



The CF "FRIDA" team supported the provision of dental care services.. © CF "FRIDA"



\*This figure represents the reprioritized 2026 HNRP

### HIGHLIGHTS

- In January 2026, Ukraine's energy infrastructure was subjected to near-daily [attacks](#), affecting power-generation facilities, substations, high-voltage transmission lines, and district heating systems across at least 17 regions, including Kyiv. These attacks reduced national electricity [generation to 11 gigawatts](#), causing prolonged outages that left many families without heat or running water during severe winter conditions. Emergency power disruptions also impacted hospitals, suspending electricity-dependent procedures, rescheduling surgeries, and adding significant strain on healthcare staff. In response to these compounded risks, 15 Health Cluster partners delivered winter-specific health assistance to 53,932 people as of January 2026 under the [Winter Response Plan \(October 2025-March 2026\)](#), reaching over half of the Health target of 98,058 despite the compounded difficulties posed by infrastructure attacks.
- According to the [UN HRMMU](#), In January 2026, civilian casualties remained high, with at least 161 people killed and 757 injured, similar to the same period last year. Long-range strikes with missiles and drones accounted for 39% of casualties, mostly in urban areas away from the frontline. Near the frontline, most casualties were caused by short-range drones, artillery, rocket systems, and aerial bombardment, with 18 people affected by mines or unexploded ordnance. Following the strikes, Health Cluster partners, supporting first responders and local authorities, provided emergency health care and mental health and psychosocial support (MHPSS) to over 225 people as of January 2026.
- According to [IOM DTM Frontline Monitoring](#), in January 2026, evacuations from frontline areas intensified due to deteriorating security conditions and the expansion of mandatory evacuation orders for families with children across more than 40 settlements. Overall, around 11,000 people were displaced from assessed frontline settlements during the month, with an increase in the second half of January. The largest movements were recorded in Dnipropetrovska Oblast (Vasylkivska, Pokrovska, and Dubovykivska hromadas), Donetska Oblast (particularly Druzhkivka amid intensified fighting near the Kostiantynivka axis), and Zaporizka Oblast (mainly Kushuhumska Hromada following forced evacuations). In Kharkivska Oblast, displacement occurred primarily along the Kupiansk axis and in settlements of Starosaltivska Hromada following new evacuation orders.

