

#### **HEALTH CLUSTER BULLETIN #11**

**NOVEMBER 2024** 







7.8 M In Need





2.7M Reached 2% of the target

#### **HIGHLIGHTS**

- In November 2024, the war in Ukraine reached its 1,000th day, marked by a surge in airstrikes which impacted hospitals, residential dwellings, and vital energy infrastructure. The human impact of the war is pronounced, resulting in at least 165 civilians killed and 887 injured in November alone. While the number of reported casualties was lower than in the previous month, it remains significantly higher in comparison with November 2023. Health Cluster partners continued to complement the efforts of first responders and local health authorities, reaching over 9,000 persons with emergency health assistance since the escalation of attacks in December 2023.
- The Health Cluster team, through the WHO Surveillance System for Attacks on Health Care (SSA), has verified 2,184 attacks on health since the war's 2022 escalation, resulting in 204 deaths and 696 injuries of health workers and patients. According to the latest HeRams Ukraine Status Update Report October 2024, 1,837 attacks impacted health facilities, with 832 being fully or partially damaged. 96% of health facilities in Ukraine remain partially operational. The increase in attacks on health care, fit the larger pattern of the intensification of hostilities, where in November, in one day more than 180 drones were launched impacting 17 regions.
- Amid the harsh onset of winter, intensified attacks on Ukraine's energy infrastructure
  and health facilities, has exacerbated the strain on health services. Vulnerable
  communities, particularly those near the front lines, are now facing heightened health
  risks and severe disruptions to essential services, compounding the challenges of an
  already dire humanitarian situation. As part of the health winter response, Health
  Cluster partners have provided some 56 health facilities in front line communities
  with heating systems, boilers, fuel, generators.
- Hostilities continued to intensify in Donetska and Kharkivska regions, disrupting humanitarian operations and access to basic services. On 1st and 22nd November, authorities opened new transit sites to facilitate evacuation efforts. Health Cluster coordination teams assessed the capacity of these sites for medical screening, service delivery, and mental health support. Since late August 2024, Health Cluster partners and local health authorities coordinated the support of essential lifesaving health care and mental health services at transit centers, reaching 5,000 people.

#### **HEALTH SECTOR**



**838**Health facilities supported in 2024 Source: 5W



2184 Attacks on Health care, as of 30 Nov 2024, since 24 February 2022 Source: WHO SSA



**591**logged HRPR submissions in 2024



135 (100%) Partners reporting (cumulative) HRP activities in Activity Info, as of 30 Nov 2024



**98M** (68%) Humanitarian Funding (in USD) received for the Health Response\*, as of 30 Nov 2024

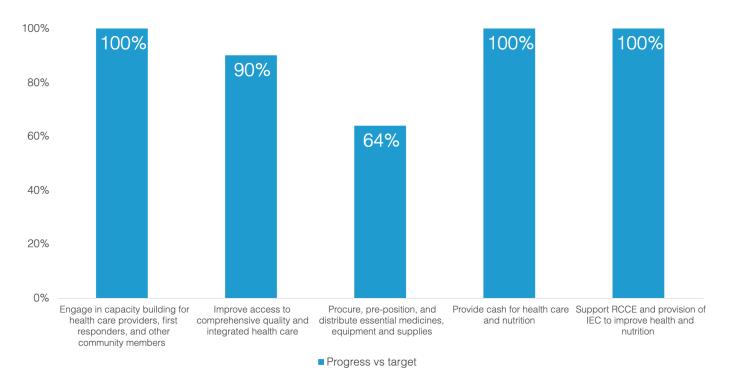
\* OCHA's Financial Tracking System (FTS) is a key tool for monitoring humanitarian funding but may misrepresent actual resources due to issues like unreceived pledges, double reporting, and aggregation challenges. The Health Cluster's Activity Planning Module (APM) provides a more accurate and reliable reflection of funding for health-related humanitarian activities in Ukraine.

