



Artesans-ResQ Ukraine team conducting cross-border medical evacuation of burn patients. © Artesans-ResQ Ukraine



*This figure represents the reprioritized 2025 HNRP

HIGHLIGHTS

- In December, attacks continued to target homes, energy infrastructure, and essential services, including health care. Attacks on energy infrastructure intensified during the month and coincided with very low temperatures. Regular large-scale attacks struck Ukraine's energy system caused widespread power outages while disrupting. As the winter season progresses, 14 Health Cluster partners [reported](#) delivering winter-specific health assistance to 45,458 people so far, as part of the [Winter Response Plan \(October 2025-March 2026\)](#), against the Health target of 98,058.
- According to the [UN HRMMU](#), civilian casualties in December 2025 remained high, with at least 157 killed and 888 injured. 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 aid responders and authorities, delivered emergency health services, reaching more than 2,857 people with primary health care and mental health and psychosocial support services, as of December 2025. They equally supplied health facilities with medicines and equipment used for the treatment of 11,238 people.
- Evacuations and displacement from frontline areas persisted during the last weeks. According to IOM DTM Frontline Monitoring, more than 13,550 people were displaced from frontline areas in December alone, with localized increases in Dnipropetrovska oblast and Zaporizka oblast, alongside continued displacement from Donetsk and Kharkivska oblast. During the month, the Health Cluster coordinated the provision of health and MHPSS services across five transit centers following these movements, reaching more than 20,813 people since the beginning of 2025.

HEALTH SECTOR



1,819
health facilities supported
as of 31 December 2025
Source: 5W



2,810 attacks on
health care since 24 Feb
2022
Source: [WHO SSA](#)



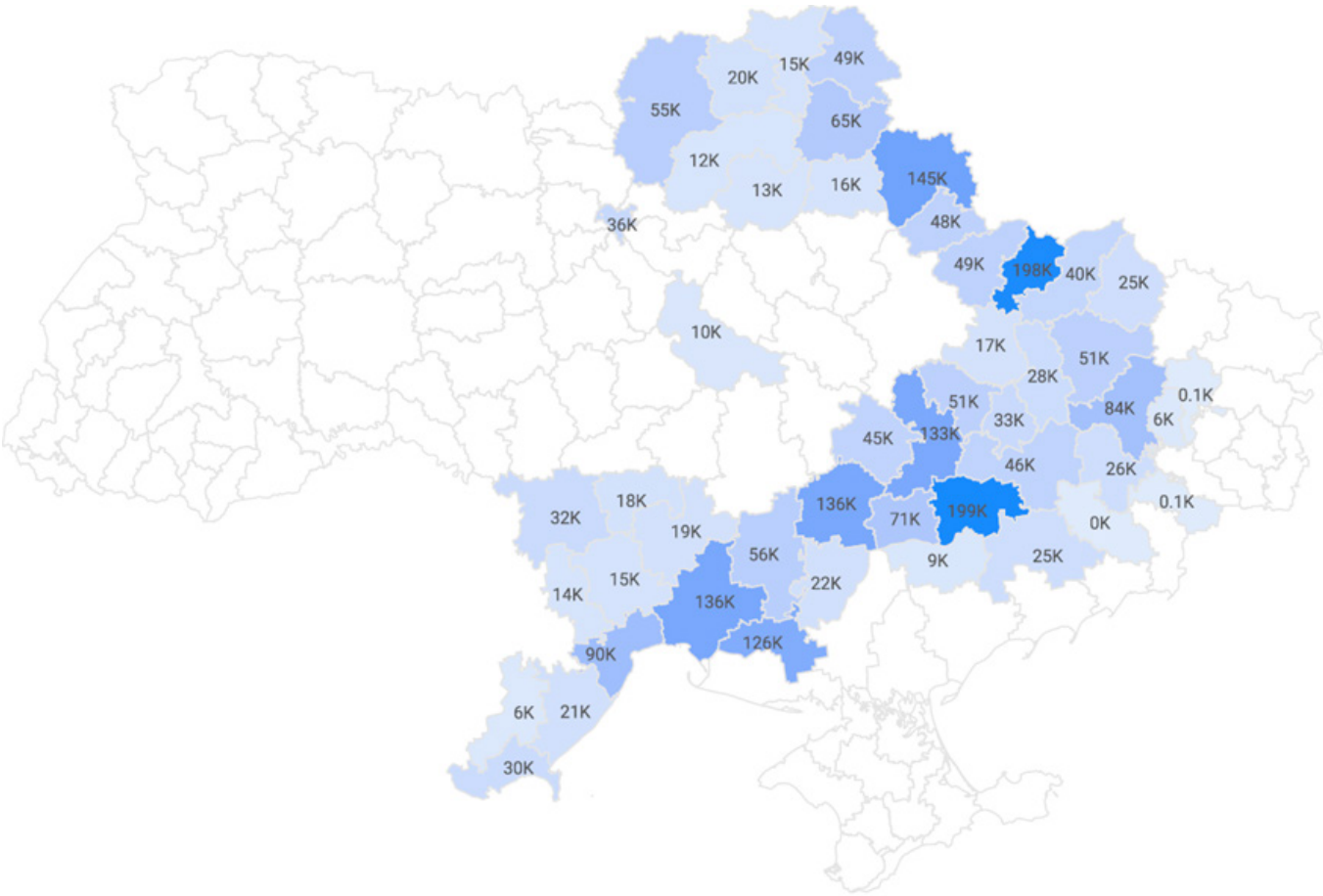
624
logged HRPR submissions
in 2023, as of 31 December 2025