### HEALTH SECTOR



**482**  
health facilities supported  
as of 31 January 2026  
Source: 5W



**2,856** attacks on  
health care since 24 Feb  
2022  
Source: [WHO SSA](#)



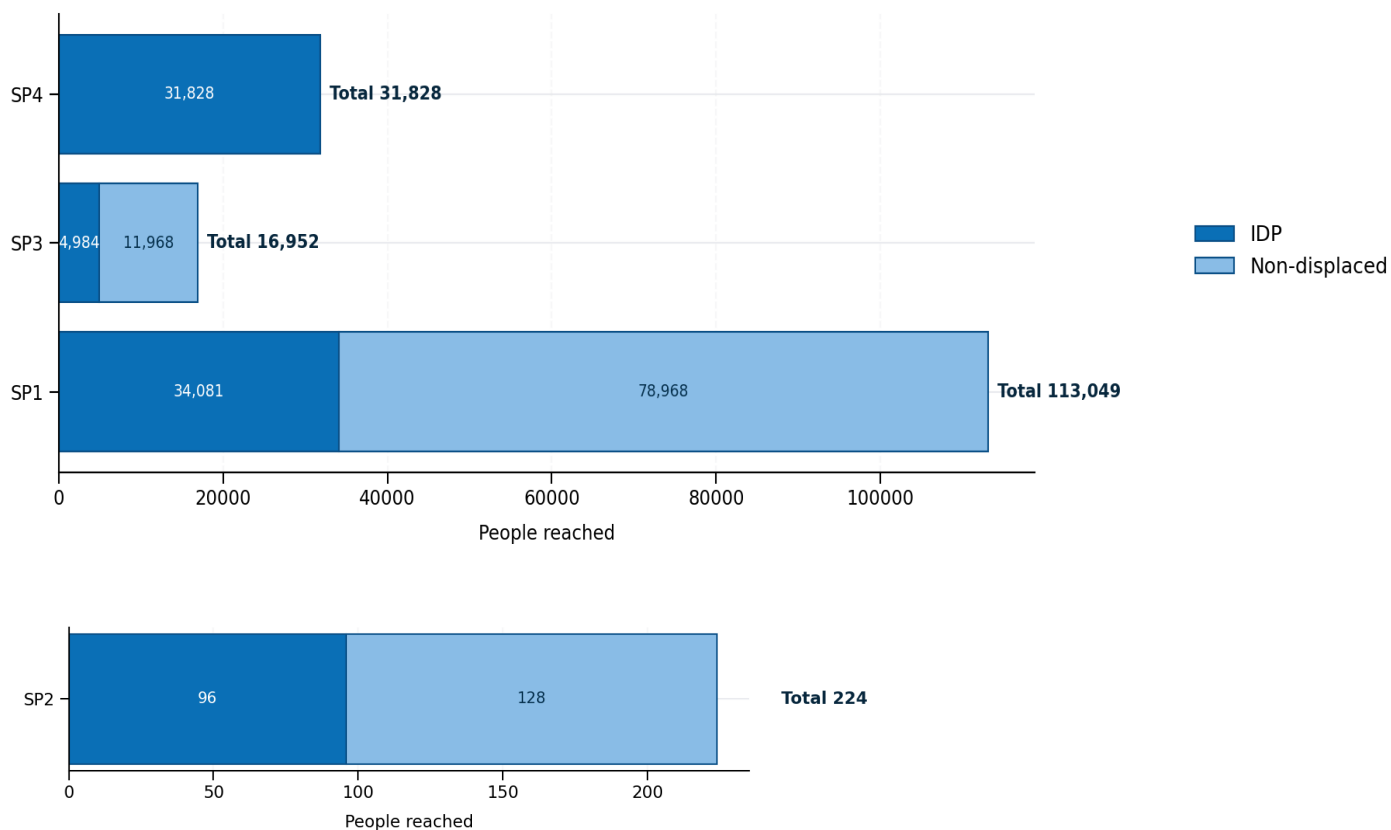
**39**  
logged HRP submissions  
in 2026, as of 31 January 2026



