



**THEMATIC REPORT**

**Findings on Formerly State-Financed Institutions  
in the Donetsk and Luhansk Regions**

*30 March 2015*

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## 1. Summary

As of February 2015, following nearly a year of conflict, the civilian population of Ukraine's Donetsk and Luhansk regions (the "Donbas" region) faces a continuously challenging humanitarian situation. In spring 2014 armed uprisings led to the loss of control by the Government of Ukraine over portions of the Donbas. In April 2014 the Government instituted the "Anti-Terrorist Operation" in response to the events in eastern Ukraine. By September 2014, following the continuation of fighting between the Government and armed separatist groups in the east, including the so-called "Donetsk People's Republic" ("DPR") and "Luhansk People's Republic" ("LPR"), representatives from the Government of Ukraine, the Government of Russia, as well as the "DPR" and "LPR", signed the Minsk Protocol and the Minsk Memorandum. The Protocol and Memorandum pledged the commitment of all sides to "take measures to improve the humanitarian situation in Donbas".

The conflict in eastern Ukraine continued despite the signing of the Minsk Protocol and Memorandum and, on 2 November 2014, the "DPR" and "LPR" held so-called separate "elections" not envisioned by the Protocol. Following these elections, the Government of Ukraine ordered the temporary relocation of all state institutions and enterprises, as well as their personnel, from all areas not under the control of the Government to territory controlled by the Government. Institutions affected by these measures included hospitals, schools, prisons and residential care facilities, as well as banking and judicial institutions. On 1 December 2014 the Government halted funding to these institutions. Moreover, in the weeks leading up to and following this event, the Government also ceased all social benefit payments including pensions and disability benefits to beneficiaries who remained in areas not under Government control in the Donbas. These payments were only reinstated where a beneficiary established they had been displaced to an area under Government control. The Government explained the introduction of these acts as necessary to curtail the possibility of state funds falling into the hands of armed groups.

Following the continuation of the conflict and the cessation of Government services, the OSCE Special Monitoring Mission to Ukraine ("SMM") conducted a series of visits during December 2014 and January 2015 to 55 formerly State-financed institutions located in areas currently not under Government control within the Donbas focusing, in particular, on hospitals and residential care facilities. Following these visits, the SMM referred relevant cases of humanitarian emergencies without delay to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in order to enable a response whenever feasible.

Although the SMM is not in a position to make a comprehensive assessment of the humanitarian situation in the Donbas, the data collected during these field team visits shows many instances of a precarious humanitarian situation, which is having a particularly severe impact on the most vulnerable groups of the population. The site visits further show that the relocation of state services, coupled with the continuation of hostilities in the region, has negatively impacted many fundamental economic and social rights of persons reliant on these institutions as state services have become increasingly difficult to access. For example, while medication should be provided at no cost, already dwindling supplies were further reduced as Government institutions have been relocated, leading patients to purchase medication out of their own savings. Access to money, however, is also increasingly scarce due to the relocation of banks and the discontinuation of social benefits. Moreover, the ongoing fighting has led many staff of these institutions to leave the region. The SMM has consistently urged

all sides to exercise maximum restraint, and fully assume their responsibility to protect civilians, including preventing further displacement and suffering. The SMM further urges all parties to redouble their efforts to stabilize the situation and to ensure respect for the 12 February 2015 package of measures for the implementation of the Minsk Agreements.

The SMM is thankful to all the institutions and their staff who provided information and facilitated the visit of their premises by SMM monitors. Finally, the SMM observes that a number of State-funded institutions were effectively relocated to areas under control of the Government. However, the relocation of these institutions and of their beneficiaries is not within the scope of this report which focuses on the humanitarian conditions of civilians residing in areas currently not under Government control.

## **2. Introduction**

### **2.1. Background**

The deterioration of the security situation in eastern Ukraine has incontestably impacted, in particular, on economic and social rights. Furthermore, the large-scale destruction of civilian infrastructures has added to social and economic hardship.<sup>1</sup>

Since April 2014 considerable parts of Ukraine's Donetsk and Luhansk regions are no longer controlled by the Government. Both the "LPR" and the "DPR" were self-proclaimed in April 2014, after armed groups had seized and physically occupied security force arsenals and public buildings, including the regional administrations and city hall buildings of the cities of Luhansk and Donetsk. On 11 May 2014 the "LPR" and "DPR" declared their sovereignty from Ukraine following a "status referendum". In response to these events, on 13 April 2014, the Government launched the "Anti-Terrorist Operation" (ATO), a military operation aimed at safeguarding Ukraine's territorial integrity. The launch of the ATO was followed by President Poroshenko's peace plan in June 2014.

In September 2014, in light of continued hostilities, the Minsk Protocol<sup>2</sup> and the Minsk Memorandum<sup>3</sup> were signed. Taken together, these documents provide a framework for the re-establishment of peace, stability and security in Ukraine. On 2 November 2014, so-called "elections" took place within the areas of the Donbas controlled by the "DPR" and "LPR" which were not foreseen by the Minsk Protocol or Memorandum. Following these so-called "elections", the Government of Ukraine adopted various measures intended to address the reality that portions of the Luhansk and Donetsk regions were controlled by the armed groups of the "DPR" and "LPR".

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<sup>1</sup> "The violence and security operations in the eastern regions has had a direct impact on the existing level of enjoyment of economic, social and cultural rights, and has also influenced the State capacity to progressively realize the rights and comply with the Committee's recommendations in the areas struck by the conflict", OHCHR Report on the human rights situation in Ukraine, 15 June 2014, <http://www.ohchr.org/Documents/Countries/UA/HRMMUReport15June2014.pdf>

<sup>2</sup> "PROTOCOL on the results of consultations of the Trilateral Contact Group with respect to the joint steps directed towards the implementation of the Peace Plan of the President of Ukraine, P. Poroshenko, and the initiatives of the President of Russia, V. Putin", 5 September 2014, <http://www.osce.org/home/123257>.

<sup>3</sup> "MEMORANDUM of 19 September 2014 outlining the parameters for the implementation of commitments of the Minsk Protocol of 5 September 2014", 19 September 2014, <http://www.osce.org/home/123806>.

