

UKRAINE

Situation report No.31 as of 13 March 2015

This report is produced by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in collaboration with humanitarian partners. It covers 7 March 2015 – 13 March 2015, unless otherwise noted. The next report will be published on 20 March.

Highlights

- Critical medicines are in alarmingly low supply. Many people are cut off from access to medical care in non-government controlled areas (NGCAs).
- Bureaucratic procedures continue to impede access to (NGCAs), and are inconsistently applied both to civilians and to aid agencies, affecting freedom of movement and operations.
- The Inter-Agency Standing Committee (IASC) Emergency Directors Group (EDG) travelled to Ukraine on 12-14 March to gain a better understanding of the plight of conflict-affected people.
- Humanitarian funding for Ukraine remains critically low: only 15 percent of the USD 316 million required for 2015 has been funded or pledged.



WFP/ADRA food distribution in Donetsk City.

1.1 million registered IDPs

Source: Ministry of Social Policy (MoSP)

Situation Overview

The humanitarian situation continues to worsen in eastern Ukraine, particularly in NGCAs, where access to benefits and services have been cut off since December 2014. This has drastically worsened the plight of people living there, seriously affecting access to basic services and food. This has been further aggravated by restrictions placed on the movement of people and goods.

Travel restrictions imposed by the government of Ukraine have contributed to serious delays in the delivery of humanitarian aid, including medicines and medical equipment, to civilians in NGCAs of eastern Ukraine. The restrictions also seriously impede access to health care for civilians from NGCAs who need to use state-funded medical services available only in government-controlled areas. A recent Human Rights Watch report found that patients receiving treatment for HIV, tuberculosis (TB), and opioid substitution therapy (OST) are facing interruptions of life-saving treatment. According to the Ministry of Health (MoH) of Ukraine, to date, 2,434 TB patients, including 535 people with multi-drug-resistant tuberculosis (MDR-TB), residing in NGCAs lack consistent treatment provision and follow up, and are at risk of experiencing an interruption in treatment as of April 2015. WHO and MSF have initiated a letter to the MoH, requesting that in NGCAs, The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) cover 100 percent of patient needs for MDR-TB treatment. Currently, GFATM funds treatment for approximately 50 percent of MDR-TB patients in NGCAs.

During the reporting period, the ceasefire in eastern Ukraine largely held, though there were isolated incidents of small arms and mortar exchanges, and fresh casualties were reported. The official death toll continues to increase due to the recovery of dead bodies. Overall, since the beginning of the conflict in mid-April 2014 and until 12

March 2015, at least 5,943 people were documented as killed and 15,309 as wounded in the conflict area¹. Full accounts on casualties, especially near Donetsk airport and in the Debaltseve area, are still pending.

As of 11 March, the MoSP reports 1,133,728 registered IDPs across the country. According to UNHCR, the total number of Ukrainians who have sought asylum, residence permits or other forms of legal stay in neighboring countries now stands at 743,000, including 607,900 in Russia and 80,900 in Belarus.

In several OCHA-led general coordination meetings held at field level, issues relating to the discrepancy between State Emergency Services (SAS) and Ministry of Social Policy (MoSP) IDP registration figures were highlighted as a constraint to the effective delivery of aid. Authorities shared that the fluid and continuous movement of IDPs between places of origin and location of displacement in order to access benefits is affecting planning. In Dnepropetrovsk and Zaporizhzhia, authorities stated that the oblast will work as a 'transit centre' despite the fact that people are reluctant to move westwards in hopes of being able to return home, and amidst fear of not being accepted in view of cultural and linguistic challenges. Participants also highlighted that the capacity of authorities and communities to respond to ever increasing needs is exhausted.

The Inter-Agency Standing Committee (IASC) Emergency Directors Group (EDG) travelled to Ukraine on 12-14 March to gain a better understanding of the plight of conflict-affected people across Ukraine, and the status of the humanitarian response and challenges, including access. The team met with Vice Prime Minister Genadiy Zubko, who briefed about Government initiatives and committed to simplifying access procedures for humanitarian actors trying to reach people in need. The 15-member EDG team raised the issue of taxing humanitarian aid, payments of pensions and social benefits to people in non-government-controlled areas and IDPs, the need to lift restrictions on the movement of people and goods into areas beyond Government control, and the impact on civilians of the interruption of basic services and the banking system in these areas stressing the Government's role as duty bearer towards all its citizens. The mission travelled to Donetsk and Dnipropetrovsk where they met with local officials, visited IDP locations, health facilities and orphanages and met with humanitarian partners and representatives of Member States in Kyiv. The EDG appealed for additional funding for the Humanitarian Response Plan for 2015, which is currently just 15 per cent funded.

