

Mobile medical team consultation in Sumy region. © FRIDA



**9.2 M**  
In Need



**3M**  
(2.2M)\*  
Targeted



**\$130 M**  
(97.6 M)\*  
Required



**1.9M**  
Reached

\*This figure represents the reprioritized 2025 HNRP

### HIGHLIGHTS

- Civilian lives and well-being remained at risk in November as attacks continued to target homes, energy infrastructure, and essential services, including health care. Five large-scale attacks [struck](#) Ukraine's energy system during the month, causing widespread power outages and disrupting electricity, heating, and water supplies across several regions. As winter conditions set in, 10 Health Cluster partners [reported](#) delivering winter-specific health assistance to 16,027 people so far, as part of the [Winter Response Plan \(October 2025-March 2026\)](#), against the Health target of 98,058.
- The 19 November attack on a residential area in Ternopil was the [deadliest](#) in the region since the beginning of the full-scale escalation, with 38 people killed. Overall, the UN Human Rights Monitoring Mission in Ukraine (HRMMU) recorded at least 226 civilians killed and 952 injured this month alone. Attacks on densely populated areas accounted for more than half of the civilian casualties. As part of the [post-strike response](#), Health Cluster partners, in support of first responders and authorities, delivered emergency health services, reaching more than 2,700 people through primary health care and mental health and psychosocial support, as of November 2025, while supplying health facilities with medicines and equipment to support the treatment of 11,200 people.
- Evacuations and displacement persisted as hostilities and shelling in frontline communities prompted displacement and the relocation of essential services. According to [IOM DTM](#) Frontline Monitoring, more than 15,000 people were displaced from frontline areas in November alone, with localized increases in Dnipropetrovska oblast and Zaporizka oblast, alongside continued displacement from Donetsk and Kharkivska oblast. In response to an increase in new arrivals in Zaporizka oblast, authorities opened a transit center in Zaporizhzhia city. The Health Cluster [coordinated](#) the provision of health and MHPSS services across five transit centers, reaching more than 19,000 people since the beginning of the year.
- The Health Cluster completed its annual evaluation exercise, the Cluster Coordination Performance Monitoring (CCPM), to review ongoing efforts and overall performance throughout the 2025 response and drawing from lessons learned to inform planning for 2026. The CCPM exercise included a [dedicated reflection](#) session attended by the WHO Country Representative Dr. Jarno Habicht, bringing together 50 partner representatives to review achievements and identify areas for improvement.

