

Rescue workers and volunteers participating in an evacuation drill during a STEP IN training session, building frontline readiness. © STEP IN



\*This figure represents the reprioritized 2026 HNRP

### HIGHLIGHTS

- Ukraine saw an [escalation](#) in aerial attacks compared to the first two months of the year, with over 3,500 air and drone strikes recorded in March alone by [ACLED](#). Between 23 and 24 March, 948 drones were launched in a single 24-hour period – the largest such attack since February 2022, according to ACLED.
- Civilian casualties in March 2026 [rose](#) sharply, with 211 killed and 1,206 injured. The [UN HRMMU](#) reported a 49 percent increase from the previous month and the highest toll since July 2025. Overall, the first quarter of 2026 saw civilian casualties rise 20 percent compared to the same period in 2025. As of 31 March 2026, 9 health partners reported [reaching](#) more than 500 people with primary health care and MHPSS and prepositioned medical supplies to cover the treatment of 200 patients.
- [WHO SSA](#) verified 42 attacks on health care in March, including a drone [strike](#) on a clearly marked vehicle to a health partner’s mobile medical team operating in a frontline area. In a separate [incident](#), an evacuation minibus was struck by an FPV drone while evacuating civilians in Donetsk oblast, killing two people and injuring two others.
- Attacks on energy infrastructure continued to disrupt electricity, heating and water supply, affecting both health service delivery and humanitarian operations. The UN HRMMU also reported an [increase](#) in strikes targeting railroads and other transport infrastructure. Despite these challenges, the October 2025 – March 2026 winter response concluded at the end of March with 17 Health Cluster partners providing winter-specific assistance to 66,017 people, reaching 67 percent of the 98,058 target.
- Based on an ACAPS [scenario analysis for Ukraine in 2026](#), there are three possible trajectories: continued war, partial de-escalation, and escalation, each associated with consistent high health risks. Across all scenarios, infrastructure damage, weakened health system capacity, and reduced international funding are expected to widen the gap between needs and response, particularly in frontline and hard-to-reach areas.

### HEALTH SECTOR



**1,272**  
health facilities supported  
as of 31 March 2026  
Source: 5W



**2,893** attacks on  
health care since 24 Feb  
2022  
Source: [WHO SSA](#)



**86**  
logged HRPR submissions  
in 2026, as of 31 March 2026



**83**  
Partners reporting  
(cumulative) HRP  
activities in Activity Info, as  
of 31 March 2026

# HEALTH CLUSTER RESPONSE PROGRESS

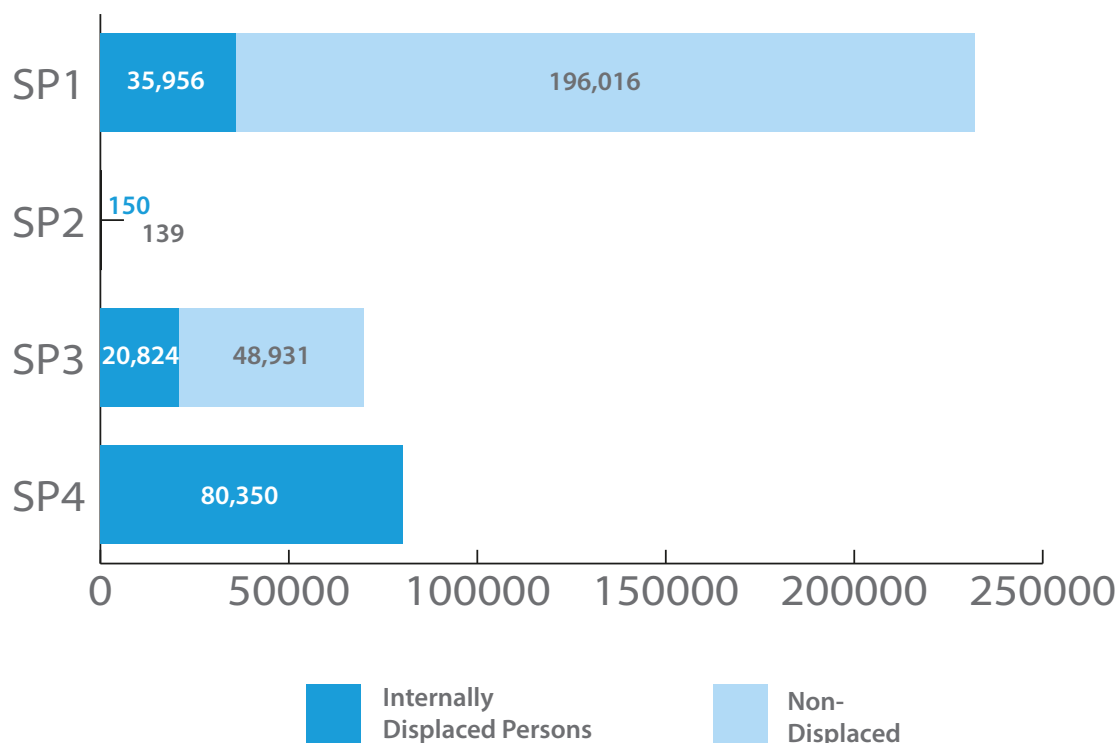
## ESIMATED PROJECTION OF PEOPLE REACHED BY STRATEGIC PRIORITIES, AS OF 31 MARCH 2026