An amendment to the tax code's Article 165, signed by the President on 11 March, stipulates that IDPs will not be taxed on any humanitarian assistance provided by listed international NGOs. The law does not appear to encompass aid provided by local charities, or to other conflict-affected groups beyond the IDPs. Criteria for inclusion in the list of NGOs by the Cabinet of Ministers are also unclear. Local and international NGOs are continuing their advocacy efforts to ensure that the listed groups provide the necessary coverage and that the mechanisms are unbiased.

Funding

As of 14 March, donors funded or pledged USD 45 million to the Humanitarian Response Plan (HRP), or 15 percent of the USD 316 million required for 2015.

OCHA records all humanitarian contributions through its Financial Tracking Service (FTS). Please register your contributions by emailing fts@un.org or through the online contribution form at fts.unocha.org.

Humanitarian Response

In total, between 20 February and 4 March, three convoys of in-kind assistance from the Russian Federation were reportedly sent to non-government controlled areas of Donetsk and Luhansk. OSCE reports the arrival of another convoy of in-kind assistance from the Russian Federation arrived on 13 March.



Livelihoods and Early Recovery (cluster lead: Inita Paulovica, Inita.Paulovica@undp.org)

Needs:

- Pensions and salaries are not being paid in non-government controlled territories. Significant price increases are noted for food, hygiene, and medicines.

¹ This is a conservative estimate of the UN Human Rights Mission in Ukraine (HRMU) and the World Health Organization based on available official data: casualties of the Ukrainian armed forces as reported by the Ukrainian authorities; 298 people from flight MH-17; and casualties reported by medical establishments of Donetsk and Luhansk regions: civilians and some members of the armed groups. The HRMU and WHO believe that the actual numbers of fatalities are considerably higher.

- In government controlled territories some enterprises have arrears in salary payments (e.g. in Novohrodivka coal mines)
- 40,000 people in Donetsk oblast remain without electricity.
- Many enterprises which were located in Donetsk have lost their documentation, making resuming operation in government controlled territories a challenge due to complicated procedures.

Response:

- DTEK restored electricity to 20 settlements in Donetsk oblast. Electricity supply was partially restored in Debaltseve.
- In Bilytske, Bilozerske, Novodonetske cities, projects to restore heating systems (through boreholes, or pumping the mine waters into the systems after a special filtering) were finalized. In total over 32,000 people have access to heating services (including institutions such as schools, hospitals etc.).

Gaps & Constraints:

- Security concerns remain due to continuing fights in several locations (e.g. Shyrokyne).



Education (cluster leads: Rudi Luchmann, rluchmann@unicef.org; Rekha Das, redas@unicef.org)

Needs:

- The Ministry of Education and Science (MoES) reports that 79,217 IDP children have been registered in schools and kindergartens, with the majority concentrated in Donetsk, Luhansk, Kharkiv, Dnipropetrovsk regions and Kyiv. This represents an increase by 2,998 since 16 February.
- The conflict has disrupted the education of up to 25,000 children in Donetsk and Luhansk and 82 schools remain closed in non-government-controlled areas (NGCAs).
- In Sievierodonetsk, some children have been out of school for more than 4 months. UNICEF reports that some families with children hope to return home shortly, seeing no need to enroll children in a new school. In some villages in Popasna raion students are on distance learning programmes (online education), but not all children have access to it. The Psychological Service of Department of Education in Sievierodonetsk has been alerted of the problem.
- Overcrowding in schools in government-controlled areas of Donetsk region are reported in locations where IDP families have reportedly no intention to be moved elsewhere as they have access to free housing. For instance, 10,000-12,000 IDPs are reported to live in Sviatohirsk, where the local population amounts to 3,000 inhabitants. Similar problems are reported in Slovyansk, Krasnoarmiisk, and Mariupol. UNICEF is working with the local NGO Ukrainian Frontier and the Department of Education of Luhansk and Donetsk to assess the situation and identify appropriate response actions.

Response:

- As result of a meeting held with the Ministry of Education (MoES), an inter-cluster task force has been established among Education, Protection, and Child Protection partners to address issues related to the final examination of students living in NGCAs.
- The NGO Open Policy Fund is planning a programme on temporary accommodation for children from NGCAs in boarding schools in Ukraine for a couple of months to facilitate their access to their final exam.

Gaps & Constraints:

- Establishing a comprehensive overview of children in and out of school in government-controlled areas is challenging as the situation is in flux and not all families register as IDPs. Information from NGCAs is scarce.



Emergency Shelter and NFI (cluster lead: Igor Chantefort, chantefo@unhcr.org)

Needs:

- Some special care residential institutions (for elderly, disabled, and orphanages) that continue functioning on NGCA are in need of beds, mattresses, blankets and heaters.

