



## Pirogov First Volunteer Mobile Hospital

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To Whom It May Concern,

Established in late 2014, the Pirogov First Volunteer Mobile Hospital (PFVMH) is the largest nongovernmental project involving civil health professionals in provision of medical assistance in the conflict-affected areas of Eastern Ukraine. During its operation, the PFVMH has provided timely and skilled medical care to about 40,000 patients. The mobile hospital has been stationed in 47 locations in government-controlled areas of Donetsk and Luhansk Oblasts – both in cities and villages as well as in the field. In the fall of 2015, the PFVMH extended its activities to peaceful regions of Ukraine and performed unprecedented cardio screenings in the Khmelnytsky region, which covered 22,433 persons in 565 localities. The screenings are officially recognized as a national record. All activities are implemented by the Charitable Foundation “Pirogov First Volunteer Mobile Hospital” in cooperation with the Health Ministry of Ukraine, the Defense Ministry of Ukraine and the General Staff of the Armed Forces of Ukraine with support from the National Security and Defense Council of Ukraine. It is currently the only medical project that acts in the conflict-affected area in full compliance with the Ukrainian legislation.

Utilizing its experience of working with the population and health care facilities in the conflict-affected regions of Ukraine, the PFVMH has developed a project proposal aimed at providing health care services to the population living in front-line communities in government-controlled areas of Donetsk and Luhansk oblasts. As detailed in the attached Concept Note, the front-line communities have very limited access to basic and especially specialized health care due to the lack or high cost of transportation and lack of specialized personnel and/or equipment (REACH, Area Based Assessment, 2017). However, as PFVMH’s experience and the experience of other organizations (Mdm, MSF, Hippocrates Greek Medical Foundation) shows, these obstacles can be effectively addressed in a cost-effective manner through mobile clinics. Moreover, Yasinuvata raion’s experience of organizing regular doctor’s visits from Ocheretino hospital to the front-line communities demonstrates advantages of such adaptation strategy.

Based on the identified needs, PFVMH with the support of ACTED is engaging donors, international organizations and UN agencies to secure the project’s funding, either in full or in part. Interested organizations might also support the project in kind – by providing any equipment and/or materials listed in the Tentative Budget attached to the Concept Note.

The project Concept Note provides more information on the PFVMH; for detailed information, you can also visit our website: [www.medbat.org.ua](http://www.medbat.org.ua). We believe the proposed project provided below has the potential to substantially improve the quality of life of the conflict-affected population. In its implementation, PFVMH would build upon successful cooperation experience with the United Nations Population Fund, Première Urgence Internationale (a France-based international NGO) and GlobalMedic (a Canada-based charity).

Please do not hesitate to contact us if you have any questions.

We look forward to hearing from you.

Yours faithfully,

Gennadiy Druzenko  
PFVMH Cofounder and President



## PFVMH MOBILE CLINIC PROJECT

### Concept Note

#### ***PFVMH's legal background***

The Pirogov First Volunteer Mobile Hospital (PFVMH) is the largest nongovernmental project involving civil health professionals in provision of medical assistance in the conflict-affected areas of Eastern Ukraine. The legal foundation for PFVMH operations is the Memorandum of Cooperation<sup>1</sup> dated February 5, 2016, which was signed between the Health Ministry, the Defense Ministry, the General Staff of the Armed Forces of Ukraine and the PFVMH Charitable Foundation. The procedure for PFVMH doctors and auxiliary personnel to enroll in the mobile hospital and work in the conflict zone is guided by Order of the Health Minister of Ukraine<sup>2</sup> No. 814, dated April 27, 2018. This makes the PFVMH currently the only medical project that acts in the conflict zone in full compliance with Ukrainian legislation.

During its operation in the conflict zone, the PFVMH has provided timely and skilled medical care to over 40,000 patients. Eighty-eight of over 400 volunteers<sup>3</sup> of the PFVMH, who worked in the conflict zone in 2014-2017, received the status of participant in combat operations, hundreds were granted the status of war participant, 26 were marked with state awards, 96 were decorated with a medal "For Assistance to the Armed Forces of Ukraine," and 12 with the Defense Ministry's "Badge of Honor."

