

UKRAINE: humanitarian response plan for the COVID-19 pandemic

Emergency Shelter and NFI Cluster in Ukraine

Background

On 11 March the World Health Organization (WHO) declared a global pandemic; as the coronavirus rapidly spreads across the world, and there are also cases of people in Ukraine who are infected or even died due to the virus, humanitarian actors and Clusters in Ukraine were reached out to elaborate a response plan with mitigation and prevention measures.

Humanitarian Needs Overview and Humanitarian Response Plan focus predominantly on the Eastern Conflict Area in Ukraine, narrowing the agencies' operational presence and outreach capacities to that area. In the worst-case scenario, when the rapid spread of the infection overlaps with the conflict-affected area, the mobile brigades will have to reach certain settlements along the line of contact including those with limited access and the isolated ones. These villages and cities have little or no capacity, both institutional and human resources, to operate any kind of emergency, including measures for handling quarantine.

The existing state medical entities are not designed for this type of situation, and would not be able to provide the brigades of medical and paramedical staff to the patients in their own homes, handle an additional number of patients, and adhere to proper conditions for both staff and patients. The existing medical facilities in villages are designed to provide a first aid type of support and often are small stand-alone one-story buildings with limited indoor space.

Partners of the Shelter and NFI Cluster in Ukraine could contribute to the humanitarian response with the following:

1. Support in distribution of NFI kits to the affected communities.

In line with preventive measures recommended to the whole population, there is a need 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.

While activities like the distribution of hygiene kits are part of the WASH sector, shelter and NFI agencies can help with the distributions by allocating human and logistic resources and/or topping up with sector-specific NFIs. This added value is explained through the fact that shelter and NFI sector has still a significant number of active or standby partners as well as sufficient experience in extensive and quick distribution campaigns. Moreover, many partners still maintain an almost immediate reach to isolated settlements and some also the capacity to deliver in NGCA.

In addition to distribution of PPE, partners can organize distributions of NFIs (clothing and bedding) to hospitals and clinics. This activity will be relevant particularly in case of increasing number of discovered cases and with further quarantine/social isolation measures. The number of bedding

sets shall be defined by the hospitals according to their operational needs; the estimated price of one set in this case does not exceed 50 USD.

2. Assistance to the displaced population residing in collective center

Even though the humanitarian focus is concentrated around the conflict affected areas, the population residing in collective centers appear to be at particular risk as the low living standards facilitate the human-to-human transmission channels.

According to the IASC Interim Guidance on Scaling-Up Covid-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Including Camps and Camp-Like Settings¹, the following actions shall be considered:

- The settings [of collective center] require adaptations to multi-sectorial the COVID-19 readiness and response measures implemented for the general population;
- While adaptations of site plans may not be feasible, maximizing site planning for better distancing among residents and crowd management, adherence to infection prevention and control (IPC) standards, strong risk communication and community engagement (RCCE) and a good surveillance system to detect initial cases early can greatly reduce the propensity for COVID-19 to spread within such settings;
- Appropriate case management can reduce mortality among those infected with the virus.

More than 7,000 IDPs currently reside in collective centers in Ukraine. As a mitigation measure for the population residing there, the following options may be considered:

1. To provide cash for rent (in apartments or dormitories) to the population who reside in substandard living conditions (especially in the premises of non-residential housing stock) and to those who are at risk of eviction (approx. 2,500 IDPs ~ 1,000 HHs). This intervention will contribute to the decommissioning of some of the collective centers and will ensure that beneficiaries receive better housing. This intervention should be considered for minimum one month to cover for the period of declared quarantine with further consideration based on livelihoods possibilities of the settled in population. The proposed amount of the cash grant is 200-250 USD.
2. To purchase cheap housing (up to 8,000 USD) to resettle people. This measure is more effective for the beneficiaries in terms of acquiring durable solutions but is costly and requires significant implementation time. A quick market analysis shows that there are only 6 oblasts in Ukraine where apartments/houses can be bought, with not more than 200 housing units available at once. In general, given the narrow timeline and the implementation capacity, no more than 50 families are expected to benefit from this type of response.

¹ <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>

3. Organize temporary shelter solutions for medical brigades, mobile spots of distribution of medical NFI kits / rapid COVID-19 testing, etc.

The outdoor shelter solutions under this intervention aim to support and extend existing capacities. It is expected that under the described scenario, the existing first aid points (FAPs) in front-line communities will not be able to provide their services to the increasing number of people with developing symptoms. The emergency may require shelter interventions of a temporary nature – like the deployment of sunshade tents and the construction of temporary units for medical brigades.

The provision of these temporary outdoor structures has a two-fold purpose:

- a) to prevent people from crowding medical premises, decreasing the chances of infection.
- b) to boost the transfer capability of the COVID-19 testing and treatment points.

A wooden structure with the shade made of tarpaulin can constitute the basis for the initial design. The total cost of one tent would not exceed 60 USD considering the sufficient stock of tarpaulin available in partners' warehouses that could be used for the purpose. The BOQ for the tent is mentioned in the Annex 1 below. Two rows of five tents each will enable brigades to effectively organize a ground plot of 112 m². Medical staff will be able to provide basic services to affected population using the constructed tents and adapt indoor space by zoning it with non-transparent tarpaulin film.