### HEALTH SECTOR



**1,718**  
health facilities supported  
as of 30 November 2025  
Source: 5W



**2,772** attacks on  
health care since 24 Feb  
2022  
Source: [WHO SSA](#)



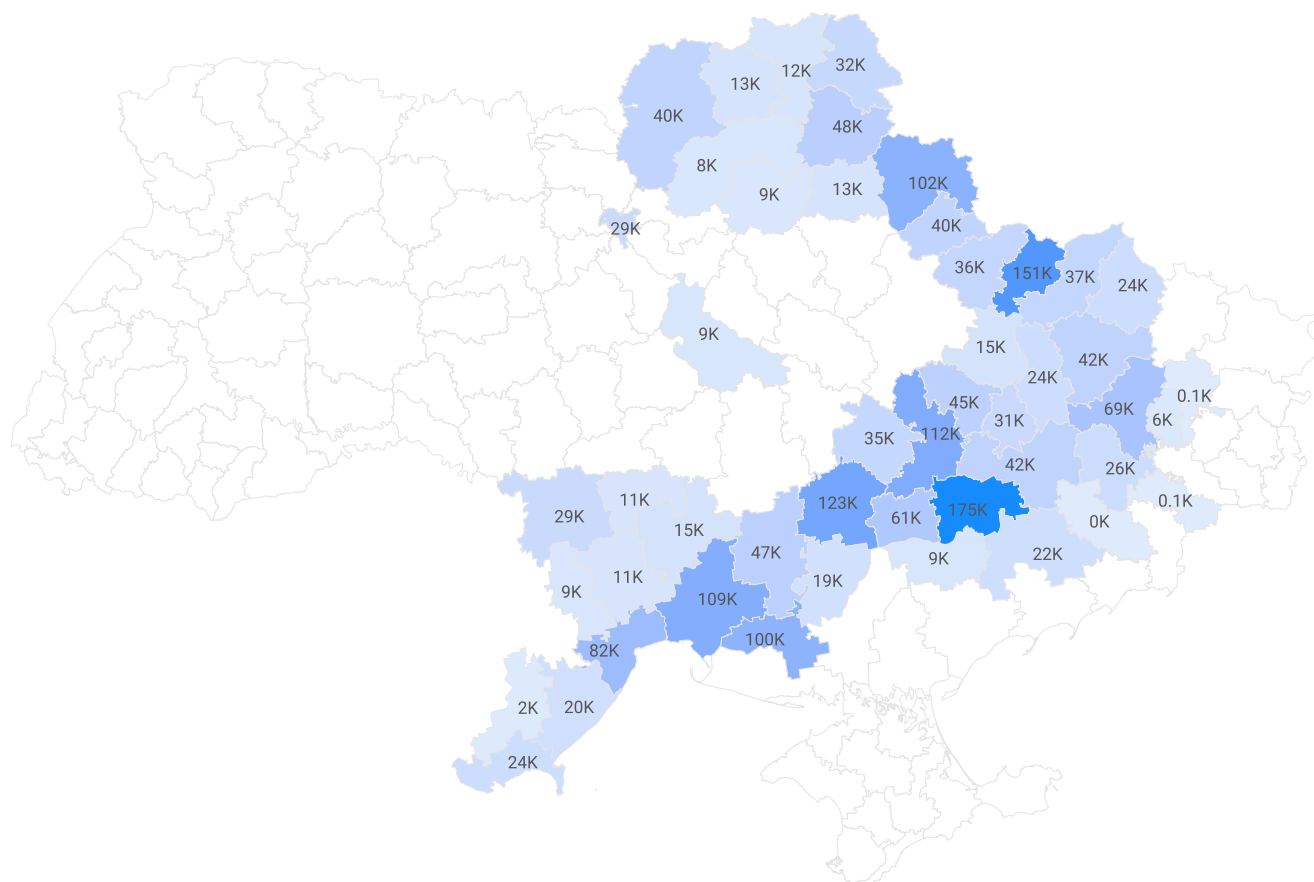
**449**  
logged HRPR submissions  
in 2023, as of 30 November 2025



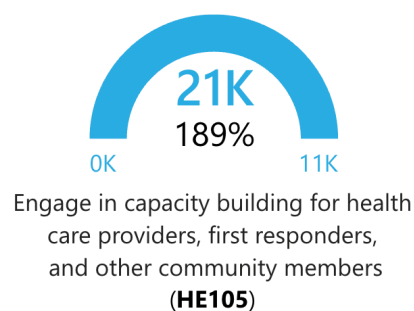
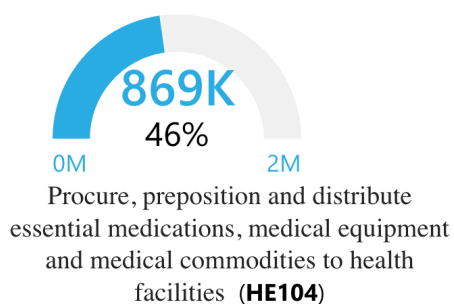
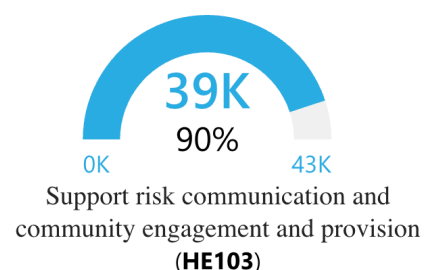
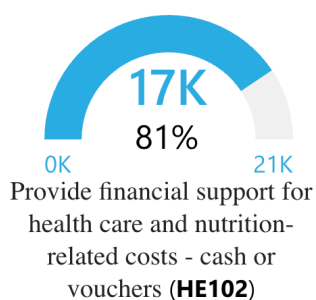
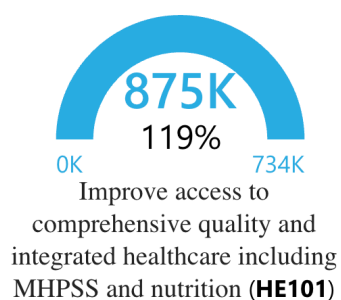
**146**  
Partners reporting  
(cumulative) HRP  
activities in Activity Info, as  
of 30 November 2025