SP 1: Front-line response

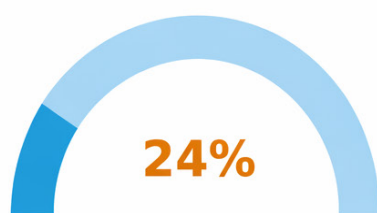
SP 2: Support to new displacement & evacuations

SP 3: Emergency response after strikes

SP 4: Humanitarian protection support

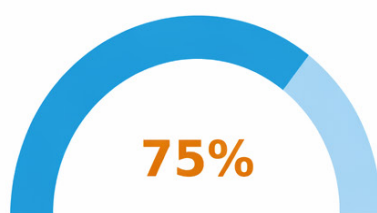


## PEOPLE REACHED BY ACTIVITY, AS OF 31 MARCH 2026



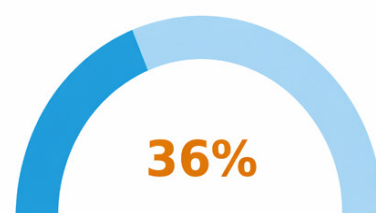
**HE101**

Improve access to comprehensive quality and integrated healthcare including MHPSS and nutrition



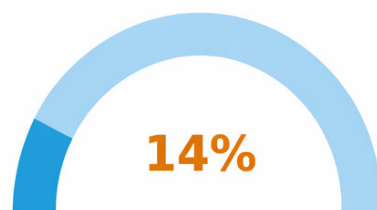
**HE102**

Provide financial support for health care and nutrition-related costs - cash or vouchers



**HE103**

Support risk communication and community engagement and provision of Information Education and Communication (IEC) to improve health and nutrition outcomes for patients, caregivers and health care providers



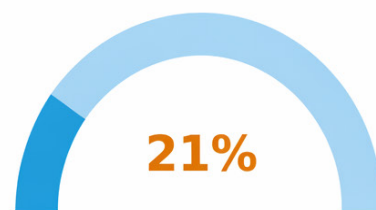
**HE104**

Procure, preposition and distribute essential medications, medical equipment and medical commodities to health



**HE105**

Engage in capacity building for health care providers and first responders and other community members to improve their ability



**HE201**

Provide support to improve readiness, preparedness, and response to all hazards, including outbreaks of disease

# NEEDS & GAPS

## AVAILABILITY OF MEDICINES

Access to medicines remains a key gap in frontline and hard-to-reach areas, where damage to pharmacies and supply chains continues to disrupt availability. Findings from the [WHO Health Tracker Survey](#), Round 1 (Nov–Dec 2025) indicate that 70% of respondents needed medicines, and among them, 89% faced difficulties obtaining them, while 10% were unable to obtain the medicines they needed. The main barriers reported were increased medicine prices (81%), limited availability in pharmacies (34%), medicines not available (22%), and challenges obtaining prescription medicines (20%). Access constraints are more pronounced in frontline regions, where respondents reported higher levels of security concerns, pharmacy closures, and financial barriers. In addition, 34% of respondents reported using antibiotics in the previous three months, often for respiratory symptoms, with a significant proportion (36%) obtaining them without prescription or from informal channels, highlighting both access challenges and potential risks related to inappropriate use. These findings confirm ongoing gaps in the availability, affordability, and safe access to medicines, particularly for vulnerable populations in conflict-affected areas.

