RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS
UKRAINE
RAPID RESPONSE
CONFLICT-RELATED DISRUPTION OF BASIC SERVICES

RESIDENT/HUMANITARIAN COORDINATOR	**Neal Walker**

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

YES ☐ NO ☒

This report has been revisited by the 2014 CERF funding recipient agencies on a number of occasions. Additionally, sector/Cluster specific parts of the report have been drafted and discussed together with the partner agencies during Cluster coordination meetings, both at the field and Kyiv levels. Funding recipient agencies also considered that the details of challenges, gaps, achievements and lessons learned from the implementation that were documented and described in this report would suffice for reporting purposes. Also, there was a broad understanding among partners about discussions that led to identification of challenges, gaps, achievements and lessons learned from the implementation were in a way the substitute to AAR.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by Cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

Cluster Coordinators and Cluster Leads as well as relevant UN agencies were consulted, have provided their inputs and feedback to this report. The final version of this report has been cleared by the Humanitarian Coordinator prior to submission to the CERF Secretariat.

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, Cluster/sector coordinators and members and relevant Government counterparts)?

YES ☒ NO ☐

See above

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: $316,000,000		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	4,920,172
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	N/A
	OTHER (bilateral/multilateral)	76,214,110
	TOTAL	**81,134,282**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 16-Sep-14			
Agency	**Project code**	**Cluster/Sector**	**Amount**
WFP	15-RR-WFP-037	Logistics	304,115
WFP	15-RR-WFP-038	Health	435,226
UNICEF	15-RR-CEF-065	WASH	2,493,132
WHO	15-RR-WHO-021	Health and Nutrition	1,687,699
TOTAL			**4,920,172**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	3,894,162
Funds forwarded to NGOs for implementation	1,026,010
Funds forwarded to Government partners	0
TOTAL	**4,920,172**

HUMANITARIAN NEEDS

Shelling and exchanges of fire between the Ukrainian armed forces and non-state actors continue in several locations along the 'contact line', in Donetsk and in Luhansk provinces. As a result, humanitarian needs remain high. The fighting not only led to continuous displacement, disruption of services as well as significant infrastructure and economic losses, leaving many civilians without access to safe water, power and other essential services, but also to significant casualties. In total, from the beginning of the conflict in mid-April 2014 to the end of March 2016, OHCHR recorded 30,346 casualties in eastern Ukraine, among civilians, Ukrainian armed forces, and

members of armed groups (9,208 killed and 21,138 injured)[1]. This is further compounded by the Government enacted provisions which resulted in the establishment of a *de facto* border with areas of Ukraine beyond its control, including the prohibition of free flow of commercial supplies, including food and medicines to non-government controlled areas (NGCAs) since June 2015, which has further exacerbated the situation of affected civilians in those areas[2].

The humanitarian community is particularly concerned about 800,000 people living along the 'contact line', of which 200,000 are in Government controlled areas (GCAs), the rest in NGCAs. Civilians living there are most directly affected by insecurity, severe movement constraints, loss of livelihoods, absence of the rule of law, protection concerns and a very limited access to basic services[3].

The needs of an additional 2.1 million people living in NGCAs (on top of the 600,000 located along the contact line) are similarly difficult, albeit security is less of a concern there. This is due to the Ukrainian Government's decisions to restrict freedom of movement, access to basic services, commercial goods, social benefits, banking services for civilians since November 2014. These policies continue to augment already acute humanitarian situation and undermine resilience. This also triggers a highly fluid movement of people crossing the 'contact line', at considerable risk, to access basic services and pensions in GCA.

Humanitarian needs in GCAs are limited, as the conflict is protracted and most of the internally displaced people (IDPs) and host communities require recovery-type of interventions. The 2016 Humanitarian Response Plan (HRP) calls for recovery projects to be implemented as a matter of priority to be put in place to ensure many of the conflict-affected people not to become again in the group of people of humanitarian concern. As of end of March 2016, the Government registered 1.7 million IDPs. Most IDPs need jobs and housing as well as social payments. The IDPs numbers are inaccurate and likely lower than currently reported because of some returns, and as many need to register as IDPs to access social payments and pensions. Many IDPs returned as they exhausted their coping mechanisms and because of increasing community tensions in areas of displacement despite the fact that their homes are destroyed, little civil infrastructure and services are in place, and landmine contamination continue to be an issue. This adds to their vulnerability. Moreover, it is estimated that 1.1 million people fled to neighbouring countries.

Violence and fighting in the eastern regions of Ukraine resulted in an escalation of human rights protection concerns including killing; arbitrary detention, torture, enforced disappearance of individuals; deprivation of liberty and hostage taking; looting and destruction of both public and private property; massive displacement; gender-based violence; separation of families; and lack of access to humanitarian assistance. This has made the monitoring of human rights and protection of all civilians a must, with agencies involved focussing on life-saving assistance protection interventions in conflict-affected areas.

With the dramatic weakening of law and order in the security operation area, women have been at higher risk of gender-based violence (cases of rape have been reported both in the areas controlled by the armed groups and in those under the control of the Government), especially girls and young women without parental care. Men have been at higher risk of being forcefully enlisted to the armed groups or subjected to forced labour, or of being arbitrarily detained on the basis of their assumed political sympathies or engagement in hostilities. Monitoring and referral activities within the project presented for CERF funding were to contribute to address these risks. As women and children constitute the large majority of registered IDPs[4], protection issues affecting women, particularly security in collective centres and Sex- and Gender-Based Violence, were prioritised for intervention and monitoring. Monitoring also encompassed issues related to men (e.g. discrimination from host communities, etc).

The conflict has also significantly increased the vulnerability of people's access to safe and continuous water supply, creating serious implications for their health and hygiene. Damage to infrastructure poses a serious threat of disease to vulnerable population. In Donetsk and Luhansk provinces, 2.9 million people are in need of WASH services. Women and children are especially vulnerable. The WASH Cluster has prioritised 1.7 million people for activities in 2016[5].

Insecurity also had a direct impact on the health of conflict-affected population. Access to emergency primary health care is extremely limited for IDPs and for those who are still residing in conflict-affected areas. Fighting continues to produce acute life- and limb-threatening injuries, while sub-district and district hospitals are receiving little assistance in the form of medical supplies, medications and

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[1] Report on the human rights situation in Ukraine 16 November 2015 to 15 February 2016, page 3
[2] HRP 2016
[3] *Ibidem*
[4] HNO 2016
[5] *Ibidem*

food for patients. Lack of pharmaceuticals, medical consumables, electricity, water, fuel and communications restrict access to adequate medical treatment and referral services in the conflict-affected Luhansk and Donetsk provinces. The fighting led to significant damage and looting of local infrastructure, including hospitals, clinics and other health facilities, and localised shelling continues to damage basic services infrastructure, leaving many civilians without access to safe water, power and essential health care services. Emergency, primary and specialised health care capacities are reduced, and outbreak surveillance systems in conflict areas are completely broken. The non-Government controlled areas are particularly at high risk of communicable diseases outbreaks due to lack/unsafe water and inadequate waste removal.

The already overstretched Ukrainian health system is heavily jeopardised by the additional burden inflicted by the health service provision for the arriving IDPs, who often face major difficulties accessing health services. This is even more the case for the most vulnerable groups, including the Roma minority. Medical personnel had not been paid for months in a row in NGCAs since the Government transferred administratively social services to areas under Government control and declared the ones remaining in NGCA as 'illegal entities'. Many among the health staff have left or resigned; those remaining in the Donbas region are exhausted and overwhelmed, despite the resumption of payment of salaries (unclear how regular) by the *de facto* authorities in NGCAs. In Donetsk region, surgical/obstetric health services cover currently only 30 per cent of the needs[6]. Non-communicable diseases, Tuberculosis (TB) as well as HIV care and treatment are very limited due to a poor access to treatment. People living with HIV/AIDs, TB and drug users who are IDPs or who are residing in Luhansk and Donetsk provinces are at a high risk for interruption of care; many do not receive the full-required medical package. IDPs with disabilities require specific attention.

