COVID 19 Preparedness:
Rapid Health Facility Assessment (April, 2020)

HEALTH CLUSTER UKRAINE | WASH Cluster Water Sanitation Hygiene | REACH Informing more effective humanitarian action

INTRODUCTION

Entering its 7th year, the armed conflict in Eastern Ukraine is still active with 3.4 million people in need of humanitarian assistance.[1] This crisis has significantly disrupted **two critical services in Donetsk and Luhansk** regions: **healthcare and water supply.** REACH assessments have found that the 400+ km line of contact separating large urban centres, in non-government controlled territories, and their peripheries, in government controlled areas, has significantly affected access to specialized healthcare and complex water infrastructure systems: both critical in the response to the outbreak of COVID-19 in the region.[2] The already vulnerable population in eastern Ukraine may face further challenges during the outbreak of COVID-19. Of particular concern, **over a third of the conflict-affected population (36%) are above the age of 60**, with many also suffering from **chronic illnesses**. Furthermore, the significant drop in economic and social activity as a result of lock-down measures may threaten **economic security and mental well-being** of populations that have been living for years in conflict.

Following years of under investment in healthcare in Ukraine[3], the outbreak of coronavirus, with more than **9,410 confirmed cases** as of April 28th 2020, is likely to significantly test the capacity of the healthcare system. With steady increases in confirmed cases, assessing the capacity of healthcare facilities to implement basic mitigation measures is critical to slow the spread of the virus.

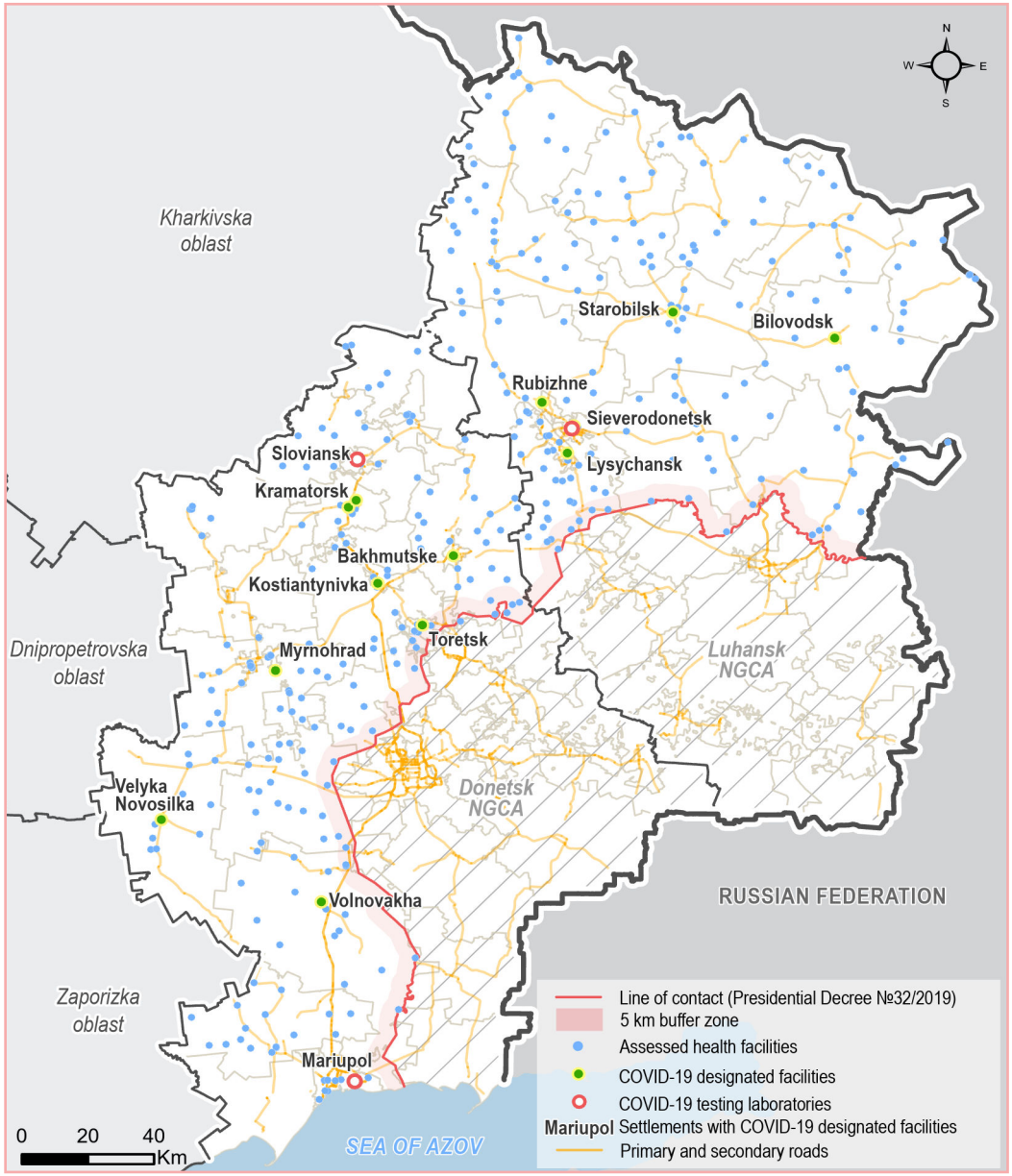
To inform humanitarian programmes responding to the COVID-19 Outbreak in Ukraine, the Rapid Health Facility Assessment (RaHFA) was launched in the Government-Controlled Areas of Donetsk and Luhansk Oblasts to **evaluate health facility readiness** and identify current **health-related needs at the facility level.** For analytical purposes, facilities were disaggregated by level (primary, secondary, tertiary, emergency care, designated and non-designated). The RaHFA was developed in coordination with the Health (WHO) and Water, Sanitation and Hygiene (UNICEF) Clusters and received approval from the Ministry of Health and local authorities. From the 27th of March to the 3rd of April, REACH enumerators conducted **473 Key Informant Interviews** (KIIs) with service providers to assess planning, preparedness, and availability of basic WASH and health supplies for most facilities in the conflict affected areas in Donetsk and Luhansk.[4]

