HUMANITARIAN RESPONSE PLAN
UKRAINE
Revised Requirements due to the COVID-19 Pandemic

ISSUED JUNE 2020
About

The following Humanitarian Response Plan for the COVID-19 pandemic should be treated as an addendum to the current Humanitarian Response Plan for Ukraine. It seeks to set out additional activities that will be undertaken by humanitarian actors in eastern Ukraine over the course of 2020. The Humanitarian Response Plan for the COVID-19 pandemic seeks to consider the public health impact of the epidemic – as well as the indirect impact on people's well-being, which will span across many areas.

While the situation continues to evolve rapidly, humanitarian actors have undertaken needs analysis based on their current knowledge of the situation in eastern Ukraine and new evidence as it becomes available. The plan will be adjusted as required in accordance with further assessments over the coming months.

Throughout the COVID-19 response programming, particular attention has been paid to gender and age considerations, given the distinct pre-existing context in eastern Ukraine where a high proportion of people in need are the elderly, people with disabilities and female. Building on the good practice of gender and age mainstreaming in the Ukraine HRP, the humanitarian partners will continue to ensure gender and age responsive programming by tailoring the response in accordance with the different extent to which the COVID-19 pandemic affects women, men, boys and girls.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

PHOTO ON COVER
Photo: OCHA/V.Ranev.
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The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
2020 Revised Humanitarian Response Plan

Number of People Targeted

<table>
<thead>
<tr>
<th>CLUSTER</th>
<th>ORIGINAL HRP</th>
<th>REVISED HRP</th>
<th>OVERALL INCREASE</th>
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</thead>
<tbody>
<tr>
<td>Education</td>
<td>157,100</td>
<td>207,100</td>
<td>50,000</td>
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<tr>
<td>Food Security &amp; Livelihoods</td>
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<td>Shelter/NFI</td>
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<td>-</td>
</tr>
<tr>
<td>WASH</td>
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<td>2,104,000</td>
<td>770,000</td>
</tr>
<tr>
<td>Multipurpose Cash Assistance</td>
<td>22,772</td>
<td>33,042</td>
<td>10,270</td>
</tr>
<tr>
<td>Total People Targeted</td>
<td>1,957,000*</td>
<td>2,104,000*</td>
<td>147,000*</td>
</tr>
</tbody>
</table>

* The calculation methodology takes the highest figure of GCA/NGCA breakdown, not the total of the columns, to avoid double counting.

People Targeted Breakdown by Gender and Age

- WOMEN: 57%
- ELDERLY: 27%
- CHILDREN: 19%

Financial Requirements by Sector

- DIRECT HEALTH IMPACT REQUIREMENTS
  - Health: $22,354,341
  - WASH: $21,544,332
- INDIRECT SOCIO-ECONOMIC REQUIREMENTS
  - Education: $7,127,571
  - Food Security & Livelihoods: $17,951,993
  - Protection: $50,916,649
  - Shelter/NFI: $26,556,415
  - Multipurpose Cash Assistance: $4,991,134
  - Common Services & Support: $6,300,490

Financial Requirements

- 2020 Revised Humanitarian Response Plan
  - Total: $205M
  - Direct Health Impact: $72M
  - Indirect Socio-economic: $133M

People Targeted Breakdown by Geographical Area

- Government Controlled Area (GCA): 1.3M
- Non-Government Controlled Area (NGCA): 0.8M

Sea of Azov

M

0-5km area along the ‘contact line’ GCA
5-20km area along the ‘contact line’ GCA
0-20km area along the ‘contact line’ NGCA
XX People targeted

RUSSIAN FEDERATION
Humanitarian Needs Analysis

Public health impact of the COVID-19 epidemic

Health effects on people

The first confirmed COVID-19 case in Ukraine was detected on 29 February\(^1\) in the western oblast of Chernivtsi.\(^2\) Within three months, the number of confirmed cases has increased exponentially, with 22,811 confirmed cases\(^3\), including 679 deaths and 337,318 suspected cases under investigation\(^4\), reported as of 29 May in all regions of the country. Majority of COVID-19 deaths so far are among persons aged over 50, and more than half are men.\(^5\) As the number of confirmed cases continues to rise – so does the country’s testing capacity, following the arrival of testing kits from multiple countries over the past weeks. However, it remains unclear how the domestic distribution of testing kits has been proportioned among all regions.

There is a growing concern that eastern Ukraine – ravaged by six years of armed conflict and with weakened health systems and an ageing population – may face a COVID-19 outbreak of considerable scale. Since the first confirmed case of COVID-19 was reported on 19 March in the conflict-affected region, the number of new confirmed cases has steadily increased. As of 29 May, there are 204 confirmed cases of COVID-19 in the government-controlled area (GCA) of Donetska and Luhanska oblasts\(^6\), while 897 cases have been reported in the area outside the government’s control. It is important to note that the case identification is only a reflection of what has been laboratory tested, hence the actual number of cases is likely to be higher. To date, most health facilities in Donetska and Luhanska oblasts have reported receiving patients with suspected cases of COVID-19.

The two conflict-affected oblasts face particularly high vulnerabilities to the risk of COVID-19 transmission due to three contextual factors: (i) the high proportion of the elderly population in the region (26 per cent of total population, compared to 23 per cent nationwide), particularly in isolated settlements, (ii) the deterioration of the healthcare system as a result of the cumulative impact of the armed conflict and (iii) pre-existing access constraints to the area outside Government’s control (NGCA).

If the virus were to spread in the rural areas closest to the ‘contact line’ (within the 5 kilometre zone where over 90 per cent of conflict hostilities occur), the consequences could be particularly devastating\(^7\) due to (i) a large proportion of older people (at least 41 per cent – higher than the average regional proportion) – majority of them are female – who already suffer from insecurity, lack of services, stress and economic downturn associated with the armed conflict, (ii) the poor state of infrastructure essential for COVID-19 prevention (e.g. availability of clean water and health facilities), and (iii) additional implications on movement in and out of the communities due to the ban on public transportation imposed as part of measures to contain the spread of the virus.\(^8\)

Access to adequate healthcare services, including emergency medical care, in Donetska and Luhanska oblasts remains challenging for people of all ages, especially for the elderly and people living with disabilities in rural hard-to-reach settlements close to the ‘contact line’. They have been further isolated due to the COVID-19-related restrictions on movement to/from the communities – in addition to ongoing hostilities and heavy landmine contamination. Other compounding factors include high associated costs of medicines and travel, lack of specialised medical personnel, long distances from commercial and service centres, and limited availability of public transport, as well as a ban on movement across the ‘contact line’, which was crossed by civilians an average of 1.2 million times per month in 2019.\(^9\)

Furthermore, should the already limited health services be overwhelmed with COVID-19 demands, there will inevitably be a significant knock-on effect on other regular health services and routines – compounded by reduced mobility and diverted funding. For instance, women and girl’s access to sexual and reproductive healthcare, gender-based violence survivor care, attended childbirth and other neonatal care. This would likely exacerbate preventable maternal deaths, particularly in emergencies.\(^10\) Children’s compromised access to routine immunization is particularly concerning, considering Ukraine’s pre-existing low immunization rate. HIV/AIDS and TB treatments are also likely to be in jeopardy due to the various COVID-19 implications.

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4. Mortality rate of 2.6 per cent, which is relatively low compared with that of other European countries.
6. The deceased is dominated by persons aged 50 years (85%) – Ministry of Health of Ukraine.
10. An average of 567 preventable deaths occur every day among women and girls from complications of pregnancy and childbirth in emergencies, according to OCHA World Humanitarian Data and Trends (2016)
Effects on health systems

Government controlled area (GCA)

As a newly emerged disease, COVID-19 has presented multiple additional challenges to the already weakened healthcare systems of the two conflict-affected oblasts. While most health facilities in Donetska and Luhanska oblasts have reported receiving patients with suspected cases of COVID-19, the primary challenge is laboratory testing capacity where gaps in terms of referrals, equipment and supplies, staff knowledge, access to information and logistical capacities have been reported. Only 1 per cent of primary healthcare facilities reported having testing capacity, while half of secondary and tertiary facilities reported having the ability to perform Rapid Diagnostic Test (RDT), which is only for screening purposes. Seven out of 10 facilities had none of the required resources for collecting samples, particularly among rural health posts. Meanwhile, four out of 14 COVID-19 designated hospitals (out of a total of 18 in Donetska and Luhanska oblasts GCA) reported not having the capacity or equipment required to collect samples.