# HEALTH CLUSTER RESPONSE PROGRESS

People Reached by Raion, as of 30 November 2025



People Reached by Activity, as of 30 November 2025



# NEEDS & GAPS

## Winter Risk

In November, the number of attacks on energy infrastructure in Ukraine remained record high, similar to the previous month. [ACLED](#) recorded 171 incidents targeting energy infrastructure, showing a marginal decline in attacks recorded in October (177). These attacks pose a significant risk for civilians this winter, including prolonged disruptions to heating, electricity, and water supplies. Such disruptions are likely to undermine the accessibility and continuity of essential services during the winter season.

Although hospitals equipped with generators are able to maintain functionality during short-term interruptions, power outages still [pose](#) serious, wide-ranging threats to health care delivery. These risks extend across supply chains, staff mobility, water and heating systems, surgical and diagnostic equipment, administrative functions, and broader community health needs. This perceived resilience depends on outages being limited in scope, duration, and the effective implementation of mitigation measures. However, REACH findings suggest that these risks may often be underestimated, and challenges encountered during previous disruptions are not fully recalled. In this context, and in anticipation of increased needs during the winter period, the Health Cluster is approached regularly by the regional Departments of Health with requests for support to ensure the sustained operational capacity of health facilities, including through the provision of generators, heating systems, and other essential resources, especially in frontline areas.

Populations across Ukraine face acute winter vulnerability due to conflict, displacement, and damaged housing and energy infrastructure. [Cold spots](#) in Kharkivskiyi, Bohodukhivskiyi, Sumskiy, Kramatorskiy, Shostkynskiy, and Buchanskiy show compounded winter risks, with Kramatorskiy and Shostkynskiy having the “highest” risk. Disrupted utilities, poor road access, and damaged health facilities hinder service delivery. Disrupted utilities, poor road access, and damaged health facilities hinder service delivery. Displaced persons, older adults, and those with chronic conditions face increased morbidity risks and limited access to essential care. Last winter, 51% of households reported unmet health needs, including a lack of medications and primary care.

## Availability of Medicines

In frontline and hard-to-reach areas, attacks on warehouses and damage to pharmacies and health facilities have severely disrupted access to essential medicines and health services. Medicine stockouts, facility closures, and supply chain interruptions have left vulnerable populations, especially IDPs, older persons, and those with chronic conditions, without consistent care. Despite these gaps, health partners continue to support the Ministry of Health by donating lifesaving medications, over-the-counter (OTC) kits to frontline communities and transit centers.

According to IOM ([October 2025](#)), some 38% of the displaced population report lack access to medicines with affordability and availability reported as key barriers. The [MSNA 2025](#) equally revealed that 8% of households with chronic illness were often unable to obtain needed medication. AMP coverage gaps and recent pricing reforms have further strained access. Pharmacies in rural and frontline areas often face challenges with replenishment

in conflict-affected areas. To mitigate this, some partners integrate CVA to support access to medicine and transport. The Health Cluster convened UKR-Poshta and 12 Cash and Voucher Assistance (CVA) for health partners to strengthen collaboration on delivering medicines to rural and hard-to-reach communities, ensuring essential treatments reach those most in need.

## Availability of Services

A critical shortage of health workers in war-affected and border regions continues to undermine health service delivery, especially in frontline areas. The February mobilization of medical and humanitarian personnel further reduced service availability, while attacks on health facilities disrupted care and endangered staff and patients. Access is particularly limited for people with disabilities and those with special needs, who report higher health needs and greater barriers. According to MSNA 2025, health-related needs are most severe near the frontline: in the 0–20 km zone, 26% of households in Donetsk oblast were in need due to chronic conditions and lack of access to medication or care, compared to 7% in Chernihivska and 9% in Sumska. In the 21–50 km zone, needs remained high in Donetsk (17%) and Sumska (16%). These gaps highlight the urgent need for targeted support to the health workforce, protection of health infrastructure, and inclusive service delivery for high-risk populations.