Day-to-day management of the mobile hospital is carried out by a team of six persons led by the PFVMH President. A Board of Trustees supports PFVMH activities, protecting its volunteer medics' rights and representing its interests to the medical and political communities.

#### ***Situation background***

The armed conflict in Eastern Ukraine has severely damaged the health care system in the two affected regions, the Donetsk and Luhansk Oblasts. Their major health care facilities remain in the non-government-controlled oblast centers, the cities of Donetsk and Luhansk, whereas many doctors and junior medical personnel fled from the armed conflict areas. Moreover, according to the July 2017 Situation Overview: Area Based Assessment in Government Controlled Areas within 5km of the Line of Contact by REACH<sup>4</sup>, two thirds of health facilities (54 out of 81) in the 500-km-long land strip's 27 cities and 73 villages have been damaged. Many of the facilities experience shortages of electricity (34%) and water (22%), while not having any backup sources.

In 38 communities, health coverage is reportedly insufficient. The main barriers in accessing the healthcare, as reported by residents, include (in order of frequency): (1) lack of health care facilities (2) high cost of transport; (3) other structural issues, such as lack of medical staff, supplies, medication; (4) costs of healthcare. This is especially worrying, considering the protection constraints related to travel (mines and other risks related to explosive remnants of war) and that the cost of a round trip is approximately 10% of the average income (ABA data).

Moreover, the REACH Analysis of Humanitarian Trends (September 2017) reports increased difficulty of accessing health care between 2016 and 2017, from 29% to 46% of households reporting that at least one household member had difficulty in 2017.<sup>5</sup> This trend remains more of an issue in rural areas and in Luhansk Oblast, which tends to have fewer urban settlements. Examining reported barriers to healthcare access, more than half (51%) of households who reported problems accessing healthcare cited distance to facilities as a

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<sup>1</sup> Memorandum of Cooperation within the Framework of the Project "Pirogov First Volunteer Mobile Hospital," available [online](#).

<sup>2</sup> Order of the Health Minister of Ukraine "On organization of missions of medical workers who volunteered to provide medical aid in the area of activities aimed at ensuring national security and defense, rebuffing and holding back the armed aggression of the Russian Federation in Donetsk and Luhansk Oblasts" (in Ukrainian), available [online](#).

<sup>3</sup> PFVMH, "Angels in Scrubs," available [online](#).

<sup>4</sup> REACH 2017 Area Based Assessment, GCA, 5 km within the line of contact, available [online](#).

<sup>5</sup> REACH 2017 Analysis of Humanitarian Trends, GCA of Donetsk and Luhansk Oblasts, 5km Zone, available [online](#).

contributing factor, 37% reported the cost of travel to facilities as an issue and 20% reported the lack of facilities. The cost of medicine, however, remained the most reported barrier to healthcare access in the 5 km zone in 2017, reported by 74%. It is reported that despite access issues being a strong contributor to barriers to healthcare access, the majority of households in both urban (93%) and rural (70%) areas reported at least some functional medical facility within 5 km of their residence. Most importantly, for rural households, more specialized healthcare services are located significantly further away, with the majority of rural households located over 25 km from the nearest multi-specialty government hospital (53%) thus significantly limiting their access to specialized health care.

Moreover, the lack of doctors is reported to be one of the primary health care issues in the 5km zone from the contact line in both oblasts. According to data provided by the Health Department of the Luhansk Oblast Military-Civil Administration for all raions (districts) of the oblast (GCA) as of May 1, 2017:

- Almost half of (46.67%) medical job at state-run and municipal health institutions is vacant.
- Of 99 medical professions listed in the nomenclature of job types in Luhansk Oblast's hospitals, 30 are not present in the oblast at all. This means, e.g., that in whole Luhansk Oblast GCA, there is not a single pediatric hematologist, pediatric gynecologist, pediatric dermatologist-venereologist, pediatric cardiorheumatologist, pediatric oncologist, and dozens of other specialists.
- Forty-two other job types in Luhansk Oblast are staffed at less than 50% (e.g., thoracic surgeons, roentgenologists, rheumatologists, ophthalmologists, oncologists, narcologists, etc.);
- There is *not a single* medical vacancy filled at 100% in the Luhask oblast.

