Ministry of Foreign Affairs

Activity: Resilient Childhood Cancer Care Ukraine (25-0001093)

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Key data

Activity basics

Type	Standard
Short name	Resilient Childhood Cancer Care Ukraine
Contract party	Prinses Maxima Centrum voor Kinder oncologie B.V. (30210984)
ODA	Yes
Amount EUR	4000000
Start date	01-07-2025
End date	30-09-2029
Full name	Enhancing Resilient Childhood Cancer Care in Ukraine.
Summary	The Princess Máxima Center has a well-established partnership with both the Clinical Center for Children's Healthcare and the Tabletochki Charity Foundation. Before the war, this collaboration focused on providing clinical and organizational consultations. During to the ongoing war in Ukraine, strengthening the pediatric oncology facility in Lviv through the enhancement of neurosurgery services is critical. Cancer is the leading cause of death by disease for children over one year old, making access to timely and specialized care essential. This initiative addresses the immediate need for resilient pediatric oncology care during wartime but also establishes a sustainable foundation for long-term healthcare improvements in Ukraine. In addition, the initiative focuses on the development and reuse of an existing building, ensuring the efficient use of resources, minimizing environmental impact, and preserving ecosystems by adopting sustainable construction methods.

Activity details

Date of receipt of proposal	18-06-2025
Proposal's reference number	MINBUZA-2025.2274858
Budget holder	DSO (8141DSO)
Limit access	No
Related activity	N.A.

Accounting data

SAP application number	
Funds center	DSO Healthcare: general central grant (1703U01100002)

Policy data

Aid modality	Project support
Technical assistance	0% of the activity budget
Beneficiary location	Country
Country	Ukraine
Location type	Province
Specific location	Clinical Centre for Children's Health Lviv
CRS code	12191 Medical services
Policy Keywords	
Refugees & host communities	Yes
Team Europe Initiative	No
Policy Markers	
__Trade & The Economy	Not targeted
_Security & Stability	Not targeted
Biodiversity	Not targeted
Climate change: adaptation	Not targeted
Climate change: mitigation	Significant
Desertification	Not targeted
Equality between men & women	Significant
Migration	Not targeted
Physical infrastructure	Principal
Reducing infant and child mortality	Principal
Skills development	Principal
Explain your choices	Physical infrastructure & Climate Mitigation: This project works on recovery and sustainable reconstruction activities of Ukrainian society by reconstructing the existing regional supercluster (top-tier) pediatric hospital - the Clinical Center for Children's Healthcare (CCCH) in Lviv, using circular construction principles. Reducing infant and child mortality: By focusing on neuro-oncology and related diagnoses, the project addresses an urgent medical need while building sustainable healthcare capacity for the long-term benefit of vulnerable children and their families, reducing the mortality rate of cancer for children. Skills development: Health care professionals and nurses are already adequately trained. To further empower these professionals to provide youth-friendly services, training for these professionals will include program elements about psychosocial care and skills for pain and fear reduction, tailored to the needs of children and adolescents with cancer.

Policy Appraisal

Policy relevance

- What policy objectives, as set out in the annual plan, policy notes etc., will this activity contribute to?

After more than three years, Russia's war against Ukraine still continues and claims new innocent victims on a daily basis. Ukrainian economic and social resilience is crucial for managing the catastrophic financial and economic consequences the Russian invasion has. Ukraine is currently facing a huge recovery and reconstruction need, as well as sizable humanitarian needs. A functional and effective healthcare system is crucial to continue their defense against the invasion.
The Netherlands stands with Ukraine and therefore provides Ukraine with political, military, financial, humanitarian and moral support. Our non-military support consists of vital reconstruction efforts and financial support through International Financial Institutions such as the World Bank and the European International Bank. With the support of the Netherlands vital civilian infrastructure such as energy-facilities, roads, schools and hospitals are (re)build through cooperation with organizations such as UNDP and WHO.
There is an inseparable connection between the public health situation in the Netherlands and developments in the rest of the world. Health challenges are increasingly cross-border, multidimensional, and complex. Therefore a global healthcare strategy was developed in cooperation with the ministry of Health. One of the main priorities of the Dutch global health strategy is to contribute in a coordinated and targeted way to improve public health worldwide.
Due to the immediate medical emergency and increased healthcare needs caused by the Russian invasion into Ukraine, president Zelensky expressed a special interest to MP Schoof in constructing the oncology-wing at the CCCH as part of the effort to modernize and broaden the healthcare services in Ukraine. The Netherlands was approached due to the specific expertise the it provides in the field of child healthcare through the Princess Maxima Center. Through DGIS, the Health and SRHR department was approached to assume the project. Whereas non-communicable diseases such as cancer are not prioritized under the Dutch Global healthcare strategy, the project very much aligns with the commitment of the Dutch government to support Ukraine as well as the commitment to strengthen the health infrastructure worldwide.
By focusing on neuro-oncology and related diagnoses, the project strengthens the national health system of Ukraine for the long-term benefit of vulnerable children and their families. Strengthening the pediatric oncology facility in Lviv through the enhancement of neurosurgery services is critical. Cancer is the leading cause of death by disease for children over one year old, making access to timely and specialized care essential.