#### **HEALTH CLUSTER PERFORMANCE: PROGRESS REPORT**

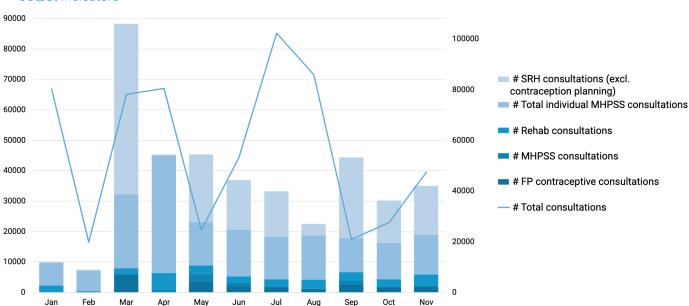
To be considered an active member of the Ukraine Health Cluster, organizations should fulfil the following minimum requirements besides registration with the authorities in Ukraine:

- Submit regular reports on ActivityInfo detailing their progress against the Humanitarian Response Plan 2024.
- Demonstrate active participation in national and sub-national meetings by engaging in discussions and providing valuable contributions to cluster objectives and initiatives.
- Respect humanitarian principles of humanity, impartiality, neutrality, independence, while also respecting the principles of partnership and collaboration.
- As of 30 November 2024, the Ukraine Health Cluster to date comprises 212 partners, of which are 133 active members.

Progress Against the HNRP 2024 Targets



#### **Output Indicators**

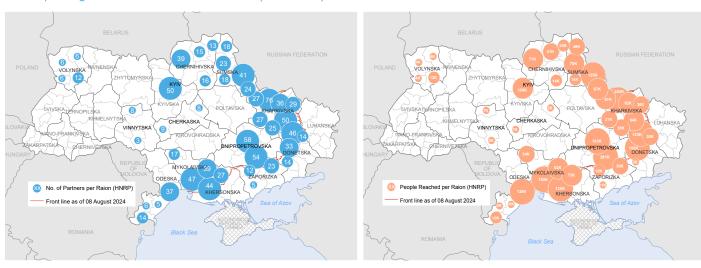


#### Health Facilities Supported by Humanitarian Aid



- HE201 Provide support to improve readiness, preparedness, and response to all hazards, including outbreaks of disease
- HE105 Engage in capacity building for health care providers and first responders and other community members to improve their ability to respond to the needs of vulnerable populations
- HE104 Procure, preposition and distribute essential medications, medical equipment and medical commodities to health facilities (PHC and Secondary/tertiary level)
- HE103 Support risk communication and community engagement and provision of Information Education and Communication (IEC) to improve health and nutrition outcomes for patients, caregivers and health care providers
- HE102 Provide financial support for health care and nutrition-related costs - cash or vouchers
- HE101 Improve access to comprehensive quality and integrated healthcare including MHPSS and nutrition

#### Reporting Partner Presence and Reach (raion level)





#### **HEALTH NEEDS AND PRIORITIES**

#### Public Health Situation Analysis - August 2024:

The Health Cluster's recent <u>Public Health Situation Analysis (PHSA)</u> offers a comprehensive overview of Ukraine's current health resources, public health risks, and the population's health status. Details on health needs and the response can be accessed in the publication.

#### Winter-related needs:

As the war intensifies and the energy system faces ongoing threats, ensuring winter health readiness, strengthening winter infrastructure, building capacity among health workers and communities, and raising awareness of cold-related risks are crucial for maintaining resilience in both communities and the health system during extreme winter conditions. Health Cluster partners are prioritizing support in areas near the front line where infrastructure including hospitals and health facilities have been targeted, and where a large proportion of the population are elderly, disabled, or otherwise vulnerable. The Health Cluster has mobilized \$7.1 million (44 per cent) of the funding requirement and reached 45 per cent of the 499,000 people targeted. Winter related health needs are articulated in the <u>Ukraine</u>-

#### 2024-2025 Winter Response Plan.

#### Winter-related needs & gaps:

- Power outages and insufficient funding for generators and heating systems will leave health facilities unable to provide essential services, such as surgeries, emergency care, and vaccine storage, jeopardizing patient safety.
- A lack of resources to address cold-related illnesses will lead to preventable deaths and worsening health conditions among the most vulnerable.
- Service gaps may force vulnerable populations to migrate in search of health care, increasing displacement and exposing them to further risks.
- An increase in attacks on civilian infrastructure including residential dwellings poses a significant risk of cold related injuries and acute respiratory illnesses. Individuals who rely on electricity to power assistive devices at home face increased risks of injury or death without a backup power supply.
- As homes become colder, the risk of severe mental distress significantly increases, even among those who previously had no mental health issues.
- The escalation of cold-related physical and mental health threats can have broader implications for the health system, leading to an increased burden of disease while the system's capacity to respond diminishes.