## AVAILABILITY OF SERVICES

According to the WHO Health Tracker Survey, Round 1 (Nov–Dec 2025), access to health services in Ukraine remains constrained despite relatively high satisfaction with care once received. Among respondents who visited a family doctor in the past 12 months, 62% scheduled an appointment, with most being seen within one or two days; however, 30% still had to wait in line despite having an appointment, indicating pressure on primary health care (PHC) services. Overall, 74% of respondents in more vulnerable regions reported problems accessing PHC, compared to 62% elsewhere, highlighting geographic disparities. Demand for specialized care is also significant, with 34% reporting a need for specialist services; while most sought care, 27% received only partial services and 5% could not access care at all, largely due to affordability constraints. Cardiovascular care needs were in demand, with 22% requiring services in the previous three months, and 72% of those seeking care reporting access barriers, mainly related to the cost of medicines and treatment. Access to surgical care remains uneven, particularly in frontline areas where 83% reported difficulties, and displaced populations were more likely to rely on private facilities. Overall, the findings highlight persistent gaps related to costs, waiting times, and uneven service availability, especially in frontline and high-vulnerability regions.

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

According to [IOM Ukraine – Vulnerability and Mobility in Front-line Areas](#) (February 2026), mental health needs remain significant in conflict-affected areas, with 38% of respondents nationwide estimated to be at high risk of depression, increasing to 43% in front-line areas. The risk is particularly high among IDPs (50% nationally; 51% in

front-line areas) and recent displacement cases, indicating that displacement and ongoing insecurity continue to drive psychological distress. Certain oblasts show especially elevated needs, including Chernihivska (55%), Khersonska (52%), and Donetska (48%). Vulnerability is also higher among women, single-parent households, households with persons with disabilities or chronic illness, and economically vulnerable groups, highlighting the intersection of mental health with socioeconomic hardship.

## TRAUMA AND REHABILITATION

Health facilities in conflict-affected areas continue to face a high influx of trauma patients while specialized rehabilitation capacity remains limited. The evolving nature of attacks, including drone strikes and close-range explosions, has led to more complex injuries such as polytrauma, burns, amputations, and brain and spinal injuries requiring long-term rehabilitation. According to the [MSNA 2025 \(IRC\)](#), conflict-related trauma is among the top four health concerns, with particularly high prevalence in Kharkivska (28.5%) and Mykolaivska (16.9%) oblasts. Despite the presence of rehabilitation services within the national network of capable hospitals, access in frontline areas remains uneven due to referral challenges, waiting lists of up to three months, shortages of specialized professionals, and limited awareness of available free services, especially at the primary care level.

## SEXUAL AND REPRODUCTIVE HEALTH NEEDS

Access to SRH services remains constrained due to damaged facilities, pharmacy closures, and supply chain disruptions; since 2022, over 80 maternity and neonatal facilities have been [damaged](#) or destroyed. Limited SRH capacity at the primary care level and reduced access to antenatal care – particularly for adolescents. Gaps also persist in HIV and syphilis testing among pregnant women, while regional disparities in teenage pregnancy, unsafe abortions, and sexually transmitted infections highlight the need to strengthen SRH services, contraception access, and clinical capacity, especially in frontline areas.

## RISK COMMUNICATION & COMMUNITY ENGAGEMENT

Reaching vulnerable populations with reliable health information is a priority, especially in frontline oblasts where insecurity and service disruptions persist. The lack of updated information can negatively impact health-seeking behavior and thus, increase public health risks. Strengthening coordination and aligning messaging with Ministry of Health priorities, particularly on vaccination, disease prevention, and essential health practices, is critical, along with increased community engagement and feedback from affected areas.

# HEALTH CLUSTER ACTION

## UKRAINE HUMANITARIAN FUND 2026 ALLOCATION UPDATES

The Health Cluster continued to engage with the Ukraine Humanitarian Fund, taking part in the review of projects submitted by health partners. In total, 30 projects were reviewed by the Health Cluster review team. Feedback was provided to partners through consultation sessions held prior to project submission, enabling partners to improve the quality of their proposals and align them with the Health Strategy. Final feedback will be provided to partners by the UHF through the OneGMS platform.

## SUPPORT TO THE WINTER RESPONSE

By the end of March, the Health Cluster coordinated a total of 17 partners to deliver essential health services throughout the winter season. Across three core activities, 66,017 people were reached against a target of 98,058, representing an overall achievement of 67 per cent. Through these efforts, partners supported the Ministry of Health through the provision of medical supplies for the diagnosis and treatment of acute respiratory infections. Additional

support also included supplies enabling the functioning of emergency health units and heating as part of the response.

## UPDATE OF CLUSTER DASHBOARDS AND INFORMATION PRODUCTS FOR A QUALITY RESPONSE

The Health Cluster team updated the [assessment](#) and [training](#) trackers, drawing on completed assessments to highlight gaps for partner action and support. Information in the training tracker also supported the planning and delivery of trainings under supervision by technical expertise from the Technical Working Groups. During the first quarter, 20 new assessments were uploaded on the Assessment tracker, 24 upcoming training sessions were recorded in the training tracker and 8 trainings were requested by partners. Partners are encouraged to consult and contribute to both tools regularly.