## Mental Health and psychosocial Support

The burden of the war on the mental health of the population and the health workforce continues to increase. As a result of the attacks, many people across Ukraine, including health staff, require mental health support. According to the WHO Ukraine Health Needs Assessment Round 7 ([April 2025](#)), 72% of adults experienced mental health challenges over the past year, with stress, anxiety, and low mood reported most frequently. IDPs were disproportionately affected, with 80% reporting stress compared to 74% among non-displaced populations. The [MSNA 2025](#) confirmed these findings, indicating that 63% of assessed households had at least one member feeling emotionally unwell, making daily life more difficult than usual, and 41% reported severe or extreme MHPSS challenges.

## Trauma and Rehabilitation

Health facilities, especially in conflict-affected areas, face a high influx of trauma patients but lack specialized rehabilitation capacity. Trauma-related injuries, such as spinal cord injuries, brain trauma, burns, and amputations, remain challenging to handle, with referral challenges and limited access in some locations. Many advanced patients with complications will be referred to palliative care or long-term care, losing possibilities for regaining functional independence and returning to their daily lives. While multidisciplinary rehabilitation is available within the network of “capable hospitals” across Ukraine, service quality may vary, with waiting lists of up to three months and a shortage of specialized professionals. Integrating mental health into rehabilitation is essential for holistic recovery. Awareness among service users and service providers of free rehabilitation services is low, especially among primary care physicians, resulting in many individuals without access to care. Stronger coordination is needed to address gaps and avoid duplication.



## Sexual and Reproductive Health Needs

Access to SRH services is reduced due to pharmacy closures, damaged facilities, and supply disruptions. Limited SRH focal points at the primary care level affects care-seeking behavior. High rates of intimate partner and non-partner sexual violence highlight the need for enhanced clinical services and medical capacity-building. Access to antenatal care, especially for adolescents, has dropped, leading to increased maternal complications. Declining HIV and syphilis testing among pregnant women calls for expanded screening and treatment. Regional disparities in teenage pregnancy, rising abortion-to-live-birth ratio and unsafe abortions, and higher syphilis and hepatitis B cases demand stronger public health interventions, sexuality education, and improved contraception access. Strengthening SRH services at the PHC level is essential to ensure the availability of comprehensive SRH services.

## Risk Communication & Community Engagement

Reaching vulnerable populations with risk communication and community engagement (RCCE) materials continues to be a challenge, particularly in frontline oblasts where insecurity and disrupted service delivery exacerbate public health risks. In these contexts, limited access to accurate information may contribute to low health-seeking behaviors and the adoption of negative coping strategies. Strengthened coordination is essential to ensure consistent and contextually appropriate messaging, especially on priority issues such as rabies prevention, measles vaccination, and the promotion of essential health-seeking practices. Aligning messages with the Ministry of Health's priorities is key to addressing risk communication challenges. Greater partner involvement in community listening would amplify voices from high-risk regions.

# HEALTH CLUSTER COORDINATION UPDATES



An overview of the 16 Days of Activism (25 November–10 December) was presented during the CCPM 2025 session by the GBV Area of Responsibility (AoR) in Ukraine. © Health Cluster Ukraine

## CCPM 2025 – Taking stock of Health Cluster Coordination

In November, the Health Cluster launched its annual Cluster Coordination Performance Monitoring (CCPM) exercise to assess coordination performance during the 2025 response. The outcomes of the discussion are to be used to inform the coordination in 2026. The CCPM survey was disseminated to 86 key stakeholders, including health partners, women-led organizations, organizations of persons with disabilities, donor representatives, and regional authorities, selected based on their active engagement in the cluster and response activities. The survey achieved an 86 per cent response rate. For the first time, a targeted analysis captured the perspectives of local partners and authorities. Findings were validated through a hybrid consultation session in December, attended by WHO Country Representative Dr. Jarno Habicht, with participation of more than 50 partner representatives, and were consolidated in the [CCPM 2025 Report](#).