Improving access to health care for all has in the context of Ukraine a positive impact on gender equality. Women often bear the primary responsibility for managing a child's treatment. By ensuring that high-quality care is available locally, the project reduces the burden on mothers, allowing them to care for their child in a familiar environment, maintain social connections, and access psychological support in their native language. The improved hospital conditions, including modernized wards, ensure a more supportive and dignified treatment experience, easing the emotional and physical toll on both children and their caregivers.

In the long term, the project ensures better treatment outcomes for young people, enabling them to recover and reintegrate into normal life more quickly. Women, in turn, can more easily resume their roles within their families and communities. By strengthening local healthcare infrastructure, the project not only supports vulnerable populations today but also builds resilience for the future. This reduces the psychological and financial strain on families while fostering a sense of stability and security within the broader community

The Dutch Princess Máxima Center for Pediatric Oncology, Europe's largest pediatric oncology center, provides unmatched expertise in multidisciplinary care, hospital design, and training. This partnership ensures the integration of advanced neurosurgery, chemotherapy, side-effect management, and psychosocial support into a comprehensive care model, meeting the highest international standards.
The Princess Maxima Center for Pediatric Oncology works in a way that respects people's rights and includes local communities. Their aim is to empower people in difficult situations, in line with the Netherlands' focus on fair and sustainable development. Unlike seeking treatment abroad, which requires building new social networks and navigating linguistic barriers, staying in Ukraine allows families to remain connected to their communities, minimizing isolation and disruption to their lives. Additionally, with fathers restricted from leaving the country and other siblings needing care, the ability to stay in Ukraine keeps families together and reduces logistical and emotional challenges. In the long term, the project ensures better treatment outcomes for young people, enabling them to recover and reintegrate into normal life more quickly. Women, in turn, can more easily resume their roles within their families and communities. By strengthening local healthcare infrastructure, the project not only supports vulnerable populations today but also builds resilience for the future. This reduces the psychological and financial strain on families while fostering a sense of stability and security within the broader community.

In addition, the project will help women involved to become stronger leaders in their communities and in policy decisions. There is a focus on gender equality in every step of the project—from planning to results—following the four TFVG priorities. This will provide opportunities for women to enhance and grow their skillset, and build valuable experience that will allow them to lead by example.

Rationale

- What issue/problem will be addressed by the activity

  The ongoing war has severely disrupted /healthcare in large parts of the country, leaving many children without access to adequate treatment. Without timely and specialized care, their chances of survival are drastically reduced. This project ensures the continuity of care for these children by expanding and modernizing a facility located in a relatively safe region of Ukraine.
  During the ongoing war in Ukraine, strengthening the pediatric oncology facility in Lviv through the enhancement of neurosurgery services is critical. Cancer is the leading cause of death by disease for children over one year old, making access to timely and specialized care essential.

  Childhood cancer occurs in approximately 15 cases per 100,000 children annually, irrespective of region or external factors. Despite its rarity, it remains the leading cause of mortality among children aged one year and older. While the incidence rate is statistically consistent, survival outcomes vary significantly between countries, with low- and middle-income countries (LMICs), including Ukraine, experiencing markedly lower survival rates compared to high-income countries.

  The ongoing war in Ukraine has exacerbated these inequalities, placing children with cancer in an exceptionally precarious situation. Their survival and access to appropriate treatment are severely compromised by the dual crises of war and illness. Pediatric cancer is not a single disease but a complex array of hundreds of types and subtypes, each requiring highly individualized treatment strategies. The most common types of childhood cancers include leukemias, brain cancers, lymphomas, and solid tumors such as neuroblastoma and Wilms tumors. Among these, the primary contributors to childhood cancer mortality are leukemia and malignant tumors of the brain, bones, soft tissues, retroperitoneal space, and kidneys, collectively accounting for approximately 80 percent of all cases.

  Brain cancers and neuroblastomas are particularly complex and require advanced neurosurgical capabilities for accurate diagnosis and effective treatment. This project focuses on strengthening neurosurgical services, recognizing their crucial role not only for children with cancer but also for those with other neurological conditions. The enhanced neurosurgical capacity will support children with non-oncological diagnoses, including epilepsy, congenital abnormalities, and other neurosurgical conditions requiring timely and precise interventions.
- Why does the activity help to address the issue/problem?

  By focusing on neuro-oncology and related diagnoses, the project addresses an urgent medical need while building sustainable healthcare capacity for the long-term benefit of vulnerable children and their families. Beyond neuro-oncology, the project significantly enhances the hospital’s overall surgical capabilities by establishing a state-of-the-art surgical department equipped for all types of pediatric surgeries. This holistic approach ensures that the facility can meet a wide range of critical healthcare needs, making it a cornerstone of specialized pediatric care in Ukraine.

  Beyond its immediate healthcare impact, the project generates significant social and economic benefits. It provides access to specialized medical care for all residents of western Ukraine, including internally displaced persons (IDPs) who have fled the war. Additionally, by improving healthcare access and reducing the burden on families caring for children with cancer, brain tumors and other neurodiagnosis, the project directly supports mothers, who disproportionately bear caregiving responsibilities. This enables their faster reintegration into social and economic life, further contributing to societal recovery and resilience.

  This project contributes to the sustainable development of Ukraine, and works on recovery and sustainable reconstruction activities of Ukrainian society by reconstructing the existing regional supercluster (top-tier) pediatric hospital - the Clinical Center for Children's Healthcare (CCCH) in Lviv, using circular construction principles. The initiative focuses on the development and reuse of an existing building, ensuring the efficient use of resources, minimizing environmental impact, and preserving ecosystems. By adopting sustainable construction methods, this project delivers a modern healthcare facility that supports recovery.