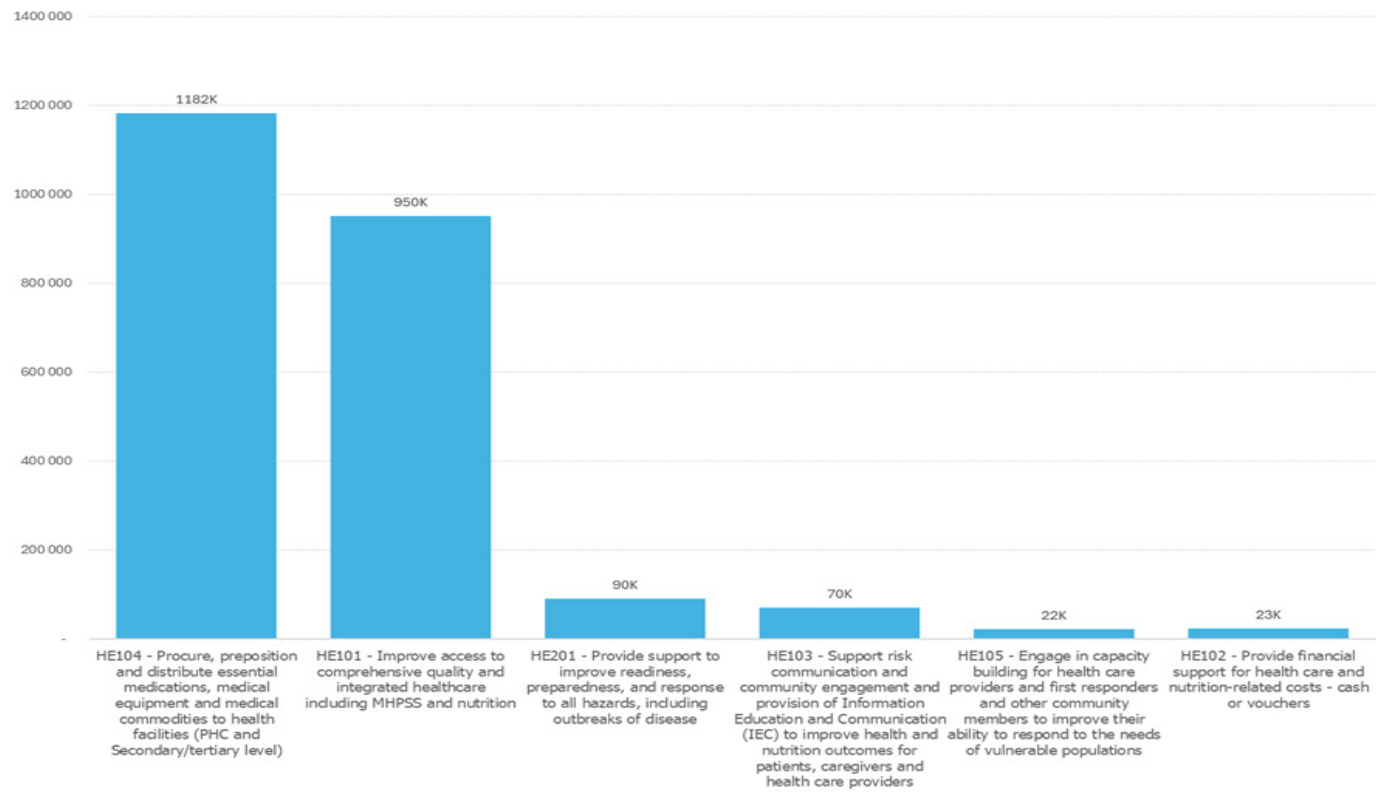
151
Partners reporting
(cumulative) HRP
activities in Activity Info, as
of 30 November 2025

HEALTH CLUSTER RESPONSE PROGRESS

People Reached by Raion, as of 31 December 2025



People Reached by Activity, as of 31 December 2025



NEEDS & GAPS

Winter Risk

In December, attacks on energy infrastructure in Ukraine increased significantly compared to the previous month. [ACLED](#) recorded 605 incidents targeting energy infrastructure across the country, a sharp rise from 171 incidents documented in November. These attacks coincided with extremely low temperatures, exacerbating the impact on communities and basic services. These attacks pose a significant risk for civilians this winter, including prolonged disruptions to heating, electricity, and water supplies. Such disruptions undermine the accessibility and continuity of essential services during the winter season and contribute to an increased incidence of cold-related illnesses. Although hospitals equipped with generators are able to operate 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 assessment findings suggest that these risks may often be underestimated, and challenges encountered during previous disruptions are not fully recalled.

