HEALTH CLUSTER UKRAINE BULLETIN # 15
December 2021 - January 2022

Ukraine

Emergency type: Protracted Emergency
Reporting period: December 2021 - January 2022

2021 HRP Overview

408 511 people out of the 1.3 million people targeted benefited from health care services in Q3 (analysis for Q4 will be available in February)

Over 20 projects implemented by humanitarian health partners in 2021

US$ 13.3 million funds received out of US$ 28.7 million (or 46%) requested

2022 HRP Overview

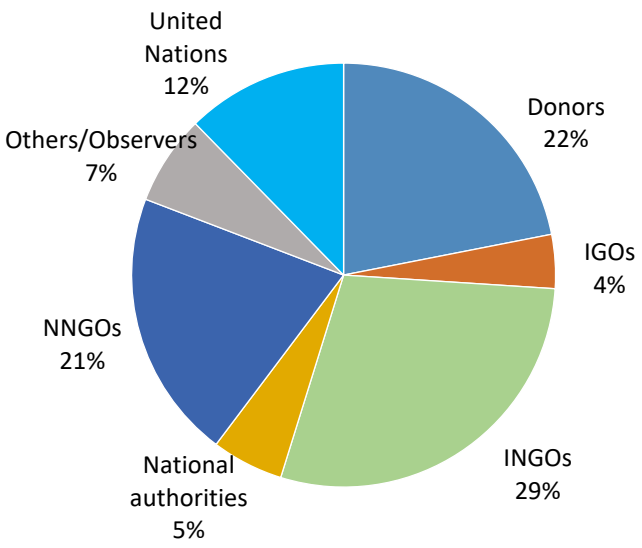
1.15 million people targeted out of an estimated 1.5 million people in need of humanitarian health care assistance

24 projects approved for 2022 HRP

US$ 35.7 million funds requested

Health Cluster Partners (January 2022)

Number of partners: 73



Health Cluster – Summary

The Health Cluster has stepped-up its emergency preparedness efforts in light of the potential escalation of the conflict in eastern Ukraine. Considering recent concerns over the increased tensions near the Ukrainian border, the Health Cluster has been working with its partners to complete scenario planning as part of the operational preparedness and response to the ongoing conflict.

The Health Cluster continued to provide support to health partners throughout Ukraine and particularly in the eastern conflict area (ECA). Throughout December and January, the Cluster team facilitated three National Coordination Meetings,

wrapped up important activities and projects for the preceding year (2021) and set the vision for upcoming year (2022).

The Health Cluster and its partners finalized the Humanitarian Needs analysis (HNO) and Humanitarian Response Plan (HRP) for 2022. As a result of the extensive analysis and planning processes, in 2022, the Health Cluster aims to reach 1.15 million people in need of health assistance; this will be possible through the implementation of 24 projects with the total requirement of US$ 35.7 million.

The Health Cluster completed its analysis of COVID-19 '5W' for the preceding year (2021), which included detailed mapping of humanitarian supplies reported jointly by WASH, Protection and Health Cluster partners. In summary, over 715 health facilities in 353 settlements have been supported, of which more than half (407 health facilities) were supported by Health Cluster partners.

The Health Cluster conducted its annual performance assessment exercise against six core Cluster functions, and the accountability to affected populations. In total, 14 organizations responded to the survey (21% response-rate), including ten international NGOs and two UN agencies.

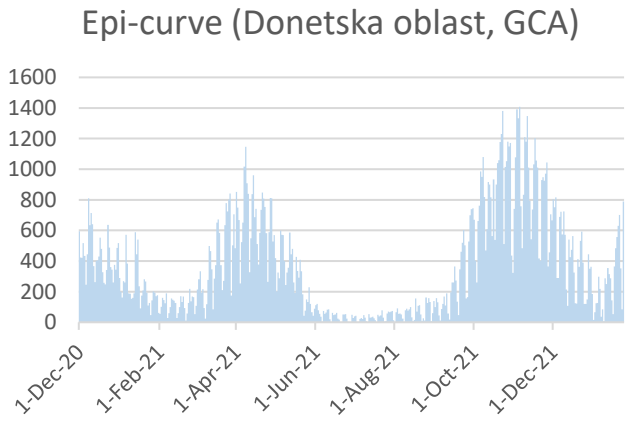
The Health Cluster team conducted a preliminary analysis of gender in health care. The analysis was based on the available secondary data and aimed to identify peculiarities of women, girls, men and boys in health status, health care, and health work participation in the oblasts of Donetska and Luhanska in Ukraine. Conducting further primary data collection (both qualitative and quantitative) is planned in the coming months.