  Currently, there are no activities in Ukraine that are directly comparable to the proposed project. This is largely due to two key factors. First, there is a lack of funding from state and municipal budgets for high-specialization healthcare projects like pediatric oncology and neurosurgery. The limited public resources are primarily directed toward

maintaining basic medical services and addressing the immediate needs of war-affected regions. Second, such projects are not prioritized by international donors, who focus their efforts on ensuring access to primary healthcare, supporting frontline hospitals, treating war-related injuries, and securing reliable power supplies for medical facilities.

These constraints have left specialized care for complex, pre-existing medical conditions, such as childhood cancer, largely unsupported. The proposed project is therefore unique in its aim to fill this critical gap by enhancing the capacity of a top-tier hospital to provide advanced care for rare and life-threatening pediatric conditions.

- For ODA activities over EUR 250.000, please explain the Theory of Change
  The program is ODA. Because it pertains a linear projects involving reconstruction and training, no complex serparate ToC was provided. Nevertheless, the theory of change was clearly described in the project proposal: KPIs in which is reported are communicated and archived in Sophia under MINBUZA-2025.2273088

Cancer is the leading cause of death by disease for children over one year old, making access to timely and specialized care essential. By focusing on neuro-oncology and related diagnoses, the project addresses an urgent medical need while building sustainable healthcare capacity for the long-term benefit of vulnerable children and their families. Beyond neuro-oncology, the project significantly enhances the hospital's overall surgical capabilities by establishing a state-of-the-art surgical department equipped for all types of pediatric surgeries. This holistic approach ensures that the facility can meet a wide range of critical healthcare needs, making it a cornerstone of specialized pediatric care in Ukraine.

The projects builds on three interventions/pathways to obtain the following outcomes. A full list of outcomes can be found under

Intervention Pathways

1. **Sustainable Infrastructure Reconstruction** : Reconstruction of existing building while developing advanced operating theaters designed for pediatric neurosurgery and surgery and renovating patient wards for child-friendly care.
2. **Strengthen Capacity**: enhancing the capacity the hospital
3. **Enhance Knowledge and Expertise**: Conducting training programs in pediatric oncology and sustainable hospital operations to enhance the knowledge of hospital staff.

Outcomes:

1. Advanced operating theaters specialized in pediatric neurosurgery, enabling the treatment of brain and spinal tumors within a comprehensive care framework.
2. Reduced risk of infections through the implementation of advanced cleanliness requirements, including the use of specialized surfaces, designated access zones, and other infection control measures to maintain a sterile environment
3. Increased capacity for general pediatric surgeries, ensuring timely access to surgical interventions for children with various diagnoses
4. Modernized patient wards to enhance recovery experiences and support holistic care for children with neuro-oncology and other neuro-diagnosis.
5. Strengthened expertise of cross-functional medical teams, fostering a highly skilled workforce equipped with best practices in pediatric neuro-oncology and oncology.

Impact

1. **Improved access to medical care for vulnerable groups**: Ensures advanced treatment for children with brain tumors and neuro-diseases within Ukraine, reducing the need for medical evacuations and alleviating financial and emotional burdens on families.
2. **Social and economic benefits**: Strengthens regional healthcare infrastructure, creates jobs, and enhances the community's capacity to address critical health needs.
3. **Resilient healthcare system**: Develops a high-capacity, specialized pediatric oncology facility, enhancing the long-term resilience and sustainability of Ukraine's healthcare system.
4. **Family and community Impact**: Supports families, especially mothers, by reducing caregiving burdens and facilitating faster social and economic reintegration.

Contextual analysis

- Who is/are the target group(s) and why?

The target group for this project includes Ukrainian children with cancer aged 0–18 and their families, with a primary focus on those receiving treatment at CCCH. In 2024, CCCH provided inpatient care to 20,000 pediatric patients, including 276 children with malignant solid tumors and central nervous system malignancies. This represents a significant share of the total pediatric oncology cases in Ukraine, where 638 new cases were registered in 2022, reflecting a 30% decrease compared to 2021 due to war-related emigration and demographic shifts. Families of these children, who often face severe financial and psychosocial

challenges, are integral to the project's scope as they require substantial support to navigate the dual burdens of cancer treatment and the broader impacts of war.

The medical staff at CCCH includes multidisciplinary teams engaged in pediatric oncology, neurosurgery, diagnostic, and other supporting functions, comprising up to 30 team members. These teams are essential in delivering effective, evidence-based care.

By focusing on these groups, the project aims to address a critical segment of the pediatric oncology population in Ukraine, underscoring the urgency of strengthening CCCH as a resilient hub for childhood cancer care.
This project focuses on Ukrainian children with cancer and their families because the development of pediatric hematology/oncology (PHO) care reflects and drives broader advancements in pediatric medicine. By establishing a robust PHO center with advanced neurosurgical capabilities, the project aims to improve survival rates for children with cancer while also addressing the broader needs of pediatric patients with other neurological conditions. Additionally, the strengthened infrastructure and expertise will likely benefit other vulnerable pediatric populations, enhancing the quality and accessibility of care across multiple medical disciplines.