In anticipation of increased needs during the winter period, the Health Cluster and partners have been approached by the regional Departments of Health requesting support to sustain the operational capacity of health facilities, including through the provision of generators, heating systems, and other essential resources, especially in frontline areas. Health partners continue to engage to support the winter response as 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. According to the [MSNA](#) assessment findings, medicine stockouts, facility closures, and supply chain interruptions have left vulnerable populations, especially IDPs, older persons, and those with chronic conditions, without access to services.

According to IOM ([October 2025](#)), some 38% of the displaced population report a lack of access to medicines, with affordability and availability reported as key barriers. The [MSNA Dec 2026](#) equally revealed affordability of prescribed medication is a significant challenge. Over half of surveyed households (53%) reported being unable to afford necessary medications. The primary barrier being the lack of financial means (93%), followed by local shortages of medications (7%). The Affordable Medicine Programme (AMP) and recent pricing reforms haven't fully addressed gaps in some frontline communities. At the same time, [26 %](#) of the population are unaware of the existence of this programme. Pharmacies in rural and frontline areas often face challenges with replenishment in conflict-affected areas.

To address these gaps, health partners continue to support the Departments of Health by donating medications and over-the-counter (OTC) kits to frontline communities and

transit centers. In addition, some partners integrate CVA to support access to medicine and facilitate transportation. 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. Attacks on health facilities disrupt care and endanger staff and patients. Access is particularly limited for people with disabilities and those with special needs, who report higher health needs and greater barriers. [The demand for home visits](#) by doctors remains high, reflecting unmet needs among populations with limited mobility and access constraints. According to an [MSNA assessment conducted by IRC](#), 20% of respondents reported that their nearest health facility was between 5 and 10 kilometers away (20% rural, 24% urban), while 16% lived more than 10 kilometers from the nearest health center (20% rural, 11% urban). The absence of specialist doctors and pediatricians was highlighted as the most critical gap, while the limited availability of diagnostic services further constrained timely and adequate care. Chronic diseases were reported as the most common concern (80%) with high prevalence in all near-frontline regions.

These findings are corroborated by the [MSNA 2025](#) assessment findings which mention health-related needs as 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, the protection of health infrastructure, and inclusive service delivery for high-risk and vulnerable 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 and anxiety 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. The nature and severity of injuries are evolving in September 2025 alone. Short-range drone attacks accounted for nearly 30 % of civilian casualties on the front line, contributing to a growing number of polytrauma cases and traumatic amputations. Close-range detonations, including those involving incendiary or thermobaric components, resulted in complex burn-blast and multi-system injuries requiring highly specialized

surgical, critical, and rehabilitation care. According to the [MSNA conducted by IRC](#), conflict-related trauma ranks among the top 4 health concerns, with particularly high prevalence in Kharkivska (28.47%) and Mykolaivska (16.88%) oblasts.

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 for 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 providers of free rehabilitation services is low, especially among primary care physicians, leaving 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 constrained due to pharmacy closures, supply chain disruption and damaged facilities. Since 2022, more than [80 maternity](#) and neonatal care facilities have been damaged or destroyed, further undermining access to essential maternal and newborn health services. 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 comprehensive SRH services are available, especially in frontline areas where they are needed.

Risk Communication & Community Engagement

Reaching vulnerable populations with risk communication and community engagement (RCCE) materials remains 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

CCPM 2025 – Taking stock of Health Cluster Coordination

In December 2025, the Health Cluster completed the annual Cluster Coordination Performance Monitoring (CCPM) survey. This session was introduced by the Cluster Lead Agency head Dr Jarno, who gave an overview of 2025 and reflected on the direction of the Cluster in 2026. This activity concluded with the presentation and discussion of the CCPM results, with more than 50 partner organizations participating. The reflections from the discussions would guide the Cluster's actions in 2026. A final [CCPM 2025 Report](#) has been released following the meeting.

Strategic Advisory Group (SAG)

In December, the Health Cluster conducted its annual elections for the Strategic Advisory Group (SAG). The SAG is the central body guiding the Health Cluster on strategic, policy, advocacy, and technical matters. Its members determine priorities, shape the Cluster's overall orientation, and leverage the expertise of health partners to steer the Cluster's response within the Humanitarian Programme Cycle. As part of the annual election process, one representative of an international organizations was re-elected. International Medical Corps was selected to continue representing international partners within the SAG. In line with the Health Cluster's localization strategy, an additional seat was opened for national organizations. Following a competitive selection process between two candidates, Fortitude UA was elected to serve as a national organization representative on the SAG. As of January, the SAG is composed of 12 members, ensuring balanced representation between international, national partners and UN agencies. The current SAG includes 4 international organizations (IRC, MDM Spain, PUI, and IMC), 4 national organizations (CF Blagomay, NAHA ZDOROVY, 100% Life

Dnipro region, and Fortitude UA) and 4 UN agencies (WHO, UNICEF, UNFPA and IOM).

