

UKRAINE
2020

**EMERGENCY
RESPONSE PLAN
FOR THE COVID-19 PANDEMIC**

ISSUED MARCH 2020



About

The following Emergency Response Plan for the COVID-19 pandemic seeks to set out activities that will be undertaken by humanitarian actors in Ukraine over the course of 2020 to respond to the public health impact of the epidemic – as well as the indirect, socio-economic impact on people's well-being, which will span across many areas. Given the extensive public exposure of the COVID-19 threat, the response will cover the whole of Ukraine, while providing a distinct focus on Donetsk and Luhansk oblasts that have been ravaged by an armed conflict for the last six consecutive years. The planned COVID-19 response in the two conflict-affected oblasts will be treated as an annex to the current Humanitarian Response Plan for Ukraine.

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

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2020 COVID-19 Emergency Response Plan

ESTIMATED POPULATION	PEOPLE IMPACTED	REQUIREMENTS (US\$)	HEALTH REQUIREMENTS(US\$)	SOCIO-ECONOMIC REQUIREMENTS(US\$)
42M	21M*	\$165M	\$84M	\$81M

* Proposed by the Health Cluster as a planning figure at this time. It is based on the early enforcement of preventive and mitigation measures implemented by the Government of Ukraine, which have been put in place earlier than in other European countries (where it is estimated that the cases could affect up to 70 per cent of the population). In Ukraine, it is estimated that up to 50% of the population could be impacted.

Financial Requirements by Sector

SECTOR	ESTIMATED REQUIREMENTS (US\$)	ESTIMATED REQUIREMENTS (%)
Education	\$1.0M	1%
Food security, livelihoods and economic security	\$13.6M	8%
Health	\$88.5M	54%
Protection (including GBV, Mine Action and Child Protection AoR)	\$33.5M	20%
WASH	\$22.8M	13%
Multipurpose Cash Assistance	\$5.6M	3%
Other (including policy, capacity building and support cost)	\$1.6M	1%

Geographic Breakdown

CONFLICT AREA REQUIREMENTS (US\$)	REST OF COUNTRY REQUIREMENTS (US\$)
\$34M (21%)	\$131M (79%)

ELDERLY	CHILDREN	WOMEN
36%	14%	54%

The COVID-19 Emergency Response Plan distinguishes the financial ask for the eastern Ukraine (Donetska and Luhanska oblasts, both sides of the 'contact line') from those for the rest of the country. The financial ask for eastern Ukraine will be integrated in the overall Ukraine Humanitarian Response Plan for 2020, which focuses on addressing life-saving humanitarian needs and protection in response to the conflict. The 2020 Ukraine Humanitarian Response Plan will be revised to include this additional ask, and also to adjust ongoing and pre-defined humanitarian programming that needs to be adjusted to take into account the impact of COVID-19.

Financial Requirements and Existing Resources by Organization**

	EXISTING RESOURCES (US\$)	ADDITIONAL REQUIREMENTS (US\$)
	\$25M	\$140M
	ESTIMATED REQUIREMENTS (US\$)	EXISTING RESOURCES (US\$)
FAO	\$2.0M	-
IBRD	\$20.0M	\$20.0M
ILO	TBC	TBC
IOM	\$28.5M	\$0.2M
OHCHR	\$0.1M	\$0.02M
UNDP	\$8.8M	\$0.3M
UNFPA	\$6.1M	\$0.06M
UNHCR	\$4.5M	\$2.9M
UNICEF	\$28.1M	\$0.5M
UNODC	\$0.1M	-
UNOPS	\$40.0M	-
UNWomen	\$0.7M	\$0.1M
WHO	\$20.3M	\$0.7M
NGOs	\$5.0M	-

Link with the WHO-supported National Strategic Preparedness and Response Plan

	ERP REQUIREMENTS (US\$)	SPRP REQUIREMENTS (US\$)
	\$165M	\$39M

The COVID-19 Emergency Response Plan (ERP) is built upon and fully integrates the financial requirements outlined in the National Strategic Preparedness and Response Plan, developed by WHO and key partners. The COVID-19 Emergency Response Plan extends the time frame for the financial ask to nine months (the WHO-supported National Strategic Preparedness and Response Plan has a three month horizon) and also include complementary assistance that is required, beyond the health dimension.

** A detailed breakdown of existing resources and required funding is available in Annex I and II.

Humanitarian Needs Analysis

While the situation continues to evolve rapidly, humanitarian actors have undertaken a needs analysis based on their currently knowledge of the situation in Ukraine. This will be complemented with more specific assessments in time.

Public health impact

Health effects on people

The first COVID-19 case in Ukraine was detected on 3 March¹ in the western oblast of Chernivtsi. As of 25 March, the number of confirmed cases has reached 113, including four deaths, with hundreds of suspected cases are being processed, according to the Ukraine Public Health Centre (UPHC) **It is important to note that the case identification is only a reflection of what has been laboratory tested, hence the actual number of cases is feared to be higher.**

While COVID-19 has reached over half of Ukraine's 24 regions (confirmed cases reported in 13 regions as of 25 March) and the number of cases is climbing daily, there is a mounting concern in the ability of the health system to cope with this unprecedented pressure. According to a study published by Global Health², the Ukrainian health system is one of the weakest among post-Soviet European states, characterized by organizational and financial inefficiency, insufficient capacity to meet the population's health needs and a series of challenges which are still being solved through ongoing reform efforts. Efforts aimed at modernizing the system³ are still initial, being introduced only in some areas of the country, or as trial mechanisms. The system is characterized by low ratings not only in the sphere of health outcomes, but also in terms of access to services, with financial costs serving as barriers to equity and equality.⁴ The Government of Ukraine has only limited resources available for health, and these are spread thin over the existing infrastructure⁵, while corruption in the health sector has remained a stubborn obstacle to accelerating health reforms.⁶ The condition of health infrastructure remains sub-par, with outdated hospital designs, limited adoption of modern medical technology, and traditional curricula that have not been updated. Physical access to health care facilities can also be limited, particularly in rural areas.

While the exact prevalence of COVID-19 is difficult to measure at this stage, it is estimated that up to 50 per cent of the population⁷ could be infected – or approximately 20 million. Out of this, up to 20 per cent could be severe while 5 per cent could be critical. For many, the infection would be either asymptomatic or mildly symptomatic –

similar to the symptoms of seasonal flu. WHO is currently working with Imperial College London to develop mathematical modelling to estimate the COVID-19 prevalence rate in different contexts. Until a modelling methodology is available, it is highly recommended that this planning assumption be reviewed on an ongoing basis.

Despite the many unknowns about COVID-19, there is growing evidence that older people are at the highest risk. The big proportion of the elderly population (aged over 60) in Ukraine – some 23 per cent⁸ – make it even more vulnerable. Almost all of them have at least one chronic illness, making them extremely susceptible to COVID-19. Ukraine was ranked 6th among other Eastern European countries in terms of the largest elderly population in 2017.⁹

In addition, there is particular concern that eastern Ukraine – ravaged by six years of armed conflict, a weakened health systems and an ageing population – may face a COVID-19 outbreak of considerable scale. The risk of rapid local transmission in the two conflict-affected oblasts, Donetska and Luhanska, is high due to three contextual factors: (i) the high proportion of the elderly population in the region (36% of total population of Donetska and Luhanska oblasts – higher than the national rate of 23%), particularly in isolated settlements; (ii) large and regular population movements across the 'contact line', and the risk of exposure at crossing (a monthly average of 1.2 million crossings in 2019), and (iii) the deterioration of the healthcare system as a result of the cumulative impact of the armed conflict. Access to adequate healthcare services and emergency medical care in Donetsk and Luhanska oblasts, particularly in the area close to the 'contact line', remains challenging for people of all ages. This is due to multiple reasons, including high associated costs (of medicines and travel), lack of specialised medical personnel, long distances from commercial and service centres, and limited availability of public transport, as well as restricted freedom of movement through military checkpoints.