Mental health provision and psychosocial support are limited, although some improvement has been seen since the beginning of the crisis. Moreover, the absence of a unified and centralised IDP registration system hampers IDP access to health services, as health care is provided to citizens in their registered location. As most IDPs lost their incomes and livelihoods, purchase of medicines and payment of health services are rendering these services inaccessible for many of them. Projects such as mobile clinics and other support to health services helped to alleviate this situation. In 2015 alone, mobile clinics provided services to 165,500 patients, including mental health.

The food security and nutrition situation in Ukraine has significantly deteriorated since the beginning of the conflict, especially in view of the prolonged nature of the crisis. Access to food, state/social payments, to cash and regular supply of markets into NGCA are affected. Findings from the March 2015 Multi-sector Needs Assessment (MSNA) indicated that out of the 1.35 million people who are in need of food assistance across conflict-affected eastern Ukraine (five provinces), about 1.1 million are located in NGCA (80-90 per cent). The assessment findings further indicated that around 670,000 people (out of 1.3 million) have reported to have poor food consumption and require prioritisation. Many conflict-affected people, particularly IDPs, have had limited access to income generation, including employment, pensions and social assistance due to disrupted economic relations and lack of flexible regulations that allow the provision of support outside their areas of permanent residence.

In 2015 UNHCR estimated that there were some 500 collective centres throughout the country, hosting some 50,000 IDPs. Some 50 per cent of these were unsuitable for winter accommodation. Since the Government regained control of the northern Donetsk towns of Slovyansk, Kramatorsk and adjoining villages in September of 2014, tens of thousands of IDPs returned home, where they faced the monumental task of rebuilding their homes, accessing limited public services, restoring their relationships with their neighbours amidst widespread resentment and resuming a normal life. The level of destruction has been significant. According to estimates provided by the local authorities, 5 per cent of the housing stock had been damaged. Overall, 35,550 vulnerable Ukrainian individuals in displacement and return areas were estimated for provision with adequate assistance for a warm shelter during winter. Affected population and the local authorities indicated in July 2015[7] that the priority was to have some roofing materials and windows to prepare for the winter. Local authorities and communities alone could not address these issues due to lack of capacity and shortage of funds. To fill in the gap the Emergency Shelter/NFI Sector Working Group, led by UNHCR, took the task of coordinating the winterisation of collective centres. Addressing the winter shelter needs of vulnerable conflict-affected civilians was the main objective for shelter and winterisation support, with priority given to those in Donetsk province and surrounding areas while strengthening the coping capacity of IDPs in their new locations through access to income generation and improved living conditions appropriate for autumn–winter.

In the early months of the conflict, humanitarian assistance has largely been provided in an ad hoc manner by local volunteer and civil society organisations. The humanitarian partners' presence and coordination capacity has increased extensively since early 2015, with more than 150 humanitarian organisations now working across Ukraine, of which 147 are partners in the HRP 2016 (73 per cent of HRP

[6] HNO 2016
[7] Shelter and NFI needs assessment, August 2015

2016 partners are national NGOs). This is in addition to the Government of Ukraine as a provider of assistance as well as that from neighbouring states and civil society. The cluster system was activated in late 2014 and the UN Resident Coordinator was appointed as Humanitarian Coordinator in early 2015.

To respond to some of the conflict-generated needs, following the preparation of a Preliminary Response Plan (PRP) in August 2014, and later in February 2015 the launch of the Humanitarian Response Plan (HRP), CERF funding was requested to kick start life-saving operations. CERF contributions, though WFP, UNICEF, WHO-led projects (15-RR-WFP-037, 15-RR-WFP-038, 15-RR-CEF-065 and 15-RR-WHO-021) contributed substantially to the response including through:

- Technical and logistic support to ensure delivery of emergency health services particularly in rural areas and for IDPs whose access to these services was limited. The action provided rapidly increased access to basic health care in the crisis areas, increasing qualitative and quantitative delivery of primary health care services to IDPs, marginalised groups, and host communities living in the areas affected by the conflict. Project activities reported cover the total span of the project, from 24 June to 23 December 2015.
- After needs assessment, UNICEF and partners responded through lifesaving WASH interventions according to SPHERE standards and WHO guidelines. This included safe drinking water provision through water trucking and bottled water; repair/quick fixing and restoration of water supply systems; provision of water disinfection materials and hygiene supplies. This helped reducing disease outbreak risks, especially for the most vulnerable.

II. FOCUS AREAS AND PRIORITISATION

Health

Donetsk and Luhansk provinces face population displacement, overcrowding, poor shelter, exposure, lack of safe water, sanitation and hygiene facilities, and a high proportion of elderly individuals with a high risk of acute and life-threatening chronic illnesses due to decreased access to primary care services and medication, both in GCA and in NGCA. As the conflict progressed and more information about its impact on the Health sector became available, the estimates of needs increased, including during the course of the project: from US$ 7.8 million in in the August 2014 Preliminary Response Plan (PRP) to US$ 50 million in the February 2015 revision of the HRP.

Insecurity continues to be an unpleasant fact for many civilians and this has a direct impact on the health of the population in the affected regions, especially the most vulnerable. In the areas close to the 'contact line', access to health care, especially trauma and acute care and essential primary health care is severely impeded by restricted movement, damaged health facilities, the departure of many trained health care workers and lack of medical supplies and medications. The fighting led to significant damage and looting of local infrastructure, including hospitals, clinics and other health facilities and localised shelling continues to damage basic services infrastructure, leaving many civilians without access to safe water, power and essential health care services. Emergency, primary and specialised health care capacities are still reduced or disrupted. Luhansk in particular is at high risk of communicable diseases outbreaks due to lack of safe water and adequate waste removal.

The December 2014 Government's decision to evacuate social institutions to GCA affected provision of healthcare services. At the time, the Government estimated 15,000 people remained in social institutions in NGCA, with no regular financial or in-kind sources to cover their needs, including food. Further to that, in-patient health facilities in both GCA and NGCA areas continue to face budget shortages and disruptions in supplies, including food for patients.

International humanitarian partners have worked at filling the many gaps resulting from the crisis as the health system capacities continue to be largely overstretched. Yet, bureaucratic hurdles are a major impediment. Of particular concern are:

- legal restrictions on import, transport and storage of medicines countrywide;
- strictly legal restrictions on the right to practice medicine, with ever further localised specificities;
- significant bureaucratic inertia of local health actors;

For all these reasons, the health response had to go through a phase of 'legal acceptance' by the Government to ensure delivery conditions to be met. WHO intermediation in all these matters was, therefore, very important to all health sector partners and was fast-tracked as much as possible. While this has impacted implementation, systems are now in place and locally accepted by all parties to the conflict as well as by the Ukrainian Red Cross Society (URCS), the only partner with a legally-accepted capacity to provide all types of primary healthcare in Ukraine; and WHO negotiated opening to other potential NGO partners. This made it possible to further scale-up and increase speed in emergency health response.

To fill in gaps and enhance access to quality preventive and curative health services, including medication and health technology, and to contribute to prevention of excessive nutrition-related morbidity and mortality of vulnerable groups, WHO prioritised strengthening of

service delivery capacities at sub-province level health care; distribution of much needed medical supplies in selected facilities and the establishment of mobile primary health care units to increase access to acute care and preventative services.

One of the health sector priority response objectives and the focus of this CERF proposal was to increase access to emergency and essential primary health care by filling gaps in resources, supplies and health care providers addressing population access to care. This was done through direct support to health care facilities located in the area along the 'contact line', more specifically to the 'secondary-level' facilities receiving the bulk of traumatically injured and acutely ill patients. The facilities serve as first point of care and stabilisation for injured and ill patients and face extraordinary barriers to get resources, human, supplies and medications.

WHO procured and distributed essential medical supplies, trauma care supplies and essential medications, and resuscitation fluids to secondary-level facilities in both GCA and NGCA to cover more than 700,000 beneficiaries and approximately 3,600 trauma patients for four months. Timely availability of adequate medical stocks and medications are critical for life-saving medical interventions and for mass casualty management.