## UPDATES FROM OBLAST HEALTH COORDINATION

### NORTH

In Sumska oblast, the Area-Based Coordination (ABC) and partners prioritized addressing frontline health response gaps, including limited medical evacuation capacity and access to services in high-risk areas, while strengthening coordination with local authorities. Ongoing challenges related to water and energy infrastructure continue to affect the delivery and continuity of healthcare services.

### KHARKIV

An increased number of people evacuated from Donetsk oblast led to adjustments in how partners operate at Transit centers in Kharkivska oblast, including in modalities of supporting people with low mobility along evacuation routes. In support of the frontline response, over-the-counter kits (OTC) contributed to the delivery of Inter-Agency Convoys. Continuous shelling remains the primary barrier to partners' access to hard-to-reach areas.

### DNIPRO

In March, an inter-cluster and Humanitarian Operations Coordination Group (HOCCG) meeting was convened to advance Strategic Priority 4, focusing on identifying the most effective approaches to supporting vulnerable internally displaced people (IDPs), with particular attention to partner reporting mechanisms and minimizing overlap with Thematic Priority 2. In parallel, the hub initiated consultations to assess partners' capacity to deliver community-based training with a focus on first aid, with the aim of strengthening local health response skills at community level. The Dnipro sub-national team also engaged in consultations with consortia managers to identify and consolidate health activities to be included under the UHF Reserve Allocation, ensuring that health needs in the regions are adequately addressed.

### SOUTH

In March, continued attacks across the southern oblasts caused civilian casualties, infrastructure damage, and direct risks to healthcare delivery, including strikes affecting ambulances and disruptions to power and water systems. In Odeska oblast, coordination prioritized preparedness for potential large-scale water supply disruptions, given high dependency of health facilities on centralized systems and critical risks for dialysis, IPC, and emergency care. In Khersonska oblast, ABC coordination focused on increased hospital evacuations, bed capacity pressure, and critical gaps in post-discharge pathways and referrals for vulnerable groups, including elderly and persons with disabilities. Field engagement and partner follow-up highlighted persistent service gaps in remote areas, reinforcing the need for mobile primary healthcare and improved access to essential medicines. Interagency convoys and partner outreach remained key to sustaining access in hard-to-reach locations.



Supportive supervision visit to a community support point in a rural settlement of Khersonska oblast back under the Government of Ukraine control, where partner AFMU mobile medical team provides basic health care services to local residents. © Health Cluster

## PARTNERS' ACHIEVEMENTS



In March, Artesans-ResQ Ukraine continued the implementation of the WHO-funded project, providing 24/7 critical care transfer services and coordination support to EMS and the MoH Medevac Coordination Unit. The project remained fully operational, ensuring uninterrupted transport of critically ill adult, pediatric, and neonatal patients from frontline and underserved areas. The ARQ team completed 34 missions, transporting 25 adult and 9 pediatric and neonatal patients. These operations covered 29 428 km, averaging 865,5 km per patient, with 94% of cases requiring intensive care support (ICU levels 2 and 3). In parallel, ARQ delivered an Adult Critical Care Transport (CCT) training course for 19 EMS professionals from Vinnytsia, Kirovohrad, Volyn, and Zhytomyr regions, supporting specialists involved in critical care transport within the MEDEVAC program and targeted evacuations.



Within the first project year, Act4Health mobile teams conducted 5,230 home visits reaching 3,889 people, improving access to services, including previously underserved beneficiaries, and strengthened continuity of care through case management. A total of 58 caregiver training sessions on home-based care were delivered across 21 communities, reaching 551 informal caregivers. In parallel, 24 peer-to-peer support groups were established, engaging 217 informal caregivers. A national analytical study on home-based care needs and gaps was also conducted, providing the first comprehensive evidence base on access, unmet needs, and systemic barriers in the sector. 23,827 patients in hard-to-reach communities received mobile medical team services, including 16,136 medical consultations and 7,691 psychological support sessions. From February 2026, twelve mobile medical teams transitioned to a new PHC-integrated model of service delivery.



In March, CADUS deployed three emergency teams in Dnipro, Pavlohrad, and Sloviansk, transferring 60 patients across more than 5,055 kilometers – an average of 84 kilometers per patient. Patients from Dnipro, Donetsk, Kharkiv, and Sumy oblasts were transported to hospitals across seven regions. Over a third of patients (35 percent) required intensive care support.