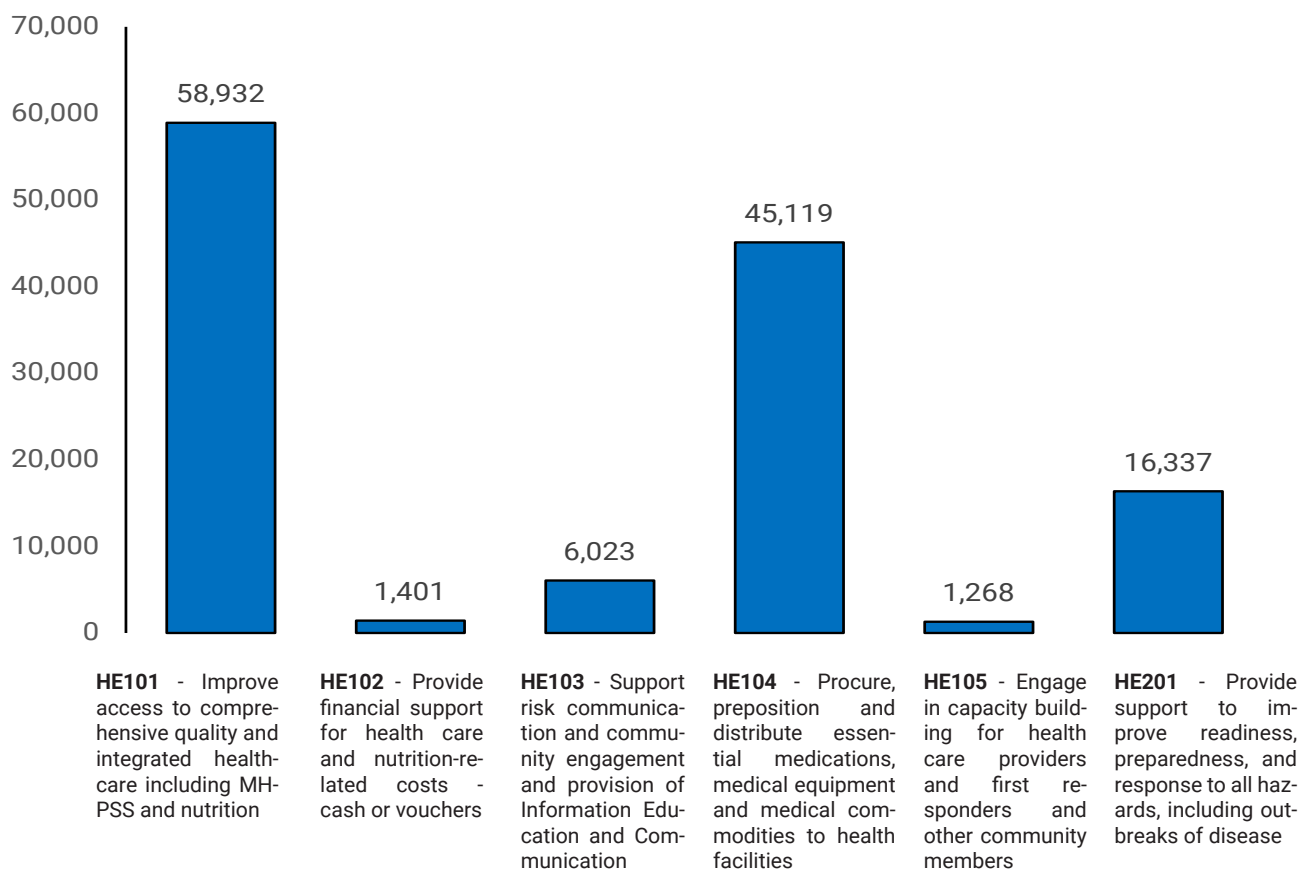
**57**  
Partners reporting  
(cumulative) HRP  
activities in Activity Info, as  
of 31 January 2026

# HEALTH CLUSTER RESPONSE PROGRESS

People Reached by Strategic Priorities, as of 31 January 2026



People Reached by Activity, as of 31 January 2026



# NEEDS & GAPS

## Winter Risk

In January 2026, attacks on Ukraine's energy infrastructure escalated sharply, with over 130 strikes on power plants, substations, gas pipelines, and other facilities across 15 regions and Kyiv city, more than triple the monthly average during the war, according to [ACLED](#). The strikes coincided with prolonged subzero temperatures, causing widespread blackouts and disrupting heating and water supplies for millions of people. 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 indicate that the risks associated with prolonged disruptions may be underestimated, and past challenges are not always fully incorporated into preparedness efforts.

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.

### 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 2025](#) 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 2025](#) equally revealed affordability of prescribed medication as a significant challenge. Over half of surveyed households (53%) reported being unable to afford necessary medications. The primary barrier was 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. The affordability of medicines remains a critical barrier. A January REACH assessment found that residents of the Sumy Oblast reported being unable to afford necessary medicines, while [Kills conducted by JERU](#) in Mykolaivska and Khersonska oblasts indicated that some residents either delayed treatment, purchased only part of prescribed medications, or avoided seeking care due to cost.

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, 605 OTC kits were donated in January. In addition, partners (10 in January) integrate Cash and Voucher Assistance (CVA) to support access to medicine and facilitate transportation.

### 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. Findings from a January REACH assessment in Sumska oblast further highlight the psychological toll of the conflict, with residents reporting persistent stress and anxiety linked to the constant threat of shelling and drone attacks.

