 1.3 million respirators, and about 5.4 million gloves.¹

¹ Ministry of Healthcare of Ukraine. "Minister of Health briefed the Parliament on the interim results of the fight against COVID-19." Government portal gov.ua. Last modified September 4, 2020. shorturl.at/dmpOT.

Situation with COVID-19 in western Ukraine remains tense and requires a number of short, medium and long-term interventions. Recent WHO assessment in western Ukraine (Lviv, Zakarpattia and Chernivtsi) revealed that the situation in those regions is tense (the three regions, of 25 regions in the country, account for up to 30% of total number of confirmed COVID-19 cases in Ukraine) and represents a complex of systemic problems, including: 1) problems with access to tests, long waiting times for results and the possibility of incorrect results; 2) limited Infection prevention and control (IPC) measures, further worsened by misconceptions among healthcare staff; 3) lack of mental health for medical personnel; 4) Limited financial resources for COVID-19 response. The full report from the assessment, including key findings and recommendations, is available [here](#).

COVID-19 is likely to have a negative impact on tuberculosis services in Ukraine. Recent WHO modelling highlighted a number of potential/already existing challenges, including increased risk of infection for TB patients, especially in congregated settings (hospitals, prisons), increased workload on medical workers and reprogramming of NTPs involved in COVID-19 response, decrease in case detection due to the quarantine measures, potential drug-drug interactions between experimental therapies for COVID-19 and TB, programmatic disruptions such as transportation of sputum, biosafety, use of GX for COVID-19 testing, monitoring visits to regions, trainings, provision of psychosocial support etc. The complete analysis, including key findings and recommendations, is available [here](#).

Government measures

The Cabinet of Ministers of Ukraine extended the adaptive quarantine until October 31, 2020. The corresponding decision was approved by the Cabinet of Ministers at its meeting on August 26. Starting from August 1, Ukraine is divided into four epidemiological zones (green, yellow, orange, and red) depending on the COVID-19 situation in each region. Information on zoning is available on the [interactive map](#) developed by the Ministry of Health with technical support of UNICEF and REACH. As per the latest information, both Luhansk and Donetsk oblasts fall under “green” zone.

Only two out of the five official crossing points in NGCA allow people to cross the ‘contact line’ (EECP ‘Stanytsia Luhanska’ in Luhanska oblast and EECP ‘Novotroitske’ in Donetsk oblast). To a large extent, crossings have been limited to those who have been granted humanitarian exemptions negotiated by the humanitarian community. In addition, people have been allowed to cross based on the pre-approved lists issued in NGCA. Since the partial re-opening of the ‘contact line’ in mid-June, over 56,000 people were able to cross the ‘contact line’ subject to the self-quarantine or undergoing observation.²

² OCHA Situation Report (as of 26 August)

Health Cluster mapping by oblast – July 2020³



³ Based on the latest 5W data from the Health Cluster partners, July 2020

Joined assessment mission to the sites of future EECPs in Shchastia and Zolote – 25-27 of August 2020

Health Cluster participated in a **joint visit to the future entry/exit crossing point (EECP) in Zolote** (Luhanska oblast), which took place on 27 August. In total, the mission was attended by representatives from seven organizations: OCHA, UNHCR, WHO, ICRC, URCS, OSCE, and DRC-DD. Earlier (on 25 August), a similar joint visit to the future construction site of the EECP in Shchastia (Luhanska oblast) was conducted.

Both visits took place following an invitation extended by the Joint Forces Operation (JFO) to the agencies and organizations mentioned above. The purpose of initial visits was to broadly inform JFO what additional services/facilities are needed before the EECP is ready to open. Initial reports from the visit to EECP Zolote and EECP Shchastia can be found on the Health Cluster page ([‘assessments’](#) section) of the Humanitarian response website.

National URCS campaign “Stay aware”

Ukrainian Red Cross, with the support of the Danish Red Cross (funded by Ministry of Foreign Affairs of Denmark), ran the national campaign “Stay aware” (“Залишайся свідомим”) from 21 of June to 17 of August to remind people about the safety rules during the adaptive quarantine. The campaign was developed in cooperation with the Ministry of Health of Ukraine, the Institute of Cognitive Modeling, and the largest media holding in Ukraine StarLightMedia. The aim of the “Stay aware” is to spread life-saving messages in the new reality so people can adopt healthy behavior to protect themselves and their loved ones. Nine videos of the campaign broadcasted on the 3 national channels reached 26 million viewers for a total of 131 million views.



Around 30, 000 followers were covered through the Ukrainian Red Cross social media pages.’