WHO also established six "Mobile Emergency Primary Health Care Units" (MEPUs) to provide equitable and timely access to emergency, acute and primary medical care within the target areas. MEPUs were staffed by local health care providers trained for their role: MEPUs provide acute care, child emergency health services, maternal and new-born emergency health services, non-communicable diseases management, communicable diseases management, nutrition screening, environmental health collection of disease surveillance (EWARN) and vital statistics. The provision of care for non-communicable (chronic) diseases remains a priority to address the needs of the large number of elderly population residing in the target areas in order to treat both acute illness and avert life-threatening deterioration of their health. To address deficiencies in mental health and psychosocial support services, mobile outreach units were equipped with capacities to provide psychological first aid and specialised referral for the most serious cases.

WHO had discussed access and operational issues with URCS and International Medical Corps (IMC), and preliminary agreements for six new units were already in place, pending funding for activation. OSCE was also aware of the need for MEPUs and delivery of medical supplies and medications to the target areas and ready to assist with gaining access agreements from local authorities. These activities were linked and coordinated with UNICEF who conducted water quality monitoring, which was strengthened through recruitment, training of local staff and the provision of consumable supplies for monitoring, water sampling and analysis, disinfection and investigation of disease outbreaks, as required. WHO/ERF – Emergency Response Framework guidelines were followed as well as the CERF life-saving criteria was considered to better address public health needs of the affected population.

WASH

Similar to health, since the inception of the project, the WASH situation has worsened as the conflict intensified. The affected people in Donetsk and Luhansk were recognised as more vulnerable and exposed to life-threatening risk because of the damaged WASH infrastructure, unavailability of the chemicals for water quality improvement and lack of access to water supply sources. The needs of safe drinking water and hygiene supplies became ever more critical as displacement increased and water supply systems were further damaged.

UNICEF undertook life-saving interventions in the area of provision of water, sanitation, hygiene supplies and hygiene promotion in Donetsk and Luhansk GCAs and NGCAs. Due to daily shelling, access to the targeted locations was hampered. This triggered a shift in the response plan and a revision of the PRP and HRP to adjust the response and funding needs to the reality on the ground. An assessment carried out in December 2014 - January 2015 provided an overview of the damage sustained and prioritised the most vulnerable people in Donetsk and Luhansk provinces. WASH targeted 805,000 people in the HRP 2015. The response was in line with the objectives of the HRP 2015 and had high priority because of the lifesaving and non-discriminatory access of most vulnerable people to the WASH services.

UNICEF's project addressed the immediate life-saving needs of the most vulnerable children and families in the area along the 'contact line' and associated critical NGCAs where WASH needs are critical. In 2015, UNICEF and partners reached 1.5 million beneficiaries with safe drinking water, improved sanitation and access to hygiene supplies in NGCA and along the 'contact line, well beyond the HRP target'.

As water availability in NGCA decreased due to the frequent interruption of water supply lines, UNICEF, following discussion with WASH Cluster, ICRC and other WASH actors, decided to prioritise water and hygiene in most of the affected areas across the 'contact line'. Gender consideration was fully taken into account, and gender disaggregated data was used in the assessment of beneficiaries and targeting of project activities. When gender disaggregated data was not available, anticipated figures were obtained from the Multiple Indicator Cluster Survey (MICS) and social policy population breakdown in order to ensure that the project would reach the most affected

people. Needs for hygiene kits were addressed for all genders, including children, adults, family groups. Women's special needs were taken into account for the provision of hygiene kits.

Logistics
With income and livelihood sources eroded for many conflict-affected people, emergency food assistance became a vital lifesaving and support mechanism as part of the holistic approach to ensure that all affected civilians, including IDPs, those in institutions and the most vulnerable, have their minimum nutritional needs fulfilled.

In an effort to further contribute to preventing excessive nutrition-related morbidity and mortality of vulnerable groups, the third area addressed by this CERF contribution was to ensure the provision of foodstuffs to hospitals for 2,000 patients per months, for 4 months. This was to guarantee that nutritional requirements for hospitalised patients and for the management of cases of malnutrition and co-morbid complications were met.

III. CERF PROCESS

At the time of the proposal, there was no Humanitarian Country Team (HCT) set-up in the country. Therefore, the prioritisation of CERF funds was discussed at the UN Country Team (UNCT) level and was managed by OCHA and the RC office. The prioritisation followed the PRP's directions and was completely in line with it. Issues in the consultation process caused an important delay (about one and half month) between the time of the submission and the actual approval and official release of funds. While the planned original date of the action (1 September) was not changed despite delays in approval of projects, it is to be noted that agencies had no internal fund to allocate to start the action and no ability to further deploy staff for the response. Funds arrived only in mid-October when agencies could actually start projects implementation.

Meanwhile, the further escalation of fighting necessitated a strengthened international/national presence on the ground to monitor and advocate for measures to ensure greater protection of civilians, and for the response.

At the onset of the crisis in 2014, the humanitarian community together with the Government of Ukraine elaborated a Preliminary Response Plan in order to respond to the initial humanitarian needs, requiring USD 33.3 million for the response. As the needs and humanitarian challenges increased over time, the humanitarian community came up with a revised response mechanism. By the end of 2014, as the HCT was formed and clusters become active, partners elaborated a Strategic Response Plan (SRP), which was later revised to become a full-fledged HRP in February 2015. The 2015 HRP requested USD 316 million and targeted 3.2 million people in need of humanitarian assistance, countrywide.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis: 5 million population at risk[8]									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Health	128,298	522,213	**650,511**	106,377	365,511	**471,888**	234,675	887,724	**1,122,400**
Common Logistics	552	2,197	**2,749**	613	3,090	**3,703**	1,165	5,287	**6,452**
Water, Sanitation and Hygiene	143,100	651,900	**795,000**	126,900	578,100	**705,000**	270,000	1,230,000	**1,500,000**

BENEFICIARY ESTIMATION

The Health Cluster partners used State Statistics Service population data figures in Ukraine[9] (54 per cent female) in the planning phase to estimate the numbers of beneficiaries for the CERF project. However, the actual share of women supported has been higher as the number of female IDPs is much higher than men. While the current figures point to 1.7 million registered IDPs[10], in October 2014, only 347,000 were officially registered (16.8 per cent men, 32.7 per cent women, 31.2 per cent children and 19.2 per cent elderly and people living with disabilities). Of this latter group, decision was taken to target with this CERF request some 25,000 IDPs amongst the most vulnerable, with basic emergency health care interventions. In addition, an estimated 100,000 people amongst the host community benefited from the basic emergency health kits delivered to health clinics and facilities as well.

In terms of WASH, factsheets of registered IDPs and affected people provided by the Ministry of Labour and Social Policy (MoSP) of Ukraine and UNHCR were utilised as the basis for identification of beneficiaries of CERF-funded WASH interventions. This was further refined through UNICEF targeted in December 2014 – January 2015 in partnership of KHORS (local NGO) in NGCAs. UNICEF carried out the WASH response in NGCAs in Luhansk province in coordination with all water actors, including private companies, local civil society organisations, humanitarian actors and ICRC, hence avoiding duplications. Analysis of 4W reports enabled the identification and elimination of duplication among WASH Cluster agencies and partners. In total, UNICEF reached 1.5 million people in these areas, including host communities, IDPs, in both GCAs and NGCAs. The logistics cluster, in cooperation and coordination with OCHA and the HC advocated in order to overcome logistics bottlenecks for humanitarian access to affected populations.

It is important to highlight that while the quantity of cargo stored and transported exceeded expectations, and the percentage of requests completed was concurrent with Logistics Cluster standards and experience from other operations, the Logistics Cluster was not able to complete all requests made by partners. Intermittent constraints imposed by local authorities in NGCA and legal limitations imposed on WFP (covering a 3-month period from July to October) severely restricted access for almost all humanitarian convoys and resulted in operational delays for the entire humanitarian community in Ukraine. Please note that during the period till 31 December 2015, the Logistics Cluster in Ukraine facilitated 15 joint humanitarian convoys of total of 144 trucks, which have delivered 2,594 MT of humanitarian cargo from GCA to NGCA for the humanitarian community involved in the response of the crisis in Ukraine. The main beneficiaries of Logistics cluster were UN operational Agencies that had an access and permission to operate in NGCA as well as those limited number of INGOs that have been operating along the "contact line" and the areas beyond Government control.