Two of the primary measures taken by the Government to address the lack of control over territory in eastern Ukraine were the passage of Presidential Decree 875/2014 (“Decree 875/2014”) and Cabinet of Ministers Resolution 595 (“Resolution 595”), both adopted in November 2014.<sup>4</sup> The two measures cumulatively stipulate, *inter alia*, the withdrawal of all state services operating in areas currently not under Government control and the discontinuation of their financing from the state budget, as well as the discontinuation of payment of social benefits, including pensions and disability benefits, to individuals residing within areas currently not under Government control within the Donbas.<sup>5</sup> The Government explained the introduction of these acts as necessary to curtail the possibility of state funds falling into the hands of armed groups. In addition, restrictions on the freedom of movement into and out of the conflict zone, enforced as of 21 January 2015, have further hindered the ability to deliver cargo, including humanitarian assistance.

Resolution 595 makes the financing of all state-funded institutions, organizations and enterprises subject to the condition that such entities and their personnel physically relocate from areas currently not under Government control to territory controlled by the Government. Institutions covered by Resolution 595 include not only hospitals, schools, prisons and residential care facilities but also banking<sup>6</sup> and judicial institutions<sup>7</sup>. Resolution 595 also foresees the payment of social benefits to beneficiaries only after they move to areas under Government control and register as internally displaced persons.<sup>8</sup>

Decree 875/2014 sets out further requirements for areas currently not under Government control including: the relocation of civil servants; the immediate relocation of penitentiary facilities, including convicts and pre-trial detainees; a recommendation to establish procedures and funding to ensure the provision of humanitarian assistance; and the submission by the Government of Ukraine to the Secretary General of the Parliamentary Assembly of the Council of Europe of a declaration of derogation from certain obligations under the European Convention on Human Rights<sup>9</sup>. At the time of the drafting of this report Ukraine had not yet sent such a submission.

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<sup>4</sup> The Decision of the National Security and Defence Council of 4 November 2014 “On Immediate Measures Aimed at the Stabilization of Socio-Economic Situation in Donetsk and Luhansk regions”, enacted by the Decree of the President of Ukraine No. 875/2014 on 14 November 2014; and the Resolution of the Cabinet of Ministers of Ukraine No. 595 as of 7 November 2014, “On the Issues of Financing of State Institutions, Payment of Social Benefits to Citizens and Provision of Financial Support for Some Enterprises and Organizations of Donetsk and Luhansk Oblasts”.

<sup>5</sup> Following the adoption of Cabinet of Ministers Resolution No. 509 “On registration of internally displaced persons from the temporarily occupied territory of Ukraine and anti-terrorist operation area”, pensioners and social welfare beneficiaries physically able to do so may take permanent residence in a municipality under Government control and register as internally displaced persons (IDPs) and request the transfer of their benefits.

<sup>6</sup> The suspension of all financial operations by banking services predates Decree 875/2014 and Resolution 595. On 9 August 2014 The National Bank of Ukraine Decree No. 466 suspended the operations of all banks, non-bank institutions and state post services conducting payment operations in areas currently not under Government control.

<sup>7</sup> Decree 875/2014 also contains provisions in relation to the relocation of penitentiary institutions and prisoners.

<sup>8</sup> Resolution 595 foresees the payment of social benefits to individuals only after: 1) their displacement to areas under Government control; 2) their registration as internally displaced persons; 3) obtaining of a certificate as a registered IDP; and 4) the submission of a written request to the governmental institution in charge of disbursing the social benefit in question. This procedure is set by Cabinet of Ministers Resolution No. 509 “On registration of internally displaced persons from the temporarily occupied territory of Ukraine and anti-terrorist operation area” as referenced to in Decree 875/2014.

<sup>9</sup> Decision of the National Security and Defence Council of 4 November 2014 “On Immediate Measures Aimed at the Stabilization of Socio-Economic Situation in Donetsk and Luhansk Regions” enacted by the Decree of the President of Ukraine No. 875/2014 on 14 November 2014, subparagraph 7. 1) a).

The relocation of state-funded institutions, organizations and enterprises from areas currently not under Government control to Government controlled areas, *as per* Resolution 595, was effective as of 1 December 2014.

On 12 February 2015 a package of measures for the implementation of the September 2014 Minsk agreements<sup>10</sup> was adopted. Point 8 of the Package of Measures specifically foresees the “[d]efinition of modalities of full resumption of socio-economic ties, including social transfers, such as pension, payments and other payments (incomes and revenues, timely payments of all utility bills, reinstating taxation within the legal framework of Ukraine).”

## 2.2. Applicable human rights law

The acts of the Government of Ukraine which relocate or suspend payment and services to those living in areas not under Government control may negatively impact the rights of individuals which are enshrined in both international human rights law and the domestic law of Ukraine.

These rights, *inter alia*, include the right to adequate food<sup>11</sup> and the right of everyone to the enjoyment of the highest attainable standard of physical and mental health<sup>12</sup> as enumerated in the International Covenant on Economic, Social and Cultural Rights (“ICESCR”) to which Ukraine is a party. These rights are also reflected in OSCE Human Dimension Commitments, which underline the recognition by participating States of the paramount importance of economic and social rights for human dignity<sup>13</sup> and of the right to life<sup>14</sup>, and the Constitution of Ukraine which sets out substantive standards for the right to life<sup>15</sup>, the right to adequate food<sup>16</sup> and the right of everyone to the enjoyment of the highest attainable standard of physical and mental health<sup>17</sup>. Finally, the right to life is enshrined in the International Covenant on Civil and Political Rights (ICCPR)<sup>18</sup> and in the European Convention on Human Rights (ECHR)<sup>19</sup>.

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<sup>10</sup> Package of Measures for the Implementation of the Minsk Agreements agreed by the Trilateral Contact Group at the Summit in Minsk on 12 February 2015. <http://www.osce.org/cio/140156> (Russian version only).

<sup>11</sup> International Covenant on Economic, Social and Cultural Rights (9993 U.N.T.S. 3), Article 11, ratified by the Ukrainian Soviet Socialist Republic in November 1973. And through the right to life in the International Covenant on Civil and Political Rights (ICCPR), Article 6 (the Human Rights Committee underlines that the right to life requires States to take all possible measures to eliminate malnutrition (see General Comment No. 6 (1982), para.5); Convention on the rights of the Child, Article 24(2)(c) and 27(3); Convention on the Elimination of All Forms of Discrimination against Women (Article 12(2)), and the Convention on the Rights of Persons with Disabilities (Article 25 (f) and 28 (1)).