Coordination meetings

Event	Key Highlights
6 August: Health Cluster Meeting	• The Government extended adaptive quarantine in Ukraine until August 31, 2020. New way of categorizing epidemiologic situation based on zones has been adopted. Starting from 1 August Ukraine will be divided into four epidemiological zones (green, yellow, orange, and red) depending on the COVID-19 situation in each district/raion. Health Cluster will share details of the new regulations with partners following the Cluster meeting. • Preliminary information on the new regulations for crossing EECPs to be adopted in GCA: crossing will only be allowed with an insurance certificate that covers the costs associated with the treatment of COVID-19. The insurance certificate should be issued by an insurance company registered in Ukraine/a foreign insurance company that has a representative office in Ukraine/a foreign insurance company that has a partner in Ukraine. Health Cluster will be getting more information on this development in the coming weeks. • UNHRC and WHO undertook an assessment mission in Olenivka EECP to assess preparedness to COVID-19. While not much information is available, the overall impression was not very satisfying and EECP needs improvements on several fronts. As a follow up, Health Cluster has liaised with WASH Cluster to seek solution for the water problem at the EECP. • WHO presented results of behavioural study on COVID-19 in Ukraine. In order to respond to the COVID-19 pandemic, the WHO Country office in Ukraine has conducted

a serial, cross-sectional study to assess the public's risk perceptions, behaviors, trust, knowledge and other variables related to the COVID-19 pandemic. WHO representative presented key findings from the first four rounds of data collection; the detailed presentation from the study will be shared together with the meeting minutes (for internal use only).

- **The Cluster presented findings from the quarterly HRP reporting for Q2 (January-June, 2020).** The summary of Cluster achievement is presented in the table below.

Cluster achievement summary, Q2:

Original HRP	Original PIN target	1,300,000
	Achievement Q2	42,628
	Plan implementation	3,2%
COVID-19 response	Original PIN target	1,700,000
	Achievement Q2	1,184,346
	Plan implementation	69,7%
Revised HRP* (Original HRP + COVID-19 response)	Original PIN target	1,700,000
	Achievement Q2	1,226,974
	Plan implementation	72,2%

17 August: Health Cluster Meeting on Humanitarian Needs Analysis

- **Health Cluster presented key updates on Humanitarian Program Cycle 2021, specifically:**
 - No substantial changes in 2021 HPC methodology and scope are expected this year; one major distinction is related to incorporation of COVID-19.
 - Costing methodology remains unchanged for the HRP 2021 (project-based costing approach), while ICCG will explore the possibility of unit-based costing for the HRP 2022 based on the good practices and lessons learned from other contexts.
 - Geographical units for the analysis (by distance from the 'contact line' and urban/rural disaggregation) remain unchanged for the analysis, with a caveat for Health Cluster (while the response may go beyond 20 km, beneficiaries will be counted within the 20 km area)
 - The Joint Inter-Sectoral Analysis Framework (JIAF) indicators are being revised by the IMWG. The revision is expected to be completed by 24 August.
 - The format of the field consultations has been changed and divided into three stages as the following:
 - 1) Online information sessions on HPC 2021 for field partner - 18-20 Aug
 - 2) Preliminary needs analysis to be done by Clusters – Aug – early Sept
 - 3) Validation of the preliminary needs analysis - mid-Sept (TBC)
- **Health Cluster proposed a total of 7 indicators to be discussed and included into the Joint Intersectoral Framework (JIAF).** Partners endorsed the proposed indicators and proposed additional ones for consideration. As a next step, Cluster will finalize the list of indicators and come up with severity ranking (from 1 to 5) for each indicator – to be further shared with the Cluster partners for comments.
- **Health Cluster initiated discussion on sectoral needs for the HNO 2021, particularly:**
 - What has changed in the health context in ECA? Mitigating the risk of COVID-19 pandemic and impact on essential health services.
 - Does the current context warrant changes in the scope of analysis in the HNO? (which population groups, geographic areas and humanitarian challenges to focus on)?
 - What information gaps identified in last year's HNO remain relevant and what additional information will be needed? How can these gaps be filled?