## Winter response: November Update

In line with the [Winter Response Plan](#), Health Cluster partners continued to implement health-specific winterization activities. As of November 2025, partners [provided](#) 840 medical consultations for winter-related illnesses and donated and installed 45 generators in receiving health facilities. Since the onset of winter, more than 16,000 people have been reached through winter response activities, with

support provided to 148 health facilities. Partners continue to receive requests from local authorities to support heating and power supply for the operation of emergency electrical equipment, which remains critical to the delivery of emergency care, including for patients affected by winter conditions.

## Expanding Health in the Newly established Transit Center in Zaporizhzhia

Following a surge in displacement from frontline communities in Zaporizka oblast since October, authorities opened a new transit center in the city of Zaporizhzhia. At the request of the authorities and the CCCM Cluster, the Health Cluster coordination team, along with WHO, conducted a visit to the newly established transit center. WHO provided medical supplies, including primary health care equipment (such as sphygmomanometers and glucometers), over-the-counter (OTC) kits, dressing materials, and gloves for paramedic teams operating at both sites. Following discussions with the transit center administration, including ARTAK and the Relief Coordination Center (RCC), five Health Cluster partners were mobilized to support the provision of health care and mental health and psychosocial support services at the Zaporizhzhia transit centers. The health response in Zaporizhzhia leads to efforts supporting local authorities in delivering health services across five designated transit centers in Dnipropetrovska and Kharkivska oblasts.

## PARTNERS' ACHIEVEMENTS



In November, Artesans-ResQ Ukraine continued implementation of the WHO-funded project providing 24/7 Critical Care Transfer (CCT) services and coordination support to EMS and the MoH Medevac Coordination Unit. A total of 58 missions were completed out of 59 requests – a record 98.3% completion rate in 2025. All 8 pediatric, 5 neonatal, and 3 burn patients were safely transported, and 11 long-distance missions were completed, covering 23,726 km, including a transfer to Finland, the longest mission to date. Two missions were conducted with the MoH MCU. Since February 2025, more than 758 critical care transfers have been completed. Also, on 22–23 November, ARQ delivered the third training cycle for the Kropyvnytskyi EMS team on respiratory care, ventilator setup, and transport simulations.



Throughout November, the Charitable Organization Medical Aid Committee in Zakarpattia (CAMZ) processed dozens of requests from health-care facilities, mainly in frontline regions. With the support of the French association SAFE, CAMZ donated medicines and medical supplies to health facilities in multiple oblasts, including Dnipropetrovska, Kharkivska, Khersonska, Mykolaivska, Sumska, Zaporizka, Poltavska, Kyivska, Zhytomyrska, Kirovohradska, Rivnenska, Odeska, Chernihivska, Cherkaska, and Zakarpatska. CAMZ donated hospital mattresses to facilities in Khersonska and Zakarpatska oblasts, medical furniture and auxiliary equipment to a primary health care center in Dnipropetrovska oblast, construction materials to a hospital in Rivnenska oblast, and water tanks to facilities in Kharkivska oblast. Under the project “Improving the Protection of Children in Emergencies in Ukraine by Providing Safe Shelters, Food and Non-Food Items, and Psychosocial Support,” supported by Terre des hommes Deutschland e.V. and funded by the German Federal Foreign Office, CAMZ also delivered specialized medical shipments, including medicines, consumables, and equipment, to health facilities in Zaporizka, Mykolaivska, Khersonska, Rivnenska, and Kirovohradska oblasts.



By November 2025, the NGO Self-Help Communities (Ukraine), in partnership with the Global Health Program at Boston Children's Hospital, Harvard University, implemented the second phase of the project “Supporting Children's Mental Health in De-Occupied Areas of Ukraine.” A core component of the initiative was the delivery of a Training of Trainers under the Global Course on Mental Health and Psychosocial Support (MHPSS) for Children in War Situations. Through this initiative, 57 trainers were trained, including representatives from the National Police, the State Emergency Service (SES), civil–military cooperation units, and mobile response teams from Kyivska, Mykolaivska, Khersonska, Sumska, Chernihivska, Kharkivska, and Dnipropetrovska oblasts. All trained participants receive ongoing supervision from both Ukrainian and international experts and are either delivering or preparing to deliver the Global Course to professionals in need within their communities.