According to the Health Cluster, as of early May, Donetska and Luhanska oblasts (GCA) have an alarmingly low rate of COVID-19 sample collection due to various reasons, particularly the lack of PPE and training on sample collection for mobile teams, which have in turn limited their ability to perform community outreach and collection of samples in the communities.

Insufficient stock of personal protective equipment (PPE) and hygiene supplies in healthcare facilities affects their ability to implement effective infection prevention and control (IPC) measures. Only half of the healthcare facilities reported having sufficient stock of PPE, while 7 in 10 facilities had limited or no access to alcohol-based hand sanitizer facility-wide. According to the rapid assessment of healthcare facilities, if operating at peak capacity, 63 per cent of primary healthcare facilities, half of secondary and tertiary healthcare facilities and 4 of the 18 of COVID-19 designated hospitals would deplete their stocks of surgical face masks for healthcare workers within 10 days, if not replenished.

While overall communication with national authorities was rated as satisfactory, around one in five facilities did not have a response plan for COVID-19.

Unhygienic infectious waste disposal and insufficient cleaning water supply are also hampering the ability of healthcare facilities to handle COVID-19 effectively. More than 55 per cent of health facilities reported disposing of infectious waste with regular garbage or burning it without an incinerator, while 29 per cent reported problems with their main source of water for cleaning including 2 of the 18 designated COVID-19 hospitals.

Like other affected countries, Ukrainian healthcare workers – the majority of whom are women – are critical resources in the fight against COVID-19. This exposure, however, puts them at high risk of contracting the disease, and medical personnel account for 20 per cent of those infected nationwide. While these statistics are not yet available specifically for the two conflict-affected oblasts, the level of exposure is assumed to be similar – particularly amid growing daily reports of new infections. The pre-existing shortages in the healthcare workforce, particularly specialized staff, in the conflict-affected area (as many healthcare workers have left in search of safety and better opportunities elsewhere) also presents another concern. It is feared that the current systems could be overwhelmed if there is a sudden spike of COVID-19 cases – in addition to regular demands for services – as many remaining healthcare workers lack training, experience and the skills to treat COVID-19 patients. The high risk of contracting the disease has exacerbated mental and psychological stress among health workers dealing with increasing number of COVID-19 cases.

The Government of Ukraine has taken a number of steps to curb the spread of the virus and mitigate the multi-faceted impact of COVID-19, including introduction of temporary restrictive measures nationwide (e.g. closure of all educational facilities, limitations on passenger transportation and mass gatherings, suspension of catering establishments, cultural, shopping and entertainment establishments), reinforcement of public health measures at the points of entry and bolstering information and risk communication campaigns. The current national response framework, however, insufficient to address the needs in Donetska and Luhanska oblasts, which have been directly affected by over six years of armed conflict. There is a risk that the existing COVID-19 resources may be allocated towards regions that have a higher number of confirmed cases, leaving the eastern region deprioritised despite it being the epicentre of critical humanitarian needs. According to the 2020 Humanitarian Needs Overview, some 3.4 million people living on both sides of the ‘contact line’ are estimated to be in need of humanitarian assistance during 2020. The region’s vulnerability is compounded by the inadequate healthcare system which has been degraded by years of persistent insecurity, the lack of maintenance of ageing health facilities and medical equipment, shortages of medicines and medical supplies, understaffing, curtailed access to referral hospitals, and the implications of the current health reform.

12. According to a rapid health facility assessment conducted in April 2020 by REACH in collaboration with Health and WASH Clusters (WHO and UNICEF, respectively), with the approval of the Ministry of Health of Ukraine, and Donetsk and Luhanska Oblast Authorities. The assessment covers 449 healthcare facilities, including 14 out of a total of 18 COVID-19 designated hospitals in the two conflict-affected oblasts.

13. Rapid diagnostic tests (RDTs) are small stand-alone tests that are simple to use. They can be used at the point of care – i.e. at the site of triage and outside the hospital, by minimally trained staff, round the clock and on single samples. They provide test results within 15 minutes, conducive to a swift patient flow. In summary, they are attractive for decentralized testing particularly in low resource settings. Institute of Tropical Medicine Antwerp. [https://www.itg.be/Files/docs/COVID-19-Rapid-Diagnostic-Tests.pdf]

14. According to a rapid health facility assessment conducted in April 2020 by REACH in collaboration with Health and WASH Clusters (WHO and UNICEF, respectively), with the approval of the Ministry of Health of Ukraine, and Donetsk and Luhanska Oblast Authorities.

15. Ibid.

16. Ibid.

17. Ibid.


19. In NSCA, low wages also impact such shortages, but the extent of this shortage is unknown.

Non-Government controlled area (NGCA)

Both Donetska and Luhanska oblasts NGCA introduced ‘high alert’ regimes, which have remained in place since 14 March and have continued to be amended. The high alert regimes put in place in both NGCAs have resulted in the prohibition of the movement of civilians across the ‘contact line’ in either direction or between the two oblasts. Some exceptions have been made for residents for humanitarian reasons, who must undergo mandatory 14-day self-isolation. Closure of exit-exit crossing points and limited access between Luhanska and Donetska oblasts, NGCA have also created difficulties to transport urgent medical and laboratory equipment to NGCA.

Due to the existing restrictions on access to NGCA, it is difficult to assess the impact of the COVID-19 pandemic on healthcare. The healthcare system in NGCA has experienced severe deterioration due to the complete breakdown of medical supply chains between GCA and NGCA, causing shortages of medications, medical supplies, and medical equipment. Hygiene concerns within healthcare facilities in NGCA are similar to those in GCA areas. In addition, there are insufficient numbers of healthcare workers and many qualified medical personnel have left the area since the beginning of the conflict. The healthcare system has been functioning at a reduced capacity and has struggled to cope with existing healthcare needs of the population even before the COVID-19 outbreak. Another compounding factor is the socioeconomic downturn due to years of armed conflict, which impacts peoples’ ability to travel and seek medical care.

Indirect impact of the COVID-19 epidemic

Macro-economic effects

Several recent studies reveal that the national lockdown – which has been in place since 12 March and will continue, with some easing of restrictions, until at least 22 June – has already negatively impacted the country’s economic outlook. Multiple restrictions aimed at slowing the spread of the virus (e.g. the closure of restaurants, cafes, shopping/entertainment centers and the halt to air, rail, bus passenger transport) have led to a reduction of disposable incomes and consumption, with some 600–700,000 small and medium sized businesses that employed some 1.2 million people (65+) to self-isolate. Similarly, in Luhanska NGCA, these measures include the closure of retail shops except for pharmacies, grocery shops, shops selling household chemicals as well as suspension of all events requiring physical presence and closing other public places including cinemas and fitness centres. All educational establishments switched to remote (on-line) learning. Older people (65+) have been requested to stay home. Additionally, since 5 April, specific restrictions on movement of people and vehicles have been placed in Khrustalnyi and Antratsyt towns, with an exception for specialized, emergency and food transport vehicles movements.