### 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, place pressure on rehabilitation services, which remain constrained by referral challenges, long waiting lists, and shortages of specialized professionals. Although multidisciplinary rehabilitation is available in capable hospitals, access remains uneven and awareness of free services is limited. Research by National Association for People with Disabilities (NAPD) also highlights that people with disabilities often face barriers to rehabilitation, making it difficult to maintain their health and independence.

### 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 maternities](#) 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. Both access and acceptance are 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

## HEALTH CLUSTER COORDINATION UPDATES

### HNRP 2026 launch

The 2026 [Humanitarian Needs and Response Plan \(HNRP\)](#) for Ukraine, launched on 13 January 2026 by the United Nations and humanitarian partners in Kyiv, outlines key priorities to address the ongoing humanitarian crisis amid continued conflict. The plan estimates that 10.8 million people require humanitarian assistance and aims to provide life-saving multisectoral support to 4.12 million people, requiring \$2.31 billion in funding. The response is guided by four strategic priorities: front-line response, support to new displacement and evacuations, emergency response after strikes, and humanitarian protection support. Within this framework, the Health Cluster focuses on maintaining access to essential health services for conflict-affected populations through emergency and primary healthcare, trauma care, mental health and psychosocial support, and support to health facilities affected by attacks and infrastructure disruptions.

### UHF Launches First Standard Allocation for 2026

The [Ukraine Humanitarian Fund](#) (UHF) launched its first Standard Allocation for 2026 on 13 January, allocating \$75 million to support humanitarian activities aligned with the four strategic priorities of the 2026 HNRP. The allocation

prioritizes local and national partners, particularly those working in consortia, to help ensure assistance reaches the most vulnerable populations. The Health Cluster, together with other Clusters, continues to engage with the UHF to support partners to redact quality project proposals aligning with the Allocation strategy.

### Emergency Response to Energy Infrastructure Crisis in Kyiv

In Kyiv, repeated attacks on energy infrastructure in January 2026 severely disrupted essential services, exposing residents to extreme winter conditions. On 9 January, nearly 6,000 apartment buildings lost heating, electricity, and, in some cases, water amid temperatures of  $-17^{\circ}\text{C}$  to  $-20^{\circ}\text{C}$ , and on 24 January, a large-scale attack left over 800,000 households without electricity, including critical facilities. In response, a small coordination on supporting in addressing challenges arising from energy gaps was established on 26 January, involving OCHA, URCS, and humanitarian clusters, holding regular coordination meetings and sharing information with the District Administration. Invisibility points were set up to provide temporary heating and essential services. The Health Cluster participated in these meetings to support where gaps were unmet. The Ukrainian Red Cross Society played a huge role in providing services to those in these invisibility points.

## PARTNERS' ACHIEVEMENTS



Artesans-ResQ Ukraine continued implementing a WHO-funded project providing 24/7 critical care transfer services and coordination support to EMS and the MoH Medevac Coordination Unit. A total of 38 missions were completed, including 25 adult, 9 pediatric, and 4 neonatal patients. During the month, 23 long-distance transfers were carried out, including 9 cross-border missions, covering 39,595 km. One cross-border evacuation recorded the fastest transfer from injury to arrival at an international HF. In total, 14 burn patients were transported, and 92% of patients required ICU level 2 or 3 support. Three adult critical care transfer training were delivered for 56 EMS staff from Kharkivska, Zaporizhzhska, Chernihivska, Sumyska and Donetsk oblasts.



In January, CADUS deployed three emergency teams based in Dnipro and Pawlohard. These teams transferred 36 patients over a combined distance of more than 4.400 kilometers, averaging 122 kilometers per patient. The patients originated from Dnipro, Donetsk, Kharkiv, and Sumy oblasts and were transported to hospitals across Dnipro, Donetsk, Kharkiv, Kyiv, Kirovohrad, Lviv, and Sumy oblasts. Intensive care support (ICU levels 2 and 3) was required for 47% of the patients.