#### Availability of Medicines:

- In frontline communities and hard-to-reach areas, there has been a disruption in medicine
  availability due to the closure of pharmacies and damage to healthcare facilities.
  Health partners continue to support the Ministry of Health efforts through donations
  of essential medications to healthcare facilities in frontline communities, despite the
  challenges posed by restricted humanitarian access.
- Besides physical barriers to access medicines, affordability is a challenge for some medicine types not provided by humanitarian actors and not present in functioning

# PHSA - August 2024





#### Availability of Services:

- The shortage of human resources for health in oblasts close to the frontline areas negatively impacts the provision of medical services.
- Attacks on healthcare hamper the delivery of health assistance as these attacks undermine the access and availability of health services in facilities while endangering health workers and patients.
- Conflict-related conditions have exacerbated the challenges faced by people with special needs, including those with disability and low-mobility, in accessing necessary healthcare services.

#### Mental Health and psychosocial Support (source: MHPSS Technical Working Group):

- The conflict has exacerbated mental health needs, with a notable shortage of services for managing severe mental, neurological, and substance use (MNS) disorders.
- Stigma surrounding certain mental health conditions impedes appropriate help-seeking behavior, further complicating access to care.
- Urgent need for more mental health services due to stress, anxiety, fear, and trauma resulting from the conflict. However, limited access to medical and psychological care within the community remains a challenge.

#### Trauma and Rehabilitation (source: Rehabilitation Technical Working Group):

- Health facilities, especially those near the frontline or in areas of active conflict witness a high influx of trauma patients and sparse technical capacity to respond to the trauma specific rehabilitation needs.
- Trauma related injuries, such as spinal cord injury, traumatic brain injuries, burns, peripheral nerve injuries, amputations and complex poly trauma remain a key challenge for rehabilitation professionals around the country. Rehabilitation referrals and pathways remain fragmented and access to acute, sub-acute and long-term rehabilitation services for these groups are insufficient. Many complex patients will, therefore, be referred to palliative care or long-term care institutional facilities, losing possibilities for regaining functional independence and return to their daily lives.
- Multi-disciplinary team rehabilitation within the national 'network of capable hospitals' is available across Ukraine; however the quality and quantity of these services varies, and many health facilities have waiting lists of up to three months. Compounding this challenge, is the critical shortage of rehabilitation professionals, who have evidencebased rehabilitation skills and knowledge working in public health care.
- Integrating mental health care approaches into rehabilitation services is a critical need, where rehabilitation professionals must have the skills to develop personal and professional resilience and the skills to support patients with both psychological and physical injuries in the rehabilitation process.
- There is a lack of awareness and understanding among service users and service providers regarding free rehabilitation services in Ukraine and how to access them. The most pronounced knowledge gap is among family physicians in PHCs. Therefore, many Ukrainians who require rehabilitation services are left behind. Rehabilitation coordination is therefore critical, where duplication of efforts must be avoided and where needs, gaps and timely response is facilitated.

#### Sexual and Reproductive Health Needs (source: SRH Technical Working Group):

- Access to SRH services is reduced due to pharmacy closures, damaged health facilities, supply chain disruptions.
- Limited SRH focal points at primary health care level affects care seeking behavior.
- High prevalence of intimate partner and non-partner sexual violence highlights the need for enhanced clinical services and capacity-building for medical personnel across regions.
- Access to prenatal care has declined, especially for adolescents, with rising maternal complications during labour and postpartum, including hypertensive disorders, severe tears, and infections. Strengthening maternal healthcare services is critical.
- Declining rates of HIV and syphilis testing and PMTCT coverage among pregnant women call for expanded testing, timely diagnosis, and treatment access.
- Persistent regional disparities in teenage pregnancy, a rising abortion-to-live-birth ratio, and an increase in unsafe abortions demand efforts to improve access to modern contraception and safe abortion services.
- Rising syphilis and hepatitis B cases, particularly among women and pregnant women, and increased sexually transmitted HIV cases underscore the need for comprehensive public health interventions, sexuality education, and access to barrier contraceptives.
- SRH service provision needs to be improved at the PHC level to ensure the Minimal Initial Service Package for SRH availability.