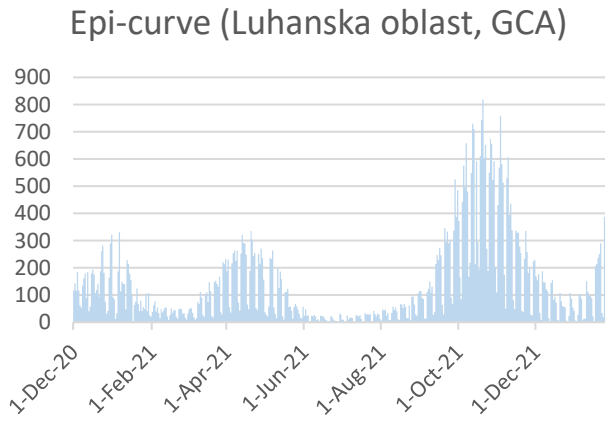
The Health Cluster team updated Public Health Situation Analysis (PHSA) for Donetska & Luhanska oblasts, GCA. Both, an in-depth version (long-form) and an abridged version (short-form) are now available on humanitarianresponse.info.

COVID-19 Situation Overview

Epidemiological situation in GCA

Government-Controlled Areas (GCA) are in the beginning of the fourth wave of COVID-19. **In Donetska oblast,** 175 713 confirmed cases of COVID-19 have been reported as of 25 January 2022, of which 165 141 recovered and 5276 died. According to the Ukraine Public Health Center (UPHC), in Donetska oblast, the cumulative test positivity rate was 28.4%. Among health care workers, there have been 4792 confirmed cases, of which 4825 recovered and 63 died (as of 18 January 2022). **In Luhanska oblast**, 62 871 confirmed cases have been reported, of which 57 821 recovered and 2262 died. The cumulative test positivity rate was 13.2%. Among health care workers, there have been 2140 confirmed cases, of which 2168 recovered and 25 died (as of 18 January 2022).





Donetska oblast, GCA									
Confirmed	Recovered	Deaths	Active	14-day incidence rate	Case fatality rate	Active cases per 100 000 population	Number of available beds	Bed occupancy rate	ICU bed occupancy rate
175 713	165 141	5276	5296	723.6	3%	282.0	3419	21.4%	20.4%

Luhanska oblast, GCA									
Confirmed	Recovered	Deaths	Active	14-day incidence rate	Case fatality rate	Active cases per 100 000 population	Number of available beds	Bed occupancy rate	ICU bed occupancy rate
62 871	57 821	2262	2788	361.4	3.6%	414.7	1632	21.1%	28.6%

In Non-Government Controlled Area (NGCA) the situation is less clear than in GCA. In addition, no case-based data is being provided, limiting further analysis. In Donetska oblast, 121 880 cases have been reported as of 24 January 2022, of which 109 259 recovered and 9482 died. In Luhanska oblast, 22 145 cases have been reported as of 24 January 2022, of which 18 573 recovered and 3144 died. The high infection rate among health care workers remains as one of the of the major concerns reported in NGCA.

Donetska oblast, NGCA[1]							
Confirmed	Recovered	Deaths	Active	New cases, including those coming from GCA	New cases, including those coming from Russia	Case fatality rate	Cases among health care workers
121 880	109 259	9482	3139	108*	16*	7.8%	135*

Luhanska oblast, NGCA[2]							
Confirmed	Recovered	Deaths	Active	New cases, including those coming from GCA*	New cases, including those coming from Russia*	Case fatality rate	
22 145	18 573	3144	428	-	-	14.2%	-

[1] * number may not be representative of the information available.
[2] * number may not be representative of the information available.