Who are the other main stakeholders?
1. **Clinical Center of Children's Healthcare (CCCH):** The main implementing partner, CCCH plays a key role in executing the project, from infrastructure upgrades to workflow optimization. They allocate resources, space, and personnel, ensuring project integration into operational plans and sustainability. CCCH also advocates for the project within the national healthcare ecosystem, engaging with local government and community stakeholders to secure additional support.

Role: Leading the implementation of facility upgrades, and patient care improvements.
Contribution:
■ Acts as the primary site for implementing the project's interventions, including infrastructure upgrades and workflow optimization.
■ Mobilizes internal resources (administrative, clinical, and technical) to support project execution.
■ Allocates space, personnel, and logistical support for project activities, including training sessions and infrastructure enhancements.
■ Ensures integration of project outcomes into the hospital's operational plans, laying the groundwork for sustainability.
■ Advocates for the project within the broader healthcare ecosystem in Ukraine, ensuring alignment with regional and national healthcare priorities.
■ Engages with local government and community stakeholders to secure additional support and resources.
2. **Princess Máxima Center (the Máxima):** A key international partner, the Máxima offers expertise in building efficient hospital workflows and processes, sharing best practices in pediatric oncology and hospital management. They also serve as a training hub for CCCH clinical staff, enhancing their professional skills.

Role: Providing expertise in hospital construction, infrastructure development, clinical care, research, and staff training.
Contribution:
■ Offers hands-on guidance in building effective hospital workflows and processes.
■ Serves as a training hub for CCCH staff, providing access to best practices in pediatric oncology and hospital management.
■ Supports the development of advanced treatment protocols and treatment pathways through knowledge sharing.
■ The Máxima has very recent experience in building an up to date pediatric cancer center and an up to date neuro-oncological surgery unit which can be used to advise the construction and financial management.
3. **Tabletochki Charity Foundation:** Committed to providing the best cancer care for Ukrainian children, the foundation oversees the day-to-day implementation of the project, ensuring alignment with goals and timelines. With experience in managing international projects, it coordinates between CCCH and external partners, secures additional funding, and drives improvements in pediatric healthcare.
Role: Acting as the project managing partner, overseeing implementation and monitoring, coordinating payments for completed works, and providing comprehensive reporting to the lead partner.
Contribution:
■ Oversees day-to-day project implementation, ensuring alignment with goals and timelines.
■ Manages coordination between stakeholders, including CCCH and external partners.
■ Conducts the selection of suppliers, ensuring the involvement of reliable contractors.
■ Acts as the operator for subsidy proceeds received from the Princess Máxima Center, ensuring their transparent allocation and effective management.
■ Facilitates payments for construction services under trilateral agreements and all project-related expenses, including the remuneration of the project team and costs associated with travel and logistics.
■ Secures additional funding, ensures thorough reporting, and maintains full transparency in project execution.

4. **Healthcare workforce at CCCH:** Doctors and nurses are key stakeholders for ensuring the long-term sustainability of the project. With access to modern operating rooms, patient care units, and dedicated workspaces, they will enhance the quality of care. Through training in advanced treatment methods, doctors will provide feedback on facility design to meet both staff and patient needs. Their active participation in training will also help shape programs to achieve optimal outcomes and improve medical services.
5. **Children with Cancer and Their Families:** This vulnerable population cohort is in the focus of the project. They are the ultimate project beneficiaries who will receive advanced treatment in pediatric surgery and neurosurgery units equipped with state-of-the-art technology. Feedback from both children and their families helps tailor services to meet their needs.
6. **The Ministry of Health of Ukraine** is focused on consolidating highly specialized medical services within top-tier hospitals (reference centers). It supports CCCH as a national hub for complex pediatric care, aiming to optimize resource allocation, improve healthcare access, and enhance outcomes for patients with critical conditions. The Ministry's commitment to CCCH's reference center status underscores its broader healthcare reform efforts and the development of resilient, high-capacity medical facilities.
In August 2024, the Ministry of Health approved Ukraine's first National Cancer Control Plan (NCCP) through 2030. Although the document remains largely strategic in nature and lacks detailed implementation mechanisms, it marks a milestone by formally identifying childhood cancer as a distinct area of focus — a result of sustained advocacy by Tabletochki and allied stakeholders.

This project directly supports several NCCP goals:

- Goal 1 – Centralization and standardization of care: The project strengthens the Clinical Center of Children's Healthcare (CCCH) as a regional reference center, helping operationalize the NCCP's vision of a capable network of specialized institutions that provide equitable access to high-quality care.
- Goal 4 – Enhancing quality of life for patients and families: By reducing the need for medical evacuation abroad, the project enables children to receive complex care closer to home — preserving family cohesion, minimizing psychosocial distress, and supporting long-term reintegration into education and social life.
- Goal 5 – Data-driven cancer control: The project builds capacity for data collection and integration into national registries, contributing to evidence-based planning, policy-making, and quality assurance.
- Goal 6 – Capacity building and quality assurance: The initiative provides advanced training for multidisciplinary teams in diagnostics, treatment, research, and quality improvement. It institutionalizes internal SOPs, establishes a Quality Improvement Board, and strengthens CCCH's ability to deliver safe, evidence-based care.
- Goal 7 – Advancing research and international collaboration: The project fosters partnerships with leading European centers and integrates Ukrainian professionals into international pediatric oncology networks, contributing to knowledge exchange and clinical research development.