[8] HRP 2015
[9] State Statistics Service of Ukraine: https://ukrstat.org
[10] Ministry of Social Policy, March 2016

Unfortunately, the agencies involved in implementation and then reporting were not able to come up with a credible estimate of the total number of people reached. Hence, the provided figures may contain overlaps and double counting between the sectors.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	271,398	1,174,113	**1,646,056**
Male	233,277	943,611	**1,302,759**
Total individuals (Female and male)	**504,675**	**2,117,724**	**2,622,400**

[2] *As per the agency reports, this is the best estimate of the total number of individuals (girls, women, boys, and men) that were directly supported through CERF funding.*

CERF RESULTS

Thanks to the CERF funding to the Health Cluster, all planned kits and supplies have been delivered and used by hospitals and maternity wards, saving lives and allowing safe pregnancies and deliveries, covering 661,500 people (364,500 women and 297,000 men). Mobile clinics started operations and provided a unique emergency service in Ukraine to over one million IDPs, who otherwise would have no access to primary healthcare. WHO has led the health sector (later Cluster) and has facilitated the difficult development of a good operational context.

One of the health sector priority response objectives and the focus of this CERF proposal was to increase emergency and essential primary health care access for both IDPs and host population by urgently filling gaps in supplies, resources and health care providers. This was provided through the following interventions:

- Direct support to health care facilities located in the area along the 'contact line'', more specifically the 'secondary-level' facilities receiving the bulk of traumatically injured and acutely ill patients. These facilities serve as the first point of care and stabilization for injured and ill patients and face extraordinary gaps in resources: human, supplies and medications. These secondary-level facilities received essential medical supplies, trauma care supplies/essential medications, and resuscitation fluids to cover around 1.1 million beneficiaries and approximately 3,600 trauma patients for 4 months. Timely availability of adequate medical stocks and medications has been critical for life-saving medical interventions and for mass casualty management.

- Secondly, WHO established six MEPUs to provide emergency, acute and primary medical care in the target area. MEPUs were staffed with local health care professionals trained to provide mobile-based acute and preventative care; child, maternal and new-born emergency health services; non-communicable diseases management; communicable diseases management; nutrition screening; environmental health and to collect EWARN and vital statistics. The provision of care for non-communicable and chronic diseases remained a priority to address the needs of the large number of elderly people residing in the target area both to treat acute illness and avert life-threatening deterioration of their health. The MEPUs were operated by WHO's implementing partners, URCS; and IMC, working with the Hippocrates Greek Medical Foundation (HGMF). WHO had discussed access and operational issues with URCS and IMC, and preliminary agreements for the new units were in place, pending funding for their activation. OSCE was aware of the need for additional MEPUs and delivering medical supplies and medications to the target area and were ready to assist with gaining access agreements with local authorities. With CERF contribution, WHO was able to mobilise 11 MEPUs (5 operated by URCS and six operated by IMC UK/HGMF), a result well exceeding the set target of six MEPUs. Together, they delivered emergency health care services to a total of 26,415 patients, of which 3,358 below 18 y.o. (1,814 female and 1,544 male), 23,057 adults over 18 y.o. (17,792 female and 8,623 male). Of the total number of patients, 8,432 were IDPs and 17,983 belonged to the host population.

- MEPUs also supported the EWARN outbreak surveillance and response system in the conflict-affected areas, The system was built on a real-life, web-based, people-centred tablet platform that was developed by WHO in Ukraine through a transparently recruited consultant who worked to strengthen and expand the system to ensure that any outbreak of communicable diseases with epidemic potential be detected as early as possible to enable a timely response. Surveillance data and data on health needs, status and consultations provided critical information necessary for planning and response to public health threats. This was urgent within the

existing conditions in the target areas where water supplies were and are limited and of questionable quality, greatly increasing the risk for water-borne and vaccine-preventable disease outbreaks. The consultancy included linking incoming data with analysis, investigation and response capacities where significant gaps exist now.

CERF funds enabled the provision of WASH services to an estimated 84,898 people (including approximately 54,250 women and 30,648 men). This project addressed immediate life-saving needs of the most vulnerable children and families in the area along the 'contact line' and associated critical areas of NGCA, where WASH needs are critical. UNICEF responded to the current situation, focusing on the life-saving assistance applying the Core Commitment for Children (CCC) in emergencies and the Humanitarian Charter. The services included access to safe drinking water, appropriate sanitation, promotion of safe hygiene practices in Luhansk GCA and NGCA. CERF funds were predominantly used to address the needs of displaced families and affected people in Luhansk province for a duration of six months. In the implementation of the project, UNICEF worked closely with the WASH cluster (UNICEF-led) and with NGO partners, including the Adventist Development and Relief Agency (ADRA), the Lugansk Regional Agency for Sustainable Development (LRASD), Ukrainian Frontiers, IMPACT/REACH and Mercy Corps, departments of local Government, including the State Sanitary Epidemiological Services (SSES), the State Emergency Service (SES) and Education. This allowed to reach 1.5 million vulnerable people with WASH services in eastern Ukraine in the most effective and efficient way.[11] Also, UNICEF reached more than 100,000 affected people with hygiene supplies and hygiene promotion. The hygiene supplies included kits (baby, adult and family versions) and institutional hygiene kits for schools and collective centres, thus reducing the risk of disease outbreaks in both Donetsk and Luhansk provinces. Safe drinking water was ensured through water trucking, bottled water to the most-affected communities. In addition, repair/quick fixing and restoration of the water supply systems was carried out. UNICEF supported authorities and water companies in the provision of water disinfection materials and hygiene supplies to the most vulnerable children and families to reduce the risk of any disease outbreak in the conflict-affected areas of eastern Ukraine. The activities were in line with the overall Cluster needs and strategy. This CERF funding helped to achieve the WASH Cluster objective to ensure access for crisis-affected communities to a sufficient quantity and quality of potable water and hygiene supplies that prevented water-borne disease outbreak.

In an effort to further contribute to preventing excessive nutrition-related morbidity and mortality of vulnerable groups, the third area addressed with this CERF contribution had been to ensure the provision of foodstuffs to hospitals for 2,000 patients for four months to guarantee that nutritional requirements for hospitalised patients and for the management of cases of malnutrition and co-morbid complications through distribution of food parcels for patients in hospitals. WFP managed the procurement and distribution of foodstuffs to hospitals in coordination with WHO and local health authorities based on identification of facilities with the greatest need within the target areas. WFP food parcels consisted of wheat flour (350 g), barley, hulled (100 g), beans (30 g), vegetable oil (25 g) and sugar (30 g).

CERF's ADDED VALUE

CERF allocation provided the 'seed money' to start humanitarian operations in Ukraine and has been instrumental to support advocacy vis-à-vis the Government to recognise the unprecedented size and scope of the humanitarian situation triggered by the conflict. CERF added value mainly by being the first contribution for humanitarian action in Ukraine, in addition to agencies' own resources. In addition, CERF also served as a catalyst in attracting further funding from donors and filling gaps in the early stages of the response in the health and other sectors when other funding was not yet available.

CERF provided a rapid window of funding for urgent emergency interventions. Seeing the efficiency and the necessity of the mobile services, Ministry of Health (MoH) requested WHO to significantly expand the network to 464 mobile units to cover the medical humanitarian needs of all displaced, host populations and others in conflict-affected areas. While it is not envisaged to reach such a network, Health Cluster organisations are planning to expand to 50 mobile units in 2015, according to the SRP. MSF has also used WHO-developed procedures to start a single mobile unit in conflict area. WHO and other partners are also supporting with technical advice based on best practices. Other Health Cluster partners are interested to use WHO tripartite agreement to expand the network.

CERF funds enabled UNICEF to fill the critical gap in reaching the IDPs and conflict-affected population in the eastern Ukraine. UNICEF ensured the provision of life-saving WASH services to approximately 1,500,000 boys and girls, women and men in the affected areas, including prevention of water-borne disease outbreak.