24. Ibid.


27. Ibid.


29. Ibid.


31. According to the President of the Chamber of Commerce and Industry of Ukraine: https://www.kyivpost.com/business/covid%e2%80%9119-already-inflicting-harm-on-ukraine-economy.html


33. 65% of Ukraine’s export goods and almost 60 per cent of exports of metals. With the onset of the conflict, however, GCAs of Donetska and Luhanska oblasts have either seen these industries shrink or have lost access to commodity prices are predicted to impact Ukraine’s exports. The overall impact on economic activity for the remainder of 2020 will depend on the duration of the public health crisis. A more protracted health crisis would lead to second order effects through more widespread layoffs, business closures, and weaker liquidity and asset quality in banks. However, if the health crisis subsides by the second half of the year, and progress is made on key pending reforms, the economy is projected to contract by 3.5 percent in 2020. Declined revenues will force the authorities to prioritize spending to create space for critical health and social assistance needs and identify additional financing. The Government’s official forecast indicates a rather deep fall in 2020 – by 4.2 per cent with inflation increasing to 7 per cent in 2020 from 4.1 per cent in 2019. The lack of external financing and narrowing access to international capital markets constitutes a significant risk to the Ukrainian economy, as well as the significant increase of the state budget deficit and shortages of cash in the Ukraine Pension Fund and other State Social Insurance Funds. While more in-depth assessments of macro-economic effects of COVID-19 on conflict-affected eastern Ukraine are yet to take place, it is clear that the shock of COVID-19 may send the already fragile economic conditions of the region to breaking point. Prior to the COVID-19 crisis, the regional economies contracted at an annual rate of between 8.2 and 10.5 per cent – in stark contrast with the nation’s overall economic growth of around 3.5 per cent in 2019. The conflict has further exacerbated the region’s economic downturn, triggering the closure of over half of the operational mines that traditionally were the key drivers of local economies, as well as the closing or downsizing of companies and low agricultural productivity. The unemployment rate of the two conflict-affected oblasts has been the highest in Ukraine for five consecutive years from 2015 to 2019. The economy of NGCA is likely to hit even harder due restrictions on access, lower levels of assistance, and the lack of a functioning banking system. In the first quarter of 2020, the production of coal in NGCA decreased by 33 per cent, and the production of iron/steel by 60 per cent. Three coal mines have closed, and five more are expected to close this year. In addition, the economic decline, coupled with quarantine restrictions, have impacted the railway industry, with railway workers being shifted to a 3-4 day workweek, while salary arrears are increasing.

34. NGCA Donetsk introduced quarantine measures suspending all mass gatherings, limiting working times of sports centres, cafes and restaurants, closing schools and switching to remote learning and requiring older people (65+) to self-isolate. Similarly, in Luhanska NGCA, these measures include the closure of retail shops except for pharmacies, grocery shops, shops selling household chemicals as well as suspension of all events requiring physical presence and closing other public places including cinemas and fitness centres. All educational establishments switched to remote (on-line) learning. Older people (65+) have been requested to stay home. Additionally, since 5 April, specific restrictions on movement of people and vehicles have been placed in Khrustalnyi and Antratsyt towns, with an exception for specialized, emergency and food transport vehicles movements.

35. According to the President of the Chamber of Commerce and Industry of Ukraine: https://www.kyivpost.com/business/covid%e2%80%9119-already-inflicting-harm-on-ukraine-economy.html


37. Ibid.


39. Ibid.


41. Historically, the economy of Donetska and Luhanska oblasts has centered on mining, metallurgy and chemical processing. Before the start of the conflict, the two affected oblasts made up 15.7 per cent of Ukraine's GDP, 25 per cent of Ukraine’s export goods and almost 60 per cent of exports of metals. With the onset of the conflict, however, GCAs of Donetska and Luhanska oblasts have either seen these industries shrink or have lost access to commodity prices are predicted to impact Ukraine’s exports. The overall impact on economic activity for the remainder of 2020 will depend on the duration of the public health crisis. A more protracted health crisis would lead to second order effects through more widespread layoffs, business closures, and weaker liquidity and asset quality in banks. However, if the health crisis subsides by the second half of the year, and progress is made on key pending reforms, the economy is projected to contract by 3.5 percent in 2020. Declined revenues will force the authorities to prioritize spending to create space for critical health and social assistance needs and identify additional financing. The Government’s official forecast indicates a rather deep fall in 2020 – by 4.2 per cent with inflation increasing to 7 per cent in 2020 from 4.1 per cent in 2019. The lack of external financing and narrowing access to international capital markets constitutes a significant risk to the Ukrainian economy, as well as the significant increase of the state budget deficit and shortages of cash in the Ukraine Pension Fund and other State Social Insurance Funds. While more in-depth assessments of macro-economic effects of COVID-19 on conflict-affected eastern Ukraine are yet to take place, it is clear that the shock of COVID-19 may send the already fragile economic conditions of the region to breaking point. Prior to the COVID-19 crisis, the regional economies contracted at an annual rate of between 8.2 and 10.5 per cent – in stark contrast with the nation’s overall economic growth of around 3.5 per cent in 2019. The conflict has further exacerbated the region's economic downturn, triggering the closure of over half of the operational mines that traditionally were the key drivers of local economies, as well as the closing or downsizing of companies and low agricultural productivity. The unemployment rate of the two conflict-affected oblasts has been the highest in Ukraine for five consecutive years from 2015 to 2019. The economy of NGCA is likely to hit even harder due restrictions on access, lower levels of assistance, and the lack of a functioning banking system. In the first quarter of 2020, the production of coal in NGCA decreased by 33 per cent, and the production of iron/steel by 60 per cent. Three coal mines have closed, and five more are expected to close this year. In addition, the economic decline, coupled with quarantine restrictions, have impacted the railway industry, with railway workers being shifted to a 3-4 day workweek, while salary arrears are increasing.

42. According to the President of the Chamber of Commerce and Industry of Ukraine: https://www.kyivpost.com/business/covid%e2%80%9119-already-inflicting-harm-on-ukraine-economy.html

Indirect effects on people and systems

While the number of people who will become sick with COVID-19 is difficult to predict, it is estimated that up to 50 per cent of the 5.4 million people living in Donetsk and Luhanska oblasts34 (2.7 million people) could eventually be affected. This percentage is proposed by the Health Cluster as a planning figure at this time, based on the early enforcement of preventive and mitigation measures implemented by the Government of Ukraine, which have been put in place earlier than in other European countries (where it is estimated that the cases could affect up to 70 per cent of the population). The World Health Organization (WHO) is currently working with international academic institutions specializing in epidemiology to develop mathematical modelling to estimate the COVID-19 prevalence. Until a modelling methodology is available, this planning assumption will be reviewed on an ongoing basis.

A series of indirect effects are expected due to COVID-19:

• **Direct physical threats to people's security remain due to continued hostilities as well as mine and unexploded ordnance (UXO) contamination.** According to the Office of the High Commissioner for Human Rights (OHCHR), March 2020 saw a sharp spike of civilian casualties due to conflict hostilities since September 2019. In April, the Education Cluster has also recorded the highest monthly number of incidents against education facilities (5 cases in total) since July 2019. As mine risk education group sessions have been halted and children are not attending schools, the mine-related risks have increased.

• **High risk of the viral spread and complication due to the demographics of eastern Ukraine:** The high number of the elderly population (36 per cent of the population) in the region makes it highly vulnerable to COVID-19. Almost all older persons in Ukraine have at least one chronic illness, which could result in a very high mortality rate for older age groups.

• **Health facilities are expected to shift available resources and trained personnel to areas most affected by COVID-19,** which could limit other essential healthcare services to the community, including access to HIV/TB treatment, safe delivery and newborn child care, access to dialysis and other chronic diseases treatment which require continuous care in health facilities.

• **Provision of clean water:** disruptions of convoys of key humanitarian materials, including essential water treatment chemicals, which would otherwise have supplied NGCA areas are putting water quality at risk. Meanwhile workers at sewage treatment facilities face risks during their everyday activities.