Public Health Situation Analysis (PHSA): Long-form & Short-form – January 2022

The PHSA for Donetska & Luhanska oblasts, GCA has been updated for 2022. Both an in-depth version (long-form) and an abridged version (short-form) are now available on humanitarianresponse.info.

The PHSA will be updated periodically as the situation changes; contributions of data and suggestions for improvement from partners to the ongoing analysis are welcome.

As part of the Public Health Information Services (PHIS) Toolkit developed by WHO and Global Health Cluster, the PHSA provides all health sector partners with a comprehensive understanding of the public health situation in a crisis in order to inform evidence-based collective humanitarian health response planning.

The PHSA is a synthesis of the currently available data on the:

i. epidemiologic conditions;
ii. existing health needs;
iii. possible health threats faced by the crisis-affected population;
iv. humanitarian response.

Highlights from the report:

- COVID-19 is the highest priority health threat; TB, HIV/AIDS, non-communicable diseases (NCDs), and vaccine-preventable diseases are also priority health threats in the GCAs of the conflict-affected regions.
- COVID-19-related restrictions have impacted TB and HIV programmes, evidenced by lower case-reporting, potentially delaying treatment of unreported infections and risking further disease transmission.
- NCDs, such as cardiovascular disease, are the leading cause of death. Reduced access to health care and medicines due to hostilities and the pandemic is likely to increase the burden.
- Despite childhood vaccination coverage reportedly being close to WHO targets in 2020, disruptions to immunization programmes due to the insecurity and the pandemic particularly place the children in these regions at risk.

Update on the Polio Situation & Response

- Two cases of polio have been confirmed in unvaccinated children in Rivne and Zakarpattya oblasts. Although the polio outbreak is occurring relatively far from the eastern conflict area, the Health Cluster team is closely following the developments and the response.
- GPEI experts worked with UPHC experts to develop a unified strategy to respond to the outbreak. The roadmap was presented to the VPI Task Force facilitated by the Deputy Minister of Health on 17 November. The following decisions were reached during the meeting:
    - Strengthen AFP and environmental surveillance nationally
    - Implement a mop-up response with inactivated poliovirus vaccine (IPV) among unvaccinated children 6 months to 6 years of age to mitigate the risk of paralysis.
    - Begin preparations for two nationwide campaign rounds with a type 2 oral poliovirus vaccine (OPV2), to be conducted in February-March 2022.

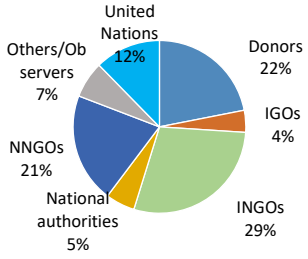
- Continue development of advocacy and communication messaging aligned with the immunization response to ensure the highest level of vaccination acceptance

- The national IPV catch-up is now set to start 1 February 2022. Nearly 136 200 certified IPV vaccines will be delivered to the regions (first batch), which will be enough to cover the campaign and routine immunization.
- The first acute flaccid paralysis (AFP) Surveillance Workshop for 25 oblast epidemiologists and laboratory experts was held on 19-20 January. The second AFP Surveillance Workshop for oblast epidemiologists and laboratory experts is planned for 26-27 January 2022.
- Epidemiological surveillance (ES) and laboratory field visits were conducted to understand how systems are currently organized and discuss ways to improve them.

