Since February 24, when Russian President Vladimir Putin ordered a “special military operation” in Ukraine, at least 1,424 civilian casualties have been reported in the country, including 516 killed—more than the 353 conflict-related civilian deaths recorded in the six years leading up to the invasion. Even so, UN OHCHR believes these numbers to be much higher, as casualties in some areas remain undercounted.

Two weeks since the initial attack, shelling and bombing have continued throughout Ukraine, targeting additional cities and moving toward the capital. On March 9, a Russian air strike hit a children’s hospital in Mariupol, despite a ceasefire agreement intended to allow civilians in the city, who had been trapped for weeks, to safely evacuate. The Russian Federation and Ukraine have both agreed on a humanitarian corridor to allow for the evacuation of civilians and delivery of humanitarian aid. The corridor is intended to be based out of Sumy in northeastern Ukraine.

In the last two weeks, more than 400,000 tons of medical supplies have been delivered to Ukraine to address health needs. With women and children the majority of the fleeing population, protection risks are growing, highlighting the need for gender-based violence (GBV) and child protection services. Destruction of infrastructure has left hundreds of thousands of Ukrainians without water and electricity. Water, sanitation and hygiene (WASH) services will need to be implemented rapidly to avoid sickness and death caused by unsafe water. And because Russia and Ukraine combined supply roughly one-third of global wheat trade, the World Food Programme also anticipates food insecurity throughout Ukraine and the globe.

Since the invasion, more than 2.3 million people have fled Ukraine. Last week, Poland received the highest number of Ukrainians, with Romania following behind. As of March 10, more than 1,412,500 people had crossed the border from

3 https://reliefweb.int/sites/reliefweb.int/files/resources/2022-03-08Ukraine_Humanitarian_Impact_SitRep_final.pdf
Ukraine into Poland, more than 84,670 people had entered Romania, 214,160 had entered Hungary, 82,762 had entered Moldova, 165,199 had entered Slovakia, 97,098 had fled to Russia and 258,844 had fled to other European countries.

International Medical Corps Response

International Medical Corps has successfully established a corridor from Rzeszow, Poland, to Lviv, Ukraine, that will allow for the safe transportation of medical commodities and non-food items into Ukraine. International Medical Corps has procured WHO kits and UNFPA reproductive health kits that it will ship to Lviv in the coming days via the corridor. The WHO kits include interagency emergency health kits, trauma and emergency surgery kits and non-communicable disease kits. International Medical Corps has hired a local health coordinator to support medical activities inside Ukraine and to provide support in receiving, quality checking and coordinating the distribution of the health kits to Ukrainian health facilities.

International Medical Corps continues to support efforts to provide mental health and psychosocial support (MHPSS) in the southeast of Ukraine despite the siege of Mariupol, where Russian attacks have left infrastructure damaged and most people without electricity or water. Because the safety of staff remains our top priority, we are providing these services through local partners. In the meantime, significant insecurity in the east has led the Emergency Response Team to shift its logistics hub to the west, where we have secured two warehouses and office space to support the expansion of existing response activities and creation of new ones.

In Poland, International Medical Corps’ Emergency Response Team has been working closely with humanitarian coordination groups and participating in civil/military coordination meetings. Technical advisors attended GBV and MHPSS working groups to ensure a coordinated approach to assessing and responding to needs. The technical team also conducted site visits at two border crossings, three receiving centers and a train station at the border. During the site visits, technical advisors observed population movements and reception flow, facility conditions, services, materials and information available to displaced persons, and conducted interviews with volunteers and reception coordinators at the sites. Initial findings from the interviews revealed impressive coordination and goodwill among Polish volunteers, but also highlighted concerns regarding sustained volunteer response. Interviewees informed the team that new arrivals frequently lack family connections or means in Poland, and rely on offers for accommodation from within Poland and abroad. These circumstances pose increased risks to large populations of women and children vulnerable to exploitative relationships and trafficking.

In northern Romania, the Emergency Response Team will be establishing a route to Ukraine to support logistics and operations. The team will conduct program needs assessments in Romania as it did in Poland, identifying key areas for response activities at border crossings and reception areas.

International Medical Corps is one of the few international humanitarian agencies working on both sides of the original “line of contact” in the conflict that began in 2014. The country mission team has stayed in Ukraine and has worked with partners to continue providing MHPSS services throughout the Russian invasion. It also has supported the Ministry of Health throughout the COVID-19 pandemic, has supported a mobile medical response to the conflict and, in response to the war, is prepared to launch emergency mobile medical teams, working with Ukrainian partner organizations. International Medical Corps is poised to harness its organizational expertise and contextual experience, and draw on established partnerships, to renew and expand services to meet the needs of the current emergency.