• **Freedom of movement has seriously deteriorated as a result of the new restrictions:** Entry-exit crossing points separating GCA and NGCA have been closed since mid-March, resulting in people being stranded on either side of the ‘contact line’ and being unable to cross, leading to family separations, as well as inaccessibility of those living in NGCA to travel to GCA to access medicines, pensions and social payments, withdraw cash and visit families. In addition, many settlements along the ‘contact line’ have no access to public transport, cutting them off from access to food markets, health care and essential government services.35

• **Disruption of children’s access to education:** The Government of Ukraine has decided to close all educational facilities across the country since 12 March, after two weeks similar measures were imposed in Luhanska and Donetsk NGCA. It is becoming clear that the education facilities would not reopen until the next school year in September on both sides of the ‘contact line’. While distance learning has been introduced to bridge the gap in education, some children face barriers in accessing these services due to the lack or poor internet connection, absence of necessary learning and teaching equipment as well as limited capacity of teachers to arrange classes online. The interruption in education, gaps in childcare, and additional economic burdens for parents are expected to be particularly severe in the conflict-affected areas. As announced by the Education Minister in late April, the 2020 school year will be completed remotely. Many children living near the ‘contact line’ in GCA are left without educational opportunities due to the lack of access to the Internet or necessary equipment.36 The national final examinations which usually take place in May, are expected to be impacted, along with University admissions.37

• **Additional burden on mental and psychosocial wellbeing of the population** already traumatized by years of armed conflict. Fear of COVID-19 may lead to social unrest and disorder, with cases already documented in the western part of the country. High stigma related to COVID-19 could dissuade people from seeking medical attention, which could compound the spread of the virus. Meanwhile, access to and provision of essential social and psychosocial services including those for domestic violence and survivors, elderly people, people with disability and other vulnerable groups could also be hampered while the risk of gender-based violence (GBV) and other forms of discrimination and violence may be on rise.

• **Disruption of access to markets and essential goods:** The COVID-19 pandemic has significantly impacted the supply chain of goods across the world. As experienced in many countries with COVID-19 cases, panic buying and stockpiling of goods has been seen. In the conflict-affected area of eastern Ukraine where rural communities already experience difficulties in accessing the markets, further disruption could put additional constraints or even completely cut off their access to markets and essential goods. In addition, logistical constraints are expected to impact the agricultural supply chain. Small farmers will likely be more exposed to the crisis as well as self-employed producers who will lose access to income generating activities in local markets.

• **Increased risk of food insecurity:** Nearly half a million people

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34. Breakdown by oblast: 2.2 million people in GCA and 3.2 million in NGCA. Breakdown by age - 14 per cent children; 49 per cent adult and 36 per cent elderly.
36. Ibid.
on both sides of the ‘contact line’ are food insecure.\textsuperscript{38} The situation is likely to be exacerbated by the COVID-19 crisis. The recent IOM survey\textsuperscript{39} covering both GCA and NGCA revealed that over half of respondents (51 per cent in GCA and 54 per cent in NGCA) reported having to switch to cheaper foods to cope with the growing financial burden caused by the impact of COVID-19 measures. An average of 10 per cent (20 per cent in GCA and 11 per cent in NGCA) have had to use savings to purchase food and nearly 20 per cent have been forced to limit other essential spending in favor of buying food. Almost all respondents in both GCA and NGCA reported an increase in food prices by the second week of quarantine measures.\textsuperscript{40}

- **Loss of jobs and livelihoods:** According to the nationwide estimates, up to 700,000 Ukrainians have already lost their jobs during the first weeks of the quarantine\textsuperscript{41} in addition to the 3.5-4 million people who were worked in small and medium enterprises that have been shut down. Although it remains difficult to ascertain the extent of job and livelihood losses in the conflict-affected area due to lack of data at this stage, it is predicted to be significantly critical considering the fragile socioeconomic conditions of the region plagued with high unemployment rate.

- **Increased risk of trafficking and exploitation:** Pre-existing difficult economic conditions in conflict-affected areas have been exacerbated, with many people, particularly those who are self-employed or working in the informal labour market losing their jobs, making them particularly vulnerable to exploitation and labour trafficking. People previously less at risk of trafficking may become victims as a result of losing jobs due to the pandemic while vulnerabilities of persons already at risk of trafficking may be further increased.\textsuperscript{42}

- **Reports of increased domestic and gender-based violence:** Since the start of the quarantine, there has been a 30 per cent increase nationwide in the number of calls seeking support to address domestic violence.\textsuperscript{43} In the conflict-affected region, the risk of GBV is particularly high, given the high military presence in the area, deepening socio-economic vulnerability among the population and the high levels of stress and anxiety associated with the ongoing conflict. The risk of GBV is aggravated by the COVID-19 crisis. In GCA, the number of calls for help related to domestic violence has recently increased sharply – by 40 and 60 per cent in Donetsk and Luhanska oblasts, respectively, as reported by the local authorities.\textsuperscript{44} This report of rising domestic violence is particularly concerning, considering the pre-existing taboo about GBV in Ukraine and low awareness on the availability of appropriate assistance. The multiple COVID-19-related physical restrictions have posed greater challenges to not only individual access to such services, but also the provision of assistance to victims of such violence.

- **Child protection concerns:** While schools and social institutions are closed and families struggle with high levels of stress and anxiety, children in conflict-affected communities risk becoming victims of neglect and abuse. Since early March when the first confirmed case of COVID-19 was reported in Ukraine, the NGO La Strada-Ukraine received over 2,000 appeals from children and adolescents, of which over 40 per cent were associated with child violence and abuse.\textsuperscript{45} Among the most worrying developments is the report that some 42,000 children, including children with disabilities, being sent back home from boarding schools and other child-care institutions as a result of COVID-19 restrictive measures taken by the Government of Ukraine. This was done without prior assessment of the family conditions, to which these children returned. Given that the majority these families are economically disadvantaged and at risk of drug and alcohol abuse, leaving children without support and supervision by social workers could significantly increase the risk of child violence and abuse in those families.\textsuperscript{46}

- **Pensioners and vulnerable people living in NGCA have lost access to pensions and social benefits due to COVID-19 restriction:** The closure of all the official crossing points across the ‘contact line’ since the third week of March for civilian crossings mean that some 300,000 pensioners who regularly crossed the ‘contact line’ each month to access social entitlements and essential services in GCA are not able to do so during the quarantine period. This situation is likely to worsen the already fragile and deteriorating socio-economic conditions in NGCA, particularly if the crossing points remain closed for an extended period of time.

### Most-affected population groups

The COVID-19 pandemic not only exposes, but also aggravates the existing inequalities and discrimination against certain marginalized groups. It is important to apply a gender and age lens in identifying

\textsuperscript{38} According to 2020 Humanitarian Needs Overview, more than 180,000 people in the GCA areas of Donetsk and Luhanska oblasts remain food insecure. Due to insufficient data and access difficulties in NGCA, the exact number of food insecure people is unknown, but is estimated at some 280,000 people. Cluster partners estimate some 40 per cent of beneficiaries in NGCA experience financial difficulties when it comes to buying food.


\textsuperscript{41} According to the nationwide survey, Ukraine adopted the lockdown measures in the second week of March 2020. The closure of all the official crossing points across the “contact line” since the third week of March for civilian crossings mean that some 300,000 pensioners who regularly crossed the “contact line” each month to access social entitlements and essential services in GCA are not able to do so during the quarantine period. This situation is likely to worsen the already fragile and deteriorating socio-economic conditions in NGCA, particularly if the crossing points remain closed for an extended period of time.

\textsuperscript{42} Reports of increased domestic and gender-based violence:

\textsuperscript{43} Since the start of the quarantine, there has been a 30 per cent increase nationwide in the number of calls seeking support to address domestic violence. In the conflict-affected region, the risk of GBV is particularly high, given the high military presence in the area, deepening socio-economic vulnerability among the population and the high levels of stress and anxiety associated with the ongoing conflict. The risk of GBV is aggravated by the COVID-19 crisis. In GCA, the number of calls for help related to domestic violence has recently increased sharply – by 40 and 60 per cent in Donetsk and Luhanska oblasts, respectively, as reported by the local authorities. This report of rising domestic violence is particularly concerning, considering the pre-existing taboo about GBV in Ukraine and low awareness on the availability of appropriate assistance. The multiple COVID-19-related physical restrictions have posed greater challenges to not only individual access to such services, but also the provision of assistance to victims of such violence.