Effects on the healthcare system

The Government of Ukraine has taken several steps to prevent and mitigate the spread of the COVID-19, notably:

- **National Preparedness and Response Plan:** With the support of WHO and other partners, the Government of Ukraine has developed a National Preparedness and Response Plan (NPRP) to ensure the readiness of the country health sector to prevent, mitigate and counteract the risk of this outbreak. In accordance

1. <https://www.kyivpost.com/ukraine-politics/second-covid-19-death-in-ukraine-confirmed-total-cases-grow-to-14.html>

2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6260664/>

3. Ibid

4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6260664/>

5. Ibid.

6. Ibid. Transparency International Perception Index: 130 out of 180 countries in 2018.

7. This estimation is proposed by the Health Cluster, taking into account the early enforcement of preventive and mitigation measures implemented by the Government of Ukraine. These measures have been put in place earlier than in other European countries (where it is estimated that the cases could affect up to 70 per cent of the population). WHO is currently working with Imperial College London to develop mathematical modelling to estimate the COVID-19 prevalence rate in different context.

8. According to the State Statistics Service of Ukraine as of 1 January 2020.

9. https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf

with the NPRP, the Government of Ukraine is now working to improve risk communication, emergency coordination through the emergency operation centre, risk communication planning and community engagement, infection prevention and control, laboratory systems, logistics, and supply management for emergencies.¹⁰

- **Normative response:** The Government of Ukraine has introduced temporary restrictive measures nationwide, including closure of all educational facilities (until end of March), limitations on passenger transportation and mass gatherings; suspension of catering establishments, cultural, shopping and entertainment establishments. The Government of Ukraine has also introduced laws setting out administrative consequences for violating sanitary standards¹¹ and increased criminal liability for violation of sanitary rules and norms that prevent the spread of the infectious disease. During this period, only Ukrainian citizens and permanent residents, including accredited members of the diplomatic and international community, will be permitted entry into the country. Inter-city trains and city subway systems have also been suspended. The Parliament has also adopted a set of measures to alleviate economic consequences for enterprises, in particular small and medium enterprises,¹² by introducing amendments to the Tax Code. The President of Ukraine ordered that all humanitarian cargo must be customs cleared within 24 hours and in case of delays, the State Customs Services/Ministry of Reintegration should alert the respective humanitarian organization.
- **Government Coordination Mechanism:** This included the establishment of the National Coordination Council by the President to lead and oversee the response at the strategic level; and a presidential directive for a 24-hour clearance procedure for all humanitarian cargo.
- **Operational Response:** The Ministry of Health issued Order #185 in January 2020 to provide technical guidance to the healthcare system on preparedness and response. The Government has reinforced public health measures at the points of entry¹³, bolstered information and risk communication campaigns; reinforced the national surveillance system to facilitate active case finding. The Government has also designated 51 hospitals¹⁴ across the country to manage COVID-19 cases¹⁵. An ongoing joint MoH-WHO assessment of the operational readiness of these designated health facilities is underway. The Government has also created rapid response teams at the regional level and a training of epidemiologists and virologists at the national level by MoH with the support of WHO.
- **Clinical response:** The Ministry of Health has developed a set of instructions and technical guidance on case definition, sampling,

patient routing, etc; and has established test systems, with the national reference laboratory in Kyiv at the UPHC¹⁶. The Ministry has also distributed “polymerase chain reaction” (PCR) kits to detect COVID-19 to regional laboratories to increase point-of-care rapid tests.

Eastern Conflict Area: Donetska and Luhanska Oblasts

While the above highlights quick and decisive action by the Government, the national response framework currently in place does not cater to the specificity of the needs in Donetska and Luhanska oblasts, which have been directly affected by over six years of armed conflict. Eastern Ukraine has been the epicentre of critical humanitarian needs, where some 3.4 million people are estimated to be in need of humanitarian assistance during 2020. The region's vulnerability is compounded by the inadequate healthcare system which has been degraded by years of persistent insecurity, the lack of maintenance of aging health facilities and medical equipment, shortages of medicines and medical supplies, understaffing, curtailed access to referral hospitals, and the implications of the current health reform. In the conflict-affected area of eastern Ukraine where rural communities already experience difficulties in accessing the markets, further disruption could put additional constraints or even completely cut off their access to markets and essential goods.

Non-Government Controlled Areas

In areas outside Government control (NGCA), the healthcare system has experienced severe deterioration due to the complete breakdown of medical supply chains with GCA, causing shortages of medicines, medical supplies and medical equipment and an insufficient numbers of healthcare workers (particularly specialized staff, as many qualified medical personnel left the area as a result of the conflict). The healthcare system has been functioning at a sub-optimal level and has struggled to cope with existing healthcare needs of the population prior to the emergence of COVID-19. Another important compounding factor is the socioeconomic downturn in NGCA due to years of conflict, and an economic blockade and international sanctions, which has also impacted peoples' ability to travel and seek medical services.

In mid-March, the de facto entities in NGCA Donetsk and NGCA Luhansk oblasts introduced “high alert” regimes in mid-March (on 14 March and 13 March respectively). These high alert regimes put in place a set of preventive measures:

- **The presence of medical personnel will be made available at “border” crossing points** and temporary checkpoints will be undertaken to identify persons with elevated body temperature and send them to the infectious diseases hospital for a diagnosis and/or solving the issue of entry into the territory.

10. COVID-19 Emergency Response Plan for Ukraine as of 12 March 2020 (Government of Ukraine, WHO).

11. This subjects persons who may be infected with the COVID-19 to an administrative liability if they leave quarantine sites without authorization. A fine of UAH 14,000-34,000 is stipulated for this, and of UAH 34,000 to 170,000 for officials.

12. <https://rada.gov.ua/fsview/191099.html>

13. Through the establishment of temperature screening and registration of symptomatic individuals.

14. These designated hospitals are those with infection prevention and control systems and waste management systems in place.

15. Ten of which are in Donetska and Luhanska oblasts.

16. With support of the Government and WHO.

- **Persons visiting countries where cases of COVID-19 are registered are required to inform the *de facto* Ministry of Health** about their return to the 'Republic', location, dates of stay in these territories, contact information. These persons, in the event of the first respiratory symptoms of the virus, are required to immediately seek medical help at home without visiting medical organizations. Those arriving from China, Italy, Spain, Korea, Iran, France, Germany, and other countries with an unfavorable epidemiological situation with COVID-19 are required to provide self-isolation at home for a period of 14 days from the day they return to the 'Republic'. During the period of self-isolation, it is forbidden to attend work, education facilities, and visits to public places should be minimized.
- **Entry into the 'Republics' is forbidden for people with fever and respiratory symptoms arriving from GCA.** All employers in the 'Republics' are obliged to provide measurement of body temperature to workers at workplaces with the obligatory removal of people with fever from being in the workplace, ensure the required support to the employees in their self-isolation regime.
- **Mass events will be prohibited**, with no more than 50 people in NGCA Luhansk (until 31 March) and no more than 1,000 people in NGCA Donetsk (until 10 April).
- **In Luhansk NGCA only**, the so-called 'Ministry of Education and Science', administrations of the towns and/or rayons are to actively identify and remove students, pupils, and employees with elevated body temperature from schools, placing them in isolation wards until diagnosis.