In January 2026, Medical Aid Committee in Zakarpattia delivered over 40 shipments to HFs across multiple regions of Ukraine, including Khersonska, Kharkivska, Kyivska, Donetsk, Mykolaivska, Odeska, Poltavska, Dnipropetrovska, Zaporizhzhska, Zakarpattska, Chernihivska, and Zhytomyrska oblasts. Supplies included medical consumables, medicines, hygiene items, assistive devices, heaters, furniture, and equipment, including an ultrasound device donated in Zakarpattia. With support from terre des hommes Deutschland e.V. and funding from the German Federal Foreign Office, the organization continued implementing a child protection project, delivering specialized medical equipment and consumables to hospitals in Mykolaivska, Zaporizhzhska, Dnipropetrovska, and Zakarpattska oblasts. Under the project supported by the German Federal Ministry for Economic Cooperation and Development, a training seminar on cooperation with parents of children with special educational needs was conducted for medical staff in Zakarpattia.



In January, the 4 Dignitas MMUs in partnership with Safe and the Secours Catholique - Caritas France, carried out 1791 home medical consultations to people with disabilities or low mobility living in rural areas in north-eastern Ukraine (1374 in Kharkiv Oblast and 417 in Sumy Oblast). Dignitas MMUs also provided medical transportation for 10 patients requiring secondary hospital care. Dignitas also assessed energy needs in the Sumy Oblast, which was severely affected this winter by Russian strikes on energy infrastructure. This assessment led to the BNP Paribas Foundation donating a 2,800 kVA generator to the city of Shostka.



FHI 360 supported 10 MMUs that provided medical care and psychosocial support to communities in Dnipropetrovska, Kharkivska, Mykolaivska, Zaporizhzhska and Khersonska oblasts. The MMUs provide medical consultations for patients, carry out diagnostic procedures such as ultrasound and electrocardiograms, prescribe and dispense medications, and make home visits to patients with limited mobility. FHI 360 also brings specialist doctors as part of the mobile teams (e.g., cardiologists, otolaryngologists, endocrinologists, neurologists, gynecologists). In January, FHI 360's mobile teams provided 3,240 outpatient consultations, and specialist doctors provided an additional 715 consultations (the most needed specialties were Endocrinologist, Gynecologist and Neurologist). 1,759 people received psychological support consultations in mobile teams through individual and group sessions. Additional 228 patients receiving rehabilitation services from FHI 360 rehab specialists.



In January, FRIDA Ukraine continued MMU operations in four oblasts, providing a total of 1,290 medical consultations, with 374 individuals receiving medications. Multidisciplinary teams included gynecologists, dentists, GP, cardiologists, neurologists, endocrinologists, urologists, surgeons, physiotherapists, pediatricians, ophthalmologists, otolaryngologists, psychiatrists, and psychologists, providing comprehensive care. In January 2026, FRIDA launched 2 new projects in Dnipropetrovska, Zaporizhzhska, Chernihivska, and Kharkivska oblasts, delivering 263 medical consultations, with 91 individuals receiving medications.



In January 2026, Good Neighbors Japan, in partnership with The Tenth of April continued providing MHPSS and case management (CM) in Dnipropetrovska oblast. A total of 191 MHPSS interventions were delivered, including 70 individual consultations and 121 group sessions, 51 of which were for children. Support focused on stress, anxiety, adaptation challenges, and emotional stabilization for both children and adults. CM support was provided to 50 people, including consultations on accessing healthcare services and registering with family doctors or specialists. Beneficiaries also received assistance in accessing diagnostic exams and social healthcare programs. In-kind support such as household items, mobility aids, a nebulizer, and a glucometer with test strips was provided, along with primary psychological support and referrals to free legal aid



In January, humedica e.V. with the support of the German Federal Foreign Office and UHF continued providing access to the PHC and MHPSS services in rural communities of Dnipropetrovska, Sumska, and Chernihivska oblasts through MMUs. humedica's MMUs conducted 601 doctor consultations, 209 gynecological consultations and 174 midwife's consultations, including 22 PAP smears and 33 ultrasounds; 166 dental consultations in Sursko-Lyvtovske, Dnipropetrovska oblast, as well as SRH awareness raising sessions conducted for 84 women. In total, 30 people were referred by MMUs to primary and secondary healthcare specialists for additional diagnostics. humedica's MMU provided services in the Transit Centre for the evacuees in Voloske, Dnipropetrovska oblast, along with distributing Hygiene Kits for older people and people with disability and limited mobility. As part of ongoing support to local healthcare systems, humedica continued donating medical and IT equipment to 4 partner PHCs in Dnipropetrovska and Zaporizhzhia oblasts.



