KEY HIGHLIGHTS

● Project HOPE’s response to the Ukraine crisis continues to expand as we establish logistics chains into Ukraine and the surrounding countries.

● Project HOPE has developed key to support health, mental health, and protection needs in response to requests from government officials and local partners.

● Over 1.7 million refugees have left Ukraine, and that number continues to increase with expectations that the number of displaced from the conflict could reach 10 million.

● Protection, psychosocial, and mental health needs are the most urgent at this time. Support for chronic illness like diabetes or hypertension is also lacking in both Ukraine and the response for refugees.

● Supplies in both Ukraine and border countries continues to be limited as basic needs such as cots and bandages are running out.

SITUATION OVERVIEW

Despite parallel talks between Russian diplomats and their counterparts in Ukraine, the European Union, and the United Nations, fighting continued in major Ukrainian population centers over the weekend.

In southern Ukraine, Russian forces fought to take Mykolaiv, only to be driven back by Ukrainian troops on Sunday. Meanwhile, conditions are rapidly deteriorating in Mariupol due to the ongoing siege. Civilians will remain trapped in the city until an agreement to pause fighting is secured between Ukrainian and Russian forces. Two previous deals reached on Saturday and Sunday were quickly broken by the Russians.iii

After a call that failed to secure any agreement with Russia’s Defense Minister Sergei Shoigu, UN Secretary-General Antonio Guterres tweeted on March 6, “It is absolutely essential to establish a pause in the fighting in Ukraine to allow for the safe passage of civilians from Mariupol, Kharkiv and Sumy, as well as all other places caught in conflict, and to ensure life-saving humanitarian supplies can move in for those who remain.”

On March 7, Moscow unilaterally announced it would let residents of Ukraine’s two largest cities—Kyiv and Kharkiv—flee in corridors to Russia and Belarus. Ukrainian officials called the action “an ‘immoral stunt’ to weaponize the suffering of civilians under Russian bombardment.”ii
According to the Office of the UN High Commissioner for Human Rights (UNHCR), 360 civilians have died since the Russian invasion began last month. An additional 1,123 are estimated to have been wounded. These numbers are believed to be underestimates as capturing the true extent of fatalities amidst the violence remains challenging due to reporting delays and inability to assess the scope amidst constant fighting.iii

Data from UNHCR show the speed of the Ukraine exodus is already bigger than the migration crisis of 2015, when 1.3 million asylum seekers from Syria, Iraq, Afghanistan and Africa, fleeing poverty and wars, entered Europe. More than half of Ukrainians fleeing the conflict have headed to Poland—now home to over 750,000 refugees.iv

This week, Human Rights Watch (HRW) issued a statement accusing Russia of “serious violations of the laws of war,” including using internationally banned cluster munitions to bomb residential areas and kill civilians in Kharkiv.v

HUMANITARIAN NEEDS

The flow of refugees from Ukraine into neighboring countries continues to grow. Following last week’s attack on nuclear facilities in the Dnipro area, Project HOPE’s medical director said, “It’s a biblical-scale exodus from East to West.”. The United Nations has predicted that 10 million Ukrainians – approximately one quarter of the population – could be displaced by the conflict. Of those, roughly 4 million could become refugees in other countries over the weeks to come.vi

As Project HOPE has noted in our border assessments in Romania, Poland, and Moldova, most refugees exiting the country are women, children, and some elderly. The New York Times has reported that many elderly have insisted on staying in Ukraine, which, as infrastructure and health care are disrupted, presents unique problems that are compounded by the violence.vii

On the ground, Project HOPE is seeing significant strain on host countries, especially Moldova and Poland. Approximately, 100,000 refugees per day are crossing the Ukraine-Poland border, and the local markets have been unable to meet the demands of medical supplies. The Polish Ministry of Health has limited who can procure pharmaceuticals and medical supplies in-country, hoping to mitigate the stress on the health system from the rapid influx of refugees. Transit sites and support centers can only provide very small amounts of over-the-counter medicines, as supply is limited. Chronic disease such as diabetes and hypertension are mostly unmanaged. Project HOPE is working closely with partner hospitals and the Ministry of Health to determine how to best support both the Ministry of Health and the population of refugees moving through Poland.

In Moldova, smaller refugee welcome sites are unable to provide any medical care, and the Ministry of Social Protection is short on blankets, bedding, and towels for refugees.

Mental health and protection needs continue to be a concern across all the border sites. In Poland, a large number of volunteers are welcoming refugees into personal cars and chartered busses to take to shelters or their homes. While this volunteer effort is valuable in reducing the strain on the local government, there is no vetting mechanism for volunteers. Most refugees are single women with children and protection concerns are significant. In addition, currency exchange centers are beginning to refuse Ukrainian currency, as they’ve reached their limit in accepting it and the value crashes in response to the conflict. This creates further protection vulnerability for those trying to leave Ukraine.
PROJECT HOPE RESPONSE

Project HOPE’s teams are working in Poland, Romania, Moldova, and Ukraine. We’re coordinating with local NGOs, hospitals, and government officials across each country, as well as the WHO Health and Logistics Clusters, UNHCR, Ministries of Health, and other authorities. Project HOPE’s Executive Vice President of Global Health, Chris Skopec, has remained in Krakow this week, with the Project HOPE team there, and is coordinating Project HOPE’s regional response from Poland.

In Ukraine, Project HOPE’s activities include:

- Expanding the capacity for a Ukrainian non-governmental organization in Kyiv to purchase and transport medicines and medical supplies to civilian hospitals.
- Assessing health needs across Ukraine, including in Lviv and Kyiv, and establishing transit routes to get medicines and medical supplies.
- Continued recruitment and mobilization of additional staff to respond to health needs.

In Moldova, Project HOPE’s activities include:

- Procurement and delivery of key medical supplies to the Ministry of Health to serve refugees.
- Mobilization of an Interagency Emergency Health Kit (IEHK), hygiene kits, and Non-Food Items (NFIs) to the Ministry of Health and the Ministry of Social Protection to support refugees.

In Poland, Project HOPE’s activities include:

- Procurement of key medical supplies being delivered to a neonatal hospital in Kyiv on Friday through a local Polish partner.
- Development of key relationships to continue supplying medicines and medical supplies into Ukraine.
- Assessing needs and contingency planning for health facilities in Poland as refugee numbers increase demand on the Polish health system.
- Establishing warehouse space and a sustainable logistics corridor into Ukraine.

In Romania, Project HOPE’s activities include:

- Identification of local partners for Mental Health and Sexual Gender-Based Violence support for refugees.
- Sourcing hygiene kits, medical supplies, and medicines for transport into Ukraine as well as for the refugee population.
- Assessment of border entry points to determine needs of refugee population and transit centers.
Establishment of relationship with key partner to send supplies into Odessa, and the mobilization of an IEHK and hygiene items to Romania.

Project HOPE will continue to closely monitor the situation as it unfolds in order to respond to the most pressing health and humanitarian needs among affected populations.

SOURCES

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