[11] The HRP initially estimated 1.3 million in need of WASH services. As the situation worsened, the response was expanded. UNICEF managed to significantly over-achieve its initially planned targets due to the urban nature of the response.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

With the CERF funds, WHO/UNFPA and UNICEF were able to rapidly assist the MoH and local authorities in timely procurement and distribution of essential and life-saving medical supplies as well as to set up a network of emergency Mobiles Points, providing emergency/urgent health services at community level for IDPs, returnees and the most vulnerable resident/host population groups. Above all, the CERF was crucial in the overall efforts to decrease the affected population's exposure to health risks and further loss of lives. CERF allocation added a significant value to UNICEF response by enabling UNICEF and its partners to meet the critical life-saving needs of the most vulnerable IDP population in a timely manner and in line with the SPHERE standards.

b) Did CERF funds help respond to time critical needs[12]?
YES ☒ PARTIALLY ☐ NO ☐

Due to the conflict, provision of safe drinking water, safe excreta disposal and access to hygiene supplies remained top priorities in the targeted areas. As a result, no significant water, sanitation and hygiene-related disease outbreak was reported during the response period – this is a significant indicator of responding to life-saving critical WASH needs of the affected population. Finally, CERF funds supported WHO and Cluster partners in rapidly assisting MoH and local authorities in timely procurement and distribution of essential and life-saving medical supplies as well as set up a network of emergency MEPUs, providing emergency/urgent health services at community level for IDPs and the most vulnerable resident/host population groups. Above all, the CERF was crucial in the overall efforts to decrease the affected population's exposure to health risks and further loss of lives. CERF funds helped to address the immediate health needs of the affected population, which facilitated the prevention of outbreaks and mortality.

c) Did CERF funds help improve resource mobilisation from other sources?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds enabled the Clusters to launch immediate response in the most affected locations across the 'contact line' to ensure critical lifesaving assistance. In addition to the CERF funds, WHO received a donation from Norway and additional funds from ECHO, the governments of Canada and Israel. UNFPA matched CERF resources with its own Emergency Fund money and Government of the US pledge (US$120,000) to procure additional amount of RH and dignity kits for the needs of IDPs. In 2015, the Health Cluster part of the HRP recognised growing needs, with an extended required support of US 50 million for the Health Cluster. MEPU interventions and the support to hospitals with supplies remain key interventions in the HRP. Several donors have already provided funding and supplies to deliver as part of the 2015 HRP (Finland, Russia, Canada, Estonia, DFID and others have pledged funding (SDC, USA)). However, the remaining funding gap for the Health Sector was US$ 47,323,378.

Thanks to these funds, WASH Custer had the possibility to conduct a targeted assessment for evidence-based intervention and programming. CERF funds enabled WASH Cluster partners to fill their funding gap until other funding sources were available. CERF funding also helped to mobilise funds from other donors such as SIDA, ECHO, GIZ for WASH response in affected regions of the eastern Ukraine. After receiving CERF funds, some additional contributions against the HRP and HAC were also received from other donors.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

The implementation of projects using CERF funding improved coordination mechanisms at national and local levels, bringing together UN agencies, national and international NGOs, Government entities and other stakeholders involved in the response through regular meetings and information sharing process. This ensured that the humanitarian assistance was provided in a coordinated way, thus avoiding overlaps and duplication of assistance in target locations. Furthermore, this not only improved coordination mechanisms within the Clusters, but also between different Clusters both at planning and implementation levels.

[12] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

Thanks to the CERF funding, coordination and complementarity within the Health Cluster has improved as well as the inter-sector coordination. Since the beginning of the project, water companies, implementing partners and ICRC collaborated in close cooperation via WASH Cluster.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

WHO, in collaboration with the local health authorities, organised sub-national or regional-level coordination meetings in IDP hosting areas to identify and address gaps in health service delivery. Linkages between the WASH Cluster, Health Cluster, Nutrition Sub-Cluster and the respective Government departments have enabled improved coordination and services. This coordination contributed significantly to planning the response activities. Health activities were prioritised by the Cluster based on the urgent life-saving needs of the displaced people. Project implementation was done with considerable input from relevant local health authorities and complemented the local health department activities.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
One-month period between proposals submission and CERF's approval.	The official start date of the project is the date when funds are transferred to the recepient agency.	CERF Secretariat
Modest funding compared to needs rising.	Second tranche of CERF needed for Ukraine.	CERF Secretariat
More flexibility required in utilisation of funds.	CERF funding is usually limited to the proposed target areas whereas in fluid emergencies, including continuous IDPs movement, flexibility is key, including the changes in geographical locations during the course of project implementation.	CERF Secretariat
Safe access to potable water for urban population in both GCA and NGCA of Donetsk and Luhansk provinces is most crucial issue because populations of the conflicting parties are mutually dependant on an outdated centralised water supply system that cross the frontline several times, affecting more than 3 million people.	It is critical to include restoration and rehabilitation of strategic water supply lines to minimise a probability of a large-scale emergency that can trigger a massive population movement. Moreover, interruption of water supply would affect sewerage and heating systems, and without the latter, much larger scale of damage to infrastructure is highly probable especially in a winter season. The fund should also consider a conflict-related issue of difficult financial situation in all water companies that impairs their ability to purchase critical water treatment chemicals and reagents so to ensure safe drinking water.	CERF Secretariat
Provision of services in inaccessible/security restricted areas of Donetsk and Luhansk require more time and proactive planning.	CERF Secretariat may realign the timeline of funds expiry in case there are genuine delays in implementation of the agreed activities.	CERF Secretariat
Red Cross operations need to be finalised, UNFPA needs to finalise procurement and monitoring.	No-cost extension for Red Cross and UNFPA to finalise planned operations.	CERF Secretariat
Delay in implementation due to access issues in NGCAs.	Review the start date of the project according to the real date of implementation.	CERF Secretariat
Flexibility in utilisation of funds.	Due to volatile situation on ground in acute emergencies the field reality changes very frequently and this needs flexibility and adjustments in CERF project requirements and planned activities.	CERF Secretariat
The time frame for implementation of the project was short.	There should be a longer timeframe for any similar project in the future.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Slow in starting due to specific Ukrainian context.	Now the system is in place and WHO has a good system to lead the response operations.	WHO
Import of non-cleared pharmaceuticals –weeks of negotiation: lots of delays.	Now the system has been cleared and WHO has worked out a formula with the authorities on all imports of supplies into Ukraine	WHO
Expedited and quick response is required to reach the affected population with life-saving WASH activities.	More flexibility in terms of interventions/activities and geographical spread will help in reaching the population effectively and efficiently.	WASH Cluster, HCT
Due to the situation, changing every day and unexpected needs arising from time to time, priorities needed to change to reflect that.	Enhanced ability to be flexible in approach.	HCT
Ensure response strategies and plans are based on assessments and identified gaps. Plus promotion of decentralised decision making based on assessment results.	For effective CERF implementation, assessments and identified gaps should be followed and addressed.	HCT and All Clusters/Agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP, WHO	**5. CERF grant period:**	22/06/2015 – 31/12/2015 (WHO)
2. CERF project code:	15-RR-WFP-038 15-RR-WHO-021	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health		
4. Project title:	Support the delivery of emergency, trauma and primary health care		

7.Funding			
	a. Total project budget:	US$ 21,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 6,633,000	▪ *NGO partners and Red Cross/Crescent:* US$ 675,226
	c. Amount received from CERF:	US$ 2,122,925	▪ *Government Partners:* US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)- Health care service delivery-Mobile Health Units	48,000	48,000	**96,000**	49,814	49,544	**99,358**[13]
Adults (above 18)- Health care service delivery-Mobile Health Units	123,048	80,952	**204,000**	139,026	88,031	**227,057**[14]
Children (below 18)-coverage through medicines kits and medical supplies				78,484	56,833	**135,317**
Adults (above 18)- coverage through medicines kits and medical supplies				383,187	277,480	**660,667**
Total	**171,048**	**128,952**	**300,000**	**650,511**	**471,888**	**1,122,400**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***

13 Consultation through MEPUs

14 Consultation through MEPUs

Refugees		
IDPs	50,000	58,432[15]
Host population	250,000	267,983[16]
Population coverage through medicines & medical supplies to health units and mobile health units		795,985[17]
Total (same as in 8a)	**300,000**	**1,122,400**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Beneficiaries of medical supplies, trauma kits and medications distributed to selected primary, secondary care and tertiary sub-district and district facilities/hospitals have not been disaggregated by age, sex or category. Estimation is based on percent ratios.	