On 22 March, the *de facto* entities in Donetska oblast (NGCA) announced that starting from 23 March, all civilian movement across the "contact line" will not be allowed, except on exceptional basis. Discussions are now taking place with the *de facto* entities and under the leadership of the Humanitarian Coordinator, with regard to freedom of movement across the "contact line" for civilians, as well as for the UN staff and UN convoys.

The *de facto* entities are working with UN agencies to ensure required COVID-19 material and equipment. There is concern however that the limited humanitarian access to NGCA means it will be difficult to assess the extent of the outbreak and take appropriate mitigating and response actions.

Social economic impact

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

- **High risk of the viral spread and complication due to the demographics of Ukraine:** The high number of the elderly population (23 per cent of the population) in Ukraine makes it highly vulnerable to COVID-19. Almost all older persons in Ukraine have at least one chronic illness, which could result in a very high mortality rate for older age groups. Ukraine's proportion of the elderly population is almost equivalent to that of Italy (29 per

cent)¹⁷ where the COVID-19 fatality rate has been the highest in the world, based on known cases and deaths.¹⁸

- **Health facilities are expected to shift available resources and trained personnel to areas most affected by COVID-19**, which could limit other essential healthcare services to the community, including access to HIV/TB treatment, safe delivery and newborn child care, access to dialysis and other chronic diseases treatment which require continuous care in health facilities.
- **Disruption of children's access to education:** The Government of Ukraine has decided to close all education facilities across the country – initially until the end of March. Should this be prolonged, it could result in interrupted education, gaps in childcare, and economic burdens for working parents. In case of prolonged closure of schools, the final national examination (usually in May) and school admissions could be impacted.
- **Additional burden on mental and psychosocial wellbeing of the population** already traumatized by the armed conflict. Fear of COVID-19 may lead to social unrest and disorder, with cases already documented in the western part of the country. High stigma related to COVID-19 could dissuade people from seeking medical attention, which could compound the spread of the virus. Meanwhile, access to and provision of essential social and PSS services including those for domestic violence and survivors, elderly people, people with disability and other vulnerable groups could also be hampered while the risk of GBV and other forms of discrimination and violence may be on rise.
- **Disruption of access to markets and essential goods:** On the demand side, the epidemic has significantly impacted the supply chain of goods across the world. As experienced in many countries with COVID-19 cases, panic buying and stockpiling of goods can be anticipated. In addition, logistical constraints are expected to impact the agricultural supply chain. Farmers are concerned with a decrease in demand of animal-based products and fear economic ramification on the agricultural sector. Small farmers will be more exposed to the crisis as well as self-employed producers who own small income generating activities in local markets. Food insecurity might also increase, with the closing of national borders potentially leading to the lack of imported crop protection, agents, fertilizers and other agricultural supplements and goods.

Eastern Conflict Area: Donetska and Luhanska Oblasts, including NGCA

People living in the conflict-affected oblasts of Donetska and Luhanska face some additional specific concerns related to restrictions on travel across the 'contact line' that divides the area under and outside Government of Ukraine's control. The Government of Ukraine has imposed restrictions on travel and movement to and within Ukraine through 3 April. Following an order issued by the Joint Force Operation (JFO) Commander, the movement across the 'contact line' and through the five official Entry-Exit Crossing Points (EECPs) has been banned starting from 23 March, subject to some exceptional

17. https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf

18. <https://www.businessinsider.com/coronavirus-death-rates-by-country-based-on-case-fatality-ratio-2020-3>

circumstances. The Government of Ukraine has not yet stipulated in writing whether the address in the IDP registration will be valid for crossing, though it has given positive indications to this effect. On 17 March, the Ministry for Reintegration of the Temporary Occupied Territories has assured the humanitarian community that special permission will be granted by the Head of the Border Guard Service for special needs, and on a case-by-case basis (e.g., emergency crossing, family reunion, etc).

- **Unintended impact of limitations of the movement across the 'contact line':** Protection Cluster partners have observed that, people are not being permitted to cross the contact line in either direction, based on their residence registration, leaving people stranded far from their homes, separating families, and leaving people in dire situations – including unable to access services, pensions and social benefits in GCA, and unable to return to NGCA.
- **More challenging access to pensions and social payments in GCA for NGCA residents:** Over 90 per cent of some 550,000 people crossing the 'contact line' (monthly average – as of January 2020) are from NGCA. They do so to recover pensions (63 per cent), withdraw cash (36 per cent), visit relatives (22 per cent) and solve issues with documents (16 per cent). The Government of Ukraine's recent decision of temporary suspension of the mandatory IDP verification process (every 60 days) is a positive step to ensure that the registered IDPs can preserve their IDP registration without the need to undergo the regular verification procedure during the quarantine period and will continue to receive their social benefits and pensions. Those who were in GCA when the restrictions were enforced as of 16 March, have found themselves unable to return to NGCA. This will mean a significant loss of income for pensioners residing in NGCA, which will reduce their ability to meet basic needs.
- **Challenges in accessing cash in GCA for NGCA residents:** Given that movement is being restricted across the 'contact line' based on residence registration, people are unable to travel from NGCA to GCA to access cash.

Macro-economic effects

The macro-economic impact of COVID-19 in Ukraine remains difficult to assess and has not yet visibly manifested itself, but the situation evolves daily. The global economic impact of COVID, coupled with falling public confidence in the state administration, could add additional pressure to the country's economy. As of late March 2020, Ukraine's hryvnia has dropped over 10 per cent because of panic selling caused by the COVID-19 pandemic. The already imposed quarantine restrictions are feared to lead to significant loss for businesses and for the budget, while additional financing may be required to strengthen and ensure preparedness of the healthcare system. Preliminary analysis of the main current negative effects of the COVID-19 pandemic for the Ukrainian economy¹⁹ indicates:

- Outflows of foreign direct investments, thereby reducing growth

and jobs.

- Direct business losses due to quarantine, leading to lower tax collection and lower incomes;
- Slowdown of operations of micro- and small enterprises which operate in retail markets and service sector and are the source of income and livelihoods for people who are self-employed;
- Internal demand and foreign trade contraction, lower revenue collection from imports and falling exports;
- Increasing inflationary expectations of the population, expanded demand for foreign exchange and further devaluation of the national currency, depleting foreign reserves (the National Bank of Ukraine has already spent over US\$ 1 billion to support UAH exchange rate within a week);
- Capital outflow, withdrawal of speculative investors, further increasing pressure on foreign debt servicing and exchange rate;
- Lower incoming remittances from Ukrainian workers abroad (significant foreign currency inflow, \$12 billion in 2019);
- Worsening forecast for planned privatisation (up to \$5 billion expected by the Ministry of Economy) limiting manoeuvre for closing the external financing gap.
- The crisis will negatively impact early recovery efforts and work undertaken to promote the growth of small and medium enterprises and entrepreneurship among the conflict-affected people.

