Improving the capacities and skills of emergency medical workers aiding survivors of gender-based and conflict-related sexual violence in Odesa

From 8 to 10 April 2024, the WHO Country Office in Ukraine, in collaboration with the Ukrainian Foundation for Public Health, conducted a three-day training session titled “Provision of health quality services to survivors of sexual violence, intimate partner violence (IPV), and conflict-related sexual violence (CRSV)” for emergency medical personnel from the Center for Emergency Medical Care and Disaster Medicine (CEMCDM). This was the first in a series of four capacity-building activities for emergency medical professionals.

The training was attended by 24 doctors, nurses (feldshers), and personnel from the CEMCDM training centres in regions where the issues of CRSV and IPV persist significantly, such as Odesa, Kherson, Chernihiv, Donetsk, and Kharkiv.
Because health-care workers, particularly those at emergency medical units, often serve as the first responders for gender-based violence (GBV) and CRSV survivors, it is crucial to enhance the capabilities of emergency medicine specialists in promptly identifying survivors, offering initial support, and referring them to appropriate services at community and regional level.

The training materials comprehensively covered various topics, including:

- understanding GBV as a public health issue, core concepts, and guiding principles;
- overview of the health system’s response to violence against women;
- identification of GBV/IPV and first-line support using the LIVES protocol;
- identification and special considerations in providing assistance to CRSV survivors;
- understanding working conditions: defining referral networks, safe referral practices, and legal contexts;
- basic psychological support, including identification, treatment, follow-up, and referral pathways;
- clinical care for survivors of sexual violence/rape: history-taking, assessment, and treatment;
- basics of documenting cases of IPV and sexual violence; and
- prevention and response to sexual exploitation and abuse.
Throughout the training, participants delved into the perceptions of GBV in Ukraine, clarifying values, and understanding the inadvertent obstacles they might pose to survivors seeking further assistance. These efforts contribute significantly to the comprehensive and multisectoral approach to GBV and CRSV prevention and response, encompassing medical and psychosocial services.

This initiative is part of the broader UN Action Against Sexual Violence in Conflict, focusing on “Strengthening national and community-based CRSV prevention and response mechanisms in Ukraine through a survivor-centred multisectoral approach (UNited Action to Empower Survivors of CRSV)”. Implemented in partnership with United Nations Fund for Population Activities (UNFPA), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), United Nations Development Programme (UNDP), United Nations Office on Drugs and Crime (UNODC), International Organization for Migration (IOM), and WHO, the initiative aims to empower survivors through a survivor-centred multisectoral approach. Its objectives include enhancing the capacity of Ukrainian institutions, including government bodies, health-care, psychosocial and other relevant service providers, judiciary, law enforcement, and civil society organizations (CSOs), particularly women-led CSOs and survivor networks. Ultimately, the initiative aims to prevent CRSV, meet survivors’ needs, enhance accountability, and enable survivors to meaningfully participate in and lead these efforts.
Ukraine’s extensive network of nuclear sites and facilities has been significantly impacted by the ongoing war. The nation hosts four operational nuclear power plants — Zaporizhzhya, South Ukraine, Khmelnytsky, and Rivne — with heightened concerns regarding the potential for nuclear incidents. Of particular concern is Zaporizhzhya, which has been under Russian occupation since the start of the war in 2022. Moreover, there are additional risks stemming from decommissioned sites such as Chernobyl, as well as research reactors, radioactive waste management facilities, uranium mines, and the presence of depleted uranium in military arsenals. These factors collectively pose risks to both public health and the environment.

Since the outbreak of the war on 24 February 2022, WHO has been actively supporting the Ministry of Health (MoH) in enhancing preparedness for potential nuclear emergencies. This includes the provision of crucial supplies, conducting capacity-building exercises for health-care personnel, and strengthening emergency response mechanisms in collaboration with emergency medical services, hospitals, and public health centres. Notably, WHO has collaborated closely with the National Research Center for Radiation Medicine, a WHO Collaborating Center for Radiation Emergency, Medicine, and Public Health.

A key aspect of WHO’s support involves training health-care professionals, particularly in regions most susceptible to nuclear events. In partnership with the National Research Center for Radiation Medicine, WHO has conducted extensive training sessions
covering clinical management protocols and emergency response procedures. From February 2023 to March 2024, more than 340 health-care practitioners from over 70 health-care facilities across six Ukrainian regions completed the training, gaining essential skills for managing nuclear emergencies, including patient triage, decontamination, and radiation monitoring.