The situation has somewhat improved over the past year but is still far from satisfactory. In a recent letter to the PFVMH, dated May 4, 2018, the LOMCA Health Department reports that the oblast's inpatient facilities are staffed at 58.1% and outpatient facilities at 56.49%. A week later, the PFVMH received a letter from the Donetsk Oblast State Administration Health Department, which informed that the oblast's health care system was one-third understaffed and unable to ensure 100% of doctors for its facilities.

Whereas the health care "hard infrastructure" problems can be solved by channeling more funds from the public funds for repair and construction of facilities, the "soft infrastructure" problem of the huge understaffing of medical institutions is not as easy to solve, as doctors from the regions not directly impacted by the conflict are not willing to move to unsafe localities. For example, according to the head physician of the Popasna Central District Hospital, which is just within one kilometer of the LoC, the hospital is prepared to give a two-room apartment to a surgeon who comes to live and work there but there have been no applicants for over two years. The issue of staffing is more acute in small and medium size villages as medical staff has less incentives to go to more remote locations.

Another adverse factor having an impact on the health of people in front-line localities is that they live under the permanent stress of the war, hearing machine-gun shooting, expecting shelling any time, and constantly worrying about their lives and the lives of their dear ones. According to observations by both PFVMH volunteer doctors and local specialists (e.g., the chief psychiatrist and narcologist of the Luhansk Oblast Health Department), this results in a surge of not only psychic disorders but also, as derivative, psychosomatic disorders, increasing the incidence of hypertonic, ulcerous, diabetic and many other diseases. The lack of psychosocial support remains a significant problem for the populations of frontline communities, as REACH ABA highlights, 60% of the settlements along the LoC in GCA lack of adequate PSS support

Under these circumstances, mobile clinics attended by medics from other regions based on rotation are considered as the only feasible way to extend medical services to the population (estimated as 150,000 to 200,000, including registered internally displaced persons) in the areas within 5km of the LoC.

### **On the ground capacity**

Since 2014 PFVMH has been stationing the mobile hospital in 47 locations<sup>6</sup> in Donetsk and Luhansk Oblasts – in cities and villages, mostly frontline communities, as well as in the field.

In the first year of existence, relying on voluntary donations, the **PFVMH applied the mobile clinic approach in Eastern Ukraine** for as long as it had funds to pay for fuel and vehicles maintenance. Each month, there were seven teams of varied composition that went along the front line – general practitioners, surgeons, roentgenologists, tuberculosis specialists, paramedics, nurses, etc. (a total of 40 to 45 medical personnel plus 18 to 20 drivers). As a team arrived in a village, it provided medical services to both military personnel deployed in the village and locals and then departed for another village. The teams traveled accompanied by military guard. At that time, not only medics but also local authorities had left these villages because of the war.

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<sup>6</sup> PFVMH Locations, available [online](#).

In September-November 2015, the PFVMH extended its activities to peaceful regions of Ukraine and performed unprecedented **cardio screening in the Khmelnytsky Oblast**, which was later officially recognized by the National Register of Records of Ukraine. During the 50-day mass survey of all age groups' residents in the region's 565 localities (mostly remote villages), 11 teams of PFVMH medics performed electrocardiogram (ECG) tests on 22,433 patients. The survey also included blood pressure and sugar measurements. Each team included a doctor and a paramedic or a nurse. The doctor worked an ECG and explained results to patients, whereas the paramedic/nurse measured the blood pressure and the blood sugar level. If a patient was found to be in a critical condition, the volunteer medics called in an ambulance. The project was financed by the First National Agricultural Cooperative.

**Sexual & Reproductive Health project** (May-July 2016) jointly implemented with UNFPA in Luhansk Oblast (Novoaydar, Stanytsya Luhanska and Popasna Districts). A total of **2,000 people, including 500 children**, were examined. Two gynecological teams, of which each included an obstetrician-gynecologist and a nurse, received patients in the Stanytsya Luhanska and Popasna Central District Hospitals. The third team with a pediatrician, equipped with an ambulance, periodically visited the distant localities in the three districts. The UNFPA covered the project expenses including medicinal and material requirements while PFVMH provided the project with personnel and vehicles.