The COVID-19 pandemic could slow the growth of Ukraine's GDP to 1.9 per cent in 2020 instead of the predicted 3.6 per cent. This scenario assumes that the spread of the coronavirus will be limited in the first half of 2020 and that the major economies of the world will take decisive measures to support the economy. Without this, the negative consequences will be even greater.²⁰

In eastern Ukraine specifically, the COVID-19 epidemic is likely to further damage the region's already fragile economic condition. Unemployment and resulting poverty are already high among people on both sides of the 'contact line' due to the closing or downsizing of companies and low agricultural productivity as a result of the conflict. NGCA is like to be harder hit due to the trade embargo and the existing international sanctions regime. The World Bank is currently undertaking an economic assessment of eastern Ukraine and further information and analysis will be available in the second half of 2020.

19. Preliminary analysis by the UN Resident Coordinator Office (as of 17 March).

20. The Vienna Institute for International Economic Studies, "Uncertainty in Turbulent Times." Last modified March 2020. <https://wiiw.ac.at/uncertainty-in-turbulent-times-p-5237.html>

Most Affected Population and Evolution of the Crisis

Most Affected Population Groups

The high proportion of elderly people (23 per cent of the population) in Ukraine increases their vulnerability. Almost all older persons have at least one chronic illness²¹, making them highly susceptible to complications if infected with COVID-19. **Ukraine's proportion of the elderly population is almost equivalent to that of Italy (29 per cent)²² where the COVID-19 fatality rate has been the highest in the world, based on known cases and deaths.²³**

The proportion of the elderly population is even higher in the conflict-affected region – at 36 per cent. According to the 2020 Humanitarian Needs Overview (HNO), the elderly account for almost one-third of the people in need of humanitarian assistance and protection services (which equals some 1.1 million elderly people in need of humanitarian assistance)²⁴ - and many of them live alone and have either a form of disability or limited physical mobility.

The situation is more concerning in isolated settlements in the two conflict-affected oblasts where the proportion of the elderly is significantly higher (41 per cent) than the rest of the conflict-affected area. The elderly in these settlements often have no means to move out of insecure areas and tend to be cut off from healthcare services due to insecurity, landmine contamination and poor road conditions. In NGCA, the situation is expected to be similar but has not been verified due to a lack of data due to access constraints. The possible spread of COVID-19 to these areas would have a devastating impact on the elderly who already face difficult access to healthcare and are at risk of being excluded from homecare support should the restrictions of movement of medical and social workers be imposed.

Expected Evolution of the Crisis

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

21. HelpAge International (2018) "Missing Millions: How Older People with Disabilities are Excluded from Humanitarian Response".

22. https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf

23. <https://www.businessinsider.com/coronavirus-death-rates-by-country-based-on-case-fatality-ratio-2020-3>

24. 2020 HNO.

Response Approach

This COVID-10 response plan seeks to guide response efforts on mitigating and minimizing the potential humanitarian consequences of community transmission of COVID-19 across Ukraine, covering a 9-month period until the end of 2020.

The plan seeks to strike a balance between ensuring the continuity of humanitarian response programming and the protection of humanitarian staff and beneficiaries to avoid any unintended secondary effects, e.g. increased transmission of the virus or the reduction or prolonged suspension of humanitarian programming. The plan encompasses the ask under the COVID-19 Strategic Response Plan, issued by the Government of Ukraine with support from the World Health Organization and other partners.

Geographically, the COVID-19 response plan is elaborated differently in the whole of Ukraine and the specific conflict-affected region.

The distinct focus on Donetsk and Luhansk oblasts is required as these areas have been ravaged by an armed conflict for the last six consecutive years. The COVID-19 response to be undertaken in this area builds upon the critical life-saving activities included in the 2020 Ukraine Humanitarian Response Plan (HRP).

The response in Donetsk and Luhansk oblasts is also divided into GCA and in NGCA, taking into consideration the following factors:

- Differences in the operational context
- Differences in the degree and magnitude of vulnerabilities
- Very limited outreach capacity of the Government of Ukraine in NGCA (The National Preparedness and Response Plan provides response for government-controlled areas of Donetsk and Luhansk, including the allocation of PPE and other necessary supplies)
- Existing limited humanitarian operational capacity that may be further aggravated by the temporary restrictions on crossing the 'contact line'.

Programmatically, the COVID-19 response plan requires the adjustment and expansion of some planned activities already included in the 2020 HRP for them to be responsive to needs caused by COVID-19. In addition, a set of new time-critical activities will be required to prevent and mitigate the humanitarian consequences of COVID-19 for the whole of Ukraine. The response plan considers operational constraints caused by movement restrictions introduced by the Government of Ukraine's effort to contain the spread of COVID-19 and also possible supply chain disruptions. **The response will focus on delivering multi-sectoral response aligned against two overarching objectives:**

- To adjust ongoing activities to be sensitive/responsive to COVID-19.
- To respond to new needs related to COVID-19 not foreseen in existing planning frameworks (including the 2020 HRP for eastern Ukraine).

Nationwide response

Response to public health impacts

The coordinated response will aim to reduce the spread of COVID-19, through the implementation of the planned activities as per the following.

Health sector

- **Legislative support to amend relevant legislations in a way to facilitate a timely response**, including the update of the procedures for emergency utilization of the State Fund for Emergencies and training for state managers on the updated mechanisms.
- **Development of the National Emergency Risk Communication Plan** for a mass scale-up of public health information and outreach campaigns targeting different segments of society. This also includes training for social mobilisers to augment outreach efforts.
- **Strengthen event-based surveillance at the national and regional levels** to facilitate active case finding across the country.
- **Strengthen points of entry, by establishing screening, development of routine and emergency capacities** and testing rapid assessment, case management and referral to isolation mechanisms.
- **Strengthen COVID-19 laboratory capacity at national and regional levels**, in terms of equipment, trained personnel, kits, referral system between regional and national labs, including the establishment of logistical arrangement for sending samples.
- **Strengthen infection prevention and control (IPC)**, including the endorsement of the IPC regulation and uptake at designated COVID-19 hospitals, creation of the IPC programs for the designated hospitals, establishment of the required resources to run and maintain the programs (including for training), and adequate collection and disposal of contaminated waste material.
- **Strengthen case investigation and rapid response**, including training for rapid response teams at regional level, training for specialists at primary healthcare level on contact tracing, supply of PPE and other necessary material.
- **Develop the rapid supply, procurement and stock management mechanism for public health emergencies.** This includes operational assessments of the current storage capacities, transportation and distribution systems, system upgrade to manage the supply of essential material and equipment (e.g. PPE, testing kits, laboratory material, etc).
- **Map the spread of the virus to inform strategic response planning** and multiple assessments of the multi-faceted impacts of the COVID-19 epidemic on the various groups of vulnerable people, including those living in the two conflict-affected oblasts.