KEY FINDINGS

RaHFA findings show that most health service providers in Donetsk & Luhansk Oblasts face challenges concerning COVID-19; given the **limited availability of personal protective equipment (PPE)** and a high proportion of facilities **(89%) reporting suspected cases**,[5] a large number of healthcare workers and patients could be at risk of infection. Findings show a **low capacity in collecting and referring samples for testing**, where gaps reportedly exist in terms of established referral mechanisms, equipment and supplies, staff knowledge, access to information, and logistical capacities. In addition, a **majority of facilities had no PPE** for patients, and 8% lacked PPE for healthcare workers, likely to affect their ability to implement effective infection prevention and control (IPC) measures. Furthermore, only **33% facility key informants (FKI) reported that facilities screened suspected cases** before entering the facility[6] and **60% of FKI reported improper infectious waste disposal practices** at their facility**.** Communications with national authorities were reported to be satisfactory by a majority of FKI requiring communication. Selected indicators are available at the **facility level on a web map (available here)** for further operationalisation and in case of the study being replicated in any other areas.

[1] United Nations Office for the Coordination of Humanitarian Affairs, Ukraine: 2020 Humanitarian Needs Overview, (Ukraine, 2020).
[2] REACH, Protection Assessment, (Ukraine, 2019).
[3] United Nations Office for the Coordination of Humanitarian Affairs, Ukraine: 2018 Humanitarian Needs Overview, (Ukraine, 2018). p.31
[4] One key informant was interviewed per assessed facility.
[5] It was left to the respondent to determine what constituted a suspected case.
[6] However, 42% of facilities reported asking suspected COVID-19 cases to wait in a separate area from other patients, while 29% asked patients. them to wait in an isolation room.

Map 1: Assessed healthcare facilities in Donetsk and Luhansk*



* Healthcare facilities included primary, secondary and tertiary facilities, ambulance and first aid, and designated hospitals

ASSESSED FACILITIES

FKI interviews with healthcare providers[7]: **473**

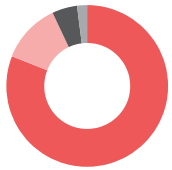
245 Healthcare facilities in **Donetsk** oblast

228 Healthcare facilities in **Luhansk** oblast

18 Out of 18 COVID-19 **designated hospitals** interviewed[8]

Breakdown of types of assessed healthcare facilities:

Primary care system	81%
Secondary care system	12%
Ambulance and emergency	5%
Tertiary care system	2%



IPC

Eighty-nine per cent of FKI reported that suspected cases of COVID-19 sought care at their facility, including all **18** designated hospitals. According to FKI, **33%** of facilities screened suspected cases of COVID-19 before entering their facility, including over half of secondary care facilities (**51%**).