Winter response: December Update

In line with the [Winter Response Plan](#), Health Cluster partners continued to implement health-specific winterization activities. As of [December 2025](#), partners provided 1198 medical consultations for winter-related illnesses and donated and installed 46 generators in health facilities at the request of the Ministry of Health. Since the onset of winter, more than 45,500 people have been reached through winter response activities, with support provided to 191 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

In December, worsening security conditions in frontline communities triggered mandatory evacuations, including for families with children, across Dnipropetrovska, Zaporizka, and Donetska oblasts. An estimated 8,815 people were registered in 6 TC during the month, with particularly sharp increases recorded in early November. Displacement remained high in Zaporizhzhia, Dnipropetrovska, Donetska, Zaporizhzhska and Kharkivska oblasts. In response, Health Cluster partners scaled up mobile outreach across transit centers, providing lifesaving primary health care and mental health and psychosocial support in coordination with local authorities. In December, 17 partners delivered services across 6 TC, including support to the newly opened Zaporizhzhia transit center, Health Cluster partners have reached over 3,075 displaced people.

PARTNERS' ACHIEVEMENTS



In December, Artesans-ResQ Ukraine continued implementation of the WHO-funded project providing 24/7 Critical Care Transfer services and coordination support to EMS and the MoH Medevac Coordination Unit. A total of 51 missions were completed out of 63 requests, including 42 adult, 6 pediatric, and 3 neonatal patient transfers. During the month 20 long-distance and 10 cross-border missions were completed. In total 14 burn patients were transported, including 5 patients evacuated through targeted cross-border mission in cooperation with the MoH MCU, CDM, regional EMS, and partner hospitals. Since February 2025, the project has completed a total of 809 critical care patient transfers. Additionally, in December, ARQ team delivered a two-day Adult CCT training course for Volyn EMS.



In December, CADUS deployed 3 emergency teams based in Dnipro, Donetsk, and Sumy. These teams transferred 47 patients over a combined distance of more than 6,059 kilometers. The patients originated from Dnipro, Donetsk, Kharkiv, and Sumy oblasts and were transported to hospitals across Dnipro, Donetsk, Kharkiv, Kyiv, Kirovohrad, Lviv, and Sumy regions. Intensive care support (ICU levels 2 and 3) was required for 63% of the patients.



In December, humanitarian aid shipments supported healthcare facilities across multiple regions of Ukraine. Medical facilities in Kharkiv, Kherson, Mykolaiv, Dnipropetrovsk, Chernihiv, Kyiv, Zhytomyr, Kirovohrad, Odesa, and Poltava regions received large consignments of medicines, medical consumables, dressing materials hygiene items, and auxiliary equipment. A rehabilitation medical facility in Poltava region was provided with a high-capacity generator, strengthening its energy resilience. With support from terre des hommes Deutschland e.V. and funding from the German Federal Foreign Office, the Medical Aid Committee in Zakarpattia continued implementing the medical component of the project "Improving the Protection of Children in Emergencies in Ukraine." In December, additional medical equipment (neonatal phototherapy and warming equipment, patient warming systems, monitors, etc.), medicines, and medical consumables were delivered to hospitals in Mykolaiv, Kherson, and Kirovohrad regions.



In Kyiv region, Save Ukraine early intervention centres were officially included in the national list of early intervention service providers. The centres deliver comprehensive, family-centred support for children from birth to four years of age with developmental delays or at risk of developmental disorders, using a transdisciplinary approach that integrates psychosocial, medical, and educational services. Multidisciplinary teams work closely with families and include psychologists, speech therapists, rehabilitation specialists, pediatricians, case managers, and social workers, based on identified needs. In 2025, the centres processed 285 family applications, with 144 families receiving ongoing services as of December. With financial support from the Government and the Ministry of Foreign Affairs of the Netherlands, facilities in Kyiv region were equipped to strengthen service delivery. In addition, 50 children completed therapeutic rehabilitation sessions, and another 50 children received comprehensive medical examinations in Kyiv region.



As part of the transition to the 3rd phase of the project "Supporting Child Mental Health and Psychosocial Support in De-Occupied Territories of Ukraine," implemented in partnership with a local NGO, a roundtable discussion on child mental health and psychosocial support under conditions of distress was held. The event brought together representatives of the academic community from the Dnipro region and Kyiv. Discussions focused on integrating a Global MHPSS course for frontline workers supporting children into higher education curricula, both as an elective for bachelor's and master's students and as a professional development course for educators. The participation of higher education accreditation experts supported the feasibility of systematic integration into academic programs. The presentation of the Global Course by project trainers generated strong interest and active discussion among participants.