In November, the four mobile medical units of Dignitas Ukraine, in partnership with Safe, carried out 1,888 medical consultations (1,553 in Kharkiv Oblast and 335 in Sumy Oblast) in the homes of people with disabilities or reduced mobility, most of whom were elderly people living in rural areas in north-eastern Ukraine. The mobile clinics also organised medical transport for 10 patients requiring secondary hospital care.



In November, FRIDA deployed medical mobile teams across Sumska, Chernihivska, Mykolaivska, and Khersonska oblasts, providing a total of 1,014 medical consultations. The multidisciplinary teams included gynecologists, dentists, general practitioners, cardiologists, neurologists, endocrinologists, urologists, surgeons, physiotherapists, pediatricians, ophthalmologists, ENT specialists, psychiatrists, and psychologists, ensuring comprehensive primary and specialized care. FRIDA continued implementation of an ongoing project in Dnipropetrovska and Zaporizka oblasts, where mobile medical teams composed of family doctors and cardiologists delivered more than 700 consultations. Within this project, a specialized mobile team consisting of a gynecologist and a dentist also operated, providing approximately 130 gynecological consultations and over 120 dental consultations through mobile gynecology and mobile dentistry services.



In November, Humanity & Inclusion (HI) provided 494 individual rehabilitation sessions to 120 new service users across Kharkivska, Dnipropetrovska, Zaporizka, Mykolaivska, and Khersonska oblasts, 75 of whom received assistive devices to improve mobility and self-care. HI also delivered 105 individual MHPSS consultations to 57 new individuals. In addition, 112 new participants took part in 39 MHPSS group activities including two Self Help+ sessions, 19 Group Support sessions for people in helpers' positions and 18 Active Longevity sessions. To further support healthcare personnel, HI conducted 4 MHPSS trainings for 55 health staff.



In November, humedica e.V., supported by the German Federal Foreign Office and UHF, continued providing life-saving primary healthcare and MHPSS services to vulnerable populations, especially people with disabilities, the elderly, and IDPs, in hard-to-reach rural communities of Dnipropetrovska, Sumska, and Chernihivska Oblasts via mobile medical units (MMUs). MMUs conducted 2,116 family doctor consultations with basic diagnostics, treatment, and prescriptions, emphasizing chronic disease prevention and regular check-ups; 570 gynaecological and 472 midwife consultations, including 134 PAP smears and 180 ultrasounds; 204 dental consultations in Sursko-Lytovske; and SRH awareness sessions for 94 women. A total of 24 people were referred to secondary healthcare or additional diagnostics. Protection services reached people in Sumska and Chernihivska Oblasts; 468 received legal consultations, and 331 received MHPSS support. MMUs also served evacuees at the Voloske transit centre, while 4 PHCs in Dnipropetrovska Oblast received medical furniture per standard PHC equipment lists.



In November, IMC facilitated over 21,000 outpatient consultations through its network of supported healthcare facilities and mobile medical units across 5 oblasts of Ukraine. MMUs operated in 9 locations, reaching approximately 7,000 people with essential medical care. To strengthen the capacity of primary healthcare providers, IMC conducted a CMR/IPV training for 12 primary healthcare doctors in Dnipropetrovska oblast. In addition, IMC conducted two introductory SRH awareness sessions for adolescents, engaging a total of 71 participants. To ensure continuity of services, IMC also distributed essential medicines and medical supplies to PHCs under support.



In November, the International Rescue Committee (IRC), in collaboration with its local partners, ensured access to integrated primary and specialized health care through MMUs in Sumska, Kharkivska, Dnipropetrovska, Khersonska and Mykolaivska oblasts. A total of 11,209 medical consultations were conducted across 78 locations. In collaboration with the local partners, 1,304 MHPSS services were provided to the most vulnerable people. IRC published the assessment “Choosing Rural Healthcare During the War” across nine regions, examining drivers and barriers affecting healthcare professionals' willingness to work in rural Ukraine. While rural practice is seen as important and prestigious, challenges like low pay, limited housing, poor infrastructure, safety concerns, and connectivity gaps hinder engagement. Targeted incentives and professional growth opportunities can improve retention. Building on these findings, IRC held a stakeholder validation workshop to develop recommendations to strengthen training pathways, expand telemedicine and mentoring networks, introduce innovative service models, and support a national effort to rebrand rural healthcare as a meaningful, attractive career.