In March, CAMZ distributed medicines, medical supplies, hygiene and disinfection items to health facilities across 11 oblasts. In partnership with Electricitians without Borders, 17 power stations were delivered to health facilities in Donetska, Zaporizka, Khersonska and Dnipropetrovska oblasts, alongside a 125 kW generator to a hospital in Kharkiv. With support from Terre des hommes Deutschland and funding from German donors, CAMZ delivered medicines and medical supplies to hospitals in Kharkivska and Chernihivska oblasts, and conducted a workshop for medical professionals on working with children with behavioral challenges, ADHD and disabilities. Rehabilitation equipment was also delivered to a newly opened Mental Health and Rehabilitation Center in Zakarpattia oblasts.



Under the PROTECT HER Together project, the Mobile Medical Unit delivered integrated primary health care and MHPSS services across 23 settlements in Kharkiv, Chernihiv, and Sumy regions in March, reaching hard-to-reach communities with 1,624 services to 573 people, including consultations, laboratory testing, and diagnostics. A total of 73 people received psychosocial support through individual counseling, and 32 online specialist consultations ensured continuity of care. Beneficiary satisfaction was consistently high.



In March, CUAMM delivered an initial batch of medicines and consumables to two hospitals in Sumska and Kharkivska oblasts under the 12-month SHIELD project. Two Clinical Management of Rape training sessions were also conducted, equipping 15 health staff from Kharkiv hospitals with skills to identify, treat, and refer survivors of gender-based violence.



In March, Dignitas Ukraine mobile clinics, supported by their partners, provided primary medical care to 2,160 people in Kharkiv (1,674 people) and Sumy (486) regions. 1,193 people with disabilities or reduced mobility, identified by social workers from six gromadas in the Kharkiv oblast and four in the Sumy oblast, were consulted at home. 967 displaced persons were consulted in 20 centres for internally displaced persons in the city of Kharkiv and two collective centers in the city of Sumy. Ten patients requiring secondary care were transported to specialist medical consultations. With the arrival of spring, Dignitas Ukraine launched its equine therapy programme in the Kharkiv Oblast, from which 20 children with autism spectrum disorders benefited.



Family Health International (FHI 360) supported 9 mobile teams delivering medical care and psychosocial support across Dnipropetrovska, Kharkivska, Mykolaivska, and Khersonska oblasts. Teams provided 2,864 outpatient consultations alongside 864 specialist consultations, with endocrinology, ophthalmology, gynecology, and neurology among the most in-demand specialties. A total of 1,199 people received psychological support through individual and group sessions, 144 patients accessed rehabilitation services, and 16 patients received cash assistance for medical referral transportation.



In March, FRIDA Ukraine operated mobile medical teams across seven regions through ten humanitarian projects, delivering 8,174 consultations, providing essential medications to 1,687 people and psychosocial support to 1,407 people. Prolonged psychological therapy and training sessions for health care workers were also conducted in Kharkiv, Chernihiv, Dnipropetrovsk, and Zaporizhzhia regions. Under the Little Hearts project, a medical volunteer team conducted a mission to Kirovohrad and Cherkasy regions, providing specialized care, medications and follow-up support to 247 people in residential care facilities. The OncoCare project continued to expand early detection services through the OncoBus mobile clinic, with 38 people consulted and 218 medical services rendered during the month, with identified cases referred to specialized facilities.



In March, humedica e.V., with support from the Gemran Federal Foreign Office and the UHF, continued delivering PHC and MHPSS services to vulnerable populations, including people with disabilities, older people and internally displaced persons, in hard-to-reach rural communities of Dnipropetrovska and Chernihivska oblasts through mobile medical units. MMUs conducted 1,008 family doctor consultations, 471 gynaecological consultations including PAP smears and ultrasounds, and 225 dental consultations in Dnipropetrovska oblast. A total of 174 people were referred for additional diagnostics at primary and secondary care facilities. In Chernihivska oblast, protection services were delivered alongside 262 legal consultations and 147 MHPSS sessions. Humedica's MMUs also provided services at transit centers for evacuees in Voloske and Dnipro.



In March, IMC continued delivering essential health services across frontline oblasts of Ukraine. More than 15,000 primary health care consultations were provided through supported HFs. Capacity-building efforts included two Prehospital Trauma Fundamentals (PHTF) trainings for 24 participants from Dnipropetrovska, Zaporizhshka, and Khersonska oblasts. IMC also conducted two Adolescence Sex and Reproductive Health (ASRH) awareness sessions, reaching over 60 adolescents, as well as one session on StB for 20 adolescents in Dnipropetrovska oblast. Support to health facilities remained a priority. 10 HFs across Dnipropetrovska, Zaporizhshka, Donetska, and Khersonska oblasts received medicines, medical supplies, stationery, and medical furniture, contributing to the continuity and quality of care in challenging operational contexts.