<sup>12</sup> ICESCR, Article 12.

<sup>13</sup> Final Act of the Conference on Security and Co-operation in Europe, Helsinki, 1 August 1975; Concluding Document of Madrid — The Second Follow-up Meeting, Madrid, 6 September 1983; Concluding Document of Vienna — The Third Follow-up Meeting, Vienna, 15 January 1989; Charter of Paris for a New Europe/Supplementary Document to give effect to certain provisions contained in the Charter of Paris for a New Europe, Paris, 21 November 1990.

<sup>14</sup> Document of the Sixteenth Meeting of the Ministerial Council, Helsinki, 4-5 December 2008.

<sup>15</sup> Constitution of Ukraine, Articles 3, 27.

<sup>16</sup> Constitution of Ukraine, Article 50.

<sup>17</sup> Constitution of Ukraine, Articles 3, 27, 49.

<sup>18</sup> International Covenant on Civil and Political Rights, (999 U.N.T.S. 171), Article 6, ratified by the Ukrainian Soviet Socialist Republic in November 1973, Article 6.

<sup>19</sup> European Convention on Human Rights, (ETS 5; 213 U.N.T.S. 221), Article 2, ratified by Ukraine in September 1997.

The Committee on Economic, Social and Cultural Rights (CESCR) has confirmed that States parties have a core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights enunciated in the ICESCR. Non-compliance with these core obligations cannot be justified even in times of resource constraints as they are non-derogable rights.<sup>20</sup> The CESCR also stated specifically in relation to the right to food that States have a core obligation “to ensure for everyone under [their] jurisdiction access to the minimum essential food which is sufficient, nutritionally adequate and safe, to ensure their freedom from hunger”.<sup>21</sup> The obligation to respect the right to food requires States to refrain from interfering with the existing levels of enjoyment of the right to food and to guarantee existing entitlements.<sup>22</sup> Similarly, with regard to the right to health, the adoption of any retrogressive measures is incompatible with the core obligations under this right.<sup>23</sup>

### 3. Methodology

The OSCE Special Monitoring Mission to Ukraine (SMM) was established on 21 March 2014 by OSCE Permanent Council Decision 1117. Its mandate includes the responsibility to “monitor and support respect for human rights and fundamental freedoms”.<sup>24</sup> Due to the limited presence of organizations providing humanitarian aid in the areas within the Donbas currently not under Government control, the SMM is uniquely positioned to monitor and assess the humanitarian and human rights situation in these territories.<sup>25</sup>

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<sup>20</sup> “These core obligations include the following obligations: (a) To ensure the right of access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalized groups; (b) To ensure access to the minimum essential food which is nutritionally adequate and safe, to ensure freedom from hunger to everyone; (c) To provide essential drugs, as from time to time defined under the WHO Action Programme on Essential Drugs.” CESCR, General Comment No. 3, (1990), E/1991/23, paras. 1, 9; CESCR, General Comment No. 14 (2000), para. 43. Thus, even if conflicts result in resource constraints, States are required to ensure the availability, accessibility and acceptability of good quality health facilities, goods and services, especially to groups rendered vulnerable by conflict. See Note by the Secretary General, Right of Everyone to the enjoyment of the highest attainable standard of physical and mental health, 9 August 2013, A/68/297, para. 11. The former United Nations Special Rapporteur on extreme poverty and human rights (formerly Independent Expert) Magdalena Sepúlveda Carmona has further stated that “it seems difficult to imagine a circumstance in which derogation from the rights contained in the ICESCR would be necessary to maintain peace and order from the perspective of human rights law. For example, it is difficult to see how derogation from the right to food or the right to the enjoyment of the highest attainable standard of health would assist in resolving a conflict situation rather than worsening it”, Sepúlveda, M., *The nature of the Obligations under the International Covenant on Economic, Social and Cultural Rights*, (Intersentia, 2003) at page 295.

<sup>21</sup> CESCR, General Comment No. 3, E/1991/23-E/C.12/1990/8, Annex III, para. 10 and CESCR, General Comment No. 12, E/C.12/1999/5, para.14.

<sup>22</sup> Interim Report of the Special Rapporteur on the Right to Food, Olivier De Schutter, A/68/288 (2013) par.11.

<sup>23</sup> CESCR, General Comment No. 14, E/C.12/2000/4, para.48. In addition, the CESCR has repeatedly affirmed that deliberate, intentional, or negligent regressive measures are prohibited under the ICESCR. A retrogressive measure is one that, directly or indirectly, leads to backward steps in the enjoyment of human rights. Several general comments issued by the CESCR consider that the adoption of deliberately retrogressive measures which reduce the already attained level of enjoyment of ESCR constitutes a *prima facie* violation of the ICESCR. See OHCHR, Report on austerity measures and economic and social rights, para.41.

<sup>24</sup> OSCE, Permanent Council, Decision No. 1117 Deployment of an OSCE Special Monitoring Mission to Ukraine, PC.DEC/1117, March 2014.

<sup>25</sup> After the killing of an ICRC delegate, and subsequent closure of the office, in Donetsk on 2 October 2014, the ICRC reopened its office in Donetsk on 5 December 2014 and on the same day opened an office in Luhansk. NGOs present on the ground include Medecins Sans Frontiers, People in Need, International Relief and Development and others. OCHA opened offices in both Luhansk and Donetsk. OHCHR through the UN Human Rights Mission has had a presence in Donetsk since March 2014. Further organizations are planning deployment of staff to the Eastern regions.

From 15 December 2014 to 31 January 2015, following the entry into force of Resolution 595 and Decree 875/2014, SMM monitors visited 55 state institutions located in areas within the Donbas currently not under Government control. These institutions no longer receive financial support from Ukrainian authorities but remain operational (see Annex). The SMM gained access to 24 hospitals, four first aid centers, five children's hospitals, eight orphanages, five care-of-the-elderly facilities, four residential care facilities for persons with disabilities, five psychiatric hospitals and three temporary accommodation facilities hosting IDPs. Monitors interviewed the directors of some institutions as well as medical and administrative staff. The SMM also attempted to access penitentiary institutions to monitor the humanitarian situation and the effects of Decree 875/2014 on the situation of inmates. SMM monitors, however, could not obtain access to prisons and other places where people are deprived of their liberty.