In December, the 4 MMUs in partnership with Safe and the Secours Catholique - Caritas France, carried out 1,518 home visits to people with disabilities or low mobility living in rural areas in north-eastern Ukraine (1,124 in Kharkiv Oblast and 394 in Sumy Oblast). The MMU also organised medical transport for 8 patients requiring secondary hospital care.



FHI 360 supported 10 MMU that provided medical care and psychosocial support to communities in Dnipropetrovsk, Kharkiv, Mykolaiv, Zaporizhzhia and Kherson oblasts. The MMUs provide medical consultations, carry out diagnostic procedures such as ultrasound and ECG, prescribe and dispense medications, and make home visits to patients with limited mobility. FHI 360 also brings specialist doctors (e.g., cardiologists, otolaryngologists, endocrinologists, neurologists, gynecologists). In December, FHI 360's mobile teams provided 3,833 outpatient consultations, and specialist doctors provided an additional 685 consultations (the most needed specialties were Gynecologist and Neurologist). 2,096 people received psychological support consultations through individual and group sessions. Additional 283 patients receiving rehabilitation services from FHI 360 rehab specialists.



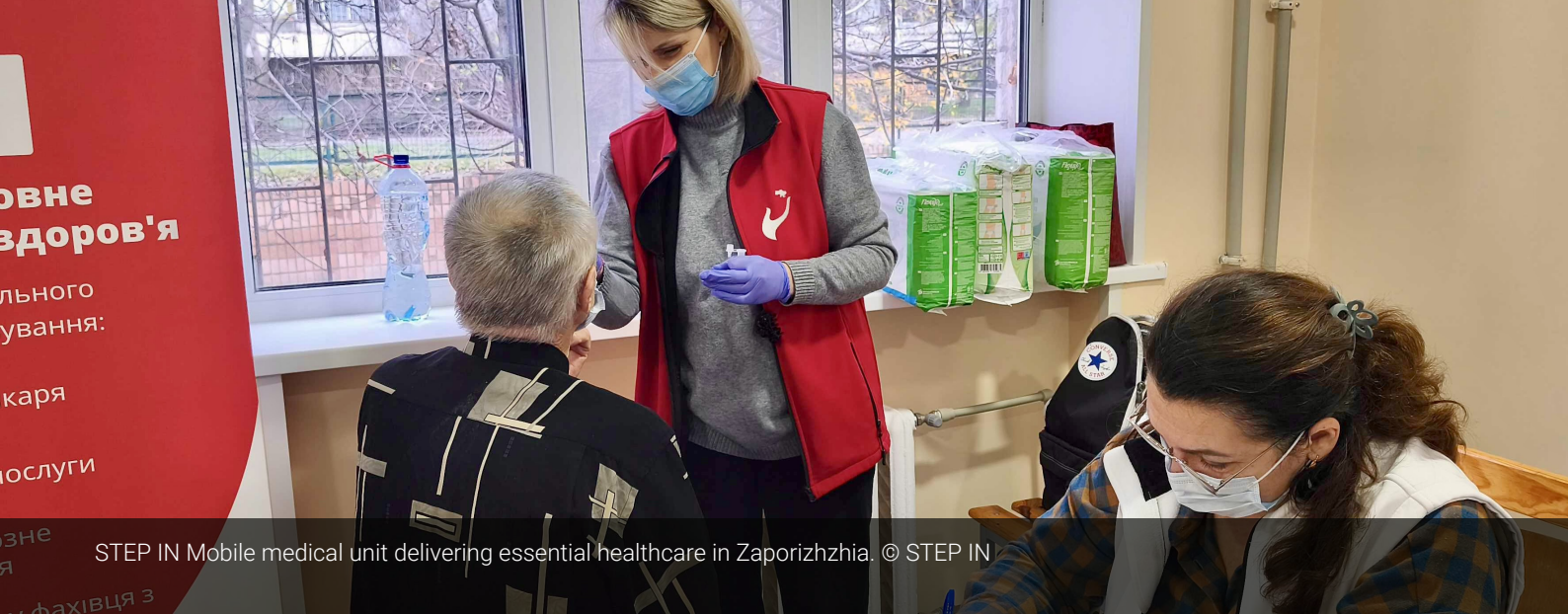
In December, FRIDA continued MMU operations in Sumy, Chernihiv, Mykolaiv, and Kherson regions, providing a total of 1,400 medical consultations. Multidisciplinary teams included gynecologists, dentists, GP, cardiologists, neurologists, endocrinologists, urologists, surgeons, physiotherapists, pediatricians, ophthalmologists, ENT specialists, psychiatrists, and psychologists, ensuring comprehensive care. FRIDA also continued project implementation in Dnipropetrovsk and Zaporizhzhia regions, where MMUs composed of GP and cardiologists delivered over 600 consultations. Within the same project, a specialized MMU consisting of a gynecologist and a dentist provided more than 80 gynecological and over 90 dental consultations. In January 2026, FRIDA will launch two new projects in Dnipropetrovsk and Zaporizhzhia, Chernihiv and Kharkiv regions.