UK-MED mobile medical team providing primary health care services to residents of a frontline community in Kharkiv region.  
© UK-MED



Training session organised by the Polish Medical Mission as part of the Neonatal Care project © PMM



Diagnostic equipment distributed to 13 medical facilities as part of a GlobalGiving-supported project. © ZDOROVY



Prehospital Trauma Fundamentals (PHTF) training session for medical staff. © International Medical Corps



In March, IRC and its local partners delivered integrated primary and specialized health care through mobile medical units across Sumska, Kharkivska, Dnipropetrovska, Khersonska, and Mykolaivska oblasts, conducting 26,443 medical consultations across 90 locations and providing 1,047 MHPSS services to the most vulnerable. IRC also presented its assessment on rural healthcare during the war at the EUROPREV Forum in Madrid, raising awareness among European health professionals of the challenges of sustaining services during active conflict. These engagements form part of IRC's broader efforts to strengthen international dialogue ahead of the Rural Health Conference it will organize in Kyiv in September.



During the period January–March 2026, the Ukraine Rapid Response Fund (IREX) delivered and installed 180 units of rehabilitation equipment and tools across six hospitals in five oblasts of Ukraine, including facilities in Volodymyr and Lutsk, Chernivtsi, Mukachevo (Zakarpattia Oblast), Kamianets-Podilskiyi (Khmelnitskyi Oblast), and Zhytomyr (Zhytomyr Oblast). Delivered items included procedural tables, parallel bars for gait retraining, ceiling-mounted systems, a parapodium, rehabilitation treadmills and bikes, exercise therapy systems for upper and lower limbs, gait training stairs, mobile patient lifts, assistive devices, and other rehabilitation tools.



In March, IVY Japan, in partnership with STEP-IN, continued implementing a joint project to support vulnerable populations with limited access to healthcare in Zaporizhzhia, funded by the Government of Japan and private companies through the Japan Platform. Through the MMU with integrated mental health services, approximately 600 patients received care during the reporting period.



In March, Humanity & Inclusion delivered rehabilitation services across Kharkivska, Mykolaivska, Khersonska, Dnipropetrovska, and Zaporizka oblasts, providing 423 sessions to 140 people, including persons with disabilities, IDPs, and victims of explosive ordnance, referred through partner organizations. Services were delivered in urban, rural, de-occupied, and conflict-affected areas through home visits, hospitals, and a collective center in Dnipro, ensuring access for individuals with limited mobility. Each beneficiary received an individual assessment and tailored rehabilitation plan. Over 20 assistive devices were distributed based on assessed needs, along with training on their use. Beneficiaries and caregivers also received basic guidance to continue rehabilitation at home and prevent complications, supporting sustained recovery.



In March, Ärzte der Welt expanded health care access in underserved and hard-to-reach areas, including eastern Dnipro and locations that were handed over by other humanitarian actors. Mobile units were deployed to newly assessed locations, ensuring continuity of care for communities with limited access to medical staff and pharmacies, as well as collective centers hosting highly vulnerable populations. A total of 3,475 beneficiaries were reached through mobile unit consultations, sexual and reproductive health services, and mental health support. Four trainings of veterans to civilian life, Hibi therapy sessions for war-affected children and women, and group and art therapy implemented in collaboration with local partners.



In March, MdM Greece delivered health care and psychosocial support across nine villages in Sumska oblast, reaching 922 people with 975 services through its mobile medical unit, including 480 primary and sexual and reproductive health consultations and 495 MHPSS consultations. The Helpline received 510 calls – a 14 percent increase from February – with the majority linked to mental health concerns, addictions and family issues. Capacity building included a 5-day mhGap training of trainers with 17 participants, and medical and non-medical equipment was delivered to four health facilities to ensure service continuity amid power disruptions. MMU social workers also provided case management, referrals and administrative support to IDPs, older persons and persons with disabilities.



In March, MdM Spain delivered comprehensive health and MHPSS services across Kharkiv and Zaporizhzhia, providing 1,023 PHC consultations, 154 SRH consultations, and 611 individual MHPSS consultations alongside 230 group sessions reaching 1,039 participants. A total of 91 health promotion sessions were conducted, reflecting strong community outreach among vulnerable populations. Support to health facilities included the provision of SRH medications, emergency kits and tourniquets, as well as infrastructure improvements to ensure continuity of care. Capacity building included two PHC trainings on ECG diagnostics for 40 participants, and telemedicine services reached 29 people. MHPSS programming was delivered by eight specialists across 18 locations, with 709 consultations conducted, 282 awareness sessions reaching 1,207 participants, and structured supervision maintained under the Problem Management+ programme.