#### Risk Communication & Community Engagement (source: RCCE Technical Working Group):

- The need for RCCE materials, covering public health advice remain crucial, and reaching the most vulnerable populations in the high-risk regions remain a challenge, thus, stronger collaboration among the partners would create opportunities to reach more people in need.
- Aligning RCCE topics and messages with the Ministry of Health's priorities remains a key focus for the TWG, reinforcing the MoH's capacity in addressing emerging risk communication challenges.
- More partners joining the RCCE TWG would facilitate stronger coordination and alignment of messages on various health topics and preventative measures.
- Engagement of more partners in community listening would bring voices and needs of the people from more Oblasts in the high-risk areas.

#### **HEALTH CLUSTER COORDINATION UPDATES**



Health Cluster Co-Coordinator Kherson

To enhance regional coordination in Khersonska oblast, the Health Cluster has expanded NGO co-coordination under the broader framework of the Health Cluster Odesa Hub. Following a call for expressions of interest in late October, Médecins du Monde (MdM) France was selected as the co-coordinator for this region. Beginning in early 2025, the co-coordination aims to strengthen collaboration with local actors, improve the efficiency of response efforts, and increase accountability to affected communities.

#### Strategic Advisory Group on Localization with the WHO Leadership

On 19 November 2024, members of the Health Cluster's Strategic Advisory Group (SAG) met with senior leadership from the World Health Organization (WHO) to discuss Health Cluster coordination and the implementation of the cluster's localization strategy. The session began with an update on progress in advancing localization efforts, showcasing significant achievements and the challenges encountered. The presentation was followed by an exchange of perspectives, where both national and international partners shared insights, detailed experiences, and offered recommendations aimed at optimizing localization strategies in the context of Ukraine's unique operational challenges. The discussions underscored the importance of efforts to make communities and the health system resilient, and the need for capacity building efforts to enhance access to funding and alignment with international humanitarian principles.

#### **Expanding Humanitarian Support: New Transit Centers**

Since late August 2024, Health Cluster partners have been working closely with the Ministry of Health to provide primary health care and MHPSS at designated transit centers (TCs) in eastern and north-eastern Ukraine. In October, the Kharkiv transit center experienced a peak in arrivals, with 1,100 new arrivals recorded between 17 and 22 October alone. To facilitate the evacuations, local authorities opened a new transit center in Dnipro City on 1 November, aimed at facilitating the evacuation of people from Donetska Oblast. A new transit center in Izium, Kharkiv, was opened on 21 November. On 22 November, the Health Cluster led an assessment mission to the Izium TC to evaluate its capacity to deliver essential health services and MHPSS. Ongoing coordination with partners focuses on strengthening a nearby primary healthcare facility through the provision of medications, additional staffing, and mobile medical units.

#### Medicines & Medical Supplies Request Coordination

In November 2024, a total of 58 requests were submitted on the HRPR platform by 37 partners. Out of these requests, 34.4% (20) were fully or partially fulfilled. Some 20 health facilities in 8 oblasts received the medicines, namely Dnipropetrovska (7), Khersonska (4), Odeska (3) Donetska (2) and Chernihivska, Kyivska, Sumska, Zaporizka (1). To receive further information, partners able to accommodate any categories of needs, fully or partially, should continue to send emails to shevchenkoy@who.int.

#### Post-distribution Monitoring

The Health Cluster continues to follow up with health partners to conduct post- distribution monitoring (PDM) surveys from 4 to 6 weeks after distributing medicines and supplies. As of November 2024, <u>13 partners have reported</u> conducting ed PDMs in 2024. Partners are requested to update the Health Cluster PDM form after <u>conducting</u> the PDM surveys.

#### **TECHNICAL WORKING GROUP UPDATES**

#### **Nutrition**

- In November, the Nutrition Technical Working Group held a meeting with a special focus on improving care for premature infants. The Ukrainian NGO Early Birds shared insights from its advocacy efforts, particularly in enhancing nutrition for premature infants and promoting Kangaroo Mother Care. Following the presentation, partners received a locally adapted and translated guide on this important care method. The meeting also included a discussion on the monitoring of compliance with the Breastmilk Marketing Code on digital platforms, with a particular emphasis on recent deviations.
- The NTWG is at the final stages of completing the Infant and Young Child Feeding (IYCF) survey, conducted in front-line regions, with results expected soon.