During the visits, SMM monitors used a referral form developed in co-operation with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). The SMM referred situations of humanitarian emergencies identified during the visit directly to humanitarian agencies present in the field and also provided this information to OCHA in order to ensure a co-ordinated response.

The current report is not intended to provide a comprehensive assessment of the socio-economic human rights situation in areas currently not under Government control. While it is clear that the above mentioned measures impact large sections of the population in areas currently not under Government control, including pensioners and others entitled to social benefits who no longer receive any payments, issues of access as well as the deteriorating security situation, most notably during January 2015, precluded the SMM from conducting a comprehensive study covering all affected institutions. The relocation of State-funded institutions and of their beneficiaries as such is not within the scope of this report. What follows is an analysis of data gathered from institutions which had not yet been relocated at the time of the SMM's visit.

#### **4. Assessment of humanitarian needs in areas currently not under Government control within the Donetsk and Luhansk regions**

##### **4.1. General findings**

In general, the data collected during field team visits to hospitals and residential care facilities located within areas currently not under Government control shows a continuously deteriorating humanitarian situation in hospitals and residential care facilities, with a particularly hard impact on the most vulnerable groups of the population.

Numerous factors are contributing to this situation. First, while institutions such as hospitals and residential care facilities remain operational despite a total absence of Government support, they are running out of food or, in many instances, completely lack medical supplies including medication needed for emergency treatment. The lack of medicine also significantly affects the functioning of psychiatric hospitals which are confronted with an increase of post-traumatic stress cases related to the ongoing crisis. Second, while medication is in theory free of charge, with supplies dwindling in many institutions, patients are forced to purchase medication themselves. However, money is often scarce due to the relocation of banks and the discontinuation of pensions and social welfare payments. Older persons are considered at particular risk because they are dependent on pensions which have been

discontinued and are less mobile. Third, a reduction in staff numbers (both medical staff and support staff) of these institutions has impacted their capacity to care for their patients. Fourth, the deteriorating security situation and the increase in hostilities directly damages the infrastructure of facilities necessary for the survival of the civilian population.<sup>26</sup>

Interlocutors from nearly all institutions visited by the SMM reported having received some form of humanitarian aid and donations from a range of entities, including the Government of Ukraine, the Russian Federation, the “LPR” “Ministry of Health”, the “DPR” “Ministry of Health”, Doctors without Borders, ICRC, international organizations, civil society organizations, charity foundations and also private individuals including the medical and support staff of the institutions themselves. The humanitarian aid received consisted of food, medicine, hygienic items and, in some cases, equipment (including materials for reconstruction of damaged buildings). Still, access to areas currently not under Government control has been reported as constrained preventing the timely delivery of assistance.<sup>27</sup>

Shortages in medicine and food, coupled with an increasingly dire general humanitarian situation, have the potential to impact critical economic and social rights including the right to food, the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and the right to life.

## 4.2. Lack of medicines

Most of the institutions visited by the SMM faced a critical lack of medicines. Either the hospitals do not have essential medicines or the supply is very low with no regular replenishment.<sup>28</sup> Medications needed to perform surgeries (analgesics like morphine,

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<sup>26</sup> On 4 February at 11:40hrs two rockets landed in close proximity to the Donetsk Hospital No. 27. The entire facade and the front windows of the hospital were heavily damaged by shrapnel. Based on statements from personnel employed at Hospital No. 27 and Hospital No. 24, the SMM assesses that the shelling at Hospital No. 27 killed six individuals and injured 25. At hospital No. 24, the SMM spoke to a wounded woman who explained that she was hit by shrapnel while working as a nurse at Hospital No. 27 during the shelling. See spot report by the OSCE Special Monitoring Mission to Ukraine (SMM): Shelling in the Kirovskiy district of Donetsk city on 4 February 2015, available at <http://www.osce.org/ukraine-smm/139406>.

<sup>27</sup> See OCHA, Ukraine, Situation report No. 24 as of 23 January 2015.

<sup>28</sup> Slovianoserbsk District Hospital (visited on 16 December 2014); Slovianoserbsk Residence for Persons with Mental Disorder (visited on 16 December 2014); Psychiatric residents in Mykolaivka (Stanytsia Luhanska District) (visited on 17 December 2014); Zymohiriia Hospital (visited on 17 December 2014); Kirovsk Territorial Medical Establishment (visited on 18 December 2014); Pervomaisk Hospital (visited on 18 December 2014); Brianka Children’s Hospital (visited on 19 December 2014); Brianka General Hospital (visited on 19 December 2014); Stahanov Hospital No. 1 (visited on 19 December 2014); Stahanov First Aid Ambulance Station (visited on 19 December 2014); Stahanov Regional Psychiatric Hospital (visited on 19 December 2014); Krasnodon City Hospital No. 2 (visited on 22 December 2014); Central Medical Association for Health Care (visited on 22 December 2014); Krasnodon City Hospital No.1 (visited on 23 December 2014); Chervonopartyzansk City Hospital No. 2 (visited on 23 December 2014); Sverdlovsk Children’s Hospital (visited on 23 December 2014); Sverdlovsk Hospital No. 1 (visited on 23 December 2014); Krasnyi Luch City Hospital (visited on 23 December 2014); Krasnyi Luch Hospital (Psychiatric Department) (visited on 24 December 2014); Biriukove Regional Psychiatric Hospital (visited on 25 December 2014); Krasnodon Children’s hospital (visited on 25 December 2014); Krasnodon Orphanage for children with mental disabilities (visited on 25 December 2014); Anratsyt First City Hospital (visited on 26 December 2014); Anratsyt Central District First Aid Hospital (visited on 26 December 2014); Anratsyt District Centre for First Aid Care (visited on 26 December 2014); Luhansk Regional Clinic Psycho Neurological Hospital (visited on 27 December 2014); Luhansk Orphanage No. 1 (visited on 27 December 2014 and on 9 January 2015); Orphanage located at 15 Chaikovskoho Street, Luhansk (visited on 31 December 2014); Orphanage located at 23 Lomana Street, Luhansk (visited on 31 December 2014); Luhansk Regional Technical Training College – Board School for