Health Cluster: Key Achievements in 2021

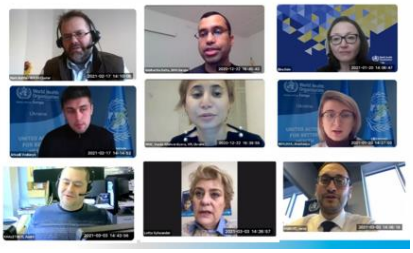
73 partners

2 TWGs: TB&HIV, MHPSS



24 Coordination meetings

10 Q&A sessions on relevant public health topics



6 Rapid health assessments

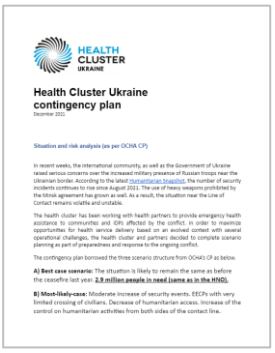
3 missions to ECA

2022 Humanitarian Analysis and Response Planning

Advocacy and resource mobilization

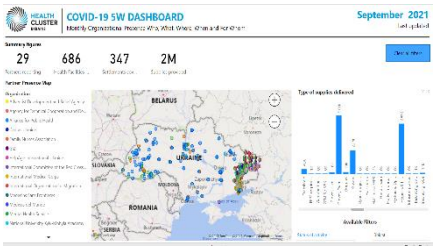
Health cluster funding progress

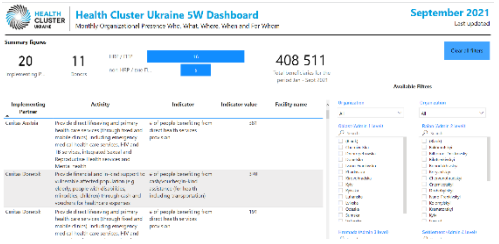
Contingency planning and preparedness

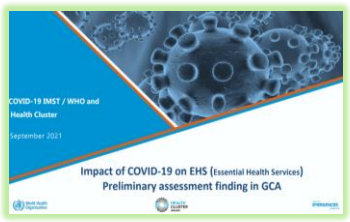


Achievements in the field of Information management include:

Interactive Dashboards on Power BI





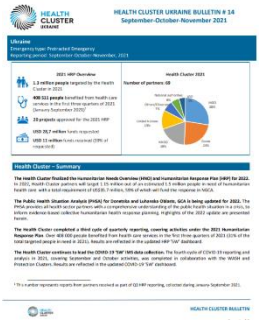


Visuals, Sit Reps,

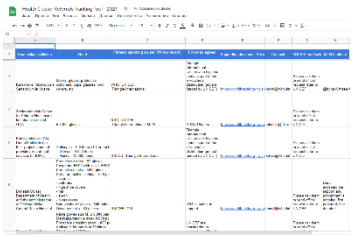
Humanitarian RESPONSE

reliefweb

Public Health Situation Analysis (PHSA) 2021



4 Health Cluster Bulletins



2021 Referral tracking tool

Gender and health in humanitarian assistance:

Strengthening Gender-Sensitive Programming Workshops

- Sieverodonetsk and Kramatorsk, November
- 18 participants

Gender in Health Analysis (GCA)

- Defining gender-based inequalities in health.
- Secondary data analysis.
- Info gaps and recommendations.

Health Cluster special initiatives:

'Mass Gathering Case Study Ukraine 2020 Elections and the Impact of COVID-19'

'Building Community Capacity in Ukraine to Respond to COVID-19 pandemic'

'Reducing Disaster Risk Vulnerability in Eastern Ukraine'

Nexus and Health System Strengthening Project

RAUN Scholars Program: Contact Tracing for COVID-19 in Ukraine

Polio Outbreak Response Coordination

COVID-19 Response: Year in Review

Health Cluster completed the analysis of COVID-19 '5W' for the preceding year (2021) with a focus on Health Cluster partners' contributions.