In unprompted recall, FKI reported the following as the main measures taken to prevent the spread of COVID-19:

Encouraging staff to use PPE	89%
Providing information materials	88%
Ensuring regular, routine disinfection	87%
Encouraging safe distances	83%
Keeping a record of visitors to patients	79%
Improved access to hand-washing	69%

60% of FKI reportedly disposed of infectious waste via regular garbage or burning without an incinerator, including **6** out of **18** designated hospitals[9]

% of facilities without trained staff in standard IPC principles, as reported by FKI:

Primary	38%
Secondary and tertiary	19%
Designated hospitals	1/18

46% of FKI reported that **secondary and tertiary** facilities had a functional triage system, including **12** out of **18** designated hospitals

18% of FKI reported that **secondary facilities** did not have an infectious waste management plan in place, this did not include any designated hospitals

[7] One key informant was interviewed per assessed facility.
[8] This question was asked to a subset of 450 FKI that reported that their facility did not have an incinerator on site.

According to FKI, in **20%** of isolation wards,[10] and **14%** of intensive care units,[11] beds were **less than 1.5** metres apart. Across all facilities, there was an average of **2 metres** between beds in intensive care units and isolation wards.

% of facilities without an isolation ward available to treat COVID-19 patients:[12]

Secondary and tertiary	45%
Designated hospitals	3/18

Table 3: Reported median number of beds and amenities for patients and visitors, by facility type:

	Secondary care facilities	Tertiary care facilities	Designated hospitals
Number of beds	130	100	337.5
Amenities for inpatients (median)			
Working sinks close to beds	30	24	40
Toilets close to beds	10	6.5	22.5
Amenities for staff and visitors (median)			
Sinks outside of wards	12	10	10
Toilets outside of wards	10	6	13

72% of facilities, including **9** out of **10** designated hospitals, had limited availability of alcohol-based hand sanitiser, while **11%** of facilities had no stock, as reported by FKI

Forty-three per cent (43%) of facilities reportedly disinfected toilets and handwash facilities twice daily, while **38%** disinfected every few hours.

PPE

8% of facilities, excluding ambulance, did not have enough surgical face-masks for staff at the time of data collection

% of facilities that would reportedly deplete stocks of surgical face-masks for staff within 10 days, if operating at peak capacity:

Primary	63%
Secondary and tertiary	49%
Designated hospitals	4/18

55% of **secondary facilities** would not have enough disinfectant, masks or shoe covers in the admittance area if working at capacity for over two weeks, including **9** out of **18** designated hospitals, as reported by FKI

[9] Included in the 56 assessed secondary care facilities were all of the 18 hospitals in Donetsk and Luhansk Oblast designated by the government to respond to the COVID-19 outbreak.
[10] Based on a sample of 30 facilities with isolation wards that answered this question.
[11] Based on a sample of 44 facilities with intensive care units that answered this question.
[12] Percentage among the 25% of facilities that reported inpatient capacity.

Thirty per-cent (30%) of secondary facilities had surgical masks for patients (Table 1). In these facilities, FKI reported that the stock of patient masks would be sufficient for 5 days if the facility was functioning at full capacity (Table 2).

Table 1: % of facilities with supplies of PPE, by facility type, as reported by FKI:

	Ambulance and first aid	Primary care facilities	Secondary care facilities	Tertiary care facilities	Designated hospitals
Staff masks	91%	91%	91%	82%	100%
Gowns	87%	40%	73%	55%	94%
Patient masks	30%	14%	30%	36%	28%
Gloves	91%	92%	93%	73%	94%
Protective glasses	91%	30%	71%	82%	89%

Table 2: Median number of days in which stock of PPE will be depleted, if operating at peak capacity, as estimated by FKI:

	Ambulance and first aid	Primary care facilities	Secondary care facilities	Tertiary care facilities	Designated hospitals
Staff masks	20	10	14	25	30
Gowns	1	1	5	12.5	14.5
Patient masks	10	7	5	20	10
Gloves	17.5	10	14	30	30
Protective glasses	1	1	7	12.5	14

LABORATORY

76% of FKI representing secondary and tertiary facilities reported being able to perform Rapid Diagnostic Tests (RDT), at the time of data collection

An additional 13% of facilities were reportedly able to refer samples for laboratory testing. Few FKI at primary healthcare facilities reported testing capacity (1%), however 14% were able to refer samples for testing.