anesthetics, sedatives, oxygen) are also in critical deficit. For example at City Hospital No. 16 in Budonivsk district in the Donetsk region, patients are being advised to bring their own medical materials and medicine.<sup>29</sup> At the Krasnodon Orphanage for children with disabilities<sup>30</sup> in the Luhansk region, two children diagnosed with phenylketonuria were reported, by the staff of the orphanage, to be at risk of dying if the hospital was not supplied with the necessary medicine. Similarly, there is a deficit of medical supplies needed for emergency treatment. Furthermore, in a majority of cases it was reported by the medical staff that the treatment of patients with chronic diseases has been interrupted due to the conflict, the lack of food and medications,<sup>31</sup> as well as the inability of patients to travel to the medical aid facilities<sup>32</sup>. For example in Sverdlovsk hospital in the Luhansk region, the treatment of chronic patients had been completely stopped.<sup>33</sup> Moreover, at Kalinina Hospital in the Donetsk region, the staff stated on 9 January that if sufficient supplies to perform dialysis were not received immediately, 98 patients would be at risk of dying.<sup>34</sup> In addition to the lack of medicines, in Pervomaisk Hospital in the Luhansk region, the lack of blood for transfusion was reported as a major issue.<sup>35</sup>

Even where hospitals have pharmacies within their premises, patients have access to a very limited choice of medicine. In some cases, suppliers have lost their license to import drugs and medicine leading to chronic shortages. Moreover, as noted, with the suspension of payments of social benefits by the Government and the suspension of banking services within areas currently not under Government control<sup>36</sup>, patients have less cash available to purchase medicine. According to conversations with interlocutors in many instances, the little savings residents or their family members outside the conflict zone had accumulated have already been used for basic subsistence needs.

Similar observations as to the lack of medicine were made in residential care facilities (either for child care such as children's hospitals, orphanages, rehabilitation centres, or for adult care such as care-of-the-elderly institutions) and temporary accommodation facilities hosting

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children with physical and mental disabilities (visited on 2 January 2015); Hotel "Initial"(visited on 2 January 2015); Social Psychological Rehabilitation Centre for Children (visited on 3 January 2015); Children Sanitary Institution "Nezabudka" (visited on 3 January 2015); Geriatric Dormitory No.1 (visited on 3 January 2015); University Dormitory located in at Olkhovskiy 10a temporarily accommodating IDPs (visited on 12 January 2015); Luhansk Region Veteran's Retirement Home (visited on 13 January 2015); Donetsk Oblast Clinical and Medical Association (Kalininsk District, 2 km from city centre) (visited on 9 January 2015); City Clinic Hospital No.1 (visited on 13 January 2015); Rudnychna Hospital (Makiivka city, Donetsk Oblast, 14 km from city centre) (visited on 13 January 2015); City Child Rehabilitation Centre (visited on 15 January 2015); Khartsyzk City Hospital (visited on 15 January 2015); First Aid Medical Station No.13 (visited on 19 January 2015); City Hospital No.16 (Budonivsk District, 8 km from city centre) (visited on 20 January 2015).

<sup>29</sup> City Hospital No.16 (Budonivsk District, 8 km from city centre) (visited on 20 January 2015).

<sup>30</sup> Krasnodon Orphanage for children with disabilities (visited on 25 December 2014).

<sup>31</sup> Slovianoserbsk District Hospital (visited on 16 December 2014); Kirovsk Territorial Medical Establishment (visited on 18 December 2014); Pervomaisk Hospital (visited on 18 December 2014); Stahanov Hospital No.1 (visited on 19 December 2014); Krasnodon City Hospital No.1 (visited on 23 December 2014); Chervenopartizansk City Hospital No.2 (visited on 23 December 2014); Krasny Luch City Hospital (visited on 23 December 2014); Anratsyt Central District First Aid Hospital (visited on 26 December 2014); Luhansk Regional Clinic Psycho Neurological Hospital (visited on 27 December 2014).

<sup>32</sup> Kirovsk Territorial Medical Establishment in Luhansk (visited on 18 December 2014).

<sup>33</sup> Sverdlovsk Hospital No.1 (visited on 23 December 2014).

<sup>34</sup> See also <http://www.osce.org/ukraine-smm/133771>.

<sup>35</sup> Similarly at Sverdlosk Children's Hospital (visited on 23 December 2014) the blood supply was reported as low.

<sup>36</sup> The National Bank of Ukraine Decree No. 466 of 9 August 2014 stating that all banks, non-bank institutions and state post services which conduct payment operations should suspend their operations in territory not controlled by Ukrainian government.

IDPs.<sup>37</sup> A number of these hosting facilities refer their patients or beneficiaries to the nearest hospital when needed and were not in possession of specialized drugs even prior to the start of the crisis.<sup>38</sup>

In many psychiatric hospitals visited there were no neuropsychiatric medications, sedatives, analgesics or antibiotics.<sup>39</sup> As a result, psychiatric patients in need of such medications have had their treatments interrupted and are often dependent on the ability of their relatives to provide medicine for them. As there are no local providers for these medicines, relatives are individually responsible for bringing these medicines into areas currently not under Government control. Due to economic and logistical constraints, however, relatives are unable to buy all of the necessary prescribed medicines. For example, in Stahanov Regional Psychiatric Hospital in the Luhansk region<sup>40</sup>, the hospital had no psychopharmaceutical drugs, sleeping pills or other sedatives. The Stahanov Regional Psychiatric Hospital staff also reported that without the proper medicine available many patients tend to show signs of aggressiveness. Similarly, at the time of the SMM visit to the Slovianoserbsk Residence for Persons with Mental Disorders in the Luhansk region only non-prescription medicines were available at the pharmacy.<sup>41</sup>

SMM site visits also found that children's hospitals routinely lacked antibiotics and vaccines.<sup>42</sup> Furthermore, for children hosted at the orphanage who have parents, regular visits have become far less frequent since freedom of movement has been limited and parents have been internally displaced. When and where humanitarian aid is able to reach these hospitals, the medicine brought is often for adults and does not necessarily fit the needs of the children.