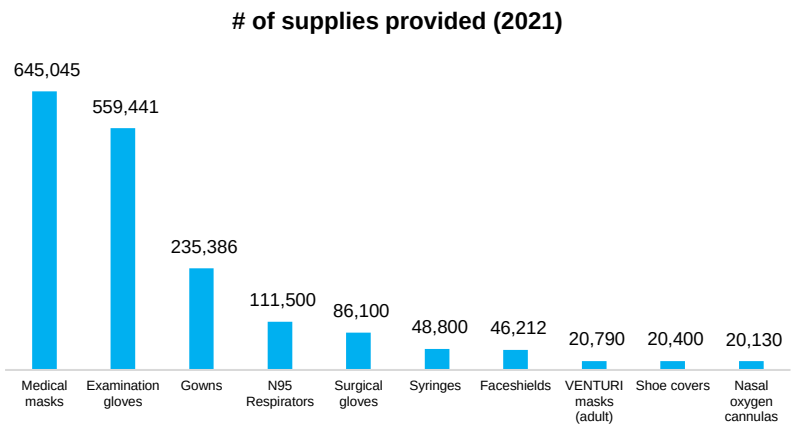
29
Partners

14
Health Cluster partners

715
Health facilities supported

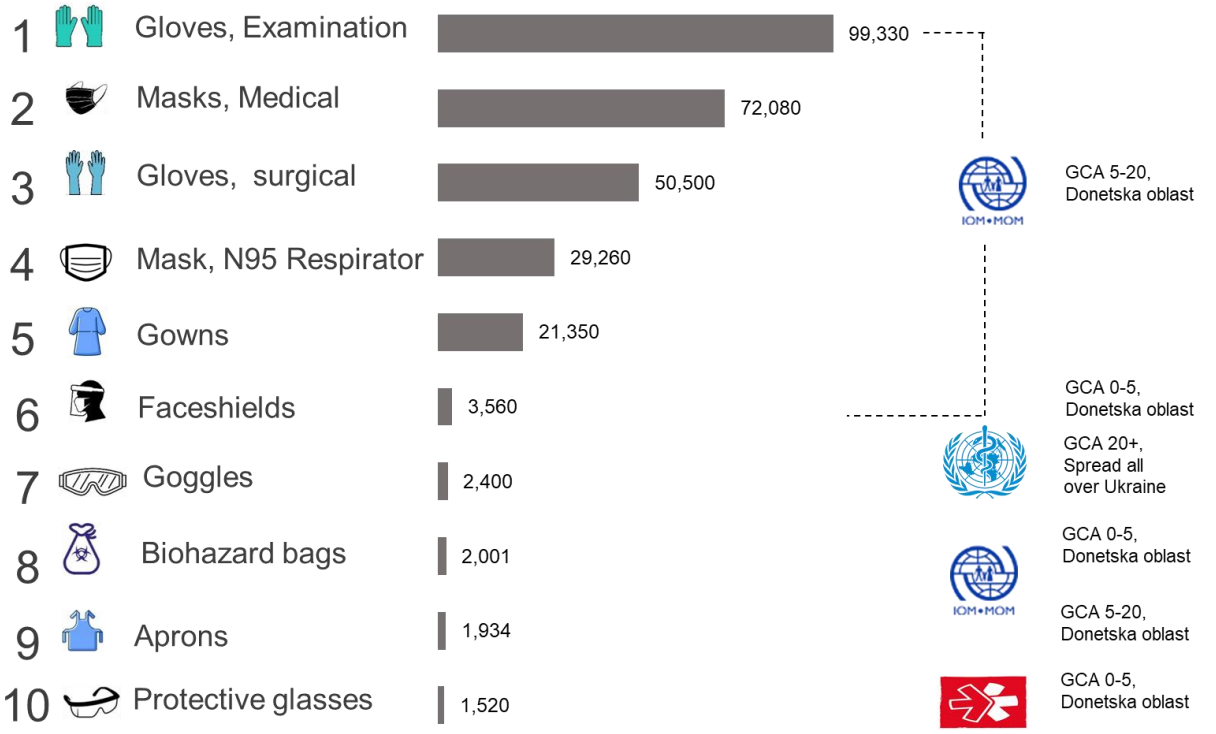
353
Settlements covered

3 M
Supplies provided

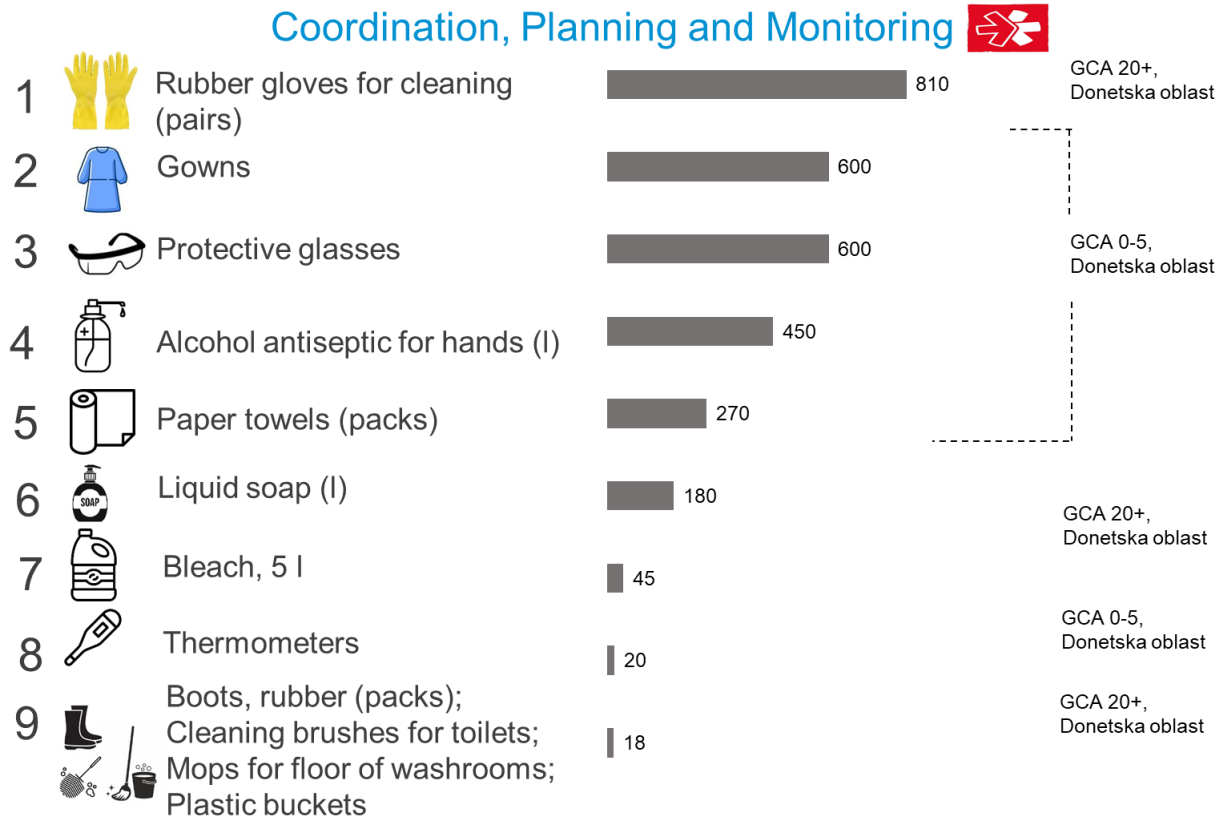


In addition to the provision of supplies, partners also contributed by conducting trainings and sharing expertise related to the COVID-19 pandemic, as well as dissemination information in social media to address rumors and myths, promote physical distancing and other practices to prevent transmission (wearing of mask, hand washing, etc.) and MHPSS counseling related to COVID-19 for community members. Almost 100 000 people have been reached with such types of activities by Health Cluster Partners in 2021. **The breakdown of the top-10 provided supplies by IMST pillars** (by # of supplies provided) is shown below. The infographics also show which partner provided the supplies and which areas were targeted the most.

Case Management Pillar



Coordination, Planning and Monitoring



Infection Prevention and Control

1	Masks, Medical	337,300	GCA 0-5, Luhanska oblast
2	Gloves, Examination	240,690	GCA 20+, Spread all over Ukraine
3	Gowns	160,000	GCA 20+, Luhanska oblast
4	Syringes, injection	48,800	GCA 20+, Spread all over Ukraine
5	Masks, N95 Respirator	38,000	GCA 0-5, Donetska oblast
6	Gloves, surgical	35,000	GCA 20+, Spread all over Ukraine
7	Faceshields	31,200	GCA 0-5, Luhanska oblast
8	Shoe covers	20,400	GCA 0-5 & GCA 20+ Luhanska oblast
9	Overall protection	14,800	GCA 20+, Spread all over Ukraine
10	Goggles	13,824	