#### Sexual and Reproductive Health

- An online meeting of the SRH TWG was held on 28 November 2024, to present a Position Paper on Investment in the Midwifery Model of Care in Ukraine, based on the "Transitioning to Midwifery Models of Care: Global Position Paper". This document was produced by the World Health Organization (WHO) Department of Maternal, Newborn, Child and Adolescent Health and Ageing, under the Strategic Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent Health and Nutrition (STAGE), in collaboration with WHO technical departments, regional offices, and numerous stakeholders. The development of this Position Paper followed consultations with relevant stakeholders during the Round Table on the State of Midwifery in Ukraine, held on October 31, 2024.
- On 14-15 November, a two-day capacity-building workshop was held for outreach workers and regional coordinators from the Positive Women organization Outreach Community Engagement for Sex Workers

- to enhance peer-to-peer community outreach for the promotion of pre-exposure prophylaxis (PrEP). The event was organized in collaboration with the Center for Public Health, which oversees PrEP implementation in Ukraine and featured participation from UNFPA, as well as NGOs such as Club Eney and the Fisherman Club of Ukraine, both of which have established experience in sex-worker community outreach and peer-to-peer initiatives.
- The SRH TWG finalized a desk review of sexual and reproductive health and rights (SRHR) in Ukraine. The review assessed strategic objectives from the WHO Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in Europe. Quantitative Component: Analyzed data from sources such as MedStat, E-Data, and the National Cancer Registry of Ukraine, alongside international databases like the Global Burden of Disease Study 2021. Qualitative Component: Reviewed national laws, clinical guidelines, and relevant publications to identify strengths, challenges, and gaps in SRHR support. Recommendations were developed to guide reforms and align practices with international standards. call.

#### Risk Communication and Community Engagement

- RCCE materials on winter related risk prevention and Hepatitis ABCDE were added in WFP's Food Kits, which was distributed to 300,000 households in high-risk areas: Dnipropetrovska, Donetska, Kharkivska, Luhanska, and Zaporizka. This initiative aimed to ensure that communities in these regions receive vital health and safety information.
- In November, three Focus Group Discussions (FGDs) aimed at understanding the risk perception, winter related health and safety, and health information needs of the displaced populations in Odesa was conducted, the findings were shared with the TWG partners as knowledge sharing.

#### **PARTNERS' ACHIEVEMENTS**



Since April 2022, the Association Internationale Coopération de Médicale (AICM) has been supporting health authorities in health care services in Chernihiv, a city significantly affected by war. AICM introduced portable ultrasound technology as part of its efforts to improve the delivery of medical care through initiative "Butterfly" portable ultrasound probe, developed by Santé Intégrale in 2021. This handheld device, used with smartphones or tablets, has enhanced diagnostic capabilities

for 130 medical professionals in the region. With real-time imaging available in diverse settings, including ambulances, AICM has enabled faster and more comprehensive patient assessments, helping to reduce treatment timeframes.



In November, CADUS teams covered over 15,000 kilometres to transport patients to safer, better-equipped hospitals, moving patients from 17 hospitals in the Dnipro, Donetsk, Sumy, and Kharkiv oblasts to 25 hospitals in the Chernihiv, Dnipro, Donetsk, Kyiv, Kirovohrad, and Sumy

oblasts. After expanding from two to three active teams in October, CADUS is now represented in Sumy Oblast, where critically injured patients are primarily transported to health facilities in Kyiv to receive the required medical assistance.



In November, the Medical Aid Committee in Zakarpattya donated medical supplies, including bandages and medications, to hospitals in Kirovohrad, Dnipro, Kharkiv, Kyiv, Kherson, Zhytomyr, and Poltava regions. Rehabilitation equipment was provided to medical facilities in

Kharkiv and Nikopol. To support hospitals, primary health care centers, and outpatient clinics in Kharkiv, Dnipro, and Zaporizhzhia, CAMZ donated generators and charging stations. As part of the "Hybrid Solutions" project, implemented in partnership with the international organization "Electriciens frontières," solar power plants were installed at seven medical institutions in Zakarpattia and Ivano-Frankivsk regions. Additionally, under the project "Improving the Protection of Children in Emergencies in Ukraine," funded by the German Federal Foreign Office, a specialized medical shipment, including medicines, medical devices, and consumables, was delivered to a health facility in Kherson Oblast. An ambulance was also donated to a hospital in Kharkiv Oblast.