Your City Emergency Response Mobile Teams providing consultation as part of the “16 Days of Activism Against Violence” campaign.  
© Your City Odesa



Mobile medical team conducting a consultation in Sum'ska oblast. © Première Urgence Internationale (PUI).



ARQ paramedic providing critical care to a newborn (11-hours) in an incubator during a medical transfer. © Artesans Resq



Global course on Mental health and psychosocial support (MHPSS) training for children in war situations.  
© Community Self-Help





In November, IVY Japan, in partnership with STEP-IN, continued implementing the joint project “Providing Healthcare Support to Vulnerable Populations with Limited Access to Healthcare Services in Zaporizhzhia City.” Funded by the Government of Japan and private companies through the Japan Platform, the project operates a mobile medical unit with an integrated mental health component. In November, the unit provided healthcare services to approximately 520 patients



Nippon International Cooperation for Community Development (NICCO), with support from Japan's Ministry of Foreign Affairs, completed a six-month project to improve the Central District Hospital of the Safiani City Council, Izmail District, Odesa Oblast. The project provided beds, mattresses, refrigerators, air conditioners, and washing machines, enhancing medical services and enabling IDPs and host families to access basic care. It increased inpatient numbers, hospital room capacity, and palliative care services, benefiting an average of 7,000 patients per month. Post-distribution monitoring showed full satisfaction among doctors (10/10 and 5/5) and patients (30/30), confirming improved services and treatment conditions.



In November 2025, Nova Ukraine distributed 2,365 medical consumables and 14 pieces of equipment through in-kind shipments. A new supply from Partners for World Health was later lost due to a missile strike on the warehouse. Healthcare facilities received essential materials to replace stocks destroyed in the attack. Stabilization points received 15,407 specialized medical items through ten distribution channels, reaching 64 end recipients. Nova Ukraine also delivered 31 packs of the oncology medicine Tyverb and other hospital-requested supplies to address critical shortages. Previously supplied ultrasound systems, X-ray devices, and interventional pain-management tools continued to be integrated into routine care. The foundation also coordinated support for partner organizations relying on these supplies throughout the year.



In November 2025, Peace Winds Japan (PWJ) and Eleos-Ukraine, with funding from the Ministry of Foreign Affairs of Japan (MoFA), operated the Family Hub in Zvyahel city, Zhytomyr Oblast, providing 751 people with 1,011 psychosocial, social, and legal support services. The team also conducted field visits to the Stryivska and Yaruska communities, expanding access to health services. Additionally, with support from the Japan Funding Platform, PWJ launched physical rehabilitation services at three collective sites in Dnipro city, reaching 63 people through group sessions and 48 people through individual therapy sessions.



Throughout November 2025, Project HOPE advanced efforts to ensure that people in conflict-affected and hard-to-access regions could receive vital primary healthcare services. The team operated 19 mobile medical units, which provided 20 074 consultations to 9 179 beneficiaries (39% male, 61% female). Additionally, 1 ambulance conducted 177 transportations of wounded and critically ill patients across three frontline regions in. Project HOPE is also incentivizing medical staff by providing financial grants to retain or hire personnel in 10 hospitals. In November 2025, these units provided 18 431 consultations to 5 518 beneficiaries (45% male and 55% female). The rehabilitation of six boreholes has secured a sustainable water supply for approximately 13,024 people in frontline areas. As attacks intensified across the country, the team also provided 214 hygiene kits to affected residents as part of the emergency response. 9 mobile medical units (MMUs) and five surge staff units delivered 2,000 mental health consultations to people in need.



In November, Polish Medical Mission (PMM) mobile medical teams continued their work in Kharkivska and Sumska oblasts. The teams, which included general practitioners, a cardiologist, and an endocrinologist, provided over 920 medical consultations and distributed more than 900 medication packs free of charge. A new initiative to provide psychosocial support in Sumska and Kharkivska oblasts continued, integrating psychologists into the mobile teams. In parallel, the PMM Neonatal Project, covering 21 cities across Ukraine, continued its activities by delivering training in maternity hospitals and perinatal centers.