### 4.3. Psychosocial trauma cases

The lack of medicine and specialized therapy for psychosocial trauma cases has become increasingly evident as the number of such trauma cases has risen as a result of the conflict.<sup>43</sup>

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<sup>37</sup> City Child Rehabilitation Center (visited on 15 January 2015); Social Psychological Rehabilitation Centre for Children (visited on 3 January 2015); Children Sanitary Institution "Nezabudka" (visited on 3 January 2015); Geriatric Dormitory no.1 (visited on 3 January 2015); Krasnodon Oblast Orphanage (visited on 6 January 2015); Luhansk Region Veteran's Retirement Home (visited on 13 January 2015); Warden for Pensioners in Territorial Social Service Center (visited on 15 January 2015); Territorial Center for Social Services (visited on 20 January 2015); Children's Home (visited on 6 January 2015); Rovenky Residential Care House for Elderly and Persons with Disabilities (visited on 15 January 2015).

<sup>38</sup> Orphanage located at 15 Chaikovskoho Street, Luhansk (visited on 31 December 2014); Orphanage located at 23 Lomana Street, Luhansk (visited on 31 December 2014).

<sup>39</sup> Slovianoserbsk Residence for Persons with Mental Disorder (visited on 16 December 2014); Krasny Luch Hospital (Department of Psychiatry) (visited on 24 December 2014); Luhansk Regional Clinic Psycho Neurological Hospital (visited on 27 December 2014); Brianka General Hospital (visited on 19 December 2014); Stahanov Regional Psychiatric Hospital (visited on 19 December 2014).

<sup>40</sup> Stahanov Regional Psychiatric Hospital (visited on 19 December 2014).

<sup>41</sup> Slovianoserbsk Residence for Persons with Mental Disorder (visited on 16 December 2014).

<sup>42</sup> In Zymohiriia Hospital in Luhansk region (visited on 17 December 2014) where there is paediatric unit, the interlocutors stated that they badly needed tetanus inoculations. Similarly in Pervomaisk Hospital in Luhansk region (visited on 18 December 2014) medicines needed included tetanus injections and oral antibiotics for children. Krasnodon Children's Hospital (25 visited on December 2014) is in need of vaccines; Sverdlosk Children's Hospital (visited on 23 December 2014); Children Sanitary Institution "Nezabudka" (visited on 3 January 2015) is in need of anti-viral medication, vitamins, medicine for stomach pain.

<sup>43</sup> Kirovsk Territorial Medical Establishment (visited on 18 December 2014); 1. Slovianoserbsk District Hospital (visited on 16 December 2014); 22 patients suffering from post-traumatic stress disorders were reported at Chervonopartyzansk City Hospital No. 2 (visited on 23 December 2014); Sverdlosk Children's Hospital (visited on 23 December 2014); Krasny Luch Hospital (Department of Psychiatry) (visited on 24 December 2014); Anratsyt District Centre for First Aid Care (visited on 26 December 2014).

During an SMM visit, staff in Pervomaisk Hospital in the Luhansk region emphasized that patients suffering from post-traumatic stress disorder presented a significant challenge.<sup>44</sup> Examples were given of patients whose latent mental illnesses were triggered by the shelling. At Kirovsk Territorial Medical Establishment in the Luhansk region ten children were undergoing treatment for post-traumatic stress disorder. The hospital staff stated that children were the most seriously affected from post-traumatic stress disorder.<sup>45</sup> Similarly at Krasnodon City Hospital No. 2 in the Luhansk region, the Hospital's director reported many cases of post-traumatic stress disorder amongst older patients, mainly due to the artillery barrage and the stress encountered at checkpoints. As noted, the lack of available medicines to treat such cases compounds these problems.

#### 4.4. Lack of food supplies

The feeding of patients constitutes another major challenge for medical institutions. According to staff interviewed by the SMM, both quality and quantity of nutrition remains a serious concern.

For example, at Khartstyzsk city hospital in the Donetsk region, the chief doctor referred to a few cases of near starvation.<sup>46</sup> In some institutions, patients received only a fraction of the food intake that is required, which is insufficient to provide for their nutritional needs.<sup>47</sup> To illustrate, in the Biriukove Regional Psychiatric Hospital after the start of the conflict the caloric intake per patient decreased from 2300 to 1600 calories per day. Moreover, some institutions can only provide food to a limited number of patients. For example, at Brianka General Hospital, patients only get one meal per day, consisting of porridge. In the Krasnodon Hospital No. 1, food was provided by the hospital for approximately 100 out of 290 patients.<sup>48</sup> The remaining patients rely on their relatives to bring them food. Even where families have been able to provide support, the ability of relatives to bring food has been drastically reduced, as all food and financial reserves have been used during the last six

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<sup>44</sup> Pervomaisk Hospital, Luhansk region (visited on 18 December 2014) where cases of post-traumatic stress disorder (PTSD) have substantially increased since the beginning of the crisis. Patients suffering from PTSD are being referred and treated at Stahanov Regional Psychiatric Hospital. Similarly, in Chervenopartizansk City Hospital No. 2 (visited on 23 December 2014), 22 patients had been treated so far for post-traumatic stress disorder.

<sup>45</sup> As well at Krasnodon Children's hospital (visited on 25 December 2014) the hospital director reported cases of post-traumatic stress disorder amongst the pediatric patients; at the orphanage located at 15 Chaikovskoho Street, Luhansk (visited on 31 December 2014) three children had been referred to the hospital and were being treated for post-traumatic stress disorder; As well at Hotel "Initsial"(visited on 2 January 2015), children were reported by the director of the IDP hosting facility as being in need of psychological counselling as a result of the conflict.

<sup>46</sup> Visited on 15 January 2015.

<sup>47</sup> Namely at the Krasnodon Children's Hospital (visited on 25 December 2014); Krasnodon Orphanage for children with disabilities (visited on 25 December 2014); Chervonopartyzansk City Hospital No. 2 (visited on 23 December 2014); Krasny Luch City Hospital (visited on 23 December 2014); Krasny Luch Hospital (Department of Psychiatry) (visited on 24 December 2014); Luhansk Regional Clinic Psycho Neurological Hospital (visited on 27 December 2014); Stahanov Regional Psychiatric Hospital (visited on 19 December 2014); Luhansk Region Veteran's Retirement Home (visited on 13 January 2015); Warden for Pensioners in Territorial Social Service Centre (visited on 15 January 2015); City Child Rehabilitation Centre (visited on 15 January 2015); Khartsyzk City Hospital (visited on 15 January 2015).