During January, IMC conducted 15,473 outpatient consultations across 10 PHCC in 4 oblasts of Ukraine. ASRH awareness sessions for adolescents were delivered primarily in Dnipropetrovska and Zaporizhzhska oblasts, and StB trainings were conducted in Zaporizhzhia city with 85 adolescent participants. Assistance to HF included the distribution of medicines, medical equipment, medical forms, diapers, and cleaning supplies across health facilities in Dnipropetrovska, Zaporizhzhska, and Khersonska oblasts. HFs also received fuel for generators.

Health services provision supported by:



The International Medical Corps team provides STB training for children in Zaporizhzhia. © International Medical Corps



A Project HOPE-supported doctor provides a consultation to a patient in Zaporizhzhia. © Project HOPE



Artesans-ResQ Ukraine team evacuating severely burned patient © Artesans-ResQ Ukraine



A beneficiary receives an ultrasound examination at the "Charity Doctor" Medical Center supported by the Your City Fund.. ©CF "Your City"



In January, IRC in collaboration with its local partners, ensured access to integrated primary and specialized healthcare through MMUs in Sumska, Kharkivska, Dnipropetrovska, Khersonska and Mykolaivska oblasts. A total of 13258 medical consultations were conducted across 100 locations. Additionally, in collaboration with the local partners, 1280 MHPSS services were provided. IRC has conducted a rapid winter needs assessment of 12 HFs across Sumska and Kharkivska oblasts. Findings indicate severe winter-related constraints, including prolonged power outages, limited backup energy and heating capacity, and disrupted communications, alongside gaps in essential winter supplies and medical equipment. Winter support interventions continued with IRC's donation of power stations, heaters, and voltage stabilizers to a hospital in Sumska oblast. In line with a Health Cluster request, IRC also supported newly established "Invincibility Points" across several health facilities in Sumska oblast with essential consumables.



In January, IVY Japan, in partnership with STEP-IN, continued implementing a joint project to support vulnerable populations with limited access to healthcare in Zaporizhzhia City, funded by the Government of Japan and private companies through the Japan Platform. Through an MMU with integrated mental health services, 640 patients received care during the reporting period.



In January Médecins du Monde, in collaboration with its local partners, strengthened national PHC system through MMUs) home-based care and telemedicine provision in Khersonska and Mykolaivska oblasts. Home-based care was provided in Kherson city. 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 LGBTQ+ community. A total of 47 individuals received HIV/STI tests, strengthening local efforts in prevention and care. In total MdM provided 857 health care and MHPSS consultations.



MdM Germany ensured access to essential healthcare and psychosocial support for conflict-affected population in eastern Ukraine. 3 MMUs continue to work in the Dnipropetrovska oblast, providing 274 MH consultations, 299 PHC consultations and 710 SRH consultations. 338 people attended awareness sessions conducted by our MUs. During January there were also 82 referrals by CVA program. Implementing the program, MdM Germany provided essential medical supplies to PMSACs in Dnipropetrovska and Donetska oblasts.



In January 2026, Médicos del Mundo Spain continued delivering integrated health and MHPSS services in Kharkivska and Zaporizhzhska oblasts. PHC services included 890 consultations for 858 beneficiaries, while SRH services delivered 265 consultations for 260 beneficiaries, focusing on counselling, screening, family planning, and prevention. MHPSS activities across 19 locations included 588 individual consultations, 101 group sessions with 633 participants, and awareness sessions reaching over 770 people combined. Additional support included capacity-building trainings, distribution of palliative care kits and assistive devices to 240+ patients with 100% Life, telemedicine for 12 beneficiaries, hygiene kit donations, and strengthened coordination with regional health and social authorities.