9. Project objective	Increase access to emergency and essential primary health care by filling gaps in resources, supplies and health care providers and addressing population access to care		
10. Outcome statement	Access to health care will be increased in the target area through increased medical supplies, medications and human resource availability; public health risk will be reduced.		
11. Outputs			
Output 1	Health facilities and MEPUs serving affected population have sufficient medical supplies - WHO		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of Inter-Agency Emergency Health Kits (IEHK) delivered: 360 Basic Kits & 36 Supplementary Kits	36	396[18]
Indicator 1.2	Number of Trauma Care Kits delivered: Italian Trauma Kit A: 32 and Italian Trauma Kit B: 32	32	64
Indicator 1.3	Number of medical care support kits delivered (e.g. DDK, Lab, Neonatal) Interagency DDKs, Neonatal Resuscitation Kit, Field Sample Collection Kit	58	39[19]
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement medical supplies and medications	WHO	WHO
Activity 1.2	Delivery of supplies to health facilities and MEPUs	WHO / Logs Cluster	WHO/Logs Cluster
Output 2	Access to emergency, acute and primary health care services through the establishment of six additional MEPUs - WHO		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of additional MEPUs established and operating	6	11[20]

[15] 5,184 URCS, 3,248IMC treatment and consultation through MEPUs
[16] 7,520 URCS, 10,463 IMC treatment and consultation through MEPUs
[17] Coverage through 396 International Emergency Health Kits, 5 Diarrheal Disease Kits, 64 Trauma Kits, 4 Clinical Chemical Laboratory Kit, 8 Field Sample Collection Kit – Complete, 22 Neonatal Resuscitation Kit., lab reagents and supplementary medicines & supplies
[18] 360 Basic Kits and 36 Supplementary kits distributed
[19] kits: these include 5 DDKs, 4 Clinical Chemical Laboratory Kits, 8 Field Sample Collection Kits – Complete, 22 Neonatal Resuscitation Kits., lab reagents and supplementary medicines & supplies
[20] 5 MEPU managed by URCS and 6 MEPUs managed by IMC UK/HGMF

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Sign (pre-arranged) MoU / contract with partners (URCS, IMC UK/HGMF)	URCS IMC UK (HGMF)	1. Ukrainian Red Cross Society[21]. 2. International Medical Corps UK[22]
Activity 2.2	Emergency and acute care delivery by MEPU teams trained for the role	URCS IMC UK (HGMF)	WHO IMC Health System
Output 3	Strengthened disease early warning and response system		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Proportion of reported alerts investigated and responded to within 48 hours as appropriate	80 %	85 %
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Technical guidance, development of SOPs, system development	WHO	WHO
Activity 3.2	On-site staff development for reporting, investigation and response to outbreak	WHO	WHO
Output 4	Local health institutions have adequate food supplies for 2000 in-patients over a four (4) month period – WFP		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Number of pre-packaged food parcels supplied to local health institutions per month	42,000	19,356
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Procurement of food parcels	WFP	WFP
Activity 4.2	Delivery of food parcels to hospitals for in-patient nutrition	WFP	WFP (ADRA)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

WHO:

Output-1: Health facilities and MEPUs serving affected population have sufficient medical supplies - WHO

Over 700,000 patients have been supported with supplies delivered to Ukraine through the CERF action. 360 Basic Interagency Emergency Health Kits (IEHKS) with 36 Supplementary Kits were procured and distributed to the primary and secondary health care facilities\ five Interagency Diarrheal Diseases Kits (IDDK) were procured and distributed to the Sanitary Emergency Services of the five provinces. In addition, 64 Trauma A & B kits were procured and distributed to trauma hospitals in Donetsk and Luhansk provinces.

Total 18 kits were procured which include 5 Diarrheal Disease Kits, lab reagents and supplementary medicines & supplies, Clinical Chemical Laboratory Kit, complete Field Sample Collection Kit and Neonatal Resuscitation Kit.

70 Interagency Emergency Health Kits along with 60 each complimentary kits were provided to MEPUS to delivery health services for IDPs and hosting population.

[21] Grant project Agreement dated as of 23.07.2015. Amount: US$ 120,000

[22] Grant project Agreement dated as of 04 Sept.2015. Amount: US$ 120,000/ local partner Hippocrates Greek Medical Foundation (HGMF)

Output 2: Access to emergency, acute and primary health care services through the establishment of six additional MEPUs – WHO

WHO established a Tripartite Agreement between the Ministry of Health, WHO and the Ukrainian Red Cross (URC), allowing the URC to run Emergency Mobile Points (EMPs) to provide essential emergency/urgent primary health care services for IDPs and returnees in conflict-affected areas in the east and south of Ukraine to ensure health protection.

With the CERF sub-grant of $120,000, the Ukrainian Red Cross established a system of five mobile clinics. The Emergency Mobile Points were established in two provinces of Donetsk and Luhansk, and are currently fully operational in Bilovodsk and Lysychansk (Luhansk province), Mariupol, Kostiantynivka, Artemivsk and Dymytriv (all in Donetsk province). The provision of the primary/community healthcare services to IDPs is entirely in line with the life-saving imperative of CERF interventions.

In total **11 MEPUs** (5 URCS and 6 IMC UK) were operational through CERF funds.

Under MOU with URCS **5 MEPU's** were established, based in:
(i) Lysychansk city (serves Papasnynskiy district), Luhansk province (GCA)
(ii) Bilovodsk (serves Stanychno-Luganskiy district), Luhansk province (GCA)
(iii)Konstantinivka (serves Dzerzinskiy district), Donetsk province (GCA)
(iv)Dymytrov city (serves Avdiivskiy direction), Donetsk province (GCA)
(v) Artemivsk (serves Artemivskiy district), Donetsk province (GCA)

During the project period, URCS's MEPUs provided 12,704 consultations, of these 5,184 to IDPs and 7,520 to vulnerable groups within the host population. As for age/gender disaggregation: 1,768 were children (below 18 years old) of which 831 male and 937 female); 10,936 were adults (above 18 y.o.), of which 3,416 were male and 7,520 female.

URCS's MEPUs referral system

The referral system was developed for fast referral of patients to specialized care in medical institutions of secondary and tertiary levels. Short description of referral pathway is provided below (by MEPUs):

(1) Artemivsk MEPU, Donetsk province, referred their adult patients to the Central Clinical Hospital of Artemivsk, City Clinical Hospital of Artemivsk №2, Railway Hospital of Artemivsk; referred child patients to the Child City Hospital of Artemivsk; referred patients with TB to the TB dispensary of Artemivsk; referred patients with HIV/AIDS to the Central Clinical Hospital of Artemivsk/ Office of infectious diseases; referred patients with mental disorders to the Psychoneurological dispensary of Artemivsk.

(2) Konstiantynivka MEPU, Donetsk province, referred their adult patients to the Central Clinical Hospital of Konstiantynivka , City Clinical Hospital №5; patients with TB to the City TB dispensary in Konstiantynivka, Central Clinical Hospital of Dzerzhinsk; patients with HIV/AIDS to the City Clinical Hospital №5, Department of HIV/AIDS; referred their child patients to the Child Clinical Hospital of Konstiantynivka and the Child Clinical Hospital of Dzerzhinsk; referred patients with mental disorders to the Psycho-neurological dispensary of Kramatorsk.

(3 Dymytrov MEPU referred their adult patients to the Central Clinical Hospital of Dymytrov, Primary Health Care Center; the child patients to the City Central Clinical Hospital of Dymytrov, Child department; patients with TB to the Central Clinical Hospital of Krasnoarmiisk; patients with HIV/AIDS to the Central Clinical Hospital of Krasnoarmiisk/ Office of HIV/AIDS; and patients with mental disorders to the Central District Hospital, cabinet of the mental doctor.