Last month GEM - Howard Buffett Windows Program has replaced damaged panels to 4 medical establishments in Kyiv, Chernihiv and Odesa regions, that shows 666 people supported, 104 staff people. We continue to support people whenever is needed.



In December, HI provided 344 individual rehabilitation sessions to 103 new users across Kharkivska, Dnipropetrovsk, Zaporizka, Mykolaivska, and Khersonska oblasts, 5 of whom received assistive devices. HI also delivered 31 individual MHPSS consultations. In addition, 75 (5 UNIQ) new participants took part in 11 MHPSS group activities, including 3 Support for employees in the workplace during periods of stress, and 8 Active Longevity sessions. To further support healthcare personnel, HI conducted 13 MHPSS trainings for 112 health staff. Starting January 2026, the MHPSS individual and group sessions will be provided by HI partner Angels of Salvation.



STEP IN Mobile medical unit delivering essential healthcare in Zaporizhzhia. © STEP IN



Joint WHO and Health Cluster visit to new transit center in Zaporizhzhia City. © WHO



CF Frida Medical mobile team providing care in Kherson oblast. © CF Frida



IMC Providing youth-friendly care to adolescents in Dnipropetrovsk Oblast. © IMC



In December, humedica e.V., with support from the German Federal Foreign Office and UHF, continued delivering primary healthcare and MHPSS services to vulnerable populations, in Dnipropetrovsk, Sumy, and Chernihiv oblasts through MMUs. MMUs provided 380 outpatient consultations. Services also included 310 gynecological consultations, 251 midwife consultations, and 215 dental consultations in Dnipropetrovsk oblast. SRH awareness sessions were conducted for 25 women. 6 patients were referred for secondary care or further diagnostics. MMUs also operated in the Voloske Transit Centre in Dnipropetrovsk oblast, providing medical services and distributing hygiene kits to older people and PWD. In addition, humedica donated medical furniture to 4 primary healthcare centres in Dnipropetrovsk oblast. As part of the "Doing What Matters in Times of Stress" programme, 14 facilitators were certified, 135 beneficiaries reached, and three supervision sessions were conducted for mhGAP trainees.



In December, IMC supported over 16,800 outpatient consultations through health facilities and MMU in 5 oblasts. To maintain continuity of care, 24 healthcare facilities received medicines and equipment. In response to ongoing power disruptions, IT equipment was also provided. 10 HF were additionally provided with 200 liters of fuel each to sustain generator operations. IMC also focused on strengthening the capacity of healthcare workers. 12 primary healthcare doctors in Dnipropetrovsk and Zaporizhzhia oblasts completed training on emergency obstetric and neonatal care in crisis settings. In parallel, IMC, in collaboration with the GBV Team, delivered the 2nd phase of CMR/IPV training at primary care level. Targeted institutional and youth-focused support complemented these efforts, 4 youth-friendly (ASRH) rooms were equipped within PHC facilities in 4 hromadas in Dnipropetrovsk oblast, expanding access to adolescent health services.



In December 2025, INTERSOS and partner Light of Hope provided 1,776 medical consultations via MMUs across the Mykolaiv, Kherson, and Kharkiv regions. These services primarily addressed NCDs for vulnerable populations in frontline areas. Capacity was further strengthened by deploying a gynecologist to the south regions, providing essential reproductive health screenings across 6 underserved locations. Also teams conducted 1,344 health education sessions focused on NCD prevention and navigating national health services. In Sumy and Kharkiv, CVA helped residents overcome financial barriers to essential medications and medical transportation. This financial aid specifically targeted needs related to mental health, SRH, and rehabilitation.



In December, IRC, in collaboration with its local partners, ensured access to integrated primary and specialized healthcare through MMUs in Sumsk, Kharkivska, Dnipropetrovsk, Khersonska and Mykolaivska oblasts. A total of 12207 medical consultations were conducted across 90 locations. Additionally, in collaboration with the local partners, 887 MHPSS services were provided to the most vulnerable clients. IRC established a Mental Health space within the Rehabilitation Department in Kharkiv. The space promotes safe and dignified atmosphere for psychosocial support service delivery to patients undergoing rehabilitation, contributing to improved recovery outcomes. IRC also organized a two-day Pharmaceutical Management Training in Dnipro for 34 participants from supported health facilities and local partner organizations. The training covered key topics ranging from Good Pharmacy Practice fundamentals to advanced cold-chain management, medicine importation, and quantification procedures. IRC published a MSNA surveying over 1,300 households and conducting over 50 FGDs and over 60 key KIs across 7 frontline oblasts. Health was identified as the top priority (71% household surveys, 67% FGDs, 56% KIs). Chronic diseases were reported as the most prevalent concern (80%), followed by mental health conditions (34%). Key gaps included shortages of specialized doctors, limited diagnostic capacity, constrained pediatric and maternal healthcare, insufficient mental health services, and inability to afford prescribed medicines reported by 53% of households.