<sup>48</sup> Krasnodon City Hospital No. 1 (visited on 23 December 2014); ); Similarly at Anratsyt Central District First Aid Hospital (visited on 23 December 2014) in Luhansk region, the hospital is able to provide three meals per day only to 29 out of 76 patients. At Anratsyt First City Hospital (visited on 26 December 2014), the hospital is able to provide three meals per day only to 122 out of 272 patients.

months of the crisis. Thus, food supplies are heavily contingent on the capacity of humanitarian aid providers to be able to access areas currently not under Government control.<sup>49</sup> Restrictions on the freedom of movement into and out of the conflict zone, as enforced since 21 January 2015, have further hindered the ability to deliver cargo, including humanitarian assistance. In this regard, the SMM observed several instances where individuals could not obtain required permits and were therefore unable to move or travel to receive basic food supplies.

#### 4.5. Reduction in staff numbers

The majority of institutions visited by the SMM were faced with a reduction in staff numbers since the conflict commenced in eastern Ukraine.<sup>50</sup> All institutions visited have seen a reduction of their staff since the beginning of the crisis. In some towns the reduction is very significant including medical specialists.<sup>51</sup> For example, in Pervomaisk Hospital in the Luhansk region, there were 127 doctors and 640 nurses before the start of the crisis. By 14 December 2014 only 15 doctors and 250 nurses remained. Hospital staff left as a result of the conflict and due to the non-payment of salaries,<sup>52</sup> in some instances starting in June 2014. In some institutions the majority of the remaining doctors are of an advanced age, with some pensioners who have been asked to return from retirement.<sup>53</sup>

The decrease of medical and non-medical staff becomes particularly acute in hospitals close to the contact line. The SMM notes that the reduction in medical and non-medical staff threatens to impact the capacity of the institutions to treat patients in accordance with the required standard of care.

Despite these shortcomings, all 55 institutions visited had medical and non-medical staff who, even under the current conditions, remained to provide services to the beneficiaries. Their dedication and devotion should be commended especially considering the very volatile and unpredictable security environment in which they are forced to operate.

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<sup>49</sup> Still it should be noted that some institutions reported that thanks to humanitarian aid the food supplies are better than prior to the crisis. Namely at Krasnodon City Hospital No. 2 (visited on 22 December 2014).

<sup>50</sup> Institutions where significant reduction in staff numbers were noted are: Slovianoserbsk District Hospital (visited on 16 December 2014); Slovianoserbsk Residence for Persons with Mental Disorder (visited on 16 December 2014) where no doctors remain, patients requiring medical treatment are transported to a local hospital 2,5 km away; Stahanov Hospital No.1 (visited on 19 December 2014); Luhansk Regional Technical Training College – Board School for children with physical and mental disabilities (visited on 2 January 2015); Krasnodon City Hospital No. 1 (visited on 23 December 2014); Brianka General Hospital (visited on 19 December 2014); Krasnodon City Hospital No. 2 (visited on December 22 2014).

<sup>51</sup> For example, in Kirovsk Territorial Medical Establishment in Luhansk region only one surgeon remains and the psychiatrist reportedly left already some time ago (visited on 18 December 2014); In Brianka Children's Hospital in Luhansk region (visited on 19 December 2014) there was a need for a psychiatrist, a neurologist and an ophthalmologist.

<sup>52</sup> As a result of the non-payment of salaries, an NGO reported that at Donetsk's prison Colony No. 3 where prisoners with drug-resistant tuberculosis are held, the doctors in charge of the programme no longer have the financial means to pay for their bus ride to the detention center and are now walking four kilometers to reach patients exposing them to additional security threats.

<sup>53</sup> Namely in Sverdlovsk Hospital No. 1 (visited on 23 December 2014), the SMM was told that 70% of the current 98 doctors are pensioners.

#### 4.6. Outdated medical equipment and damage by shelling

The main concern regarding hospitals' medical equipment is that the equipment used is outdated and should be repaired, maintained or replaced, all of which is made more difficult in the current circumstances.<sup>54</sup> Such equipment consistently includes X-ray film, ultrasound machines, electrocardiograms and artificial respirators. In other cases, damage to the infrastructure of part of the hospital has rendered certain medical units non-functional. For example, the Central Hospital No. 3 in Kalininsk district in the Donetsk region was not operational due to the damage caused by shelling, the result of which was observed by the SMM.<sup>55</sup> Similarly, the entirety of the department of psychiatry of the Krasnodon City Hospital No. 1 in the Luhansk region needs to be reconstructed.<sup>56</sup> Also, the kitchen at Pervomaisk Hospital in the Luhansk region was destroyed by an artillery barrage. The SMM notes that a reasonably expected level of care includes the maintenance and updating of hospital equipment.

### 5. Recommendations

Based on these concerns, and in light of its overall monitoring work, the SMM has formulated a series of recommendations to all parties with the aim of supporting and urging them to address the current situation. Accordingly, the SMM calls on all sides:

- to respect the 12 February 2015 package of measures for the implementation of the Minsk Agreements and stands ready to facilitate ceasefires and support all efforts to alleviate human suffering;
- to exercise maximum restraint, and fully assume their responsibility to protect civilians, including preventing further displacement and suffering, and to redouble their efforts to stabilize the situation and ensure that the agreed ceasefire holds;
- to abstain from attacks directed against civilians or civilian objects, such as homes, schools and medical facilities and vehicles, or against infrastructure indispensable to the survival of the civilian population;

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<sup>54</sup> For example, in Kirovsk Territorial Medical Establishment in Luhansk region (visited on 18 December 2014), the company which used to perform the medical equipment maintenance no longer exists. In Brianka General Hospital in Luhansk region (visited on 19 December 2014) the equipment was reported as very old and in need of replacement. In Krasnodon City Hospital No. 1, in the Luhansk region (visited on 23 December 2014) the two oxygen concentrators for reanimation are in urgent need of repair. At Sverdlovsk Children's Hospital, in Luhansk region (visited on 23 December 2014) the incubator is not working and needs to be replaced. Sverdlovsk Hospital No. 1 in Luhansk region (visited on 23 December 2014) is in need of X-ray devices and sterilization equipment. At Krasny Luch City Hospital in the Luhansk region (visited on 23 December 2014) 15 pieces of equipment were reported as out of order. At Biriukove Regional Psychiatric Hospital (visited on December 25, 2014). Similarly, medical equipment in need of maintenance, repair or replacement was reported to SMM monitors in the following institutions: Biriukove Regional Psychiatric Hospital (visited on 25 December 2014); Anratsyt Central District First Aid Hospital (visited on 26 December 2014); Anratsyt District Centre for First Aid Care (visited on 26 December 2014); Krasnodon City Hospital No. 2 (visited on 22 December 2014).