(4) Bilovodsk MEPU referred adult patients to the Central District Hospital of Bilovodsk, Primary Health Care of Markiv; child patients were referred to the Central Regional Hospital; patients with TB to the phisiatrician cabinet of Bilovodsk Central District Hospital; patients with HIV/AIDS to the cabinet of HIV/AIDS of Bilovodsk Central District Hospital; patients with mental disorders to the psycho-neurological cabinet of Bilovodsk Central District Hospital.

(5) Lysychansk MEPU referred adult patients to the Central District Hospital of Popasna, Primary Health Care of Popasna; child patients to the Central District Hospital of Popasna, Child Department; patients with TB to the Lysychansk Regional Anti-TB Health Centre; and patients with mental disorders to the two Lysychansk Psychiatric Hospital.

Coordination of URCS with Province Health Departments of the Local Administrations

Memorandum of Understanding regarding MEPUs' work was signed between URCS and the **Department of Health, Donetsk Province State Administration** (GCA) and the **Department of Health of Luhansk War-Civil Administration** (GCA).
With the CERF sub-grant of US$ 120,000 the International Medical Corps (IMC UK) established a system of six mobile clinics, based in Mariupol and serving the areas close to the 'contact line'.
They are operated by the IMC UA local partner, the Hippocrates Greek Medical Foundation (HGMF), institutions with 15 years of experience in mobile emergency primary health care. Emergency Mobile Points were established in two provinces and **six MEPU** serving several villages and the following geographical areas:
(1) Mariupol city
(2) Mariupol outskirts

(3) Volodarsk district
(4) Volnovakha district
(5) Volodarsk, Volnovakha districts
(6) Mariinska district

During the project period, IMC's MEPUs provided a total of 13,711 consultations, of these 3,248 to IDPs and 10,463 to vulnerable groups within host population. As for age/gender disaggregation: 1,590 persons were children (below 18 years old) of which 713 male and 877 female; 12,121 were adults (above 18 y.o.) of which 3,663 male and 8,458 female.

During the consultations, IMC's MEPUs staff detected the following main pathologies:

- cardiovascular diseases — 3,936 cases, (28.71 per cent of the total number);
- neurological disorders — 1,627 cases, (11.87 per cent of the total number);
- gastrointestinal diseases — 1,417 cases, (10.33 per cent of the total number);
- seasonal respiratory diseases — 928 cases, (6.77 per cent of the total number);
- diseases of musculoskeletal system — 746 cases (5.44 per cent of the total number).

4,791 of patients (34.94 per cent of the total number of patients) were referred by MEPUs' staff to other institutions, specifically to the secondary facilities (4.541 patients; 94.78 per cent of all referred people).

IMC UK /HGMF MEPUs developed a referral network according to which the patients were referred to different levels of Health Care Facilities of respective districts.

Capacity Building: An Intensive emergency training on life-saving medical interventions was provided to medical personnel of MEPUs: 32 MEPU staff (doctors and nurses – MEPU team consist of three medical staff each) from the Red Cross and the Greek Hippocrates Foundation implementing partners participated in 8-days core MEPU training provided by WHO (8-15 October 2015). WHO training focused on Emergency Live-saving interventions and included five training modules (First Aid/Emergency, Management of Non-Communicable Diseases, Communicable-diseases (specifically TB, HIV), Reproductive Health and Gender-Based Violence. In addition, two new training modules on MUAC assessment (jointly with UNICEF) and on immunization (with particular focus on polio) were included in the training curriculum. Modules were tailored to practical aspects of provision of primary health care in emergency settings. In addition, 11 days on Integrated Management of Childhood Illness (IMC), Child Growth Monitoring, and Mental Health trainings were carried out by WHO in November 2015. By the end of the training, MEPU health providers were able to collect vital statistics, provide child health services through Integrated Management of Child Illnesses approach, ensure nutrition screening, detect communicable diseases (especially TB and HIV/AIDs), detect danger pregnancy signs and refer the women to adequate obstetric care facilities; they were also trained to manage non-communicable diseases, including chronic diseases, injuries and mental health, and provide services related to GBV. All training modules were translated into Ukrainian.

Output 3: Strengthened Disease Early Warning and Response system

For effective disease surveillance and reporting, patient-centred Health Information Management system is being developed for timely reporting of disease alerts and response to mitigate risk of disease outbreaks. The system was built based on DHIS2, a free and open-source platform used as the foundation of e-Health systems and reporting in 47 countries. Proof of concept of the first application was available by late October 2015 and piloted in late 2015 within a group of MEPUs near the 'contact line' where demand is highest.
The first iteration of the application will allow for input and registration of patient, information retrieval, selection of diagnosis and treatment, GIS tracking of MEPU activity, basic health facility referral by location and eventual expansion into an EHR system.
The EpiEWarn early warning and surveillance system was piloted, launched and MEPU staff trained on its use and reporting. It is mobile and desktop accessible and includes alerts for nine communicable diseases and five non-communicable diseases which were included as they are responsible for the highest reported morbidity within the MEPUs. EpiEWarn will be implemented in other sites in addition to the MEPU network, and Roma health mediators were also trained to use it, bringing the sentinel sites to 72 and covering population groups often 'falling out' of the public health care system yet more prone to communicable diseases than other groups; this will also offer the opportunity to outreach these communities with public health messages and child vaccination.
Amongst others, NGCA Lugansk health care authorities expressed an interest in collaborating with WHO on this reporting. The EpiEWarn and other electronic reporting systems have full interoperability with patient-centred Health Information Management systems.

WFP was able to reach almost all of its project outputs and outcomes (92 percent). In partnership with the World Health Organisation (WHO) and in close coordination with the Ministry of Health, WFP supported about 7,000 people residing in hospitals, with three rounds of monthly food assistance. Most of the hospitals targeted were hosting IDPs and had severe budgetary constraints, unable to meet the food need of the patients in critical conditions. The selection process of the hospitals was done together with WHO, upon requests of the Ministry of Health.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

During the field monitoring visits regular feedback is received from the beneficiaries/patients visiting the health facility or Mobile Health Unit regarding the quality of health services and issues. Partners are closely working with communities to ensure delivery of quality health services and more coverage to the affected population. Close liaison is in place with the local health facilities to know the health needs of the affected population and address them in timely manner. MEPU staff has shared their contact number with community elders and with the local health authorities in case they require immediate health assistance. Through EWARNS system, regular data are collected, analyzed and reported for the key diseases.

WFP has paid special attention to mitigate the risks to which the most vulnerable groups could be exposed through a careful selection of safe distribution points, facilitating the safe delivery of assistance. WFP and its implementing partner (NGO, ADRA) closely coordinated the assistance with the selected hospitals to ensure that the distributions were timely and appropriate. Beneficiary feedback mechanisms (phone lines) were set up to ensure accountability to the affected population. Moreover, WFP Ukraine has conducted trainings for its staff and cooperating partners on protection, gender and core humanitarian principles and standards.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	19/06/2015 – 18/12/2015
2. CERF project code:	15-RR-CEF-065	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	WASH assistance to most vulnerable affected people in the Donbas region of eastern Ukraine		

7.Funding

a. Total project budget:	US$ 48,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 4,402,354	▪ *NGO partners and Red Cross/Crescent:*	US$ 350,784
c. Amount received from CERF:	US$ 2,493,132	▪ *Government Partners:*	US$0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	53,610	40,380	**93,990**	143,100	126,900	**270,000**
Adults (above 18)	138,390	67,620	**206,010**	651,900	578,100	**1,230,000**
Total	**192,000**	**108,000**	**300,000**	**795,000**	**705,000**	**1,500,000**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	100,000	300,000
Host population		
Other affected people	200,000	1,200,000
Total (same as in 8a)	**300,000**	**1,500,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	In general, all results were over achieved as planned. WASH services on check points were also partially supported from this grant. Accreditation of NGOs in NGCA remained one challenge in the Donbas region.	