7. **Local Construction and Supplier Organizations:** These partners are responsible for delivering high-quality infrastructure upgrades, ensuring that the hospital meets international healthcare standards. They contribute to the local economy and job creation, especially important during the ongoing wartime context.

- To what extent have stakeholders been involved in formulating the proposal?

The Ministry of Health, which has endorsed the broader model of centralized, high-capacity pediatric surgical centers, is expected to back the project's objectives. The Ministry of Foreign Affairs of Ukraine has been notified and included the proposal in its international advocacy agenda. While these government bodies were not directly involved in the proposal's development due to uncertainty around funding, their support is anticipated once implementation begins.
The Lviv Regional Council — as the hospital's legal owner — and the Lviv Regional State Administration have been informed about the project and have identified the development of neurooncology services at CCCH as a local healthcare priority.
The proposal was developed in close coordination with key implementation stakeholders, particularly the healthcare workforce at CCCH. Medical staff – surgeons, nurses, and administrators – actively contributed to shaping the vision for the renovated surgical block and patient wards. They participated in formulating the technical specifications shared with contractors and helped identify training needs that the project will address. Their engagement has ensured strong institutional buy-in and alignment with real clinical and operational needs.
Preliminary consultations with local construction and supply partners were also carried out to inform the cost estimation and feasibility of the renovation plan.
Children with cancer and their families remain the central beneficiaries of the project. However, due to the nature of their experience – often shaped by prolonged exposure to substandard hospital conditions – they were partly involved in the design phase. The non-official group of parents of children with brain tumours have provided feedbacks of the needs of patients during treatment and follow up during 2023-2024 to include their vision into project design. Also, international best practices and communication with Ronald McDonald Foundation in Ukraine have guided decisions around patient-centered environments and ward layout.

- Is the intervention aimed at a specific geographical location, and if so, why?

  Located near the EU border, Lviv offers a relatively safe haven, ensuring uninterrupted, life-saving care for children

with neuro-oncology conditions and other severe neurological diagnoses who would otherwise face life-threatening disruptions in treatment.

Added value

- **What is the added value of the Dutch government being involved in relation to other donors, the EU, NGOs and local authorities?**
  This proposal translates into practice the Dutch commitment to contribute to strengthening of the global health architecture and national health systems. Furthermore, it pertains investing in the existing health facility and system. No parallel systems are created, instead this investment aims at horizontal, integrated and comprehensive support to the Ukraine health system in line with national policies. Addittionally. this would contribute to the commitment of the Netherlands to support the rehabilitation and development of Ukraine during and after the Russian invasion.
- Are the recipients making an own contribution or co-participating in the activity, and if so, to what extent?
  The total own contribution of the 3 implementing partners is EUR 853.539 approximately 17,6% . Princess Maxima Center EUR 291.305, CCCH EUR 549.137 and Tabletochki is EUR 13.097. Their own contribution covers the overhead costs and some additional costs. See also chapter Finance.

  To support the successful implementation of this project, the Princess Máxima Center will provide the following services:
  - Advice on hospital construction,
  - Advice on infrastructure development (with a focus on multidisciplinary team work),
  - Advice on clinical care (including clinical consultations at the Princess Máxima Center and participation in Tumor Boards; advice on improvements in overall clinical care and neuropsychological care and support)
  - Sharing knowledge and provide advice on the development of a clinical trial portfolio research
  - co-coordinate this project and
  - Provide staff training. including various observerships for pediatric neurosurgeons, pediatric oncologists, hematologists, radiologists, and data scientists at the Princess Máxima Center. In addition, a nursing program will be implemented. All training activities will focus on sharing experiences and implementing best practices. Training will take place at the Máxima where needed and/or locally/regionally where possible.

  Regarding products, the Princess Máxima Center will support the application and implementation of the Sturgeon device. Nanopore sequencing is a new sequencing laboratory technology that is ideally suited for applications in hospitals with limited resources. This technology can map tumors at molecular level extremely quickly and cost-efficiently. An example of this is nanopore sequencing in combination with the AI algorithm Sturgeon, developed by the Princess Máxima Center. This allows laboratories to quickly and accurately classify brain tumors. This allows surgeons to obtain a molecular diagnosis intraoperatively, which is crucial for determining the optimal resection strategy. This not only leads to a reduction in the number of necessary reoperations ('first time right' approach), but also to a reduced risk of neurological complications and postoperative morbidity. The funding will be used to train technical staff, implement and validate protocols locally, and set up a cloud-based infrastructure for efficient data analysis and secure storage. The development of this laboratory technique is a revolution in the care for children with brain tumors; as an example, the publication of this technique reached the cover page of the New York Times.

Lessons learned

- What lessons learned (from previous or comparable activities, published evaluations, relevant publications) will be addressed by the activity?

This will be the first time that the Ministry of Foreign Affairs will be working with the Princess Máxima Centre, though the ministry does have experience with supporting the (re)construction of hospitals through WHO-programs. The Princess Máxima Center for Pediatric Oncology, Europe's largest pediatric oncology center, provides unmatched expertise in multidisciplinary care, hospital design, and training. As such, it is a well established partner to implement the project with.