<sup>55</sup> At the time of the SMM's visit on 20 January 2015, approximately 120 patients had had to be released from the hospital due to it being not operational.

<sup>56</sup> Krasnodon City Hospital No. 1, Luhansk region, (visited on 23 December 2014).

- to abstain from indiscriminate attacks affecting the civilian population or civilian objects in the knowledge that such an attack will cause excessive loss of life, injury to civilians or damage to civilian objects;
- to abstain from endangering civilians by establishing (firing) positions near residential areas, schools and medical facilities and vehicles, or against infrastructure indispensable to the survival of the civilian population;
- to alleviate the humanitarian suffering and to allow the free, rapid and unimpeded passage of humanitarian assistance and to grant persons engaged in the provision of such assistance rapid and unimpeded access to persons in need;
- to observe the obligations placed on all sides to a conflict to ensure that protection of civilians in the areas of conflict is a priority: the respect for basic, non-derogable human rights and fundamental freedoms have to be guaranteed to the civilian population, in particular regarding most vulnerable groups.

## **Annex: List of institutions visited**

### **Luhansk Region**

1. Slovianoserbsk District Hospital (visited on 16 December 2014).
2. Slovianoserbsk Residence for Persons with Mental Disorder (visited on 16 December 2014)
3. Psychiatric residents in Mykolaivka (Stanytsia Luhanska District) (visited on 17 December 2014)
4. Zymohirria Hospital (visited on 17 December 2014)
5. Kirovsk Territorial Medical Establishment (visited on 18 December 2014)
6. Pervomaisk Hospital (visited on 18 December 2014)
7. Brianka Children's Hospital (visited on 19 December 2014)
8. Brianka General Hospital (visited on 19 December 2014)
9. Stahanov Hospital No. 1 (visited on 19 December 2014)
10. Stahanov First Aid Ambulance Station (visited on 19 December 2014)
11. Stahanov Regional Psychiatric Hospital (visited on 19 December 2014)
12. Krasnodon City Hospital No. 2 (visited on 22 December 2014)
13. Central Medical Association for Health Care (visited on 22 December 2014)
14. Krasnodon City Hospital No. 1 (visited on 23 December 2014)
15. Chervenopartizansk City Hospital No. 2 (visited on 23 December 2014)
16. Sverdlosk Children's Hospital (visited on 23 December 2014)
17. Sverdlovsk Hospital No.1 (visited on 23 December 2014)
18. Krasnyi Luch City Hospital (visited on 23 December 2014)
19. Krasnyi Luch Hospital (Department of Psychiatry) (visited on 24 December 2014)
20. Biriukove Regional Psychiatric Hospital (visited on 25 December 2014)
21. Krasnodon Children's hospital (visited on 25 December 2014)
22. Krasnodon Orphanage for children with mental disabilities (visited on 25 December, 2014)
23. Anratsyt First City Hospital (visited on 26 December 2014)
24. Anratsyt Central District First Aid Hospital (visited on 26 December 2014)
25. Anratsyt District Centre for First Aid Care (visited on 26 December 2014)
26. Luhansk Regional Clinic Psycho Neurological Hospital (visited on 27 December 2014)
27. Luhansk Orphanage No. 1 (visited on 27 December 2014 & on 9 January 2015)
28. Orphanage located at 15 Chaikovskoho Street, Luhansk (visited on 31 December 2014)
29. Orphanage located at 23 Lomana Street, Luhansk (visited on 31 December 2014)
30. Luhansk Regional Technical Training College – Board School for children with physical and mental disabilities (visited on 2 January 2015)
31. Hotel “Initsial”(visited on 2 January 2015)
32. Social Psychological Rehabilitation Centre for Children (visited on 3 January 2015)
33. Children Sanitary Institution “Nezabudka” (visited on 3 January 2015)
34. Geriatric Dormitory No. 1 (visited on 3 January 2015)

35. Krasnodon Oblast Orphanage (visited on 6 January 2015)
36. Dormitory temporarily accommodating IDPs located at Navchalna Street (visited on 12 January 2015) – former college dormitor
37. University Dormitory temporarily accommodating IDPs located in at Olkhovskiy 10a (visited on 12 January 2015)
38. Luhansk Region Veteran’s Retirement Home (visited on 13 January 2015)
39. Warden for Pensioners in Territorial Social Service Centre (visited on 15 January 2015)
40. Rovenky Residential Care House for Elderly and Persons with Disabilities (visited on 15 January 2015)

### **Donetsk Region**

1. Donetsk Oblast Clinical and Medical Association (Kalininsk District, 2 km from city centre) (visited on 9 January 2015)
2. City Clinic Hospital No. 1 (visited on 13 January 2015)
3. Rudnychna Hospital (Makiivka city, Donetsk Oblast, 14 km from city centre) (visited on 13 January 2015)
4. City Child Rehabilitation Centre (visited on 15 January 2015)
5. Khartsyzk City Hospital (visited on 15 January 2015)
6. First Aid Medical Station No. 13 (visited on 19 January 2015)
7. Central Hospital No. 3 (Kalininsk District, 3 km from city centre) (visited on 20 January 2015)
8. City Hospital No. 16 (Budonivsk District, 8 km from city centre) (visited on 20 January 2015)
9. City Hospital No. 9 (Budonivsk District, 12 km from city centre) (visited on 20 January 2015)
10. City Hospital No. 17 (visited on 20 January 2015)
11. Central Traumatology Hospital (visited on 23 January 2015)
12. Hospital No. 6 (visited on 23 January 2015)
13. Emergency Service Headquarters (visited on 23 January 2015)
14. Kalinina City Hospital (Kalininsk District, 2 km from city centre) (visited on 23 January 2015)
15. Republican Bureau of Forensic Medical Examination (visited on 23 January 2015)