Response:

- 242 HHs more have received multifunctional cash assistance provided by Cluster partners, which brings the total of households who benefited from this initiative to 32,620. Cash partners have agreed on amount of multifunctional cash grant and further reviews. The first post-distribution monitoring meeting and vouchers harmonization meeting was held to discuss findings and trends.
- 2,094 HHs in government controlled area have received NFIs (blankets, warm clothes, heaters).
- UNHCR and PiN have provided some 500 towel sets and 450 jerry cans to the affected population in Donetsk city area.
- PiN has started rehabilitation of a Collective Centre in Kostiantynivka, Donetsk region.

Gaps & Constraints:

- Absence of an overall rapid damage assessment as well as a comprehensive needs-assessment continue to restrain a proper response.

**Food Security** (cluster leads: Elena Rovaris elena.rovaris@wfp.org)**Needs:**

- While food security actors remain hopeful that the reduction in hostilities will hold, prepositioning of food in NGCAs is needed should violence escalate and/or access to NGCAs be further obstructed.
- HIA is reporting that in Zakarpattia oblast there are 3,113 registered IDPs from Donetsk and Lugansk, and 262 from Crimea. One of the main needs reported is food.
- PiN reports need for food in Styra and Petrovske villages (Donetsk Oblast NGCA) and identified the need of sustainable food supply.

Response:

- Through its partners (ADRA, PIN and IRD) WFP distributed more than 6,100 monthly food parcels. This includes food from the convoy that reached Luhansk on 5 March, and distributions followed in Pervomaisk, Lutugino, and Luhansk city. Additional distributions took place in other NGCA of Donetsk and Luhansk, such as Khartsyzsk, Amvrosiivka, Makiivka, Krasnyy Luch, and Rovenky. Further, an additional 240 individuals were reached last week with vouchers in government controlled areas of Donetsk.

Gaps & Constraints:

- Administrative requirements to pass through government checkpoints into NGCA continue to severely delay deliveries of humanitarian assistance, including food. This is especially concerning, considering that NGCA have largely been cut-off from outside assistance and are presumed to be the most food insecure populations.

**Health & Nutrition** (cluster lead: Dr. Dorit Nitzan, DON@euro.who.int; Patricia Kormoss, kpj@euro.who.int)**Needs:**

- Conflict area hospitals need medicines and consumables for trauma care (IV fluids, anti-infective medicines, analgesics, anticoagulants, X-ray films), laboratory reagents and diagnostic supplies, haemodialysis consumables, insulin and oncology medicines.
- Over the reporting period assessment of the health institutions in Luhansk and Kharkiv (5 health facilities serving IDPs for Child and Maternity health) were carried out. Preliminary findings indicate drastic need in pharmaceuticals, medical supplies and laboratory reagents in NGCA for pediatric oncology, haemophilia, diabetes, juvenile rheumatoid arthritis and intensive care.

Response:

- Three MEPU (Mobile emergency primary health care unit) teams in Mariupol (run by IMC/Greek medical foundation “Hippocrates”) and seven teams in Sievierodonetsk, Sloviansk, Sviatohirsk, Kupiansk, Iziium, Zaporizhzhia and Pavlohrad (run by Ukrainian Red Cross) have provided 1146 consultations for IDP and residing population.

Gaps & Constraints:

- Local health authorities in GCA Donetsk and Luhansk oblasts are making efforts to build up tertiary level of care for IDPs and the residing populations, but lack hospital space.
- Reportedly, health professionals who serve in the health care facilities within the non-government controlled areas had to resign because of the impossibility to cross the checkpoints located in the contact line. Hospitals that were transferred to the government-controlled areas are also experiencing human resources problem due to the lack of funds to provide sufficient livelihoods and accommodation for transferred health professionals.
- Bureaucratic constrains for delivering humanitarian aid to non-government controlled area.

**Protection** (cluster co-leads: Ilija Todorovic, todorovi@unhcr.org; Fiona Frazer, ffrazer@ohchr.org) – see also overview**Needs:**

- Protection Cluster partners note the lack of awareness and information relating to Sexual and Gender Based Violence (S/GBV) among officials and NGOs. An information campaigns as well as information gathering, prevention and response is needed, and further funding is necessary for this activity.
- A new provision regarding IDP residency has been passed, ordering the State Migration Service to check the place of residence of all IDPs. The concern is that relevant authorities, within certain limitations, may take a

decision to de-register the person if not found at the registered place of residence and thus deprive IDPs from social benefits and financial aid. There is a need to monitor how this provision and whether it penalizes or puts undue burden on IDPs.

- Lack of procedures to register unaccompanied minors is a constraint. Registration problems and constraints limit access for the vulnerable, including elders, to receive their social welfare benefits.
- There is a dire need for social service support in territories controlled by armed groups, particularly for vulnerable persons such as isolated older persons.