In November, PUI mobile medical teams delivered 1,446 consultations, including in transit centers across Kharkivska, Sumska, Dnipropetrovska, and Donetsk oblasts. Individual and group MHPSS services continued in transit centers, PHCCs, and social centers. Two new initiatives were launched: MhGAP-based supervisory support for medical staff in Velyka Pysarivka PHCC and the Girl Shine program for adolescent girls in Pysochyn and Balakliya. In total, 252 MHPSS consultations and 69 group sessions reached 449 participants, alongside 28 MHPSS trainings (272 participants) and six SRH trainings for 126 doctors and nurses. In Kramatorsk, a voucher-based intervention improved access to care, with 3,259 vouchers distributed to vulnerable populations. Medicines, equipment, and medical supplies were donated to 15 PHCCs, and fuel support was provided to nine PHCCs.



In November, SAMS, under the project “Enhancing Health Worker Resilience in Ukraine: Integrated MCM Preparedness and MHPSS Support for Healthcare Workers,” conducted a well-being session for staff of the Dnipro Regional Clinical Oncology Dispensary in Dnipropetrovska oblast. The activity reached 17 health workers, all women, and aimed to strengthen psychological resilience in the workplace. The session supported participants to recognize early signs of psychological distress, develop stress management and psychological recovery skills, and reduce the risk of emotional and professional burnout, while also promoting open discussion around mental health and psychosocial support initiatives within health-care settings.



In November, UK-MED, with support of Ukrainian Humanitarian Fund (UHF), continued delivering vital healthcare services for residents of Kharkiv and Zaporizhzhia regions. During November mobile medical units provided 1862 primary health care consultations to people living close to the frontline and to evacuees from combat areas residing in shelters and transit centers. UK-MED's psychologists conducted 374 individual consultations and 24 group sessions for 241 participants. For project participants UK-MED specialists conducted 42 RCCE sessions for 490 participants. At the same time clinical psychologists provided 93 individual consultations for medical staff of frontline communities' hospitals. Trainings on first aid, psychological support, infection prevention and control, and wound care, enhanced the capacity of healthcare workers, first responders, and communities to react in emergencies with 48 training sessions, reaching a total of 740 diverse participants. UK-MED continues its efforts to support residents of communities along the frontline



Your City Odesa continued to deliver a comprehensive humanitarian health response in November, providing integrated medical, pharmaceutical, and mental health support to vulnerable populations. The Fund's Mental Health Center provided psychological assistance to 289 people, delivering 17 group trainings and sessions and 81 individual consultations, supporting internally displaced persons, women, children, adolescents, and other vulnerable groups. Through its Medication Assistance Centers, 1,321 people received essential medicines free of charge, including 179 patients who were provided with life-saving medications. Within the “Charity Doctor” project, Your City provided primary health care

consultations, diagnostics, and follow-up care to 386 people. Under UN OCHA coordination, the Fund's team provided humanitarian assistance to 39 refugees evacuated from Gaza, including medical, pharmaceutical, and psychosocial support. As part of the "16 Days of Activism Against Gender-Based Violence" campaign, the Fund implemented awareness and community actions in cooperation with local authorities and partner NGOs, reaching more than 2,000 people.



Following attacks in Ternopil and Balakliya, ZDOROVY, with the support of GlobalGiving, donated three emergency response kits to hospitals, rehabilitation equipment. On World Prematurity Day, ZDOROVY opened Ukraine's first exhibition that allows visitors to see the first moments of life of "preemies" through their own eyes and organized a round table discussion entitled "The Personnel Crisis in Neonatology and Ways to Overcome It," an event that brought together leading Ukrainian experts. Together with Sweco, a leading European company in the field of sustainable urban and medical infrastructure design, with the assistance of Swecare, and ReAct, an international network for combating antibiotic resistance, ZDOROVY organized a series of master classes for Ukrainian medical workers on the topics of modern hospital design and antibiotic resistance.



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## HEALTH CLUSTER RESOURCES & CONTACTS

### KEY CONTACTS

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### KEY PUBLICATIONS, October 2025

- [Partner Response to Attacks #11](#)
- [Partner Response to Evacuations #11](#)
- [Partner Winter Response, November](#)
- [Funding Situation Update, November 2025](#)

### KEY RESOURCES