Since December 2016, **first-aid stations** for citizens crossing the contact line through the Maryinka and Novotroitske Checkpoints in Donetsk Oblast have been operationalized. The facilities were set up under an ECHO-funded project. Première Urgence Internationale is the implementation partner with PFVMH providing medical personnel for the stations.

Since February 2017, PFVMH carries out an action called "**landing parties**", during which, volunteer medics, acting pro bono, are visiting conflict-affected towns or villages for a week or a weekend and conduct mass free preventive examinations of the local population. So far, the PFVMH provided medical services to about **10,000 people**, including over 3,500 children. A total of eight landing parties have been conducted to date, all in Luhansk Oblast. Seven of them were specialized (five pediatric, one dermatologic and one cardiologic), and one was a 10-day complex event focused on the large village of Hrechyshkyne and several neighboring small villages. The latter landing party included top-category doctors of Kyiv City Clinical Hospital #2 "Burn Center": two surgeons, a general practitioner, a gynecologist, a functional diagnostician, an endoscopist and a scrub nurse. The pediatric examinations, of which three were carried out in frontline Popasna District, were facilitated directly in educational institutions. The composition of the pediatric teams may vary but typically includes a surgeon, an orthopedist, an ophthalmologist an otolaryngologist, a stomatologist, a pediatrician and a neurologist. Pediatric examinations also "landed" in the towns of Rubizhne and Kreminna. Local benefactors provided accommodation and food for volunteers. Other benefactors, including private entrepreneurs and the Ukrainian Railroads, also helped the PFVMH cover the costs.

The main ongoing activity of the PFVMH is rotation-based **monthly missions of volunteer medics** to Eastern Ukraine to work either in front-line civil hospitals or in military units as medical evacuation teams (medevac). Civilians account for overwhelming majority of the PFVMH volunteers' 40,000 patients in Eastern Ukraine; however, the PFVMH medevac teams are stationed with several battalions of the Armed Forces of Ukraine. Their main task is to take wounded soldiers close to the front line, stabilize them and deliver to a hospital for further treatment. Nevertheless, most of their mission time is spent on treatment of noncombat diseases and injuries as well as preventive care and training of servicemen in tactical medicine. As for the larger, civilian, component, PFVMH receives monthly requests from district health authorities specifying which medical specialists are needed and requested from PFVMH for the next month. The PFVMH selects such specialists from its vast database of medics and organizes their travel, accommodation and legal support. In this way, health care professionals from over 140 Ukrainian towns and villages throughout the country have gone on missions to Eastern Ukraine through the PFVMH. The high level of skills of the PFVMH volunteers can be attested by the fact that they include professors and scientists with doctoral and Ph.D. degrees; head physicians and department heads of hospitals; a Deputy Health Minister and the Health Ministry's chief ophthalmologist; the head of the National Medical Chamber of Ukraine and the chief cardiovascular surgeon with the Presidential State Management of Affairs.

### ***Proposed intervention***

To address the urgent medical needs described in the situation background, PFVMH proposes to utilize the **mobile clinic** approach to provide **free medical services** (preventive examinations) to the population living in GCA within the 5-km zone from the LoC. Building on the established relations with local authorities and reputation among local population acquired during the ongoing work of PFVMH's volunteer medics in the Central District Hospitals (CDH), PFVMH proposes to implement the project in two phases:

1. In the **first phase (pilot)**, the project will be rolled out in Luhansk Oblast GCA (Popasna, Stanitsa Luhanska and Novoaidar Districts). The first phase of the project can be launched

within 1.5 months after the funding is secured. This phase would result in establishing **two Mobile Clinics**.

2. The **second phase** covering Donetsk Oblast GCA can be rolled out 3-4 months after having the Mobile Clinic project piloted in Luhansk Oblast, provided funding for Phase 2 is also secured. This phase would result in establishing **three to four Mobile Clinics in Donetsk oblast**.