In January 2026, Nova Ukraine delivered 35 units of medical equipment and 2,456 units of medical consumables. The team continued processing 3 shipments from Medical Bridges and FIGs and received a shipment from Firefighter Aid Ukraine containing dental equipment and consumables. In partnership with Patients of Ukraine, assistance was provided to 35 HFs, delivering medicines, equipment, and consumables. As part of oncology assistance, 17 units of Kisqali and 33 units of Tyverb were delivered. An ultrasound system was transferred to a university medical institution to enhance diagnostic capacity. Additionally, 15 ultrasound systems were prepared for delivery to HFs whose healthcare professionals completed specialized training.



In January 2026, MMUs continued their work in the Sumska and Kharkivska oblasts, consisting of a family doctor and a cardiologist / endocrinologist. During this period, doctors conducted 846 consultations, 188 diagnostic procedures, and provided 99 psychological consultations. In January, the preparatory stage for the implementation of phase 3 of the Neonatal Project began, which will include 27 perinatal centers throughout Ukraine. Throughout the year, neonatology specialists will conduct a series of training sessions and workshops on current issues in neonatology. The project also provides for the transfer of medical equipment for the early diagnosis of life-threatening conditions.



In January 2026, Project HOPE continued delivering critical healthcare services across frontline communities through its network of mobile and local medical units. The team operated 42 MMUs, providing 60,468 medical consultations to 19,653 beneficiaries. In addition, 2 ambulances carried out 324 medical transportations for wounded and critically ill patients across three frontline oblasts. Project HOPE is also supporting the retention and recruitment of healthcare workers by providing financial incentives to medical staff in 33 hospitals through its local medical unit (LMU) program. In January, these LMUs delivered 57,130 consultations to 17,916 beneficiaries (40% men and 60% women). During January, Project HOPE conducted nurse training sessions for 117 healthcare workers, strengthening the skills of frontline medical personnel. Beyond healthcare, Project HOPE also contributed to improving access to safe drinking water. The team rehabilitated six boreholes, reaching approximately 13,313 people with reliable water supplies. Mental health support continued to be integrated into services, with 5,945 mental health consultations provided through 14 MMUs and 27 LMUs.



In January, with funding from the Ministry of Foreign Affairs of Japan, PWJ and Eleos-Ukraine opened a Family Center in Zhytomyrska oblast to provide 796 psychosocial, physical rehabilitation and legal support services to 597 people. A resource room with interactive equipment was launched, which increases the effectiveness of speech therapist, psychologist and rehabilitation therapist classes and promotes mental recovery of children and adults. In addition, PWJ started the physical rehabilitation services at 3 collective sites in the Dnipro city to the IDP for maintaining their physical and mental health with funding from Japan Platform. Total 61 people took the individual therapy session during this month. Total 74 people joined the group session.



PUI continued providing humanitarian assistance across Kharkivska, Sumska, Donetska, Dnipropetrovska, and Zaporizhzhska oblasts. MMU delivered PHC and MHPSS services conducting 1,399 consultations. Emergency deployments following missile attacks provided 110 consultations and psychosocial first aid. A total of 90 MHPSS and RCCE/IEC group sessions reached 707 participants, while SRH training for medical personnel continued. Adolescent support sessions were conducted as part of community programmes. Additional emergency MHPSS support was deployed following shelling incidents, and structured psychological interventions continued in PHCC. The voucher programme supported 1,007 vulnerable individuals with access to medicines and essential items, and transportation assistance was provided to 19 people. PUI also supported the relocation of a frontline hospital and provided fuel support to 4 PHC facilities to maintain operations.