\textsuperscript{44} Child protection concerns:

\textsuperscript{45} Among the most worrying developments is the report that some 42,000 children, including children with disabilities, were sent back home from boarding schools and other child-care institutions as a result of COVID-19 restrictive measures taken by the Government of Ukraine. This was done without prior assessment of the family conditions, to which these children returned. Given that the majority of these families are economically disadvantaged and are at risk of drug and alcohol abuse, leaving children without support and supervision by social workers could significantly increase the risk of child violence and abuse in those families.

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factors that can exacerbate such inequalities among the conflict-affected population, e.g. women, adolescent girls, children, or elderly. Discrimination against minority ethnic groups, such as the Roma, dramatically increases their vulnerability. Vulnerabilities of certain population groups are particularly critical due to physical conditions, including people with disabilities, pregnant and breastfeeding women, people living with chronic illnesses such as HIV, tuberculosis or mental illness. Some of the most-affected population groups have been identified below (list is non-exhaustive).

- **The elderly:** The high proportion of elderly people (36 per cent of the population – whereof 56 per cent are women) in the conflict-affected region increases their vulnerability. Almost all older persons in the conflict-affected region (97 per cent) have at least one chronic illness, making them highly susceptible to complications if infected with COVID-19. Many of them also live alone and have either a form of disability or limited physical mobility. The situation is more concerning in isolated settlements where the proportion of the elderly is significantly higher (41 per cent) than the rest of the conflict-affected area. The elderly in these settlements often have no means to move out of insecure areas.

  Economically, older women are particularly marginalized and vulnerable, compared to their male peers. This economic vulnerability has been compounded by the pre-existing gender wage gap between men and women. As the share of women at retirement age is higher than that of men, women are more dependent on state pension and social payments.

  In addition to healthcare and mobility concerns, old peoples’ homes do not have sufficient access to cleaning materials, and face problems with water supply and lack of sanitary facilities. In NGCA, the situation is expected to be similar but has not been verified due to a lack of data due to access constraints.

  The spread of COVID-19 would have a devastating impact on the elderly who already face difficult access to healthcare and are at risk of being excluded from homecare support should the restrictions of movement of medical and social workers be imposed.

- **Women and girls:** In addition to increased risk of GBV (refer to the ‘effects on people’ section above for more analysis), two-thirds of women in the region experience worsening of economic situation and an increase in the amount of domestic work. Almost all women (80 per cent) identified financial support as the most urgent need for their families. Two-thirds of women report anxiety, sleep disorders or depression as a result of COVID-19 pandemic and about one third identified psychological assistance as an urgent priority. Access to PPE and disinfectants remains a challenge for almost half of all women and girls in settlements along the ‘contact line’. According to the Rapid Gender Analysis conducted in Ukraine at the onset of the pandemic, women-respondents indicated the increased numbers of domestic psychological violence, as well as a fear of possible physical violence in the future to add to it. Women entrepreneurs in farming indicated an increase in physical burden due to inability to hire employees. Half of Ukraine’s female population indicated that job loss or partial loss of income makes it impossible to pay rent and utilities.

- **Children:** Several child protection concerns have been reported as the consequences of COVID-19 restrictions, such as increased risk of child neglect and abuse (refer to the ‘effects of people’ section above for more analysis). In addition, access to learning remains a challenge, despite the introduction of distance/online learning programmes. Children from families with economic/financial difficulties face further discrimination due to lack of access to and unaffordability of telecommunication technology. As reported by Protection Cluster, many children living along the ‘contact line’ in GCA do not have access to computers and the Internet for distance learning. In addition, these programs are not adapted to the needs of children with disabilities, which means that significant portion of children living in conflict-affected areas will remain outside of the education system should the quarantine be prolonged. Meanwhile, the temporary closure of education facilities will likely continue, and schools reopening in September 2020. The interruption in education, gaps in childcare, and additional economic burdens for parents are expected to be particularly severe in the conflict-affected areas.

- **People living in rural areas along the ‘contact line’:** There is limited access to first aid points and essential medicines due to the shutdown of public transportation as part of COVID-related measures. According to the assessment of UNHCR, almost half of settlements in rural areas close to the ‘contact line’ have no access to first aid points, while the suspension of public transport has left many residents without access to basic health care.

- **Internally Displaced Persons (IDPs):** Vulnerability of IDPs is compounded by pre-existing hardship, including lack of affordable accommodation, fewer employment opportunities, hurdles to access social payments etc. Their survival and living conditions are at risk of further deterioration amid the sharp economic downturn and massive job losses as a result of the quarantine measures currently in place. In addition, people living in collective centers, many of whom are internally displaced, often have specific needs, such as clean water and sanitation, as well as psychological support and access to medical services.

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48. According to the 2020 Humanitarian Needs Overview (HNO), the elderly account for almost one-third of the people in need of humanitarian assistance and protection services, which equals some 1.1 million people.
50. Information provided by the WASH Cluster.
53. Ibid.
55. Update from the discussions of the Child Protection Sub-Cluster meeting dated 9 April 2020.
and may be at heightened risk of infection due to poor sanitary conditions and inability to self-isolate due to cramped living conditions. Women make up 58 per cent of IDPs in Ukraine.

- **People with specific needs** have vulnerabilities that need to be addressed. For example, people with disabilities may be at higher risk of contracting COVID-19 due to barriers in accessing preventive information and hygiene, and reliance on physical contact with support persons. In accessing preventive information and hygiene, and reliance on physical contact with support persons.

- **Pensioners in NGCA**: The Government of Ukraine’s decision to temporarily suspend the mandatory IDP verification process, which is a prerequisite to access to social entitlements (such as pensions and social payments). While this is a welcoming step, COVID-19 restrictions on movement across the ‘contact line’ have impacted the ability of pensioners residing in NGCA to withdraw their pensions in GCA on which many of them rely as the main source of income (refer to the ‘effects on people and systems’ section above on page 6-9 for further analysis).

- **Vulnerable people in NGCA**: Unpredictability of movement of humanitarian convoys across the ‘contact line’ from GCA to NGCA due to the COVID-19 restrictions – coupled with pre-existing access constraints in NGCA due to bureaucratic impediments – means compromised access to humanitarian assistance for an estimated 900,000 people (targeted in the 2020 HRP). Without facilitation of humanitarian access through the EECPs, the ability of humanitarian actors to assist the vulnerable population of NGCA will be limited.

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**Expected evolution of the situation and needs until December 2020**

It is difficult to predict the evolution of COVID-19 and the extent to which the extraordinary quarantine measures put in place will slow the spread of the virus. The magnitude of the COVID-19 effects – both direct and indirect – will depend largely on three factors. The first is the speed with which the public health response measures (including risk communication component) can be scaled up. The second is how soon the spread of COVID-19 can be controlled, and the third is the length of the extraordinary quarantine measures will be put in place (currently until 22 June). There continues to be solid coordination between the United Nations and other international actors with the Government of Ukraine to step up the response.

While this response plan is intended to cover until the end of 2020, it remains unclear how the needs will evolve over time given the fast-moving nature of the situation. The response plan will therefore be revised as necessary to respond to changing requirements.
Updated Response

Response to public health impacts of the pandemic

Ongoing response

• **Laboratory support:** WHO has deployed missions to support Ukraine in strengthening laboratories, detection capacity for COVID-19 and enhancing national and regional laboratory networks. In addition, WHO has been working on working on scaling-up testing capacity of laboratories nationwide and has initiated capacity assessments of private laboratories to determine their ability to provide support to the state-owned laboratories. Additionally, health partners are working on providing capacity-building support to the state-owned laboratories.

• **Procurement and distribution of medical items:** WHO, IOM, UNICEF, UNDP, UNOPS, UNFPA and others are currently working to procure PPE and test kits that follow the recommended standards for further distribution in Ukraine, including in the conflict-affected areas on both sides of the ‘contact line.’