Laboratory

1	Nasal oxygen cannulae	19,930	GCA 20+, Kyiv and Kyivska oblast
2	VENTURI masks (adult)	19,930	GCA 20+, Kyiv and Kyivska, Kharkivska oblasts
3	Oxygen masks with a reservoir (bag) adult	13,225	GCA 20+, Poltavska oblasts
4	Disposable Sample collection kits ManTacc (60 SETS/Box)	8,930	GCA 20+, Ternopilska oblasts
5	Disposable Samplers (pack of 100)	2,000	GCA 20+, Spread all over Ukraine
6	Real-time fluorescent RT- PCR kits for detecting 2019-nCoV	1,500	GCA 20+, Lvivska, Chernivetska oblasts
7	Virus Transport Medium kits	1,200	GCA 20+ Cherkaska oblast
8	Deep well silicon mat caps	910	GCA 20+, Spread all over Ukraine
9	KingFisher 96 deep-well plates	682	
10	Gloves, surgical	600	

Operational and logistic support

1	Provide urgent construction works and renovation to improve hospital functioning	12 HFs	giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH	GCA 20+, Donetska, Luhanska oblasts

Clinical Management

1	Bubble humidifier	1830		GCA 20+, Kharkivska, Kyiv, Zaporizka
2	Patient ventilator	38		GCA 20+, Kyiv

# of supplies provided

Risk Communication and Community engagement & Surveillance, rapid response teams and case investigation

1. Develop social media communication strategies and distribution of updated messages in local language to address rumors and myths, promote physical distancing and other practices to prevent transmission (wearing of mask, hand washing, etc.)
2. Provide COVID-19 related training and expertise sharing, including adoption of national and global guidance (both, online and offline), including on IPC, risk communication, clinical care, surveillance and contact tracing, laboratory and MHPSS.
3. Activate local hotline numbers/other types of MHPSS counseling related to COVID-19 for community members.

Médicos del Mundo	45,502
unicef	38,780
WHO	13,856

by # of people trained

Outcomes of the 2021 Cluster Coordination Performance Monitoring (CCPM)

The Cluster Performance Assessment was implemented though the online survey and aims at assessing the performance of the Cluster in achieving its core functions, as agreed by the IAS. It is articulated around the six core functions and subfunctions of the Cluster, and the accountability of the Cluster to affected populations.

In total, 14 organisations responded to the survey (21% response-rate), including ten international NGOs, two UN agencies, one representative of national authorities and one organization with the status of observer. According to the 2021 analysis, performance in most sections have improved significantly. The comparison of results between CCPM 2020 and CCPM 2021 is provided below while the detailed summary of the outcomes from the 2021 CCMP is available here.

CCPM 2020		CCPM 2021	
1. Support to Service Delivery		**1. Support to Service Delivery**	
Provide a platform to ensure that service delivery is driven by the agreed strategic priorities	Good	Meetings	Good
		Cluster Strategic Decisions	Good
Developing mechanisms that eliminate duplication	Satisfactory	Cluster Mapping	Good
		Identification of Needs, Gaps and Response Priorities	Good
2. Informing Strategic Decision-Making of the HC/HCT		**2. Informing Strategic Decision-Making of the HC/HCT**	
Needs assessment and gap analysis	Satisfactory	Assessments	Good
Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross cutting issues	Satisfactory	Situation Analyses	Satisfactory
		Analysis Topics Covered	Good
Prioritizing on the basis of response analysis	Satisfactory	Cross-Cutting Issues	Good
3. Planning and strategy development		**3. Planning and strategy development**	
Strategic Plan	Satisfactory	Strategic Plan	Good
Technical Standards and Guidelines	Satisfactory	Technical Standards and Guidelines	Good
Clarifying funding needs, prioritization, and cluster contributions to HC funding needs	Satisfactory	Prioritization of Proposals	Good
		Updates on Funding Status against Needs	Good
		Strategic Plan	Good
4. Advocacy		**4. Advocacy**	
Identification of Advocacy Issues	Satisfactory	Identification of Advocacy Issues	Good
Discussion on Advocacy Issues	Good	Discussion on Advocacy Issues	Satisfactory
5. Monitoring and Reporting	Satisfactory	**5. Monitoring and Reporting**	
		Cluster Bulletins	Good
		Programme Monitoring and Reporting Formats	Good
		Consideration of the Diverse Needs of Women, Girls, Boys and Men in Response Monitoring	Good