39% of **secondary and tertiary facilities** had not received staff training on COVID-19 sample collection techniques, as reported by FKI

68% of **facilities** reportedly had none of the required resources for collecting samples, this was highest among rural health posts[13] and included 5 out of 18 designated hospitals

57% of facilities did not have enough information on sample collection, as reported by FKI

70% of FKI from **primary facilities** reported no available guidelines on how to transport samples to the National Reference Library

Among the 32 secondary and tertiary facilities unable to perform RDT tests, FKI reported:

1. **25 facilities** did not have the capacity and resources to collect samples
2. **27 facilities** did not have sample collection equipment

34%

of **secondary and tertiary facilities** had the necessary supplies for collection of samples

SUPPORT SERVICES

29% of FKI reported problems with the facilities main source of water for cleaning, including 2 out of 18 designated hospitals.

Commonly reported problems with water for cleaning included:

- **10%** Poor quality or contamination
- **8%** Unreliable water supply
- **6%** Old or broken infrastructure

% of FKI reporting that main source of drinking water at their facility was trucked in or collected from wells or boreholes:

Primary	47%
Secondary and tertiary	11%
Designated hospitals	1/18

55% of **facilities** did not have single-use towels available at all working sinks, including 12 out of 18 designated hospitals, as reported by FKI

97% of **facilities** reportedly did not have working hand dryers, including 15 out of 18 designated hospitals

21%

of FKI reported poor quality, contamination or an unreliable supply of drinking water, including 4 out of 18 designated hospitals

[13] Rural health posts without the required resources for collecting samples, n=171

COMMUNICATIONS

Of the **62%** of facilities requiring communication with national authorities, **94%** were satisfied with the frequency and clarity of communication, as reported by FKI.

21% of FKI from **primary healthcare facilities** reported not having a response plan to be operationalised during the COVID-19 outbreak

51% of FKI from **secondary and tertiary facilities** reported sharing information with neighbouring hospitals, including **12** out of **18** designated hospitals

[14] Key findings, as reported by FKI representing facilities.
[15] This question was asked to a subset of 117 FKI that reported inpatient capacity.
[16] 77% of facilities in Donetsk and 47% of facilities in Luhansk required communication with national authorities.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). Since 2015 REACH in Ukraine has implemented more than 15 assessments in the Eastern conflict affected regions. As of April 2020, REACH in Ukraine has 25 staff and a yearly budget of above 1 million USD. For more information, please visit our website at www.reach-initiative.org, contact us directly at geneva@reach-initiative.org or follow us on Twitter at @REACH_info.

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KEY FINDINGS BY OBLAST[14]

	Donetsk	Luhansk
Infection Prevention and Control		
% of facilities where suspected COVID-19 cases had reportedly sought care	80%	99%
% of facilities which had established triage protocols	42%	20%
Among facilities with inpatient capacity, % with isolation wards[15]	50%	38%
% of facilities with no surgical face-masks for healthcare workers	11%	5%
% of secondary facilities that would run out of disinfectant, masks or shoe covers in the admittance area in 2 weeks	47%	70%
% of facilities with limited or no access to alcohol-based hand sanitiser	76%	89%
% of secondary facilities without an infection waste management plan in place	28%	0%
% of facilities disposing of infectious waste via regular garbage disposal or burning waste without an incinerator	65%	55%
Laboratory		
% of secondary and tertiary facilities able to perform Rapid Diagnostic Tests	80%	71%
% of facilities without required resources for collecting samples	78%	93%
% of secondary and tertiary facilities for whom staff had not been trained on sample collection	40%	38%
Communication		
% of facilities requiring communication with national authorities that were satisfied with clarity and frequency of communication[16]	96%	91%