The Princess Máxima Centre, the CCCH and Tabletochki share a well-established and dynamic partnership that underscores the strength of collaborative efforts in pediatric hematology/oncology. Before the full-scale Russian invasion of Ukraine in 2022, their joint initiatives focused on clinical and organizational development.

Experts from the Princess Máxima Center provide regular consultations to CCCH professionals, including tumor boards (highly specialized medical advice on treatment of children with life-threatening diseases such as brain tumors) and observership visits. Additionally, three of CCCH's pediatric oncology professionals were enrolled in a two-year advanced training program at the Princess Máxima Center Academy, further enhancing their expertise.
A strong and sustainable partnership became the cornerstone for organizing the effective evacuation of children with cancer from the very first days of the war as part of the SAFER Ukraine initiative, led by St. Jude Global. Tabletochki managed operational

coordination, medical data management and ensured logistics within Ukraine, while the CCCH served as a border evacuation hub. The Máxima, alongside other European hospitals, provided treatment for evacuated children. As a result of this initiative, over 650 children were safely evacuated and received life-saving care, including direct treatment for >125 children at the Máxima during the most critical times.

Beyond crisis response, the partnership has continued to evolve and expand. In 2024, the Máxima and CCCH jointly engaged in the Horizon Europe GRASSHOPPER project, with the Máxima serving as the Coordinator and CCCH as an Associated Partner. This project aims to advance the development of pediatric cancer drugs and their clinical implementation. Regular tumor boards remain an important part to the Máxima-CCCH collaboration, fostering continuous learning and knowledge exchange. Additionally, since 2023, the Máxima has been supporting Tabletochki Know-HOW Training Initiative, the competency-based training program for childhood cancer professionals that aims to improve their clinical skills and non-clinical competencies, English language proficiency, evidence-based decision-making, promote multidisciplinary approach, and provide networking opportunities.

Durability

- How will the results of the activity be sustained after its end date? What is the exit-strategy?

  The project will result in the creation of a modern surgical block at CCCH, comprising multiple operating rooms (including one dedicated to pediatric neurosurgery), an intensive care unit, anesthesia and preoperative areas, and related infrastructure. This development will allow the hospital – formed through the merger of two major pediatric institutions – to consolidate all major neurosurgical, oncological and surgical services under one roof. Such consolidation will improve clinical coordination, reduce duplication of resources, and enhance the overall efficiency of care delivery.
  Although pediatric neurosurgery served as a key driver for initiating this project, the surgical block is designed to serve a broader range of specializations. Recognizing that neurosurgical procedures are complex and underfunded under the current NHSU tariff system, the hospital has adopted a long-term sustainability plan: by increasing the volume of general pediatric surgeries (which are simpler, faster, and better reimbursed), CCCH will be able to cross-subsidize more resource-intensive interventions like neurosurgery.

  The partnership between CCCH and the Máxima will continue to build on their strong pre-existing collaboration, also after the project. This collaboration will emphasize mentorship, training programs, and knowledge-sharing initiatives to enhance clinical and operational excellence.
  Additionally, the partnership will focus on medical evacuation within the SAFER Ukraine initiative to ensure timely access to specialized care for those paediatric cancer patients who would benefit from the diagnostics and treatment at the Máxima.

  CCCH and Tabletochki: The partnership between CCCH and Tabletochki will also continue to build upon their established collaboration. Tabletochki will continue to:
  - facilitate the procurement of medical supplies critical to patient care;
  - provide essential financial assistance to support infrastructure upgrades and operations;
  - invest into the training and retention of medical staff, ensuring that CCCH has a highly skilled workforce to meet patient needs.

Gender

- Does the proposal include a gender analysis? If yes, what are the main outcomes? If no, why not?

  The proposal does not include a formal standalone gender analysis, as the medical condition addressed – childhood cancer and neuro-oncological diseases – is not gender-specific. There is no evidence of gender-based disparity in access to services or care provision among pediatric patients.
  Gender considerations are reflected in the project design – particularly in relation to caregivers. In the vast majority of cases, it is the mother who accompanies the child during treatment, providing continuous care at the hospital and at home. This caregiving role is heavily gendered and places a significant emotional and physical burden on women.
  Cancer incidence, survival rates, but also the effects of various treatments (for instance on fertility), have been related to sex differences in almost all paediatric cancers.
  In addition to gendered caregiving roles, the project also indirectly addresses gender-based vulnerability among healthcare staff. Women represent approximately 84% of the hospital's total workforce, including a significant majority of nurses, junior medical personnel, and administrative staff.
  While the intervention will directly affect a limited number of personnel – estimated at 50-70 individuals – many of them will benefit from improved working conditions, including renovated surgical areas and dedicated staff spaces.

These changes contribute to a more inclusive and supportive work environment for female employees, supporting female healthcare workers by improving daily working conditions in a highly gendered occupational environment.

- Does the proposal justify the target group's gender-specific interests and needs (and why)? Please explain.

Yes, the proposal takes into account the gender-specific needs of caregivers, most of whom are mothers. In nearly all pediatric cancer cases at CCCH, the mother serves as the primary caregiver – staying with the child throughout treatment, managing day-to-day care, and providing emotional and logistical support. This caregiving role is disproportionately carried by women and often leads to physical exhaustion, psychological strain, and career interruption.