In March, Medair trained 32 health care workers in Kharkivska oblast in life-saving skills, including bleeding control techniques, and continued supplying medical equipment to health facilities in the region. In Sumska oblast, preparations are underway for a new cash and voucher assistance programme for medicines.



Nippon International Cooperation for Community Development NICCO launched the Medical Equipment Provision Project for the Centre of Social and Psychological Rehabilitation for Children in Izmail, Odesa Region, supported by the Japanese Ministry of Foreign Affairs. The project, running from March 2026 to February 2027, will equip the centre with medical and rehabilitation supplies including beds, educational games, air conditioners, bedding, and washing machines, improving service conditions for IDPs and children in need of basic medical care. The project is expected to benefit 4,051 people in total, supporting basic life functions for IDPs and host families in the Izmail area while contributing to local medical infrastructure recovery.



In March, Nova Ukraine delivered 70 units of medical equipment and nearly 49,000 units of medical consumables to ten health care institutions across Volyn, Khmelnytskyi, Kherson, Kyiv, Zaporizhzhia, Sumy, and Dnipro regions, with in-kind donations processed in partnership with MedWish and Medical Bridges. A total of 35 units of medical equipment and 16 ultrasound systems were delivered to stabilization points, hospitals and rehabilitation facilities to strengthen access to care and diagnostics capacity. Medical facilities also received external fixation devices and consumables for osteosynthesis to support surgical care, and 3,000 units of adaptive clothing were produced for patients in recovery and rehabilitation. Nova Ukraine continues to expand its hospital support programmes, with upcoming procurement focused on oncology and acoustic trauma treatment.



In March, Polish Medical Mission's mobile medical units delivered over 700 consultations across Sumska and Kharkivska oblasts, with teams comprising general practitioners, cardiologists, an endocrinologist and psychologist providing medical consultations, laboratory tests and medication dispensing. Under the Protect the Future project, supported by the Polish Ministry of Foreign Affairs Development Cooperation Programme, training activities commenced in seven perinatal centers across Ukraine. Throughout 2026, sessions will be rolled out 27 neonatal units, alongside procurement of medical equipment to strengthen obstetric and neonatal care capacity.



humedica MMU gynaecologist conducting ultrasound for a patient in Dnipro Transit Centre (GFFO-funded project). © humedica



Mobile team medical consultation. © FRIDA



CORUS health worker performing a diagnostic ultrasound examination for a patient. © CORUS International



Ambulance hand-over. © Project HOPE



In Zvyahel, a project funded by Peace Winds Japan and implemented by Eleos Ukraine, in partnership with the Female Hub centre, continued activities focused on HIV/AIDS awareness, stigma reduction, and access to testing. A three-month training programme covering prevention, transmission, and stigma was delivered to priority target groups including military personnel, veterans, medical workers, and police. To date, 280 individuals have been tested, with results identifying hepatitis C cases and 2 HIV-positive diagnoses. Additionally, through funding from the Japan Platform, rehabilitation services were extended to internally displaced persons (IDPs) residing in three collective housing facilities in Dnipro, with a focus on older persons and people with disabilities. During the reporting period, 70 people participated in group sessions while 78 received individual therapy.



In March, Project HOPE operated 42 mobile medical units across frontline oblasts, delivering 61,911 medical consultations to 20,179 people, 61 percent of whom were women. Two ambulances carried out 303 emergency transportations for injured and critically ill patients across three frontline areas. Through financial incentives, Project HOPE supported 33 hospitals in retaining and recruiting medical personnel, resulting in 61,654 additional consultations for 20,443 people. Mental health services reached 6,137 people through 14 mobile and 27 local medical units, supported by training in psychosocial support for 27 health care workers. A total of 2,872 non-food items were distributed, including hygiene kits and adult diapers, and six boreholes were rehabilitated, restoring drinking water access for approximately 14,353 people.



In March, Première Urgence Internationale conducted 1,346 health consultations and delivered 430 individual and 92 group MHPSS sessions across transit centers and primary health care centers, reaching 729 people. The voucher programme remained active across three PHCCs, reaching 1,190 people, and fuel support was provided to five PHCCs to sustain outreach activities and generator operation. Two PHCCs in Donetsk region began receiving support under the HR incentives scheme, and 44 health care workers across Donetsk, Sumy, and Dnipropetrovsk regions were trained in BLS, SRH and MHPSS. MHPSS activities continued in Resilience Centers in Petrivka and Zaporizhzhia, with GBV prevention and response programming, including the Life Skills through Drama initiative, implemented in PISOCHYN and KEHYCHIVKA. Teams also provided Psychological First Aid directly following strikes through rapid emergency deployments.