Since July 2024, the NGO "Community Self-Help", in partnership with the Global Health Program at Boston Children's Hospital, Harvard University (USA), has been implementing the project "Supporting the Mental Health of Children in De-Occupied Territories of Ukraine." One of the key components of the project is a training course. This course is a unique intervention for Ukraine, focusing on understanding the psychosocial support and assistance (MHPSS) pyramid, principles of intersectoral collaboration, the relationship between supporting children and their caregivers, and practical selfcare strategies for frontline workers under constant distress. The NGO have trained over 100 personnel, including police officers, State Emergency Service of Ukraine (SESU) workers, civil-military cooperation teams, and mobile brigades from Kyiv, Mykolaiv, Kherson, Sumy, and Chernihiv regions. All are now receiving supervisory support from American and Ukrainian experts. The research component of the project engages the international scientific community to study the practical aspects of the humanitarian crisis in the de-occupied territories of Ukraine. Currently, the NGO "Community Self-Help" is seeking support to scale this project to Kharkiv and Dnipropetrovsk regions in 2025.



In November, under the "R.I.S.E Ukraine" project, CUAMM. collaboration with Caritas Drohobych Sambir, conducted 435 medical consultations (222 in the fixed clinic and 213 through the Mobile Medical Unit) and 35 psychological sessions in Lvivska Oblast. CUAMM also donated 118 medical kits, including emergency bags, trauma kits, ABC kits, and surgical kits, to health facilities in Mykolaivska, Dnipropetrovska, Kharkivska, and Sumska Oblasts. In response to an HRPR request, CUAMM supported a hospital in Chernihivska Oblast with 16 medical kits.

Under the "SAFE Ukraine" project, CUAMM delivered a second batch of medicines and consumables to five health facilities in Donetska and Dnipropetrovska Oblasts, providing tailored and continuous support.



In November, the Dignitas Ukraine & Safe mobile clinic reached 302 people, from which 111 evacuees who were received at the Kharkiv Transit center and consulted 191 vulnerable people in their homes in around twenty villages in the regained rural areas (by the Ukrainian Government) of the Kharkiv region.



In November, the International Medical Corps (IMC) provided 28,613 outpatient consultations in three IMC-supported healthcare facilities (21 primary, 1 polyclinic and 15 MMU) in 9 oblasts including Kyivska, Chernihivska, Sumska, Kharkivska, Dnipropetrovska, Zaporizka, Donetska, Khersonska and Mykolaivska. During the reporting period 5 training sessions were initiated in Mykolaiv where a total of 100 participants, out of them underwent training on various topics, including PBLS and CMR.



n November 2024, the International Rescue Committee (IRC), in partnership with Stellar Ukraine and Fortitude UA, deployed medical mobile units in Kharkivska, Dnipropetrovska, and Khersonska oblasts, delivering 9,153 medical consultations across 92 locations to address health needs. In collaboration with partner "R2P," IRC also provided 1,468 MHPSS consultations to vulnerable individuals.

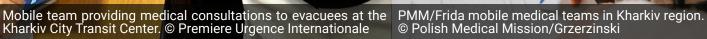
Amid intensifying hostilities in Sumy region, IRC and Fortitude UA launched support activities in Okhtyrka district. Following a comprehensive assessment with the Department of Health, local healthcare representatives, and the city council, 10 rural health facilities were identified for support. Planned assistance includes infrastructure repairs, vehicles, generators, medical supplies, and capacity-building initiatives.

IRC participated in the National Forum, "Women in Medicine: Professional Growth and Leadership," presenting findings from its report, State of Health Workforce Mental Health in Ukraine. This highlighted critical mental health issues among healthcare professionals, supporting women's roles in healthcare leadership.



In November, IVY Japan continued its work on the joint project "Providing Healthcare Support to Vulnerable People with Limited Access to Healthcare Services in Kharkiv Oblast" in partnership with STEP-IN. Funded by the Government of Japan through Japan Platform, the project utilizes a mobile medical unit that also includes a mental health component. In November, the MMU delivered healthcare services to approximately 500 patients, primarily in Kharkiv city.