	○ Thematic areas to be included in analysis of humanitarian need, peculiarities in GCA/NGCA. As an outcome of the discussion it was proposed: ○ To maintain People in Need as 1,3 million, subject to further discussions and review on the basis of predictive modelling on COVID-19 in ECA, conducted by WHO. ○ To maintain the same scope of analysis in HNO (population groups, geographic areas and humanitarian) while taking into consideration differences related to COVID-19 response (e.g. expanding response to health facilities outside of the 20 km area). ○ To emphasize the problem with health infrastructure; pay attention to the lack of up-to-date medical equipment to diagnose and treat patients. ○ Highlight the shortage of health staff, especially taking into consideration the downward trend in human resources in the healthcare sector. Explore the issue of shortage of students in medical universities in Luhansk and Donetsk oblasts due to the new regulations adopted by the Ministry of Education. ○ Highlight challenges with regards to access to healthcare, including gaps in the referral system and transportation; dedicate specific section on health reform and its impact on conflict-affected population. ○ Highlight challenges with coordination within the health system, especially in light of COVID-19 response; ○ Reflect the needs of EEECPs: referral system, social distancing and public health measures (to be covered by IOM). ○ Incorporate section on mental health and psychosocial support, including mental health needs of healthcare workers (to be covered by MHPSS TWG). ○ Dedicate a section on NCDs, immunization and TB/HIV (to be covered by WHO and TB/HIV TWG). ○ In collaboration with WASH cluster, incorporate analysis on IPC needs and hygiene. ○ Reflect needs with regards to reproductive health (to be covered by UNFPA) and maternal and child health (to be covered by UNICEF). ○ Reflect community component of healthcare: building capacity of health services, strengthening referrals, awareness raising.
27 August: National Coordination Meeting	● The first phase of REACH Knowledge, Attitude and Perceptions/practices (KAP) Survey on COVID-19 has been completed. Preparations for the second of phase of KAP assessment in NGCA is currently being prepared. ● With the support of WHO, the Cluster is carrying out modelling on COVID-19 to support humanitarian planning and decision-making related to COVID-19 response in ECA. A deterministic compartmental model of COVID-19 transmission and a stochastic model of transmission based on Hawke's process were developed and calibrated to the observed dynamics of deaths and hospitalizations and produce estimates of incidence and prevalence cases for different scenarios. ● WHO presented findings of the modeling which estimates the impact of COVID-19 on TB services in Ukraine. The complete analysis, including key findings and recommendations, is available here. ● WHO presented findings from the Monitoring and Evaluation Mission on COVID-19 response in western Ukraine, conducted during 27-31 July in Lviv, Zakarpattia and Chernivtsi oblasts. These western regions of Ukraine are among the worst affected by the COVID-19 epidemic and account for up to 30% of the total number of confirmed COVID-19 cases in Ukraine. The detailed report from the assessment is available here. ● The Cluster is preparing a revised transition plan for GCA to highlight specific activities which could be handed over to the Government of Ukraine. The draft transition plan

was shared with cluster partners for feedback and finalization. We are expecting to finalize the plan by September 18th, as per our deadline agreed with OCHA.

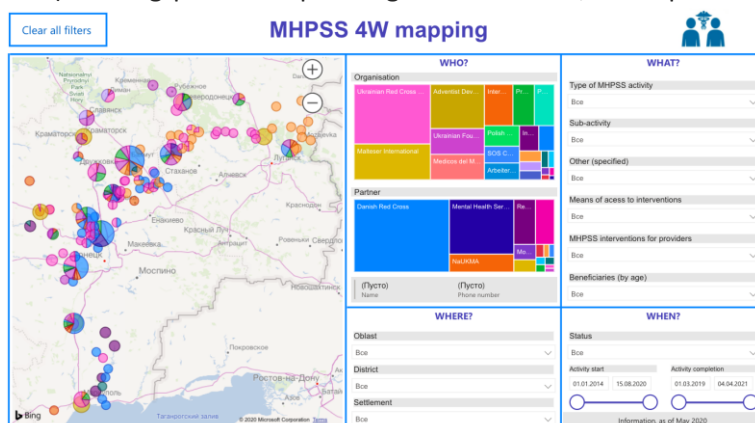
- **The Cluster requested partners to participate in the global survey on COVID-19, developed by the Global Health Cluster.** The survey is aimed to better understand needs and support required by Health Cluster partners in relation to COVID-19.
- **The Cluster reminded partners to submit their monthly input to the 5W reporting on COVID-19.** This information is very important and will help to identify potential gaps and avoid duplication in the response – both, in eastern conflict area and at the national level.

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.

Mental Health and Psychosocial Support technical working group with support of the Inter-Agency Standing Committee (IASC) MHPSS Reference Group continued strengthening the capacity of partners via the series of online workshops. In August 2020 the mentoring session on Adaptation of MHPSS programming during the COVID-19 outbreak gathered humanitarian stakeholders to discuss the challenges and achievement in psychosocial support response during changed operational modalities. The second webinar in August was focused on inclusion of vulnerable groups in MHPSS response and it's challenges in COVID-19 pandemic, barriers and risks. On September 7, Monitoring and Evaluation framework for MHPSS was worked through the practical 4-hour online training for the main humanitarian stakeholders.

Service map of mental health and psychosocial support activities was launched in August and aimed at strengthening effective coordination and referrals among service providers. The map and associated tools were adapted to the new operational modalities related with COVID-19 pandemic and include new types of services and beneficiaries. The map was modified according to the feedback of partners and available [here](#).



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