In addition to training initiatives, WHO has supplied essential resources to the MoH to protect health-care workers treating patients contaminated with chemical or radioactive materials. Personal protective equipment ensures the safety of front-line staff, while decontamination equipment and life-saving medications contribute to favourable patient outcomes during clinical interventions. Dosimetry equipment for exposure monitoring, environmental sampling, and laboratory analysis forms part of broader efforts to ensure public health and safety, particularly in challenging and hostile environments.

Furthermore, WHO has facilitated the procurement and distribution of critical radiology equipment to health-care facilities, prioritizing those whose staff have undergone WHO training. This equipment, including various dosimeters, radiometers, and decontamination supplies, aims to enhance the preparedness of health-care facilities to respond effectively to nuclear emergencies.
Supporting the evacuation process through key public health messages

In March, the Risk Communication and Community Engagement (RCCE) team started coordinated action to support the evacuation process by disseminating crucial public health messages to communities in various regions. A total of 34,600 printed materials on cholera, 38,600 on botulism, and 35,400 on intestinal infections will be dispatched from the WHO Odesa hub to the Centers for Disease Control and Prevention (CDC) addresses provided by the MoH counterparts. These materials will serve as essential resources to inform and educate communities about potential health risks during evacuation.

Furthermore, RCCE materials, including leaflets and posters addressing cholera, botulism, intestinal infections, and flood preparedness, will be sent to the WHO modular primary care facilities (prefabs). This will ensure that people seeking services at the prefabs have access to important public health information on various topics, enhancing their awareness and preparedness.

The following types of materials will be distributed in Kharkiv, Kherson, Donetsk and Zaporizhzhya:

- 250 leaflets each on hepatitis A, rabies, and cholera per region
- 50 posters each on hepatitis A, cholera, and rabies per region.

This effort aims to equip communities with the necessary knowledge and resources to safeguard their health and well-being in times of crisis, thereby contributing to effective evacuation processes and public health resilience.
### Key Humanitarian Numbers

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attacks on Health Care reported by WHO SSA tool</td>
<td>305</td>
</tr>
<tr>
<td>People in need</td>
<td>7,800,000</td>
</tr>
<tr>
<td>People targeted by Health Cluster partners</td>
<td>3,800,000</td>
</tr>
<tr>
<td>Internally displaced persons (IDPs)</td>
<td>3,522,045</td>
</tr>
</tbody>
</table>
In December 2023, the Government of Ukraine, under the leadership of the Ministry of Social Policy (MoSP) and in collaboration with other ministries, implemented amendments on the importation of commodities as humanitarian aid, first introduced in September 2023. These amendments have significant implications for Health Cluster partner organizations operating in Ukraine, affecting their processes for acquiring, importing, and delivering commodities in the country.

On 3 April 2024, Health Cluster Ukraine, in partnership with the MoSP, MoH, Medical Procurement of Ukraine (MPU), and the Ukrainian Public Health Center (UPHC), convened a meeting that brought together over 220 attendees from Health Cluster partner organizations. Dr Penn Amaah representing the WHO-led Health Cluster guided the discussions, alongside Nazar Tanasyshyn and Tetiana Panasenko from the MoSP; Kateryna Nekrasova from MPU; Iryna Shevchuk from the MoH; and Olena Selivanova from the UPHC. The primary objective of the meeting was to formally present the legislative changes that took effect on 1 April, ensuring partners’ compliance with new regulations. The meeting included a Q&A session with health partners and the Government on the new legislation on the importation of commodities as humanitarian aid.
and alignment with the legislation. The meeting also provided a platform for partners to ask questions during a dedicated Q&A session.

The meeting opened with a welcome and introduction from Dr Penn, followed by an opening address from the MoSP, outlining the key aspects of the new legislative requirements. These included the mandatory adoption of a digital mechanism (platform) for importing humanitarian aid and the submission of reports through a digital platform. MoSP officials provided a comprehensive overview of the steps involved in registering with the automated humanitarian aid system, detailing the information that organizations need to provide.

Subsequently, Health Cluster Ukraine facilitated a Q&A session, allowing partners to seek clarifications on any issues or concerns arising from the legislation.

After the meeting, the Health Cluster compiled the questions and answers in both Ukrainian and English, distributing it to all Health Cluster partners. The document was shared alongside the MoH’s algorithm and other relevant information on the legislation. Furthermore, the Cluster continues to receive additional questions from partners, forwarding them to MoSP focal points for resolution, ensuring clarity and compliance among stakeholders.
KEY FIGURES

Key operational numbers

Health Facilities reached

Week 14 and 15: 102
Overall: 486

People provided with supplies

Week 14 and 15: 23,830
Overall: 316,181

Supplies distributed

Week 14 and 15: 41.8 MT
Overall: 338 MT

Interagency convoys conducted

Week 14 and 15: 1
Overall: 9