Independent heating stations

The recent attacks on Ukrainian thermal power plants, which provide 29% of the country’s electricity and heat for cities, have had severe consequences. Maintaining heat supply for health-care facilities during the autumn and winter seasons is crucial. Ukraine’s reliance on imported natural gas also carries the risk of disruptions to fuel and heat supply.

To address this challenge, health-care institutions are implementing energy-saving technologies to reduce gas fuel usage. WHO is also providing modular boiler houses to hospitals in Ukraine. These boiler houses serve as independent heat supply systems using alternative fuels.

A modular boiler house is a compact, pre-assembled heating system containing all the components for producing thermal energy. It is designed and manufactured as a self-contained module that can be easily transported and installed on site. The system includes a boiler that heats water or another heat transfer fluid, which is then distributed throughout the heating system.
Heating infrastructure projects to improve health-care facilities serve the Chernihiv, Kharkiv, and Odesa oblasts. The objective was to install modular heating units and modernize boiler rooms with alternative fuel boiler units. These locations were selected based on assessments and local needs. The aim of the project was to provide alternative heating sources in case of system failures or blackouts to ensure that health-care services continue to operate effectively. The current population served is approximately 250,000 people, which is expected to increase to around 550,000 people after the completion of the Izmail Hospital heating unit.
From May to June 2024, comprehensive training sessions were conducted for 10 health-care facilities in the Dnipropetrovsk, Donetsk, Kharkiv, Kherson, Mykolayiv, and Odesa oblasts. These sessions covered crucial topics such as hand hygiene, environmental cleaning, and medical waste management, equipping health-care professionals with the necessary knowledge and skills to effectively implement water, sanitation and hygiene (WASH) practices.

These training sessions are part of a larger two-phase WASH project implemented through collaboration between WHO headquarters, the WHO Regional Office for Europe, and the WHO Country Office in Ukraine. The project utilizes the Water and Sanitation for Health Facility Improvement Tool (WASH FIT) to enhance WASH practices in Ukrainian health-care facilities.
The project’s first phase, which was carried out from December 2022 to August 2023, focused on nine pilot facilities. Significant progress was made in hand hygiene, waste management, and environmental cleaning. New standard operating procedures were adopted, replacing outdated practices. Despite initial sanitation and waste transfer challenges, introducing hand hygiene stations and improving waste management systems ultimately enhanced health-care service delivery. The second phase aims to expand the project’s impact to 10 additional facilities located closer to the front line. WHO continues to provide support and recommendations for partner engagement throughout this phase.

To ensure long-term success, the project goes beyond training. On-site visits assess WASH implementation and guide facility improvement plans. Essential supplies are also procured to support these plans. This comprehensive approach fosters a cleaner and safer environment for Ukrainian health-care facilities.

WHO preposition strategy implemented in WHO hubs

Nine hospitals in Zaporizhzhya City and one hospital in Dnipropetrovsk oblast’s Nikopol district were selected for urgent stock distribution. The main goal was to support crucial hospitals in the two oblasts’ most vulnerable regions.

A significant concern was that hospitals in regions near the line of control often faced financing difficulties, which led to shortages of critical items.

The initial distribution took place on 24 May. Four hospitals in Zaporizhzhya were provided surgical kits, medications, and medical supplies expected to last for at least the next three months. WHO was involved in this bilateral distribution effort.
The second part of the distribution was completed in early June. In total, there were 114 trauma and emergency surgery kits or paediatric kits (Module 1 and 2), and 27 interagency emergency health kits and noncommunicable disease modules. In total, 141 WHO medical commodity modules were provided (including medications, medical supplies, surgical instruments, primary medical equipment, etc.).

The strategy aimed to ensure that hospitals located in high-risk areas had a minimum stock level to sustain their operations for at least 2–3 months. The primary beneficiaries were the residents of Zaporizhzhya City and the city of Nikopol in Dnipropetrovsk oblast, who were receiving treatment at these 10 medical facilities.

This donation strengthened operational services in state-owned hospitals and emergency medical services in high-risk areas of the two oblasts.
KEY FIGURES

Key humanitarian numbers

125
Attacks on Health Care reported by WHO SSA tool

7,800,000
People in need

3,800,000
People targeted by Health Cluster partners

5,900,000
Internally displaced persons (IDPs)
Focal point workshop on preventing and responding to sexual misconduct

On 21–23 May 2024, the WHO protection from sexual exploitation, abuse and harassment (PSEAH) team attended a focal point workshop on preventing and responding to sexual misconduct in Istanbul, Turkey. The workshop, organized by Kate Eversteyn, Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH) Coordinator for Europe, brought together over 30 PRSEAH focal points to share experiences and best practices. The event covered topics such as effective planning and implementation, risk management, and a victim/survivor-centred approach (VSCA), and included a simulation exercise. It was a valuable opportunity to improve capacity in PRSEAH.

The Ukraine Country Office team organized a session titled “Case study Ukraine: implementing partner training”, discussing regional contexts, challenges, effective training examples, and key lessons learned in PRSEAH activities. The Ukraine team collaborated with colleagues from various country offices and actively contributed to developing PSEA briefings. The second day involved discussions on effective planning, implementation and risk management, as well as the VSCA. The VSCA session was particularly impactful. The third day featured a simulation exercise, providing a platform for the exchange of ideas and expertise. The workshop was a great opportunity to share experiences and best practices to enhance capacity in PRSEAH, especially in emergency situations.
Health Cluster’s monitoring visit to a partner project in Mykolayiv

In May 2024, the Health Cluster visited a health-care outreach project in Ukraine’s remote Mykolayiv oblast, managed by Médecins du Monde France and implemented by the Ukrainian Red Cross Society. Since April 2023, this project has provided essential health services to the hromada’s vulnerable groups, including elderly people, those with limited mobility, and people with disabilities. This is critical given the scarcity of health and pharmacy services, with the closest pharmacy being 20 km away.

The team, operating once a week from the village council building, offers primary health care, mental health support, secondary care referrals, medication dispensation, and basic laboratory blood tests. On average, 10 patients are seen daily. The project uses the national e-health platform for patient registration, aligning with the Ukrainian Government’s Affordable Medicines Program and ensuring effective service integration and recordkeeping. Challenges include transportation for referrals.

The Health Cluster aims to enhance service continuity by supporting capacity building for local health facilities and increasing community engagement. As of early 2024, the Health Cluster has conducted 20 supervisory visits to various projects, applying the Health Cluster Partner Project Monitoring Tool to improve partner activities and strengthen the health system’s responsiveness to vulnerable populations.
### Key Figures

**Key operational numbers**

#### Health Facilities reached

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<thead>
<tr>
<th>Week 23 and 24</th>
<th>Overall</th>
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<tbody>
<tr>
<td>97</td>
<td>662</td>
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#### People provided with supplies

<table>
<thead>
<tr>
<th>Week 23 and 24</th>
<th>Overall</th>
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<tbody>
<tr>
<td>27,784</td>
<td>2,259,737</td>
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#### Supplies distributed

<table>
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<tr>
<th>Week 23 and 24</th>
<th>Overall</th>
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<tr>
<td>18.1 MT</td>
<td>438.4 MT</td>
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#### Interagency convoys conducted

<table>
<thead>
<tr>
<th>Week 23 and 24</th>
<th>Overall</th>
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<tr>
<td>0</td>
<td>12</td>
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