• **Delivery of medical material to NGCA:** Joint UN convoys facilitated by UNHCR and OCHA have delivered hygiene items, test kits, medical supplies and equipment and PPE to Donetsk oblast (NGCA) on behalf of IOM, WHO, PIN, and MdM for further distribution among healthcare and social facilities in Donetsk oblast (NGCA) and health facilities in Luhanska oblast (NGCA).

• **COVID-19 online training sessions:** According to a preliminary analysis of COVID-19 response monitoring, nearly 2,000 people, mainly healthcare personnel, have received online training on COVID-19 provided by five organizations, namely ‘Slavic Heart,’ Save the Children, International Medical Corps, UNICEF and IOM. In response to reports of increasing numbers of GBV/domestic violence cases as well as limited access to GBV service providers due to the COVID-related measures, nearly 200 specialists of local state institutions, NGOs, CSOs have received online training on principles of psychosocial care in online format provided by UNFPA.

• **Contact tracing:** The Ukraine Humanitarian Fund (UHF) is supporting two organizations (MdM and PUI) that are piloting projects on contact tracing and follow-up of COVID-19 patients in eastern Ukraine (GCA).

• **Mobile units:** Two mobile units have been launched by humanitarian partner in Mariinka raion (Donetska oblast, GCA) to visit patients with flu-like symptoms, conduct testing, and perform contact tracing in case of a positive result for COVID-19.

• **Mental health and psychosocial support (MHPSS):** With increasing needs for psychosocial support among the conflict-affected population due to the COVID-19 crisis, multiple organizations have prioritized the continuation of their MHPSS programming and adopted remote modality in delivering their services, limiting face-to-face consultations only for critical cases. Starting from March, nearly 2,500 people have received individual psychosocial support provided by at least five organizations, including Proliska, Child Smile, MdM, PIN and UNICEF. German Corporation for International Cooperation (GIZ), together with Vostok SOS, began providing psychological counselling for medical and social workers in Donetsk and Luhanska oblasts to prevent them from burning out.

• **Hygiene response:** Agencies are reprioritizing their current programming to focus on infection prevention and control (IPC) as well as hygiene promotion campaigns. Médecins Sans Frontières Switzerland has provided a series of IPC training for the health staff of Krasnohorivka hospital (Donetska oblast). Additionally, at least 16 organizations are distributing hygiene items (e.g., soap and hand sanitizers) to over 200,000 people. UNHCR, together with NGO partners, delivered some 230 litres of sanitizing products to 16 settlements close to the ‘contact line’ (GCA) for further distribution to first aid points, pharmacies and local community centres.54 In NGCA, IOM is delivering hygiene and disinfection items to social institutions, UNICEF and Premiere Urgence Internationale are offering to support improved hygiene at key health facilities, while UNHCR plans to support social institutions with water tanks. UNFPA delivered PPE and sanitizing products to shelters and day centers for future distribution among clients and staff of these institutions.

Response gaps and challenges

• **Limited PCR testing capacity:** The national COVID-19 PCR testing capacity has gradually increased over time, reaching 5,000 tests a day by mid-April, and is currently conducting about 10,000 PCR tests per day. However, the number of samples collected to date in the two conflict-affected oblast is alarmingly low, hindering the measurement of the true scale and magnitude of the COVID-19 transmission in the region.

• **Difficulty to transport urgent medical and lab equipment to NGCA** due to the closure of EECPs as well as access between the two oblasts in NGCA. The movement of humanitarian convoys across the ‘contact line’ from GCA to NGCA has been unpredictable due to the COVID-19 restrictions. This, coupled with the pre-existing access constraints in NGCA due to bureaucratic impediments, result in additional difficulties to secure access for...
humanitarian convoys. While humanitarian convoys from GCA to NGCA are not completely impossible, it requires compliance with some regulations and provisions that are complicated in nature and erratic in practice, as well as extensive negotiations.

- Inadequate integration of WASH services into the Infection, Prevention and Control (IPC) measures of healthcare facilities: The COVID-19 response so far has predominantly focused on the medical/clinical aspect, without adequate integration of WASH services without which IPC cannot be met. It is important to note that with a potential increased patient influx, the demand for water and sanitation services might be higher than the available offer and that it will be essential to support the gap to avoid health service to be disrupted.59

### Response to indirect effects on people

#### Ongoing response

- **Home-based assistance delivery:** The UHF is supporting Caritas Ukraine, HelpAge International, Polish Humanitarian Action, and Proliska to provide food and hygiene kits to vulnerable households in isolated settlements close to the ‘contact line,’ which will also have a minimum set of PPE kits for distribution to people who have mild symptoms of COVID-19. In addition, at least 11 organizations have provided home-based assistance to over 12,000 people in eastern Ukraine, while an additional 18,000 people are receiving such assistance from HelpAge International, including elderly and people with disabilities living in settlements located close to the ‘contact line.’ Home visits include the provision of psychosocial support, delivery of non-food items, assistive devices and adult diapers. A number of organizations expected to launch similar projects in isolated settlements along the ‘contact line’ shortly.

- **Risk communication campaigns:** Humanitarian organizations have started production, translation, and distribution of information, education, and communication (IEC) materials to create fact-based awareness of COVID-19 among communities. The focus is on providing accurate information on prevention and care, as well as to dispel rumors, myths, and stigma. Preliminary analysis indicates that COVID-19 risk communication campaigns and the distribution of COVID-19 IEC materials implemented by at least 12 organizations have already reached nearly one million people in eastern Ukraine.

- **Support to local authorities:** ACTED is supporting local authorities in Donetska oblast (GCA) with the development and establishment of non-medical standard operating procedures to organize COVID-19 response in the areas of contact tracing and mass testing among others. In addition, ACTED has also established and supported the functioning of a toll-free hotline with the Donetsk oblast administration to provide COVID-19 information. Since being launched in April, over 500 calls have already been received through the hotline. Together with the Ministry of Internal Affairs and the National Police of Ukraine, informational materials on “Domestic Violence: How to Protect under Quarantine. Security Plan” were developed, printed and distributed by UNFPA in Donetsk and Luhansk regions (GCA).

- **Individual protection counselling:** Organizations including Proliska, MdM, Right to Protection, Triangle, Danish Refugee Council and Stabilization Support Services continue to provide online consultations to over 3,600 people on access to social and administrative services, as well as to clarify restrictions of movement across the ‘contact line’ that has remained closed for all civilian crossings since the third week of March.

- **Supporting people unable to cross the ‘contact line’:** Several organizations continue providing temporary support, such as provision of food, essential items and temporary accommodation to people who are not able to cross the ‘contact line’.

- **Transportation services:** Triangle and the Ukrainian Red Cross Society started providing transportation services to people in eastern Ukraine, particularly to those residing in isolated settlements, where the already-limited public transport services have been disrupted due to the COVID-19 restrictive measures.

- **Maintenance of essential support at the crossing points:** Most of the services provided at the EECPs have been suspended as the EECPs are closed for civilian crossings. Partners continue to monitor the situation and are on standby to provide the necessary support to avoid people getting stuck at the EECPs.

- **Distance learning:** Humanitarian partners have been supporting the Ministry of Education of Ukraine in providing distance learning opportunities in eastern Ukraine through available online platforms and TV classes.

- **Community mobilization for protection:** UNHCR has mobilized 165 Community Support Initiatives since 2018. These include a range of activities designed to empower communities, building on their education, skills, and capacities. After the COVID-19 pandemic outbreak, fourteen communities were supported to produce face masks for themselves, persons with specific needs and local healthcare institutions.

- **Supporting regional authorities with “live” monitoring:** UNHCR strengthened its protection monitoring in east Ukraine to identify any possible deterioration of the protection and humanitarian situation in 104 localities along the ‘contact line’. The information is regularly shared with the Donetsk and Luhansk oblast administration as well the seven raion administrations to enhance their planning and response.