#### *Medical teams' composition*

The teams will be recruited from medical facilities across Ukraine utilizing PFVMH's established processes and database. The teams will rotate monthly with a seven-days-a-week working schedule. Each Mobile Clinic will include a general practitioner, a cardiologist, a gynecologist, a pediatrician, a sonographer, two nurses and drivers. This team composition is chosen based on the PFVMH's extensive experience in healthcare provision. However, since the Mobile Clinics' operation will be based on monthly rotation of their teams, adjustments in the composition can be made anytime, if required.

The teams will provide the following services: (1) general medical examination and consultation by the general practitioner, (2) measuring blood pressure and sugar, (3) ECG, (4) sonography and gynecological examination. The Mobile Clinic operation will be supported by one Project Manager and one Accountant from Kyiv, and by one Project Coordinator in the field for both teams.

#### *Operational aspects*

Each Mobile Clinic will be comprised of two PFVMH's own vehicles (an ambulance and a minibus) with a team of medics and equipment that will visit the front-line communities seven days a week according to a schedule agreed with local authorities. In order to avoid duplication, PFVMH will coordinate with other mobile clinics providers (such as Médecins du Monde, Médecins Sans Frontières, etc.).

The Mobile Clinics are expected to operate out of the Central District Hospitals (CDH) where current PFVMH volunteer medics serve (Popasna, Stanitsa Luhanska and Novoaidar). District and settlement administrations will be involved in establishing the schedule and will assist PFVMH in informing the local population. Upon arrival to the location, the team will install equipment in the local council building or, if available, in the local clinic and will be carrying out examinations and consultations for several hours. Depending on examination and test results, a patient will either receive doctor's prescriptions and orders or, in more serious cases, will be hospitalized in the nearest CDH, brought there by the ambulance. In the most serious cases, patients will be referred to oblast-level or Kyiv facilities. The teams will return to their base before dusk to minimize security incidents.

Each Mobile Clinic team will have an ambulance bag with a standard set of medicines, which will be made available to the patients and replenished as necessary. For other needed medicine, patients will receive doctor's prescriptions as maintaining a stock of medicines for a variety of imaginable diseases is not feasible from the logistical point of view (storage, transportation, refrigerators). As experience shows, such a stock, even basic, will be huge, whereas not more than 40% of it will be actually used. Nevertheless, the PFVMH will revisit this issue as soon as any feasible solution is found and agreed with donor (system of medicine deliveries, bus vouchers, or other options).

Enrolled in accordance with the abovementioned Health Ministry order, PFVMH volunteers on their civilian missions work as part of the official health care system, either at public medical facilities or in close collaboration with local health authorities. For the Mobile Clinics' patients, it will mean a continuity of care, when results of their medical examinations are transmitted into the medical history database of their local public service provider. To the best of our knowledge and belief, the PFVMH is presently the only organization in Ukraine able to ensure such continuity.

Given the norm of five patients per hour established in Ukraine for general practitioners, each of the Mobile Clinics will have a maximum throughput of 30 adults and 30 pediatric patients per 6-hr workday (net time). However, due to shorter working hours (drive time, shorter day-time during winter) and potential security incidents, PFVMH expects that it will serve 15 adult and 15 pediatric patients per day per one Mobile Clinics; meaning 60 patients per day, 1,800 patients per month and over 21,000 patients per year. According to the 2017 Area Based Assessment by REACH, between 20,000 and 30,000 people reside in the 5-km zone of Luhansk Oblast's GCA, including nearly 20,000 villagers. During the consultations, survey-generated data will be collected and processed to produce a public health map for population living on territories near the front line. The public health map will determine whether the population has any special medical needs and will be shared with Health departments at district and oblast administrations to inform their planning and budgeting.

#### *Equipment and costs*

The Mobile Clinics' equipment will be portable and include an ECG, an ultrasound scanner, a sphygmomanometer and a glucometer, as well as a gynecological examination chair and a stock of necessary medical materials, disposables, medicines and stationery for each team. Due to frequent electric power outages in the front-line settlements, each of the clinics will be also equipped with a diesel generator.