Dignitas Ukraine & Safe doctor conducts an electrocardiogram during a home visit in a village north of Kharkiv. © Dignitas Ukraine Ukraine © United Help Ukraine







PREMIERE URGENCE INTERNATIONALE

In November, Médecins du Monde (MdM) France advanced health and psychosocial support southern Ukraine. Seven supervision sessions and 46 Auxiliary Relief Services (ARS) sessions supported Community Helpers in five villages, who provided counseling, awareness sessions, and monthly self-care. Specialized awareness on genderbased violence was delivered in Suvore and Novovasylivka, while health sessions for beneficiaries in Lepetykha and Posad-Pokrovske addressed emotional regulation and sleep health. Training community workers covered Clinical Management of Rape, GBV, family planning, and menopause. Medical staff received Mental Health and Psychosocial Support (MHPSS) and Psychological First Aid (PFA) training in key locations. Infrastructure efforts included a new telemedicine center in Kherson City and re-establishing services in Borozenske hromada. MdM's partner CASERS conducted mobile clinics, supported by four operational telemedicine centers in Khersonska oblast.

DER WELL

In November, Ärzte der Welt Germany reached a total of 5,300 beneficiaries. including 1,598 unique individuals. Their services included Primary Health Care for 1,410 beneficiaries, Mental Health support for 337 individuals, and Sexual and Reproductive Health services for 917 beneficiaries. MdM Germany operated four mobile units, along with two additional units managed by partners. MdM Germany also held 85 awareness sessions, reaching 834 people, and conducted nine capacity-building trainings for 171 participants. In November, MdM Germany conducted the first Hibuki Therapy sessions in the hubs for IDPs. Additionally, they made seven donations and provided 157 referrals to specialized services. The organization made three donations in Dnipropetrovksa, Donetska and Vinnytska oblasts.

In November, Médicos del Mundo Spain conducted 3,445 consultations, including 2,132 for Primary Health Care, 783 for Mental Health, and 530 for Sexual and Reproductive Health. Their mobile unit reached 2,603 beneficiaries, and 55 awareness sessions were held, engaging 678 participants.



In November, MEDU Doctors Rights for Human continued implementing the "Healthcare and Psychological and Psychosocial Support for the Conflict-Affected Population in Chernivtsi Region. Ukraine - Phase 2" project. Two mobile teams covered 15 communities. providing psychological support and medical consultations. These included individual psychological sessions for 191 displaced and non-displaced individuals. group psychological sessions for 225 individuals, and primary health consultations for 964 people.



October and November, OperationChange delivered surgery tables to Ukraine, distributing them to seven hospitals across Dnipropetrovsk, Donetsk, Kharkiv, Chernihiv, Cherkasy, and Sumy regions. The organization donated mobility aids, such as walkers and crutches, to hospitals and rehabilitation clinics in eastern Ukraine. Over the two months, 21 distribution missions were carried out, delivering healthcare supplies to pre-frontal facilities. In Chernihiv, 800 square meters of roofing materials were supplied to winterproof two hospital buildings, with the work mid-November. completed by Additionally, OperationChange conducted health check-ups for 200 children at an orphanage in collaboration with pediatricians from Advent Relief

In November, Première Urgence Internationale (PUI) carried out a variety of activities across Dnipropetrovska, Donetska, Zaporizka, Kharkivska, Ivano-Frankivska, and Lvivska oblasts, focusing on mental health and psychosocial support (MHPSS). PUI provided training and emotional support to health workers, teachers, volunteers, social workers, and other key stakeholders, aiming to enhance their ability to manage psychosocial challenges and support affected populations. The training covered topics such as burnout, psychological first aid, stress management, and trauma-informed care. A total of 411 participants were reached through training, refresher courses, group sessions, and technical supervision.

120 people received non-specialized psychosocial support, and mobile medical teams conducted 892 consultations, including for evacuees in transit centers. PUI, as co-coordinator of the Sexual and Reproductive Health (SRH) Technical Working Group in Kharkivska and Lvivska oblasts, facilitated meetings and provided SRH training to family doctors in remote areas. Awareness-raising on hepatitis B and C, and support for health facility relocation and the voucher project for free medication, were also key activities.



In November, Polish Medical Mission provided over 1,450 consultations with endocrinologists, cardiologists, therapists, gynecologists, and pediatricians, and more than 100 psychological consultations. PMM's mobile teams continued operating in the Kharkiv, Sumy, and Kyiv regions. The Kharkiv team held consultation sessions for beneficiaries evacuated from the region. The PMM laboratory conducted over 500 tests, including general and biochemical analyses, and mobile teams performed more than 350 ultrasound examinations.