Response to indirect effects on people

Protection sector

- **Strengthen social protection systems** to support the most vulnerable; (ii) psychosocial support to vulnerable populations, including PSS training for counsellors; and (iii) prevention of domestic violence related to quarantine risks.
- **Support to ensure access to alternative care arrangements** for vulnerable populations, for example, children who may be temporarily deprived of parental care by the COVID-19 implications (due to the hospitalization or death of the parent or care provider), training for foster families and staff of small group homes on care and psychosocial support related to COVID-19, provision of cash assistance, basic supplies to COVID-19-affected families.
- **Provide mental health and psychosocial support (MHPSS) counselling and rehabilitation support** to all groups of people impacted by COVID-19. This also includes the establishment of online means for MHPSS, community-based and school-based services and the production of recreational kits and other PSS services.
- **Monitoring of rights during and post quarantine with focus on the most in need.**

WASH sector

- **Develop and contextualize a comprehensive communication package** including information, education and communication (IEC) materials – covering both basic information of COVID-19 and hygiene promotion messages – to educate the public so that people better understand how COVID-19 is transmitted, learn to identify symptoms and how to protect themselves and others, where to go and what to do if they are sick, and to dispel misinformation.
- **Scale up the hygiene promotion campaigns nationwide** and increase the installation of handwashing stations in social institutions and public facilities.
- **Ensure availability of running water, disinfectant means at social institutions** and other public facilities and EECs.

Food security, livelihoods and economic security sector

- **Support to local businesses and/or micro, small and medium enterprises (MSMEs)** with grants to reorganize their activities, reduce job losses and create new job opportunities as well as to minimize the negative impact on the local economy.
- **Protect the livelihoods of the most vulnerable households and enhance their food production** as a means to prevent potential spike of food insecurity – particularly due to economic impact of COVID-19. This also includes the strengthening of absorptive capacity and resilience at household and community level to potential COVID-19 economic shocks.

Education sector

- **Support to state authorities to minimize any prolonged disruption of access to basic services**, including access to

education for children, through establishing online/distancing learning mechanisms.

Shelter/NFI sector

- **Support in distribution of NFI kits to the affected communities** to ensure availability of essential supplies, particularly personal protective equipment (PPE) for the general public. If organized in an effective manner, this can coincide with the public information campaigns related to the COVID-19, spread effective measures towards it and contribute to the general mental health on community level.
- **Assistance to the displaced population residing in collective centers**, considering their particular risks due to low living standards and overcrowding.
- **Organize temporary shelter solutions for medical brigades, mobile spots of distribution of medical NFI kits / rapid COVID-19 testing**, etc. It is expected that under the current circumstances, the existing first aid points (FAPs) in the communities will not be able to provide their services to the increasing number of people with developing symptoms.

Response in Eastern Conflict Area: Donetsk and Luhanska Oblasts

Building upon the national response framework, the following activities will be prioritized through the adjustment and/or expansion of activities in the 2020 HRP. To the extent possible, all humanitarian organizations operating in eastern Ukraine will adjust their programming practices to adopt measures to prevent and minimize the spread of COVID-19. For example, making hand sanitizer available at distribution points, piggy-backing hygiene promotion messages into current programming, using technology for monitoring purpose instead of physical field visit, avoidance of group consultation, etc.

Government Controlled Areas

Response to public health impact

Health sector

- **Accelerate risk communication and community engagement, including information, education and communication (IEC) materials** – covering both basic information of COVID-19 and hygiene promotion messages – aiming to educate the public so that people better understand how COVID-19 is transmitted, learn to identify symptoms and how to protect themselves and others, where to go and what to do if they are sick, and to dispel misinformation.
- **Support the allocation and distribution of essential supplies**, including PPE, testing kits and laboratory material to ensure an adequate capacity to meet the needs of the population. This includes logistical and supply management support.
- **Support the surveillance system, case management and investigation as well as contact tracing** to ensure early detection of cases and to slow down the transmission.

- **Support to health facilities in infectious waste management.**
This will be done in close collaboration with the WASH sector.
- **Strengthen the capacity of public healthcare system,** including healthcare personnel, to deal with the COVID-19 threat and increased demands.
- **Support authorities to conduct thermal screening capacity at the EECs** as a preventative and early warning measure and ensure medical capacity to transport suspect cases to treatment facilities.
- **Strengthen community-based mental health and psychosocial support programming** to counteract COVID-19 mental health issues, psychological stress and stigmatization. This includes mental health and psycho-social support (MHPSS) for elderly and healthcare personnel, children and education personnel specifically on COVID-19.

Response to indirect effects on people

WASH sector

- **Provide Infection Prevention and Control (IPC) assistance to health facilities, including water supply improvements** (source and storage), installation of additional handwashing points, distribution of soap and cleaning materials and support to waste management. Consideration of the provision of PPE for non-medical staff.
- **Support community-level hygiene through continuity of water supply, the facilitation of additional hygiene, handwashing and psychosocial messaging** at community level and the installation of additional handwashing facilities with soap at public places, including government offices, food shops marketplaces, etc.
- IPC assistance to schools, including water supply improvements, including sourcing and storage, installation of additional handwashing points, and distribution of soap and cleaning materials.

Education sector

- **Ensure technical support and expertise** is provided to regional education departments regarding online schooling process.
- **Collection and sharing the information about existing educational resources:** digital learning management systems, self-directed learning content, tools, online platforms and existing content which can be used to support implementation of distance learning.

Food security, livelihoods and economic security sector

- **Food distribution** for the most vulnerable population in isolated settlements.
- **Ensure livelihoods monitoring** to track direct and indirect economic impact, as well as devise early recovery measures to be taken in support of regional economic redress.

Protection sector

- **Strengthen protection monitoring, analysis, advocacy and information dissemination:** Given the rapid development of the situation with COVID-19 and corresponding changes in the legal framework, there is a need to strengthen efforts in protection monitoring and analysis, as well as timely and effective dissemination of information on possible impact of those changes on the lives of people affected by the conflict. In addition, Protection Cluster partners will need to scale up advocacy efforts with authorities to ensure that any restrictions do not adversely impact IDPs, conflict-affected persons and people living in NGCA.
- **Increase home-based protection assistance** to minimize infection risk to older people and people with disabilities, who may face additional protection risks due to the COVID-19 prevention measures, including lack of access to pensions, and social benefits and increased social isolation.
- **Provide legal assistance and individual protection assistance** to people with specific needs who may find themselves requiring emergency assistance due to being stranded on the wrong side of the contact line due to their residence registration.
- **Adjust the provision and access to legal and individual protection assistance given restricted mobility:** consider in cash and in-kind protection assistance, psycho-social support and transportation services, outreach support, shelter, safe spaces and daycare-centers for survivors of GBV as well as community spaces for older persons and persons with disabilities, mine victim assistance and demining.

Cash and Voucher Assistance

- **Ensure continued operation through adjusted working modes and modalities.** Cash assistance is particularly effective in a) addressing income gaps while b) ensuring limited contact between people.

Cross-cutting response

- **Conduct COVID-19 public information communication campaign,** covering both basic information on COVID-19 and hygiene promotion messages to engage communities and educate the public on how COVID-19 is transmitted and where to seek help. To be conducted through existing humanitarian networks currently operational in eastern Ukraine (in social institutions, schools, PSS mobile teams, call centers/hot lines youth and other existing social networks, etc.).²⁵ Adapt service provision to mitigate risks of infection. Provide essential supplies, including PPE, for partners involved in delivering critical humanitarian assistance.