- **Local advocacy with banking services in isolated settlements along the ‘contact line’:** UNHCR informed Oschadbank, the largest state bank that facilitates payment of pensions in Ukraine, where conflict-affected communities are facing difficulties in accessing banking services and ATMs for cash withdrawal.

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• **Assessments:** Two thematic assessments have been launched to inform humanitarian programmes responding to the COVID-19 pandemic in eastern Ukraine: a Rapid Health Facility Assessment in GCA conducted by REACH and a Rapid Market Assessment in GCA currently undertaken by the ACCESS Consortium (ACTED, MdM and PiN), Norwegian Refugee Council and Save the Children. The results of the assessments are expected to be published shortly. UNICEF has also conducted surveys on knowledge, attitudes and perceptions on COVID-19.

• **Supporting regional authorities with developing GBV response.** UNFPA support activities of the local authorities to widen the network of sustainable grass-roots service providers (social services, police, 10 health facilities, free legal aid, hotlines etc.), which is of great importance under the quarantine limitations.

### Response gaps and challenges

• **Lack of funding vis-a-vis competing priorities:** The COVID-19 pandemic inevitably has posed challenges in the mobilization of humanitarian funding globally and also for Ukraine. The 2020 HRP is currently funded at 9 per cent ($14 million of original $158 million requirement) as of 5 May. While the conflict-related humanitarian needs in eastern Ukraine still require a robust humanitarian response, these needs have only increased by the COVID-19 pandemic. The diversion of resources from the ongoing pre-existing humanitarian response may result in increased suffering of the conflict-affected population.

• **Uneven coverage of assistance due to the limited telecommunications:** While most humanitarian actors in eastern Ukraine have managed to adapt the modality of their operations and utilized various communication technologies to deliver assistance where possible, challenges remain. For example, one NGO provides support to facilitate remote medical consultation for people. As these creative modalities rely heavily on technology, the reach of such ‘virtual’ assistance may be uneven depending on geographical areas and population groups.

• **Increased operational and logistical costs:** Some humanitarian organizations have adopted an ‘individual service delivery’ or ‘door-to-door delivery’ approach to minimize beneficiaries’ exposure to COVID-19. In case a prescription is provided, an NGO staff member will go to a pharmacy to get the prescribed medication for the beneficiary. One of the organizations implementing multipurpose cash programming is also considering buying and delivering goods as an extra service. While this approach helps ensure the continuation of critical support, it leads to increased operational and logistical costs.

• **Constraints on access of humanitarian convoys and staff to NGCA due to restrictions put in place to prevent the spread of COVID-19.**

• **Livelihoods and economic recovery needs post-COVID quarantine due to economic recession are expected to exceed resources and capacity – nationally and globally.** The International Monetary Fund (IMF) has reported that Ukraine’s GDP may shrink by 7.7 per cent in 2020 instead of the predicted 3.6 per cent growth. The knock-on effects on the economic conditions in eastern Ukraine – already languished by over six years of armed conflict – are expected to be severe.

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While existing ongoing programming has been adapted and repurposed to enable timely response at the onset of the COVID-19 crisis in Donetsk and Luhanka oblasts, an additional $47 million is required to sustain and scale up operations to address the consequences of COVID-19 over the remainder of 2020.

The COVID-19 response activities aim to reach some 2 million people on both sides of the ‘contact line’ whose humanitarian needs are further exacerbated by COVID-19. The population of eastern Ukraine, already made vulnerable by years of armed conflict, have been made even more vulnerable by the COVID-19 pandemic. The original 2020 HRP at the start of the year targeted 2 million people for assistance. While the COVID-19 response activities aim to assist mostly the same population targeted under the original 2020 HRP, the target population for the revised HRP includes an additional 147,000 people (estimated) beyond the 2 million people targeted in the original HRP.

**Justification for the revision of requirement for COVID-19 response:**

**Activities to address the direct health impact of COVID-19:**

- **Health:** The Health Cluster is planning to support six laboratories with equipment, kits and other consumables (two in NGCA and four in GCA). In terms of case management and infection, prevention and control, the Health Cluster plans to support 19 Hospitals in NGCA (12 in Donetsk and seven in Luhansky) and 18 in GCA (13 in Donetsk and five in Luhansky) with PPE and medical equipment with assumption of three months high case load and declining trend afterwards. A dedicated focus will also be given to strengthen mental health and psychosocial support to healthcare workers and communities affected by COVID-19.

- **WASH:** The response aims to scale up essential activities to support infection, prevention and control – both at healthcare facilities (420 health facilities, but prioritizing designated COVID-19 hospitals) and at household level – on both sides of the ‘contact line’. IPC and hygiene activities will be delivered to 300 communities and 750 institutions. This represents the collective response of 18 WASH partners, targeting the areas where critical humanitarian needs exist as well as the areas that are at risk of COVID-19 local transmission (where hygiene conditions are compromised due to shortage of water, or people who have only limited access to hygiene materials).

**Activities to address the indirect socioeconomic impact of COVID-19:**

- **Education:** As schools and other learning sites prepare to reopen, response activities will be oriented to enhance support for the safe return to education when the quarantine is lifted to minimise the risk of transmission of COVID-19 within learning spaces. The response will also address the learning inequalities and protection concerns that have emerged or have been exacerbated during COVID-19 school closures. This includes rehabilitation of education facilities inclusive of WASH (e.g. installation of water supply points, handwashing facilities, etc), distribution of hygiene kits in schools, organization of catch-up classes and support to teachers and parents.

  - **Food Security and Livelihoods:** The COVID-19 response aims to scale up the existing response to avert the deterioration of food security and livelihoods as knock-on effects of COVID-19 quarantine.

  - **Protection:** The Protection Cluster aims to maintain and expand protection support and services to vulnerable populations, through the provision of home-based care and individual protection assistance (as many beneficiaries are now unable to move around freely due to the COVID-19 social distancing restrictions); and provision of psychosocial support and intensifying COVID-19 risk communications and campaigns targeting vulnerable groups at risk of contracting the virus due to pre-existing living conditions, e.g. IDPs living in crowded collective centres and other marginalized populations.

Protection Cluster projects address not only immediate protection concerns related to COVID-19 and various related restrictions, but also focuses on mitigation measures following the easing of quarantine restrictions to ensure a safer post-quarantine environment. This includes the provision of PPE for partners working with the conflict-affected population; preparing for the increased demand and expansion of services after quarantine restrictions are lifted, such as PSS, legal assistance, protection counselling, explosive ordnance education, individual protection assistance (case management); information dissemination and awareness raising, not only on COVID-19 but also on access to services; reinforcing community based support (mask production as an example); expanding home-based care for older people near the ‘contact line’; and capacity building of social service providers, including the provision of PPE, disinfectants for government service providers such as the Pension Fund and Department of Social Protection as well as institutions for children and the elderly.

- **Multipurpose cash (MPC):** The response aims to expand the existing MPC programming in GCA to meet the multiple needs of vulnerable conflict-affected people. This also takes into account the potential increase in MPC transfer value by up to 15 per cent, as per the preliminary findings of the rapid market assessment that show noticeable price increase for basic goods since the deterioration of the epidemiological situation in the country and the region.
Revision of the Ukraine 2020 HRP

The original estimated requirements for COVID-19-related response activities in eastern Ukraine were developed in late March in conjunction with the preparation of the country-wide Emergency Response Plan for the COVID-19 Pandemic. The original ERP sought $165 million for all of Ukraine, including $34 million for humanitarian response in eastern Ukraine. Whereas the original ERP for the COVID-19 pandemic was a country-wide plan, this HRP revision focuses only on the funding requirements for eastern Ukraine. After extensive consultation with cluster coordinators and humanitarian partners, the additional requirements for COVID-19 response in eastern Ukraine have been revised to $47 million. OCHA will make arrangements to ensure appropriate financial tracking of COVID-19 response activities in eastern Ukraine – in addition to the on-going conflict-related humanitarian response presented in the original 2020 HRP for Ukraine.