A rehabilitation specialist from Peace Winds Japan provides assistance to the beneficiary in an individual session. © Peace Winds Japan



Provision of medical consultations for IDPs at the Voloske Transit Centre. © Première Urgence Internationale



A mobile medical unit operated by Polish Medical Mission Ukraine provides services in the Sumy region © Polish Medical Mission



NAHA ZDOROVİ donates medications to a hospital in Zolochiv hromada, Kharkivska oblast © NAHA ZDOROVİ



In January 2026, SAMS Ukraine organized a two-day Mass Casualty Management Providers' course based on WHO methodology to strengthen healthcare facilities' preparedness for mass casualty incidents and support medical workers' psychosocial well-being. The training involved 22 medical workers from 4 hospitals in Dnipropetrovska oblast, with 95.5% reporting significant knowledge gains and high satisfaction. Additional MCM trainings are planned from December 2025 to July 2026 for healthcare workers in Dnipropetrovska, Zaporizka, and Kharkivska oblasts.



A total of 624 beneficiaries received medical consultations from the MMUs (Zaporizhska and Kharkivska oblasts) activity this month. Our MMU working stable, but still have new beneficiary every month. All in all, the MMUs were able to register 1856 outpatient consultations. The most common conditions were cardiovascular diseases (573 consultations), hypertension (523), and diabetes (188), reflecting high prevalence and ongoing health risks. Additionally, 102 beneficiaries received in-person psychological support services.



The SV Mobile/Remote Care Project continues with local partners to improve access to PHC, NCD, and PSS services in the Mykolaivska oblast. In January, MMUs provided 520 consultations across 20 communities. The SV Medical Supply Project delivered 956 items (kits, equipment, consumables, and medicines) to HFs in 11 oblasts, reaching an estimated 51,869 beneficiaries. Under the Integrated PSS Project, 78 outpatient PSS consultations were provided in Novyi Buh. For winter support, 200 tons of fuel briquettes were delivered to the HF in Kherson, with an estimated reach of 3,500 people.



In January 2026, UK-MED with support of UHF continued delivering vital healthcare services for residents of Kharkivska and Zaporizhzhska oblasts. MMUs provided 1576 PHC consultations to people living close to the frontline and to evacuees residing in shelters and transit centres. UK-MED's psychologists conducted 255 individual consultations and 15 group sessions for 155 participants. For project participants UK-MED specialists conducted RCCE sessions for 373 participants. At the same time clinical psychologists provided 56 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 27 training sessions, reaching a total of 501 diverse participants.



In January, International Charity Fund Your City provided medical, pharmaceutical, and psychosocial assistance to conflict-affected populations in Odeska oblast. Psychologists supported 178 people through consultations and psychoeducational trainings, while GPs provided care to 257 patients, including diagnostics and referrals. Electronic referrals were issued through the eHealth system and Helsi to support access to specialized care. Medication assistance centres provided essential medicines to 1,024 people to ensure continuity of treatment. A mobile emergency response team provided medical and psychological support to affected individuals following missile strikes, with follow-up assistance for people with ongoing health and psychosocial needs.



The MindSpace project supported by the IRC was completed in January. A total of 320 psychological sessions were conducted in 4 HFs in Sumska oblast, reaching 652 patients and healthcare workers, with most participants reporting improved emotional well-being. Trauma equipment and consumables were also provided to support surgical capacity. As part of an inclusiveness project in Kharkivska and Mykolaivska oblasts, with support from Polish Humanitarian Action, ZDOROVІ delivered expert consultations, psychological support, and trainings for medical and social institutions, reaching 147 participants. With support from GlobalGiving, monitoring sessions on the use of medical equipment were conducted across several regions, confirming targeted use and contribution to service continuity. ZDOROVІ also delivered medical supplies and ventilators to hospitals, focusing on overstretched facilities. The organization participated in 30 national and international coordination events with stakeholders including the National Health Service of Ukraine and the Office of the President of Ukraine to discuss policy, advocacy, and health system needs.

## HEALTH CLUSTER RESOURCES & CONTACTS

### KEY CONTACTS

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### KEY PUBLICATIONS, January 2026

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

### KEY RESOURCES