The current infrastructure at CCCH significantly contributes to these burdens. Inpatient wards lack basic accessibility: room and bathroom doorways are too narrow for wheelchairs, and sanitary facilities are not adapted for immobile patients. As a result, mothers are often forced to physically carry their children – including adolescents – to provide daily care. Limited mobility within the building also makes it difficult for families to access outdoor space, contributing to emotional fatigue and social isolation during long hospital stays.

The project addresses these needs in several ways. Planned infrastructure improvements will result in more inclusive, comfortable, and caregiver-friendly hospital spaces, making it easier for mothers to remain at their child's bedside during extended treatment periods. Furthermore, by enabling children to access high-quality care within Ukraine, the project reduces stress on mothers who would otherwise face the challenges of cross-border treatment – including navigating foreign healthcare systems, language barriers, and setting up life in an unfamiliar country. Remaining in a culturally familiar environment greatly contributes to the psychological well-being and stability of both the child and the mother.

Though the project does not include separate psychosocial programming, the improved design itself supports mental well-being by reducing stressors, restoring a sense of normalcy, and reinforcing the caregivers' role as competent and supported - not overwhelmed. In parallel, the project supports professional development for a selected group of CCCH's medical staff, including pediatric oncologists, neurosurgeons, and related specialists. These professionals will participate in 4 two-week clinical observerships at the Princess Máxima Center in the Netherlands. In addition, separate training streams for nurses will be delivered on-site at CCCH by the Princess Máxima Center experts.

Given that the majority of staff in these roles are women, the capacity-building component reinforces the professional growth and long-term retention of female healthcare workers in a highly gendered medical environment.

- Have women and young people been included in the stakeholder analysis? Please explain.

Yes, women and young people were included in the stakeholder analysis, although not as a separate analytical category. They are central to the project's target group and were considered within the broader stakeholder group of "children with cancer and their families". This vulnerable group is at the core of the project's design and intended impact.

Within this group, most caregivers are women – typically mothers – who play a critical role in supporting their child throughout treatment. Young adults up to 25 years of age, adolescents and teenagers undergoing cancer treatment also form a significant subgroup among CCCH patients.

While the stakeholder mapping did not disaggregate by gender or age in a formal matrix, both women and young people were clearly recognized as key beneficiaries throughout the project design.

Climate change

- Does the proposal include an analysis of the possible effects of climate change on the activity or its results?

The project promotes sustainability primarily through the adaptive reuse of existing hospital infrastructure. Rather than constructing a new building, the project focuses on capital repairs and modernization of currently unused or underutilized spaces within the existing structure of CCCH. This includes:

- The complete renovation of the technical floor to transform it into a modern surgical block;
- Refurbishment of the fifth-floor wing to create functional spaces for medical personnel;
- Renovation of patient rooms to improve comfort, hygiene, and care conditions.

This approach significantly reduces the project's environmental footprint by avoiding new construction, minimizing the use of raw materials, and reducing demolition and construction waste. It also allows for more efficient use of hospital floor space and existing utility networks, which contributes to long-term operational sustainability. While a formal climate risk analysis was not conducted, the project inherently supports climate adaptation and mitigation through the following elements:

- Energy efficiency: All renovations will incorporate modern insulation, energy-efficient lighting, and ventilation systems to optimize energy use and maintain stable indoor temperatures, even during seasonal extremes.
- Improved thermal regulation: By reconfiguring space and improving building envelope integrity, the risk of overheating or heat loss is reduced – this is especially relevant as climate variability increases.
- Reduced embodied carbon: By reusing existing structures rather than building new ones, the project avoids the significant emissions associated with new construction materials and logistics.

Does the proposal include any interventions to combat these effects (adaptation/mitigation)?

Although the climate dimension was not the primary focus of the intervention, the project aligns with basic principles of sustainable infrastructure development. Where possible, local contractors will be encouraged to use low-impact materials, and all construction work will comply with national energy efficiency and safety standards.

While the primary objective of the project is to expand the hospital's capacity and improve conditions for patients and medical staff, it does not include dedicated interventions specifically aimed at climate change adaptation or mitigation. The project targets the renovation of three separate areas across different floors (2nd, 5th, and 8th) within an existing hospital building. This limits the feasibility of implementing large-scale energy efficiency or climate-resilient measures without upgrading the entire facility. Nonetheless, the adaptive reuse of existing infrastructure contributes to a more resource-efficient and environmentally conscious approach.

Cooperation, harmonization and alignment

- Does the activity involve cooperation with Dutch organisations, the EU or other donors (including delegated cooperation), local organisations or other parties

Princess Máxima Center (the Máxima):
○ Role: Provider of Expertise and Training
○ Contribution:
■ Offers hands-on guidance in building effective hospital workflows and processes.
■ Serves as a training hub for CCCH staff, providing access to best practices in pediatric oncology and hospital management.
■ Supports the development of advanced treatment protocols and treatment pathways through knowledge sharing.
■ The Máxima has very recent experience in building an up to date pediatric cancer center and an up to date neuro-oncological surgery unit which can be used to advise the construction and financial management.

- How does the activity contribute to harmonization and/or multi-donor financing?

N/A

- What is the degree of (policy and financial) alignment?