Materials for the tents should be delivered to hard-to-reach locations and settlements that represent the administrative centers of village councils. There are 72 settlements of this type in Donetsk GCA, and 29 in Luhansk GCA area (0...20 km zone), which results in 101 locations along the line of contact:

Area	GCA (0-20 km zone)
Donetsk GCA	
GCA (0-5 km zone) 19	72
GCA (5-20 km zone) 53	
Luhansk GCA	
GCA (0-5 km zone) 9	29
GCA (5-20 km zone) 20	
Grand Total	101

Even though the tents are temporary structures by themselves, they are not disposable but can be disassembled and re-used. The reuse of the tents will significantly influence the total required budget for the intervention. Thus, deployment of ten tents in each of the 50 settlements with further re-usage in the remaining number of locations will result in 500 tents in total or 30,000 USD:

Number of tents required per one location	10 pcs
Number of locations	50 settlements
Total number of tents required	500 pcs

Cost of 1 tent	60 USD
Total cost of the tents (500 pcs)	30,000 USD
Total cost of the delivery (20% of the cost of materials)	6,000 USD
Labor cost for assembling (50% of the cost of materials)	15,000 USD
Total cost, USD	51,000 USD

The total number of people assisted in the outlined 101 settlements stands for 1,038,907 persons, according to the common operational dataset used by ICCG/IMWG. The area of intervention is bounded to GCA from 0 to 20 km along the line of contact.

4. Increasing capacity of the local ambulatory stations, first-aid centers, and other centers for emergency response.

The humanitarian shelter response of this type implies programming of more substantial solutions. Increasing capacities of the first-aid center, known as FAPs, is an integral part of the planned response which aims at contributing to the following possible indicators:

- number of people who received medical treatment (health services) and/or were tested for COVID-19 in the front-line communities increased;
- number of staff of the FAPs who provide medical care for persons of concern in the front-line communities increased.

Medical facilities of this type already exist in almost every settlement or in important catchment areas that represent a center of a village council or a city council. However, as a part of the comprehensive approach, and to be able to cope with the rapid increase in the number of persons who seek medical assistance, other facilities could be considered as centers for COVID-19 testing and examination. For instance, community centers that had been created and assisted by humanitarian agencies in recent years. Specifically, there are 75 peaceful-coexistence projects implemented by different actors (implemented directly by UNHCR or in partnership) since 2017. The projects support existing of front-line communities. These community centers could also be used to support the delivery of medical services and/or serve as centers of NFI medical kits distribution.

These centers should be supported with the aim at increasing their existing capacity to handle this type of emergencies. In particular, shelter Interventions should focus on interior repair works, enlargement of interior operation area, temporary reconfiguration of premises, etc.

Additionally, those entities are also recognized as centers for possible NFIs and medical kits distribution. Though, considering additional sanitary requirements for interior space and premises, their non-adapted conditions should be properly addressed by shelter interventions.

Shelter interventions under this objective mainly focus on the adaptation of existing premises inside of the centers through the re-organization of the available space. The approach implies assembling the temporary wooden-based structures covered by tarpaulin film. These partition-walls will zone areas inside of the premises and create suitable sanitary conditions for medical testing, examination of patients, etc.

The BOQ for the partition-walls is in Annex 2. The minimum area for the patient examination room stands for 12 m². It requires 35 m² of partition-walls to be constructed. There are also other premises that should be separated by temporary panels as well, such as waiting rooms, staff rooms, and the registry office. Thus, the total area of partition-walls stands for 140 m². To be able to organize the premises in all of the 75 community centers, there's a need for 10,500 m² of temporary partition-walls. The summarized information is mentioned below.

Description	Units
Minimum area for one patient examination room m ²	35, m ²
Minimum number of premises for examination of patients	4 premises
Total area of partition-walls (one center)	140 m ²
Total number of centers to be reconfigured	75 centers
Total area of partition-walls to be assembled m ² (all 75 centers)	10,500 m ²
Cost of the partition-walls (one center)	68 USD
Total cost of the partition-walls (75 centers)	5,100 USD
Total cost of the delivery (20% of the cost of materials)	1,020 USD
Labor cost for assembling (50% of the cost of materials)	2,550 USD
Total cost, USD	8,670 USD

The total number of people assisted in the outlined 75 communities where live 555,000 individuals. The area of intervention is bounded to GCA from 0 to 20 km along the line of contact and in Donetsk NGCA area where the community centers had already been established in recent years.

² Order of the Ministry of Health of Ukraine, annex1; [link](#)

ANNEX 1

BOQ FOR THE WOODEN TENT

#	Material	quantity	Cost, USD
1	Beam 70x150x4500 mm	4.0	18
2	Plank 50x50x4500 mm	10.0	11
3	Plank 25x100x4500 mm	11.0	12
4	Tarpaulin 4x5 m	3.0	0
5	Screw M10	20.0	3
6	Ring plate 10 mm	40.0	0.34
7	Self-tapping screw 35 mm	120.0	2
8	Self-tapping screw 55 mm	100.0	2
9	Corner joist fitting 80x80 mm	14.0	11
<i>tot cost (USD)</i>			60



ANNEX 1

BOQ FOR THE PARTITION WALLS

#	Material	quantity	Cost, USD
2	Plank 50x50x4500 mm	4.0	4
3	Plank 25x100x4500 mm	4.0	4
4	Tarpaulin 4x5 m	2.0	0
8	Self-tapping screw 55 mm	100.0	2
9	Corner joist fitting 50x50 mm	8.0	7
<i>tot cost (USD)</i>			17