Non-Government Controlled Areas

Response to public health effects

Health sector

- **Accelerate risk communication and community engagement,** including information, education and communication (IEC)

²⁵ WHO has compiled materials related to COVID-19 outbreak, including information on coronavirus prophylaxis, travelling advice, Q&As, myth busters, coping with stress, in English, Russian and Ukrainian (not all material available in all languages), available on Google drive: <https://drive.google.com/drive/folders/1q7Hs2CZLle-ul0YdEj7FzaYTCwZlmyUX>

materials – covering both basic information of COVID-19 and hygiene promotion messages – aiming to educate the public so that people better understand how COVID-19 is transmitted, learn to identify symptoms and how to protect themselves and others, where to go and what to do if they are sick, and to dispel misinformation.

- **Support the allocation and distribution of essential supplies**, including PPE, testing kits and laboratory material to ensure an adequate capacity to meet the needs of the population. This includes logistical and supply management support.
- **Support the screening system, case management and investigation as well as contact tracing** to ensure early detection of cases and to slow down the transmission.
- **Support to health facilities in infectious waste management.** This will be done in close collaboration with the WASH Cluster.
- **In addition to these, there may be direct deployment of support** related to laboratory capacity, contact tracing, screening at designated points of entry and infection prevention and control.

Cross-cutting response

- **Conduct COVID-19 public information communication campaign**, covering both basic information on COVID-19 and hygiene promotion messages to educate the public on how COVID-19 is transmitted, how to identify symptoms and how to protect themselves and others, where to go and what to do if they are sick, and to dispel misinformation. Adapt service provision to mitigate risks of infection. Provide essential supplies, including PPE, for partners involved in delivering critical humanitarian assistance.

Response to indirect effects on people

WASH sector

- **Increase of basic hygiene items/supplies to ensure sufficient contingency stock for the most vulnerable** (e.g. children, elderly, pregnant women, etc.) for several months in anticipation of EECP closure. Such contingency stock will allow time for further mobilization of supplies if needed.

Protection sector

- **Strengthen protection monitoring, analysis and information dissemination:** There is a need to strengthen efforts in protection monitoring, as well as timely and effective dissemination of information on possible impact of changes on the lives of people affected by the conflict.
- **Provide individual protection assistance to those unable to cross the 'contact line' to GCA and who may find themselves in need of emergency support.**

Food security and livelihoods sector

- **Scale up food distribution**, particularly for the most vulnerable population in rural communities.

Coordination Mechanisms

At the national level, a National Coordination Council has been set up, as per Presidential decree, to lead and oversee the response at the strategic level. A technical working group at the Ministry of Health has been activated to support the response. At the regional level, operational task forces are being created.

Under the leadership the Humanitarian Coordinator (HC), the Humanitarian Country Team will have overall responsibility for overseeing the humanitarian response to address the impact of COVID-19 in eastern Ukraine. The Inter-Cluster Coordination Group (ICCG) is tasked with supporting the Humanitarian Country Team to this end, and monitoring the inter-sectoral impact of the situation beyond public health concerns and for inter-sectoral humanitarian response planning. The ICCG will report the status, progress and challenges of COVID-19 response to the HCT to inform strategic decision-making. Within the respective sectors, the clusters are also extending the existing coordination platforms – both in Kyiv and in the field locations in eastern Ukraine – to support the coordination of COVID-19 preparedness and response activities among the humanitarian partners operating in the conflict-affected area.

Under the leadership of the Resident Coordinator (RC), the UN Country Team (UNCT) will consider what measures/support can be provided nationwide, building on the planning approach taken in the eastern oblasts. This will be presented separately, and will include a more developmental approach to the COVID-19 response.

Annex I:

Existing Resources for COVID-19 Response

#	AGENCY	OBJECTIVE/ACTIVITIES	SECTOR	FINANCIAL NEEDS OUTSIDE ECA (US\$)	FINANCIAL NEEDS INSIDE ECA (US\$)	TIMEFRAME (UNTIL DEC 2020)
1	UN WOMEN	Assessment of socio-economic impact on men/women	Protection	10,000	-	Short-term
2	UN WOMEN	Assessment of marginalization of vulnerable groups	Protection	35,000	-	Immediate
3	UN WOMEN	Prevention of domestic violence related to risks with quarantine.	Protection	35,000	-	Short term
UNWomen Sub-total				80,000	-	
4	UNDP	Assistance to oblast/raion hospitals in conflict- affected areas (Luhanska/Donetska) with strategic planning and preparedness. Provision of sustainable procurement services.	Health	-	30,000	Short-term
5	UNDP	Communication and outreach support to the Parliament . Assessment of stigma and discrimination towards affected population.	Health/ Protection	156,500	-	Short-term
6	UNDP	Support to MSMEs that provide advisory services and grants to SMEs through business associations; other service providers	Livelihoods	-	50,000	Medium term
7	UNDP	Strengthen capacities of municipalities to support the low-income home owners; awareness-raising in communities of home-owners; universities and rural communities.	Livelihoods	20,000	-	Short and mid-term
8	UNDP	Strengthen capacities of public servants to provide services remotely	Protection	5,000	-	Short-term
UNDP Sub-Total				181,500	80,000	
9	UNFPA	Awareness- raising that tackles the prevention of discrimination. UNFPA corporate guidance on GBV and COVID and Pregnancy/SRH and COVID	GBV-Health	30,000	-	Immediate
10	UNFPA	Information-campaign targeting pregnant women and parents of new-borns.Assistance to Ministry of Health in strengthening ssssexual reproductive health service provision.	Health	30,000	-	Medium term
UNFPA sub-total				60,000	-	
11	UNOPS	Information campaign and procurement of emergency medical supplies.	Health		TBD	Short term
UNOPS sub-total				-	-	
12	IOM	Procurement of equipment for screening travellers at critical infrastructure to detect potential carriers of COVID-19 virus.	Health		TBD	Immediate
13	IOM	Medical Hotline/Counselling for children/migrants; leverage existing CT NGO Network and partner communities for rapid situation mapping and to disseminate information.	Health		TBD	
14	IOM	Procurement and distribution of the hygiene sets among the vulnerable households and social institutions	WASH	250,000	-	
IOM sub-total				250,000	-	
15	UNHCR	Cash assistance to vulnerable groups	Protection		730,000	Medium term
16	UNHCR	Community infrastructure projects with added health component	Health		225,000	Short term