In December MdM, in collaboration with its local partners, strengthened national primary health care (PHC) system through MMUs, home-based care and telemedicine provision in Khersonska and Mykolaivska oblasts. Home-based care was provided in Kherson city to PWDs, elderly with reduced mobility, bed-ridden patients and IDPs. MdM continued support of remote and frontline health facilities through its MMU and telemedicine modality, operating telemedicine centers across 13 locations. In Mykolaiv City MdM together with Liga Association delivered vital health care services to the LGBTQI+ community. A total of 167 individuals received HIV/STI counselling, while 67 beneficiaries accessed HIV/STI testing, strengthening local efforts in prevention and care. In total MdM provided 1132 health care and 91 MHPSS consultations. MdM France's Medical-SRH Team conducted 10 awareness sessions across Khersonska and Mykolaivska oblasts - four on HPV and cervical cancer, and six in collaboration with the MHPSS team during the 16 Days of Activism campaign.



2 PM+ training were conducted in Khmelnytskyi and Kharkiv within the framework of the Beyond Trauma project. Each training engaged 25 participants. Under the ECHO 11 project, the crisis Helpline in Sumy received 590 calls, representing a 14.3% increase compared to November. Additionally, the MMU operating in Sumy delivered a total of 708 health and MHPSS consultations to 307 unique beneficiaries.



In December, MTI, in partnership with 100% Life Dnipro region, continued to provide mobile medical services funded by the UHF in conflict-affected areas of Mykolaiv, Kherson, Dnipro and Zaporizhzhia regions. In total, 2036 medical consultations were conducted, with following distribution of essential medicines and hygiene items. We continue to assess the needs of the population and provide assistive devices for beneficiaries with disabilities and low-mobility (including walkers, wheelchairs, vision glasses). Overall, 132 assistive devices were provided. In addition, MTI initiated the implementation of a voucher for medicines program in Zaporizhzhia, Kherson, and Mykolaiv regions. The total number of vouchers distributed amounts to 593. 12 tons of fuel briquettes were provided to a children's hospital in Zaporizhzhia city. In addition, MTI and 100% Life Dnipro region conducted community awareness activities, reaching 2,000 people with information sessions on topics such as first aid for frostbite, prevention of acute respiratory viral infections, and other health-related issues.



In December, MMUs of the PMM continued operations in Sumy and Kharkiv regions. During the month, over 950 consultations were provided, including cardiology and endocrinology services, and more than 930 packages of medicines were distributed. The Kharkiv team continued support to the transit center in Kharkiv city. In addition, the Mobile Laboratory conducted diagnostic testing for 242 beneficiaries. The Neonatal Project remained active, delivering trainings in maternity hospitals and perinatal centers across Ukraine.



In December 2025, Project HOPE strengthened access to essential primary healthcare for conflict-affected and hard-to-reach communities. Seventeen mobile medical units delivered 28,800 consultations to 9,607 people, while ambulances conducted 89 medical evacuations across three frontline communities. Support to nine hospitals enabled the provision of 18,192 consultations and included financial incentives to retain and recruit medical staff, alongside nursing training for 18 healthcare workers. In addition, nine mobile medical units and eight local medical units delivered 1,939 mental health consultations to conflict-affected individuals.



The Dignitas MMU provides medical consultations at a centre for internally displaced persons in Kharkiv. © Dignitas



Polish Medical Mission Mobile Medical Team in Kharkiv Oblast. © Polish Medical Mission



Medical consultations delivered by Project HOPE MMU in Odeska Oblast. © Project HOPE



The "Your City" Emergency Response Team provides immediate assistance to affected civilians directly at the site of shelling. © Your City ICF





In December, PWJ and Eleos-Ukraine operated a Family Hub in Zhytomyr region, with funding from the Ministry of Foreign Affairs of Japan, to provide 992 psychosocial support to 751 individuals, such as women, children, IDPs, and victims of war and domestic violence. The team also conducted a field visit to the village of Gulska, expanding access to services. In addition, PWJ conducted the physical rehabilitation services at 3 collective sites in the Dnipro city by funding from Japan Platform (JPF). Total 75 people (70 Female, 5 Male, PWD 23) joined the group session, Total 55 people (11 Female, 44 Male, PWD 31) took the individual therapy session.