Taking into account that PFVMH will use its own ambulances and minibuses for the project, as well as one own gynecological examination chair of the two required, the project's total costs are tentatively estimated as €215,000 for one year (Pilot Phase in Luhansk Oblast, see itemized costs in the attached Budget).

At the average rate of 60 patients a day, the cost per patient is estimated as nearly €10.

Annex 1: Tentative Budget – Phase 1: Luhansk Oblast

**One-time project costs: two mobile clinic teams (tentative prices)**

<i>Item</i>	<i>Price per unit, UAH</i>	<i>Price per unit, €</i>	<i>Quantity</i>	<i>Cost</i>
Ambulance	Own		2	€0.00
Minibus	Own		2	€0.00
Sphygmomanometer	€596.00	€17.95	2	€35.89
Glucometer	€575.00	€17.31	2	€34.63
ECG	€20,000.00	€602.25	2	€1,204.49
Ultrasound scanner	€420,000.00	€12,647.19	2	€25,294.38
Gynecological examination chair (complete with single reflection surgical light and hospital screen)		Own	1	€0.00
Ditto	€22,800.00	€686.56	1	€686.56
Ambulance bag (complete with medicines and materials)	€20,000.00	€602.25	2	€1,204.49
Computer (notebook)	€10,000.00	€301.12	2	€602.25
Portable printer	€1,700.00	€51.19	2	€102.38
Diesel generator	€18,266.00	€550.03	2	€1,100.06
Extension cords for power supply from generator (2 extension cord reels + 3 ordinary extension cords)	€2,083.00	€ 62.72	2	€125.45
			<b>TOTAL:</b>	<b>€30,390.60</b>

**Operating costs for one month, two mobile clinic teams (tentative prices)**

<i>Item</i>	<i>Price per unit, UAH</i>	<i>Price per unit, €</i>	<i>Quantity</i>	<i>Cost</i>
Vehicle maintenance and depreciation (carwash service, water, oil)	€1,300.00	€39.15	4	€156.58
Diesel fuel for vehicles, 1L	€30.00	€0.90	400	€361.35
Diesel fuel for generators, 1L	€30.00	€0.90	300	€271.01
Oil for generators, 1L	€90.00	€2.71	12	€32.52
Glucometer test strips, 50 pcs	€430.00	€12.95	40	€517.93
Sonography gel, 5L	€300.00	€9.03	2	€18.07
Ambulance bag replenishment	€1,000.00	€30.11	2	€60.22
Printer cartridges, 1 set	€700.00	€21.08	4	€84.31
Statistical data processing	€20,000.00	€602.25	1	€602.25
Travel, 1 round trip	€600.00	€18.07	15	€271.01
Paper towel rolls (for sonography), exam draw sheets, exam gloves, disinfectants, stationery, forms	€30,000.00	€903.37	2	€1,806.74
Gynecological examination kits	€23.48	€0.71	1000	€707.04
			<b>TOTAL for 1 month:</b>	<b>€4,889.04</b>

**Personnel: monthly salaries**

<i>Position</i>	<i>Salary, UAH</i>	<i>Salary, €</i>	<i>Number</i>	<i>Cost</i>
General practitioner	€16,500.00	€496.85	2	€993.71
Cardiologist	€16,500.00	€496.85	2	€993.71
Gynecologist	€19,500.00	€ 587.19	2	€ 1,174.38
Sonographer	€16,500.00	€496.85	2	€993.71
Pediatrician	€16,500.00	€496.85	2	€993.71
Nurse	€13,500.00	€406.52	4	€1,626.07
Driver	€16,500.00	€496.85	4	€1,987.42
Project Manager (Kyiv)	€25,000.00	€752.81	1	€752.81
Project Coordinator (field)	€25,000.00	€752.81	1	€752.81
Accountant	€8,000.00	€240.90	1	€240.90
			<b>TOTAL for 1 month:</b>	<b>€10,509.21</b>

**TOTAL PROJECT COSTS FOR ONE YEAR €215,169.68**