17	UNHCR	Hygiene supplies to implementing partners and selected government counterparts to support outreach work	WASH	150,000		Ongoing
18	UNHCR	Continued implementation of social protection programme, incl. counselling and assistance to vulnerable conflict-affect populations	Protection	1,800,000		Immediate
19	UNHCR	COVID-19 health guidance to implementing partners for further dissemination among beneficiaries	Health	2,000		Ongoing
UNHCR sub-total				2,907,000		
20	UNICEF	Procurement services; and data collection/research; Procurement of all the vaccines and ARV for Ukraine since 2015.	Health	500,000	-	Immediate
UNICEF sub-total				500,000	-	
21	OHCHR	Snap risk analysis on how the outbreak and health response may impact society, taking into consideration various aspects, economic, social and cultural rights, map vulnerable populations (eg discriminated groups, people in detention), political tensions, ethnic divisions (etc). Identify possible negative consequences and mitigating measures.	Health	25,000	-	Short-term
OHCHR sub-total				25,000	-	
22	ILO	Assessment of the impact on the global world of work.	Livelihoods	TBD		March 2020
23	ILO	Country-specific assessment on socio-economic impact	Livelihoods	TBD		May-Dec 2020
24	ILO	Legal and practical advice on OSH for health workers	Health	TBD		May-Dec 2020
25	ILO	Policy advice on social protection	Protection	TBD		May-Dec 2020
26	ILO	Technical comments on legal amendments to the labour law	Protection	TBD		May-Dec 2020
27	ILO	Legal advice re: legal amendments regulating teleworking, flexible working time arrangements	Protection	TBD		May-Dec 2020
28	ILO	Support to digitalization of State Employment Services	Livelihoods	TBD		May-Dec 2020
29	ILO	Advocacy for online dialogue platform to mitigate the social and labour market	Livelihoods	TBD		May-Dec 2020
30	ILO	Support solutions to payment of wage arrears to workers in the most affected sectors	Livelihoods	TBD		May-Dec 2020
ILO sub-total				-	-	
31	WHO	Establishment of Emergency Coordination Centre. Support surveillance and contact tracing through training of rapid response team.	Health	708,000	-	Immediate March - June
WHO sub-total				708,000	-	
33	IBRD	Virus spread prevention measures in Social Protection System	Protection	20,000,000	-	May-June 2020
34	IBRD	Macro fiscal stability and economic recovery	FSL	500	-	May-June 2020
IBRD sub-total				20,000,500	0	
35	UNODC	Treatment services continuity plans for the country	Health	TBD		
36	UNODC	Support to incarcerated population	Health	TBD		
UNODC sub-total				-	0	
Sub-total by area				24,712,000	80,000	
Whole of Ukraine				24,792,000		

Annex II:

Additional Activities and Funding Required for COVID-19 Response

#	AGENCY	OBJECTIVE/ACTIVITIES	SECTOR	FINANCIAL NEEDS OUTSIDE ECA (US\$)	FINANCIAL NEEDS INSIDE ECA (US\$)	TIMEFRAME (UNTIL DEC 2020)
1	UNICEF	Access to family or community based alternative care arrangements to children temporary deprived of parental care by COVID-19, and mental health and psychosocial support (MHPSS).	Child Protection	4,000,000	200,000	March - Dec 2020
2	UNICEF	Monitoring of child rights during and post quarantine with focus on the most in need"	Child Protection	300,000	50,000	April-August 2020
3	UNICEF	Humanitarian cash programme including through e-vouchers	Protection	5,000,000	500,000	April-August 2020
4	UNICEF	Support to Ministry of Education and Science (MoES) and other education actors with planning for continuity of learning,-provision of teaching and learning materials, ECD and education kits to families, addressing psychological support needs in schools,develop and implement targeted health education.	Education	500,000	200,000	April-November 2020
5	UNICEF	Infection prevention and control in Health Care Facilities. Risk communication at community-level and support to education facilities	WASH	5,000,000	800,000	April-November 2020
6	UNICEF	Establishment of Sentinel Surveillance system in selected raions to better understand attack rate, and transmission in the communities. Public information risk communication campaign. Procurement of supply of PPE, Lab and life-saving equipment. Support most vulnerable populations, including medico-social facilities. Strengthen infection control and epidemiological surveillance system in healthcare facilities.	Health	10,000,000	1,000,000	April-August 2020
UNICEF Sub-total				24,800,000	2,750,000	
7	OHCHR	Revision and provision of constructive advice on the framework related to limitations on freedom of movement, expression assembly and association, including those limitations related to quarantines.	Protection	20,000	35,000	March - Dec 2020
OHCHR Sub-total				20,000	35,000	
8	UNHCR	Individual protection assistance (cash)	Protection	150,000	410,000	March-Dec 2020
9	UNHCR	Individual material assistance for special needs	Protection	-	50,000	March-Dec 2020
10	UNHCR	Medical assistance (cash)	Protection/ Health	150,000	-	March-Dec 2020
11	UNHCR	Hygiene supplies for COVID-19 prevention to partners, local/regional govt. institutions.	Protection/ WASH	-	500,000	March-Dec 2020
12	UNHCR	Community infrastructure projects with health component	Protection	-	125,000	March-Dec 2020
13	UNHCR	Communication, messaging, hotline capacity increase	Protection	-	25,000	March-Dec 2020
14	UNHCR	Transport costs	Protection	-	190,000	March-Dec 2020
UNHCR Sub-total				300,000	1,300,000	
15	IOM	Enhanced capacity of points of entry and support the efforts of the immigration, border and health authorities.	Protection	400,000	100,000	March - Dec 2020
16	IOM	Upgraded isolation facilities at identified points of entry to manage suspected/ill travellers	Protection	1,000,000	250,000	March - Dec 2020

17	IOM	Psychosocial support to vulnerable groups, including prevention and referral of gender-based violence and domestic abuse cases.	Protection	1,100,000	550,000	March - Dec 2020
18	IOM	Communication with communities, migrants and travellers to enable access to timely and correct information and prevent stigmatization of returnees.	Protection	1,100,000	550,000	March - Dec 2020
19	IOM	Technical advice and support to GoJ on organization of safe return and domestic travel of returning vulnerable migrants	Protection	1,400,000	100,000	March - Dec 2020
20	IOM	Economic recovery support to those affected most by the crisis	Protection	1,000,000	500,000	March - Dec 2020
21	IOM	Orientation package on psychological first aid for the Ministry of Health of Ukraine officials	Health	100,000	50,000	March - Dec 2020
22	IOM	Self-care information package for frontline workers in Ukraine and Ukrainian consular staff abroad with communities	Health	30,000	20,000	March - Dec 2020
23	IOM	Distribution of hygiene kits to medical and other social facilities	WASH		9,000,000	March - Dec 2020
24	IOM	WASH capacity in key medical and other social facilities in ECA.	WASH	-	3,000,000	March - Dec 2020
25	IOM	Delivery of goods and medicines to vulnerable groups	Food security and livelihoods	1,000,000	2,000,000	March - Dec 2020
26	IOM	Local businesses are supported with grants to reorganize their activities	Food security and livelihoods	3,000,000	2,000,000	March - Dec 2020
IOM Sub-total				10,130,000	18,120,000	
27	UNWomen	Gender impact assessment	Protection	50,000	50,000	March - Dec 2020
28	UNWomen	Social and psychological resilience of women's groups	Protection	250,000	250,000	March - Dec 2020
29	UNWomen	Development of creative and digital services; online trainings/ information sessions for women	Protection	35,000	35,000	March - Dec 2020
UNWomen Sub-total				335,000	335,000	
30	UNDP	Support to medical waste management infrastructure	Health	2,000,000	-	March - Dec 2020
31	UNDP	Personal Protection Equipment and other supplies for 57 critical care medical centers	Health	5,000,000	100,000	March - Dec 2020
32	UNDP	Media campaign	Health	300,000	50,000	March - Dec 2020
33	UNDP	Health interventions	Health	-	120,000	March - Dec 2020
34	UNDP	Micro- Small and Medium Enterprises (MSMEs) support	Livelihoods	-	300,000	March - Dec 2020
35	UNDP	Assessment of COVID-19 impact on MSMEs	Livelihoods	100,000	40,000	March - Dec 2020
36	UNDP	Assessment on the socio-economic impact of COVID-19	Livelihoods	200,000	100,000	March-Dec 2020
37	UNDP	Communication to hard-to-reach areas and vulnerable groups of the population	Protection/ Education	60,000	100,000	March-Dec 2020
38	UNDP	Digital solutions for government coordination, and information sharing	Protection/ Education	50,000	20,000	April-Dec 2020
UNDP Sub-total				7,710,000	830,000	
39	UNFPA	Response to domestic violence/gender-based violence	Protection	2,500,000	150,000	March-Dec 2020
40	UNFPA	Capacities of maternities to ensure access to healthcare is maintained	Health	2,000,000	200,000	March-Dec 2020
41	UNFPA	Support to female health workers with essential hygiene and sanitation items	Health	750,000	60,000	March-Dec 2020