In December 2025, MMUs continued providing essential primary healthcare to hard-to-reach populations. Services addressed acute and chronic conditions, with a seasonal increase in acute respiratory infections. Many patients presented with advanced or poorly controlled conditions due to delayed access to care and treatment interruptions. MMU teams delivered clinical assessments, basic diagnostics, essential medicines, follow-up consultations, and health education focused on treatment adherence and self-management. Mental health and psychosocial needs remained significant, with patients reporting stress, anxiety, and sleep disturbances; teams provided basic psychosocial support and referrals to local HF where available. Despite weather-related access constraints, MMUs maintained regular outreach.



In 2025—the fourth year of STEP IN's engagement in Ukraine—our teams delivered over 15,000 medical consultations, more than 1,600 nursing services, and over 3,350 mental health interventions. We also conducted 33 training sessions, reaching a total of 290 medical professionals, and provided material support to 18 healthcare facilities. In addition, we expanded our portfolio by introducing mobile physiotherapy services. Our interventions remain focused in eastern Ukraine, particularly in Zaporizhzhia, Dnipropetrovsk, and Kharkiv oblasts.



In December, SV continued implementing mobile healthcare, medical supply, and winterization interventions in frontline areas in collaboration with local partner PAL-UA. Through the Mobile/Remote Care Project in Mykolaiv region, multidisciplinary teams delivered 969 primary healthcare, NCD, and psychosocial support consultations, ensuring integrated medical services for targeted communities. Under the Medical Supply Project, frontline healthcare facilities received essential medicines, dressing materials, consumables, medical kits, including emergency response kits, and equipment based on assessed needs. In total, 487 items were delivered to medical facilities across 11 frontline oblasts, with an estimated reach of 456,550 people. As part of winter support, 200 tons of fuel briquettes were delivered to a healthcare facility in Kherson region, supporting approximately 3,500 people during the winter season. In addition, SV launched a new Integrated Psychosocial Support project in the Novyi Buh community to strengthen access to mental health services.



In December, UK-MED, with support from the UHF, continued delivering essential healthcare services in Kharkiv and Zaporizhzhia regions. MMUs provided 1,481 primary healthcare consultations to frontline residents and evacuees in shelters and transit centres. Psychologists delivered 290 individual consultations and 12 group sessions for 141 participants, while RCCE sessions reached 336 people. Clinical psychologists also provided 93 individual consultations for medical staff from frontline hospitals. Capacity-building activities included 28 training sessions on first aid, psychological support, infection prevention and control, and wound care, reaching 441 participants. Throughout 2025, UK-MED mobile clinics conducted 25,225 consultations, training teams reached over 6,200 participants, and nearly 8,000 residents and healthcare workers in Kharkiv and Zaporizhzhia regions received psychological support. UK-MED continues to support frontline communities with life-saving health services.



In Odesa region, the International Charity Fund "Your City" continued providing life-saving medical and psychosocial assistance. In December 2025, 1,155 people received essential medicines, including 113 who received high-cost treatments. Medical consultations and diagnostics were provided to 336 people. The mobile emergency team assisted 82 people at shelling sites with medical care and stabilization; 47 of them received crisis psychological support, and 40 were referred to the Fund's support centers for further treatment and diagnostics. Psychosocial support included 17 group sessions (227 participants), 57 individual psychological consultations, and 17 psychiatric consultations. As part of the "16 Days of Activism Against Gender-Based Violence" campaign, the Fund conducted joint awareness and educational activities with partners, reaching over 5,000 people. Throughout 2025, the Fund delivered life-saving medicines to 16,969 people, medical assistance to over 2,000 people, and psychological support to more than 2,000 people. Emergency aid was provided to 589 people at shelling sites. Nearly 1,000 electronic prescriptions and referrals were issued through the eHealth and Helsi systems, strengthening integration with the national healthcare system.



With support from British partners, ZDOROV! delivered artificial lung ventilation devices to HFs in Mykolaiv, Kharkiv, and Zaporizhzhia regions. With support from Polish Humanitarian Action, the first phase of the training programme "Inclusion and Conflictology: From Barriers to Trust" was launched in medical and social institutions in Mykolaiv region. ZDOROV! also launched the eighth wave of the "Barometer" study, assessing the capacity, challenges, and readiness of Ukraine's healthcare system to operate under conditions of war and transformation. In parallel, a series of expert publications on inclusive healthcare was initiated to promote access to equitable medical services. ZDOROV! representatives also participated in the annual General Assembly of the Platform of Humanitarian NGOs in Ukraine and attended a national civil society forum focused on experience exchange and partnership building.

HEALTH CLUSTER RESOURCES & CONTACTS

KEY CONTACTS

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KEY PUBLICATIONS, December 2025

- [Health Cluster Annual Report 2025](#)
- [Winter Response Update, December 2025](#)
- [Humanitarian Response and Funding Snapshot 2025](#)

VACANCIES, December 2025

IMC [Manager, Physical Rehabilitation](#)
IMC [Physical Rehabilitation Officer](#)

KEY RESOURCES