## project H PE

In November, Project HOPE continued supporting frontline communities and vulnerable populations across nine regions, expanding its efforts to Sumy region by signing a Memorandum of Understanding (MOU) with the Sumy Regional Administration. The organization operated 50 mobile medical units (14 for specialized care), providing 72,898 consultations to 27,681 beneficiaries. Project HOPE also provided financial support to 34 hospitals, where 56,930 consultations were delivered to 22,966 beneficiaries. Additionally, 9 ambulances conducted 1,429 patient transportations across three frontline regions, with plans to deploy 4 more vehicles soon. This month, 241 healthcare workers were trained in BLS, ALS, CD, MHGap, SGBV, PFA, and Nurse Training. Furthermore, 124,416 liters of drinking water and 8,922 hygiene kits (including 700 diapers) were distributed to patients through health clinics.

soleterre

rehabilitation specialists from two Ukrainian hospitals participated in advanced training at Bambino Gesù Pediatric Hospital in Rome. The program covered essential topics, including respiratory physiotherapy for pediatric patients, spasticity management, robotics in rehabilitation, dysphagia, and neuromotor rehabilitation approaches in neurology.

Soleterre also continued its efforts to provide psychological support in Zaporizka, Dnipropetrovska, and Kharkivska oblasts. Through mobile units, Soleterre provided psychological support to 125 patients, focusing on individuals in shelters and rural areas. In addition, Soleterre supported physical rehabilitation for 90 individuals across three hospitals in Lviv, Kyiv, and Dnipro, ensuring access to high-quality care for those in need.

### **UK-MED**

In November, UK-Med Ukraine, with the support of the International Organization for Migration (IOM) and the Ukraine Humanitarian Fund (UHF), continued its mission of delivering essential humanitarian medical assistance. UK-Med conducted Mass Casualty Incident (MCI) training sessions in Zaporizhzhia, Kharkiv, and Dnipro, training 78 health care professionals in critical emergency response skills. Throughout the month, UK-Med reached 2,261 patients with the provision of health care and medical services and provided 15 patients with surgical interventions, and 3 nursing services across supported hospitals and communities.



In November, United Help Ukraine (UHU) continued its MHPSS activities under the "Smuha" project. UHU provided a total of 851 psychological

consultations, including individual and group sessions as well as art therapy. Additionally, 248 speech therapy sessions were conducted at the Kyiv Psychological Support Center. Training continued at the "Smuha 2.0" Training Center, where over 270 psychologists from various regions of Ukraine are currently receiving training. A new project to train psychologists in the PM+ program is planned to launch in December



In November, ZDOROVI donated 50 infant warming kits to a specialized health facility in Kharkiv and prepared a batch of rehabilitation equipment for shipment to hospitals, ensuring the necessary tools for patient recovery. ZDOROVI also passed the international due diligence process of the International Rescue Committee (IRC), demonstrating its commitment to high standards of transparency, reliability, and efficiency. In partnership with IRC, ZDOROVI conducted a largescale mental health study involving nearly 2,000 healthcare workers from 72 medical institutions across 10 war-affected regions. Additionally, the ZDOROVI "Doctor&Veteran" project reached 1.040 medical professionals from 329 hospitals across 23 regions of Ukraine, equipping doctors with skills to support veterans and fostering effective communication to understand and address the unique needs of those affected by war.







A donated operating table in use in Cherkasy © Operation Change Sweden



MdM Germany's donation of medicines to a psychiatric hospital in the Donetsk region. © Ärtze der Welt

#### **HEALTH CLUSTER ANNOUNCEMENTS AND RESOURCES**



#### **ONGOING & UPCOMING TRAININGS**

Partners are requested to populate the Health Cluster training dashboard by submitting the training Partner Form









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#### **USEFULL RESOURCES**

- · Health Cluster Website
- Public Health Situation Analysis - August 2024
- Assessment Tracker
- WHO Surveillance System for Attacks on
- Health Care (SSA) Partner Form
- Health Requests, Planning and Response form
- RCCE materials for partners
- Open WHO Course catalogue



#### **ANNOUNCEMENTS**