COVID-19 response monitoring and frequency

A set of additional indicators has been developed to monitor and track new activities related to the COVID-19 response, which will supplement those included within the HRP monitoring framework. Some indicators are cluster-specific and others are common across clusters. COVID-19 cluster-specific indicators will be communicated to cluster members by each cluster.

As the COVID-19 emergency continues to evolve rapidly, and to show progress that is achieved in the early phase of the response, these COVID-19 indicators are currently being collected on a monthly basis.

New COVID-19 response monitoring indicators:

<table>
<thead>
<tr>
<th>#</th>
<th>ACTIVITY</th>
<th>INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COVID-19 related online training sessions</td>
<td># of COVID-19 training sessions conducted</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of people receiving training</td>
</tr>
<tr>
<td>2</td>
<td>Information and communication campaigns on COVID-19, including through distribution of materials in local language with key messages in alignment with agreed messaging</td>
<td># of people reached with information and communication campaigns.</td>
</tr>
<tr>
<td>3</td>
<td>Distribution of hygiene items (e.g. soaps, hand sanitizers)</td>
<td># of people receiving hygiene items (e.g. soaps and/or hand sanitizers)</td>
</tr>
<tr>
<td>4</td>
<td>Distribution of basic PPE (e.g. masks and/or gloves)</td>
<td># of people receiving PPE (e.g. masks and/or gloves)</td>
</tr>
<tr>
<td>5</td>
<td>Hotline service</td>
<td># of calls received</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of users – estimate</td>
</tr>
<tr>
<td>6</td>
<td>Transportation service</td>
<td># of people supported with transportation service</td>
</tr>
<tr>
<td>7</td>
<td>Home distribution of other assistance</td>
<td># of people receiving other distributions/assistance, for example, food or other non-food items, etc. – this is not an exhaustive list</td>
</tr>
</tbody>
</table>

61. Additional activities and indicators related to COVID-19 may be provided by the Clusters.
### WASH Cluster

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity Description</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Production and distribution of IEC (information, education, communication) materials</td>
<td># of number of promotion materials (e.g. posters, videos)</td>
</tr>
<tr>
<td>2</td>
<td>Develop social media communications materials in local language to address basic information, social distancing, hygiene information, rumours and myths, physical distancing</td>
<td># of social media contents (# of views, shares)</td>
</tr>
<tr>
<td>3</td>
<td>People reached through community involvement and hygiene promotion</td>
<td># of people reached by COVID-19 awareness events</td>
</tr>
<tr>
<td>4</td>
<td>Improved IPC at health care facilities</td>
<td># of health facilities provided with cleaning kits</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of health facilities with water, sanitation or handwashing improvements</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of health facilities with improved medical waste management</td>
</tr>
<tr>
<td>5</td>
<td>Handwashing facilities installed and maintained in public spaces</td>
<td># of handwashing facilities installed</td>
</tr>
<tr>
<td>6</td>
<td>Hygiene kits, items or cash delivered for families or individuals</td>
<td># of persons reached</td>
</tr>
<tr>
<td>7</td>
<td>Improved IPC at public institutions (not health facilities)</td>
<td># of social institutions with cleaning kits</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of social institutions with water, sanitation or handwashing improvements</td>
</tr>
</tbody>
</table>

### Health Cluster

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity Description</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Recruit surge capacity staff to support health cluster in coordination of COVID-19 response at national and sub national level</td>
<td># of coordination units</td>
</tr>
<tr>
<td>2</td>
<td>Production and distribution of updated messages</td>
<td># of people reached with information and communication campaigns</td>
</tr>
<tr>
<td>3</td>
<td>Develop social media communication strategies in local language to address rumors and myths, physical distancing</td>
<td># of people reached with information and communication campaigns</td>
</tr>
<tr>
<td>4</td>
<td>Local hotline numbers for community members and health works is activated</td>
<td># of calls received</td>
</tr>
<tr>
<td>5</td>
<td>Adopt and disseminate standard and updated case definition to all healthcare facilities</td>
<td># of healthcare facilities</td>
</tr>
<tr>
<td>6</td>
<td>Establish tracking of moderate or mild cases and suspected cases; Isolate them into home confinement</td>
<td># of healthcare facilities</td>
</tr>
<tr>
<td>7</td>
<td>Establish local rapid response teams, in areas where COVID-19 is confirmed, to conduct contact tracing and follow up</td>
<td># of healthcare facilities</td>
</tr>
<tr>
<td>8</td>
<td>Ensure reporting formats for suspected and confirmed COVID-19 are readily available, properly recorded and timely shared with higher level</td>
<td># of healthcare facilities</td>
</tr>
<tr>
<td>9</td>
<td>In line with MOH directives, assist designated healthcare facilities with adequate sample collection kits and shipping samples to reference laboratory for PCR testing and confirmation</td>
<td># of healthcare facilities</td>
</tr>
<tr>
<td>10</td>
<td>Assess and Identify four additional laboratories, including privately owned, that can conduct PCR test; provide test kits and technical support as needed</td>
<td># of laboratories</td>
</tr>
<tr>
<td>11</td>
<td>Ensure reporting forms are available and properly filled and shared with relevant bodies</td>
<td># of laboratories</td>
</tr>
<tr>
<td>12</td>
<td>Procure Lab test kits and other consumable supplies including RNA extraction and enzymes</td>
<td># of laboratories</td>
</tr>
<tr>
<td>No.</td>
<td>Activity Description</td>
<td># of Points of Entry/Healthcare Facilities</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>13</td>
<td>Disseminate latest disease information and provide crossing point staff clear messages to follow in case of encountered suspected COVID-19 passenger</td>
<td># of point of entry</td>
</tr>
<tr>
<td>14</td>
<td>Prepare rapid health assessment/isolation facilities for suspected passenger(s) and to safely transport them to designated hospitals</td>
<td># of point of entry</td>
</tr>
<tr>
<td>15</td>
<td>Preposition minimum package of PPE that can run designated hospitals at full capacity for 30 days</td>
<td># of healthcare facilities</td>
</tr>
<tr>
<td>16</td>
<td>Identify case management capacity of designated COVID-19 hospitals and provide necessary equipment and supplies including ventilators, oxygen concentrators and dispensers, artificial lung, etc.</td>
<td># of healthcare facilities</td>
</tr>
<tr>
<td>17</td>
<td>Identify vulnerable groups in need of special care; establish management protocols and mechanism to provide care including through home care especially in remote and isolated areas</td>
<td># of healthcare facilities</td>
</tr>
<tr>
<td>18</td>
<td>Set up screening and triage protocols at all points of access to the health system, including primary health centers, clinics, etc.</td>
<td># of healthcare facilities</td>
</tr>
<tr>
<td>19</td>
<td>Set up COVID-19 designated wards in primary healthcare facilities, at least two per raion, where mild and moderate cases are treated</td>
<td># of healthcare facilities</td>
</tr>
<tr>
<td>20</td>
<td>Support transportation of required supplies including testing kits, PPEs and other consumables from central or regional hubs to designated locations</td>
<td># of healthcare facilities</td>
</tr>
</tbody>
</table>

**Protection**

<table>
<thead>
<tr>
<th>No.</th>
<th>Activity Description</th>
<th># of Community-Based Protection Projects With a COVID-19 Component Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Community projects</td>
<td># of community-based protection projects with a COVID-19 component implemented</td>
</tr>
<tr>
<td>2</td>
<td>Individual Protection Counselling</td>
<td># of persons receiving COVID-19 individual protection information/counselling</td>
</tr>
<tr>
<td>3</td>
<td>Individual Psychosocial Support</td>
<td># of persons receiving COVID-19-related individual psychosocial support</td>
</tr>
<tr>
<td>4</td>
<td>Individual Protection Assistance (cash)</td>
<td># persons receiving COVID-19 targeted services (cash)</td>
</tr>
</tbody>
</table>