Response:

- In response to the identified needs for information regarding rights and service provisions, protection cluster partners Donbas SOS and IOM launched, on 12 March, a hotline for IDPs. The service will provide information, counseling and referral services to conflict-affected people. The hotline will analyze issues and identify needs which will be shared with humanitarian partners.
- National and International organizations have established a Kharkiv GBV sub-cluster working group to facilitate GBV pressing issues.
- More than 1,600 children have participated in twelve community-based protection centres supported by Child Protection partners in Kharkiv, Zaporizhzhia, and Dnipropetrovsk.

Gaps & Constraints:

- The 14 November government decision on the cessation of social services and payments, and withdrawal of banking services, continues to impact the most vulnerable living in territories under the control of the armed groups, resulting in harsh living conditions, lack of access and provision of services.



Water, Sanitation and Hygiene (cluster lead: Rudi Luchmann, rluchmann@unicef.org)

Needs:

- As of 11 March, repairs to the Yenakiieve-filter station in Debaltseve are ongoing. The water supply has been partially restored in Debaltseve, covering 63 per cent of local populations' needs.
- The Siverskyi Donetsk-Donbass canal has been repaired in the area of Horlivka, however water supply has not been fully restored in Mariupol, Dymytrov, Rodynske, Ukrainsk, Hirnyk, Novohrodivka, Bilozerske, Bilytske, Vodiane, Krasnohorivka, Kurakhivka, Olhynka. Many pumping stations in the area are reportedly damaged, and the reconstruction process is delayed amid disrupted power lines.

Response:

- The State Sanitary Epidemiological Service of Ukraine (SSES), as WASH Cluster co-chair, has been conducting public awareness campaigns in Donetsk region to prevent the spread of intestinal diseases, and is monitoring the quality of water supply systems in government-controlled area. Over 100 monitoring visits were conducted by local departments of SSES during the reporting period including analysis of drinking water quality (153 analysis), and testing of food and products (25). There is no worsening of the situation reported.
- Ukrainian Frontiers NGO distributed 421 hygiene kits in the cities of Sloviansk, Artemivsk, Kramatorsk, Kostiantynivka and Druzhkivka reaching 1,200 people including 750 children.
- To date, Save the Children has distributed 240 hygiene kits in Dnipropetrovsk city to 316 adults and 302 children, and 99 hygiene kits in Zaporizhzhia city to 101 adults and 168 children.

Gaps & Constraints:

- Limited resources affect the WASH Response.



Logistics (cluster lead: Kennet Blixt, kennet.blixt@wfp.org)

Needs:

- The administrative requirements for access into the NGCA of Donetsk are reportedly increasingly complicated, and entry into the area is often difficult, especially for INGOs.

Response:

- Establishment of systems to facilitate transportation of cargo across the contact line is under development.

Coordination

- Field-based coordination meetings have taken place in Sieveierodonetsk (3 March), Dnepropetrovsk (10 March) and Zaporizhzhia (11 March). Partners welcomed these initiatives which are a standing feature to facilitate interaction with authorities and among partners, and a better understanding of needs, gaps and planning for response. In Zaporizhzhia, partners highlighted the need for IDPs to have access to livelihood and health. Authorities and local organizations perceived that limited attention paid by international organizations to the situation in the region compared to Dnepropetrovsk, despite the fact that both oblasts are

hosting the same number of IDPs. The Governor of Sieveierodonetsk committed to support humanitarian actors in the discharge of their program and ordered that security-related Government agencies not interfere in the activities of international organizations except in case of suspicion of serious crimes. In all locations, participants called for the additional presence of partners. The next OCHA-led general coordination meetings in these locations are scheduled to take place on 19 March in Sieveierodonetsk, 24 March in Dnipropetrovsk (following the Protection meeting and in collaboration with UNHCR) and 8 April in Zaporizhzhia.

- The Humanitarian Response website (<http://www.humanitarianresponse.info/operations/ukraine>) aims to strengthen information sharing among the humanitarian community. Each cluster has a dedicated page to upload cluster-specific information. OCHA and welcome suggestions to improve layout and contents.

Background on the crisis

In April 2014, armed groups in the Donbas region of eastern Ukraine (Donetsk and Luhansk) began to seize buildings and arms. As a result of ongoing fighting between armed groups and government forces, and of events in the Autonomous Republic of Crimea (ARC) in March 2014, people fled their homes and have become increasingly vulnerable as the conflict spread. Those in parts of Donbas affected by fighting, face imminent security threats due to military activities by all parties to the conflict. Provision of basic services has been disrupted, supplies are increasingly limited, and an upsurge in lawlessness has occurred. Ongoing daily ceasefire violations continue to be reported.

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