42	UNFPA	Support to young people in community engagement and risk communication, continuity of education through non-formal education or recreational activities	Health/ Education	350,000	50,000	March-Dec 2020
UNFPA Sub-total				5,600,000	460,000	
43	UNOPS	Procurement of medical supplies	Health	10,000,000	-	March-Dec 2020
44	UNOPS	Enhance medical infrastructure through additional physical space (e.g. mobile clinics and labs) and medical equipment	Health	30,000,000	-	March-Dec 2020
45	UNOPS	Fund management as a coordinated financial instrument for COVID-19 response	FSL/Health	-	-	March-Dec 2020
UNOPS Sub-total				40,000,000	-	
46	ILO	Tools and practical solutions for businesses on maintaining productivity in the context of social distancing for ECA - Cost TBC	Food security and livelihoods			March-Dec 2020
47	ILO	Support to restart businesses affected by COVID-19 based on the ILO's "Improve Your Business" methodology for ECA - Cost TBC	Food security and livelihoods			March-Dec 2020
ILO Sub-total				TBC	TBC	
48	WHO	Case management, continuity of essential services and infection prevention and control	Health	1,500,000	500,000	March-Dec 2020
49	WHO	Support to National laboratory network	Health	1,000,000	300,000	March-Dec 2020
50	WHO	Operational and logistic support	Health	4,600,000	900,000	March-Dec 2020
51	WHO	National coordination and Multi-sectoral action	Health	1,000,000	200,000	March-Dec 2020
52	WHO	Risk communications and community engagement	Health	800,000	250,000	March-Dec 2020
53	WHO	Identify and address healthcare needs of vulnerable population groups	Health	500,000	800,000	March-Dec 2020
54	WHO	Surge capacity human resources	Health	1,980,000	710,000	March-Dec 2020
55	WHO	PHC capacity to respond to epidemic	Health	450,000	170,000	March-Dec 2020
56	WHO	Health work force strategy to build agile and resilient health system,	Health	150,000	53,000	March-Dec 2020
57	WHO	Development of mechanisms to address mental health needs of the health workforce	Health	60,000	50,000	March-Dec 2020
58	WHO	Support to mental health system	Health	390,000	152,000	March-Dec 2020
59	WHO	Financing flows and payment methods for key public health functions and hospital care	Health	540,000	180,000	March-Dec 2020
60	WHO	Technical support and policy dialogue platform for multi-sectoral action to mitigate social and economic consequences of COVID-19 and future epidemics.	Health	300,000	100,000	March-Dec 2020
61	WHO	Technical support (both from legal and public health expertise) to the ongoing revision of the Public Health System Law	Health	210,000	55,000	April-Sep 2020
62	WHO	Development of surveillance system for healthcare associated infection (HAI) to ensure regular collection of data.	Health	600,000	210,000	March-Dec 2020
63	WHO	Reinforcement of the nation-wide IPC programme	Health	390,000	130,000	March-Dec 2020
64	WHO	Independent external voluntary assessment of the emergency response system of Ukraine	Health	210,000	70,000	May-July 2020
65	WHO	After-Action review	Health	90,000	30,000	Nov-Dec 2020
WHO Sub-total				14,770,000	4,860,000	
66	FAO	Livelihoods of the most vulnerable households and enhance their food production.	Food security and livelihoods	800,000	-	

67	FAO	Absorptive capacity and resilience at household and community level.	Food security and livelihoods	1,200,000	-	
FAO Sub-total				2,000,000	-	
68	UNODC	Ensure that people who use drugs are receiving critical harm reduction and OST services	Health	50,000	-	March-Dec 2020
69	UNODC	Safety at work place /Six training sessions for uniformed servants	Health	50,000	-	March-Dec 2020
UNODC Sub-total				100,000	-	
70	NGOs	NGO Covid-19 response in eastern Ukraine			5,000,000	March-Dec 2020
Sub-total by area				105,765,000	33,690,000	
Whole of Ukraine				139,455,000		

2020 Humanitarian Needs and Response Plan

PEOPLE IN NEED

3.4M

PEOPLE TARGETED

2.0M

REQUIREMENTS (US\$)

\$158M

HRP PARTNERS

56

Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED
Residents	3.0M	1.7M
Internally displaced people	400k	219k

Humanitarian Response by Gender

GENDER	IN NEED	TARGETED	% TARGETED
Women	1.9M	1.1M	57%
Men	1.5M	842k	43%

Humanitarian Response by Age

AGE	IN NEED	TARGETED	% TARGETED
Children (0 - 17)	545k	372k	19%
Adults (18 - 59)	1.8M	1.1M	54%
Elderly (60+)	1.1M	528k	27%

Humanitarian Response for Persons with Disability

GROUP	IN NEED	TARGETED	% TARGETED
Persons with disabilities	409k	176k	9%

Financial Requirements by Strategic Objectives

#	STRATEGIC OBJECTIVE	REQUIREMENTS (%)
S01	Provide emergency and time-critical assistance and ensure access to basic essential services to 2 million conflict-affected people with humanitarian needs	84%
S02	Respond to the protection needs and strengthen protection of 1.4 million conflict-affected people, including IDPs, with regard to international norms and standards	11%
S03	Ensure government ownership of humanitarian response in coordination with development actors and strengthen national/local response capacity in GCA	5%
S04	Expand and secure humanitarian access to 2 million people in need in all areas where needs are acute	—

Financial Requirements by Sector

SECTOR	REQUIREMENTS (US\$)	REQUIREMENTS (%)
Protection	\$51M	32%
- Protection	\$29M	18%
- Mine Action	\$14M	9%
- Child Protection	\$5M	3%
- Gender Based Violence	\$3M	2%
Shelter/NFI	\$27M	17%
Health	\$22M	14%
WASH	\$22M	14%
Food Security & Livelihoods	\$18M	11%
Education	\$7M	5%
Common Services & Support	\$6M	4%
Multipurpose Cash Assistance	\$5M	3%

Financial Requirements by Geographical Zones

ZONE	REQUIREMENTS (US\$)	REQUIREMENTS (%)
GCA 0-5km area along the 'contact line'	\$57M	36%
GCA 5-20km area along the 'contact line'	\$28M	17%
GCA 20km+ area along the 'contact line'	\$15M	9%
NGCA 0-20km area along the 'contact line'	\$49M	31%
NGCA 20km+ area along the 'contact line'	\$9M	6%

UKRAINE:
**EMERGENCY RESPONSE PLAN
FOR THE COVID-19 PANDEMIC**