SAMS continued implementing activities in Ukraine aimed at strengthening the resilience of healthcare workers. 16 doctors from a primary healthcare facility in Zaporizka oblast participated in a pottery-based MHPSS session designed to support mental well-being and prevent professional burnout. The session applied art therapy as a tool to reduce stress, anxiety, and emotional fatigue, while promoting relaxation and improving overall psychological condition. Group participation also contributed to peer support and social connection among medical staff.



In March, STEP-IN, together with the long-standing partner Most Solidarności from Poland and with the support of the Biedronka Foundation, successfully delivered 11 generators (ranging from 9 to 80 kW) to 8 locations supporting healthcare facilities and NGOs. Of these, three deliveries responded directly to HRPR requests kindly shared with STEP-IN, and one recipient was identified through RCC. Furthermore, the STEP-IN team has launched training in BLS and evacuation techniques, targeting 64 rescue workers and volunteers. The training is designed around intensive practical exercises and real-life scenarios, aiming not only to strengthen technical skills but also to better prepare responders for the psychological demands of their work.



Stichting Vluchteling continued to implement projects in collaboration with local partners to address healthcare and humanitarian needs. Under the Mobile/Remote Care Project, access to primary healthcare in Mykolaivska oblast was supported through MMUs, which provided 356 consultations in March. Through the Medical Supply Project, health facilities received essential items, including dressing materials, medications, consumables, and kits. In total, 4,616 items were delivered across 11 oblasts, reaching an estimated 40,563 beneficiaries. In Novyi Buh, SV strengthened access to mental health services by providing 167 individual outpatient MHPSS consultations and 78 group sessions. As part of winter support, fuel briquettes were delivered to the hospital in Kherson, with a monthly consumption of approximately 40 tons, supporting heating for around 700 beneficiaries.



In March 2026, UK-MED with support of UHF continued delivering essential health care services for residents of Kharkivska and Zaporizhzhska oblasts. MMUs provided 1,375 PHC consultations to people living close to the frontline and to evacuees from affected areas residing in shelters and transit centres. In March 2026, UK-MED's psychologists conducted 237 individual consultations and 14 group sessions for 146 participants. Another 445 people have been covered by RCCE sessions. Trainings on psychological support, nursing, infection prevention and control, and wound care, enhanced the capacity of healthcare workers, first responders, and communities to react in emergencies with 49 training sessions, reaching a total of 984 diverse participants. The UK-MED training team has also launched publicly available online sessions to teach Psychological First Aid.



In March, Your City provided essential medications to 1,217 people in Odeska oblast, including 111 patients receiving treatment for non-communicable diseases and severe illnesses. 377 people accessed services at the Charity Doctor Medical Center, including consultations, laboratory tests, ultrasound diagnostics and electronic referrals. More than 40 people who sought care following shelling received treatment, support and referrals to public health facilities. Psychological support remained a priority, with 255 individuals participating in 19 group sessions and 94 individual consultations conducted with psychologists and psychiatrists.



In March, Ukrainian Smile launched the Voice Without Borders project with support from Smile Train, aimed at expanding access to quality speech therapy for children with cleft conditions through specialist training in evidence-based approaches. A total of 61 speech therapists from 20 regions participated in an online training on multidisciplinary care for patients with cleft lip and palate, organized in partnership with National Children's Specialized Hospital Okhmatdyt. As of March 2026, 36 families had registered to participate in the project.



Under its joint project with GlobalGiving, ZDOROVI donated diagnostics equipment to 13 health facilities across seven regions and conducted nine monitoring visits to verify the targeted use of assistance. In partnership with Polish Humanitarian Action, ZDOROVI supported medical and social workers in Mykolaiv and Kharkiv regions on inclusion and psychosocial resilience. The organization also presented findings from a new wave of its Barometer study on the state of the Ukrainian health system, and launched field visits for psychological sessions under the Stronger Together project, establishing partnerships with 12 institutions. For more information, see ZDOROVI's 2025 Annual report [here](#).

## HEALTH CLUSTER CONTACTS & RESOURCES

### KEY CONTACTS

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### KEY PUBLICATIONS

[Evacuations March 2026](#)  
[Response to Attacks, March 2026](#)

### KEY RESOURCES