6. Preparedness for Recurrent Disasters	**Unsatisfactory**	→	**6. Preparedness for Recurrent Disasters**
			Preparedness Plans — **Satisfactory**
7. Accountability to Affected Populations	**Satisfactory**	→	**7. Accountability to Affected Populations**
			Mechanisms for Consulting and Involving Affected Populations in Decision Making — **Good**
			Mechanisms to Receive, Investigate and Act on Complaints by Affected People — **Good**

Gender in Health Analysis 2022

The gender sensitivity perspective in humanitarian response takes into account that women, girls, men and boys have different needs, coping mechanisms and opportunities to benefit from support. While delivering health care in crisis situations the different needs, the potential barriers that people may face and equal access to health services should be taken to account. Health projects and programmes must include gender analysis from the beginning and at every stage of the project cycle.

The Health Cluster team in Ukraine conducted a preliminary gender analysis to identify the peculiarities of women, girls, men and boys in health status, health care, and health work participation in Donetska and Luhanska oblasts of Ukraine. A gender analysis examines the relationships between females and males, and their access to and control of resources, their roles and the constraints they face relative to each other.

The main source for analysis was secondary data: research and reports of local and international organizations, reports of government agencies, analyses by experts from the WHO office in Ukraine, and data from Cluster partners. Based on these sources, key data gaps have been identified, as well as preliminary recommendations for Cluster partners on gender-sensitive programming and support for certain vulnerable groups.

Conducting further primary data collection (both qualitative and quantitative) is planned for the coming months. The Health Cluster team will provide an analysis of the gender-related health needs and responses from key informant interviews (KII), focus groups (FcG), and monitoring of Cluster activities and projects.

Update on Contengency Preparedness

In recent weeks, the international community, as well as the Government of Ukraine raised **serious concerns over the increased tensions near the Ukrainian border**. According to OCHA's latest Humanitarian Snapshot, the number of security incidents have continued to rise since August 2021. As a result, the situation near the 'Line of Contact' (LOC) remains volatile and unstable.

Following the HCT's endorsement of the IACP (at the HCT meeting on 13 Jan), it is recommended to implement the preparedness actions outlined in the plan as much as is feasible. Priority is given to the mapping of the existing in-country

logistic capacity (e.g., vehicles, warehousing, existing supplies, telecommunications, etc.) that will be complementary to the soon-to-be-updated Ukraine Logistics Capacity Assessment (LCA) (last updated in 2017 by WFP).

Following extensive consultations with partners, the **Health Cluster developed a sectoral Contingency Plan to include the most likely conflict development scenarios**, while taking into account the uncertainties of how the situation may unfold.

In addition, the **Health Cluster negotiated the donation of ten basic Interagency Emergency Health Kits (IHEK) by WHO** to be distributed to selected health facilities in GCA. Preparation of the distribution plans are in progress in consultation with partners.

Useful Links and Resources

- Updated Health Cluster Page on Humanitarian Response Info website
- WHO Coronavirus (COVID-19) Dashboard
- Health Cluster COVID-19 '5W' IMS Dashboard
- Holding gatherings during the COVID-19 pandemic: WHO policy brief, 2 August 2021
- COVID-19 vaccine checklist: for frontline health workers planning a COVID-19 vaccination session.
- COVID-19 vaccination: supply and logistics guidance
- COVID-19: Occupational health and safety for health workers
- Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings
- Ukraine: Harmonized Rapid Health Facilities Assessment Tool
- Open WHO Course catalogue
- Strengthening health response to gender-based violence in humanitarian emergencies
- Clinical management of rape and intimate partner violence survivors

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