CERF Result Framework

9. Project objective	WASH intervention for affected people in Donetsk and Luhansk provinces
10. Outcome statement	Life-saving support

11. Outputs			
Output 1	Provision of safe drinking water supply to the affected people in Donetsk and Luhansk provinces		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of people benefiting from the provision of safe water through trucking/bottled water	100,000[23]	100,000
Indicator 1.2	# of people benefitting from water storage tanks, jerry cans for collection and safe storage of water	100,000[24]	100,000
Indicator 1.3	# of people having access to safe water through provision of chemical, reagents and equipment for water quality improvement	300,000	1,300,000
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Water provision through water trucking/bottled water in 2 weeks	NGO Partners (KHORS, Mercy Corps and Ukrainian Frontiers covering different geographical areas)	Ukrainian Frontiers, LRASD, KHORS
Activity 1.2	Repair and rehabilitation of water supply systems in late July-August	Water companies	Ukrainian Frontiers, ADRA, LRASD
Activity 1.3	Procurement of supplies in 4 weeks	UNICEF/water companies	UNICEF
Activity 1.4	Distribution of jerry cans/water tanks/bladders in 8 weeks supplies	NGO Partners (KHORS, Mercy Corps and Ukrainian Frontiers covering different geographical areas)	NGOs (though not including Mercy Corps).
Output 2	Provision of hygiene supplies to the most vulnerable people		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of people receiving and using hygiene supplies	33,850	100,000
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement of hygiene kits and supplies in 4 weeks	UNICEF	UNICEF
Activity 2.2	Distribution of hygiene kits and disinfection in 12 weeks	NGO Partners (KHORS, Mercy Corps and Ukrainian Frontiers covering different	NGO partners

23 15 per cent children
[24] Indicator 1.1 and 1.2 are the same beneficiaries

		geographical areas)	

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

UNICEF actually over-achieved on its planned results.

Mercy Corps was supposed to be one of the implementing partners for the project, but since it did not get accreditation to work in NGCA, the partnership did not take place.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Accountability to the affected populations was ensured by the conducting focused group discussions and post-distribution monitoring was conducted after distribution. Based on feedback from the community, the contents of hygiene kits were changed/improved.

Progress, activities and achievements were discussed in Cluster meetings to avoid any duplication.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	24/06/2015 – 23/12/2015
2. CERF project code:	15-RR-WFP-037	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Common Logistics		☒ Concluded
4. Project title:	Logistics Augmentation and Cluster Coordination in Response to Crisis in Ukraine		

7.Funding

a. Total project budget:	US$ 1,867,971	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 1,377,469	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 304,115	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	800	800	**1,600**	552	613	**1,165**
Adults (above 18)	2,700	2,700	**5,400**	2,197	3,090	**5,287**
Total	**3,500**	**3,500**	**7,000**	**2,749**	**3,703**	**6,452**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	1,500	1,083
Host population		
Other affected people	5,500	5,369
Total (same as in 8a)	**7,000**	**6,452**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A

CERF Result Framework			
9. Project objective	Provide coordination of emergency logistics and information management to humanitarian actors and improve access through provision of common logistics services		
10. Outcome statement	The uninterrupted flow of humanitarian community supply chain of relief supply is maintained		
11. Outputs			
Output 1	Transport and storage capacity made available through common logistics services		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Per cent of total number of SRFs (service request forms) are addressed for transport	75%	73%
Indicator 1.2	Number of 20MT truck movements per month for transporting supplies for the humanitarian community	20	20
Indicator 1.3	Total sq. meters of storage facilities available to facilitate the consolidation and temporary storage of relief items for the humanitarian community	1,500 m^2	12,400 m^2
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Requests for transportation and warehousing are received though a Service Request Form (SRF). The requests are registered and processed in the most expeditious manner	WFP – Logistics Cluster	WFP – Logistics Cluster
Activity 1.2	To establish a leasing contract with a transport company which can make transportation available	WFP - Logistics Cluster	WFP - Logistics for Logistics Cluster
Activity 1.3	To bring humanitarian cargo into and within NGCA	WFP - Logistics Cluster	WFP - Logistics Cluster
Activity 1.4	To establish appropriate storage facilities and services in key locations: Dnipropetrovsk, Donetsk and Luhansk.	WFP – Logistics Cluster	WFP – Logistics Cluster
Output 2	Coordinated Logistics Response		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of coordination meetings held by the Logistics Cluster. (Minimum once per week) for the first 3 months.	13	30
Indicator 2.2	A dedicated web-page is created and is updated with a minimum two IM products per week for the first 30 days and a minimum of one IM product per week for the subsequent 2 months.	16 + 4 maps	54 + 10 maps
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Logistics Cluster to provide coordination on transport and warehouse services, access issues and information exchange by organising meetings	WFP – Logistics Cluster	WFP – Logistics Cluster

	in Kyiv and other field locations. Partners involved in coordination activities.		
Activity 2.2	Information management – to provide up-to-date operational data of potential congestion of entry points, minutes of meetings as well as the publication on the web-site situation reports, maps, SOPs, snapshots and briefings	WFP - Logistics Cluster	WFP - Logistics Cluster
Activity 2.3	Information management – to create and maintain a web-page with logistics information and to establish online sharing via skype groups and similar	WFP - Logistics Cluster	WFP - Logistics Cluster

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

It is important to highlight that while the quantity of cargo stored and transported exceeded expectations, and the percentage of requests completed was concurrent with Logistics Cluster standards and experience from other operations, the Logistics Cluster was not able to complete all requests made by partners. Intermittent constraints imposed by local authorities in NGCA and legal limitations imposed on WFP (covering a 3-month period from July to October) severely restricted access for almost all humanitarian convoys and resulted in operational delays for the entire humanitarian community in Ukraine.

Please note that during the period till 31 December 2015, the Logistics Cluster in Ukraine facilitated 15 joint humanitarian convoys of total of 144 trucks which have delivered 2,594 MT of humanitarian cargo from GCA to NGCA for the humanitarian community involved in the response of the crisis in Ukraine.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

WFP has paid special attention to mitigate the risks to which the most vulnerable groups could be exposed through a careful selection of safe distribution points, facilitating the safe delivery of assistance. WFP and its implementing partner (NGO, ADRA) closely coordinated the assistance with the selected hospitals to ensure that the distributions were timely and appropriate. Beneficiary feedback mechanisms (phone lines) were set up to ensure accountability to the affected population. Moreover, WFP Ukraine has conducted trainings for its staff and cooperating partners on protection, gender and core humanitarian principles and standards.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
A Lessons Learned Mission was conducted in December 2015. The Mission Report will be published on the Logistics Cluster web-page at www.logCluster.org	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
15-RR-WHO-021	Health	WHO	INGO	$120,000
15-RR-WHO-021	Health	WHO	RedC	$120,000
15-RR-CEF-065	Water, Sanitation and Hygiene	UNICEF	NNGO	$30,000
15-RR-CEF-065	Water, Sanitation and Hygiene	UNICEF	NNGO	$166,000
15-RR-CEF-065	Water, Sanitation and Hygiene	UNICEF	NNGO	$46,235
15-RR-CEF-065	Water, Sanitation and Hygiene	UNICEF	INGO	$44,544
15-RR-CEF-065	Water, Sanitation and Hygiene	UNICEF	NNGO	$64,005
15-RR-WFP-038	Health	WFP	INGO	$435,226

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development and Relief Agency
ARC	The Autonomous Republic of Crimea
CIK	Contribution in Kind
CMU	Cabinet of Ministers of Ukraine
CPiE	Child Protection in Emergencies
GCAs	Government-controlled areas
HKs	Hygiene Kits
HRP	Humanitarian Response Plan
IDDK	Interagency Diarrhoeal Disease Kit
IEHK	Interagency Emergency Health Kit
LRASD	Lugansk Regional Agency for Sustainable Development
MEPUs	Mobile Emergency Primary Care Units
MoH	Ministry of Health
MoSP	Ministry of Labour and Social Policy
MSNA	Multi-sector Needs Assessment
NGCAs	Non-Government controlled areas
NGO	Non-governmental Organization
ObGyn	Obstetrics and gynaecology
PRP	Preliminary Response Plan
PSS	Psychosocial Support
RH	Reproductive Health
SES	State Emergency Service
SRH	Sexual and Reproductive Health
SSES	State Sanitary Epidemiological Services
STI	Sexually Transmitted Infections
WASH	Water, Sanitation and Hygiene