Digitalisation (N/A)

Additional remarks (if applicable)

Results

General Theme

General theme - only to be used for Activity specific indicators

Indicators

operation rooms constructed at the Clinical Center for Children's Healthcare in Ukraine
Measurements:

# of health staff trained to provide quality cancer care to children
Measurements:

# of annual neurosurgeries
Measurements:

# of annual surgeries
Measurements:

Sexual and Reproductive Health Rights

To protect, promote and fulfil universal access to sexual and reproductive health and rights (SRHR), including HIV/AIDS

Monitoring and evaluation

Specify what reporting information is required for this activity, based on the activity analysis decision tree (see Help).

Monitoring

- Specify what reporting information is required for this activity, based on the activity analysis decision tree (see Help).

1. Annual plan and budget

- Overview of the coming activities and respective budget incl. an updated activity plan p. 38 of the proposal.

2. Annual narrative report and final narrative report. This must include the following elements:

- Planning versus realization: tracking progress against predetermined objectives, including the indicators as outlined on p. 38 of the proposal
- Contextual changes
- Reflection on risks matrix, including reflections on risk materialization in the past year and an update of the risk matrix
- Challenges, good practices and lessons learned

IATI : The Prinses Maxima center is not familiar with reporting via IATI. However, they have already indicated that, with the support of the Ministry, they will able do this. In the grant decision letter, it will be clearly stated by which date the recording in IATI must be completed and, if necessary, also how BZ can assist the Maxima Center with this task.

3. Annual financial report and final narrative report

- Annual Financial report according to the budget layout including the lay out for every year.
- Final Financial report this can include the annual financial report of Year 3, which need to be shown seperately.

The reporting period will be equal to a calender year.

Monitoring will be done in collaboration with RNE Kyiv. Annual reports will be shared with RNE Kyiv whereby they have the opportunity to review the report and assessment of the report. Moreover, the goal is to conduct a project visit together with RNE Kyiv to this project and other projects in 2026. The opportunity and momentum will be identified in collaboration with RNE Kyiv.

Evaluation

Describe whether a final evaluation and/or a mid-term review has been planned. If yes, state:

- who will commission the final evaluation and/or mid-term review (for options, see Help);
- whether the procedure and practical arrangements have been agreed on with the implementing organisation (for details, see Help).

An evaluation is not compulsary because the total contribution amount is less than EUR 5 mln.

Also based on the type of activity , which is not related to a specific subsidy framework , the question is whether an evaluation has added value. The results are concrete and can be determined well at the end of the activity.

Finance

Budget breakdown

- Include an overview of the activity budget, including overhead costs.

PROJECT COSTS OVERVIEW INCLUDING OVERHEAD					
	0				
COST TYPE	Year 1	Year 2	Year 3	Total	
1. Staff costs Netherlands	51.463	60.375	139.610	251.448	
2. Staff costs abroad	103.203	92.345	38.560	234.108	
3. Third party costs	1.937.729	2.184.776	97.750	4.220.255	
4. Travel costs	6.562	8.259	14.062	28.883	
5. Subsistence costs	22.476	35.057	61.311	118.844	
6. Asset costs	-	-	-		
Total:	2.121.433	2.380.813	351.292	4.853.539	
PARTNER	Year 1	Year 2	Year 3	Total	
Princess Máxima Center	110.423	141.186	291.468	543.076	
Clinical Center for Children's Healthcare (CCCH)	1.974.273	2.205.009	30.771	4.210.053	
Tabletochki Charitable Foundation	36.738	34.618	29.054	100.410	
	-	-	-		
Total:	2.121.433	2.380.813	351.292	4.853.539	
SUBSIDY PER PARTNER	Year 1	Year 2	Year 3	Total	
Princess Máxima Center	51.193	65.454	135.125	251.772	
Clinical Center for Children's Healthcare (CCCH)	1.716.759	1.917.400	26.757	3.660.916	
Tabletochki Charitable Foundation	31.946	30.103	25.265	87.313	

	Total:	1.799.897	2.012.956	187.146	4.000.000	
OWN CONTRIBUTION / MATCHING PER PARTNER						% matching
Princess Máxima Center		59.230	75.731	156.343	291.305	54%
Clinical Center for Children's Healthcare (CCCH)		257.514	287.610	4.014	549.137	13%
Tabletochki Charitable Foundation		4.792	4.515	3.790	13.097	13%
	Total:	321.536	367.856	164.146	853.539	

- Is the budget arithmetically correct?

The budget is arithmetically correct.

- Are the amounts/rates in the budget acceptable?

Yes, see the detailed annual budget (MINBUZA-2025.2273096)
The annual budget provides:
- a clear overview of the number of hours and the rate per function.
- the activities and the expected costs for the construction (based on experience of the partners)
- the travel, hotel and dsa costs.

- Briefly explain the structure of the budget.

The total budget overview clearly shows the amounts by cost type , per year and per implementing organisation. Also annual budget overviews are provided, which give a clear overview how the amounts per budgetline (costtype) have been calculated and the activities. The overhead is calculated per budgetline and shown in the annual budget overviews however it is not mentioned seperately in the total budget overview.
The activities in the activity plan (Chapter 3a of the proposal) links to the annual budgets with show the activities.

- Are overheads proportional to outputs? What is included? What is recharged?

The overhead is calculated as 15 % from the direct costs (see the detailed annual budgets) for all the implementing partners . The actual overhead costs of the Maxima center are higher but capped on 15%. For the Maxima center the overhead includes , among office costs, rent, electricity etc, also the costs of the finance and risk department.
The hourly rates don't include a percentage for the overhead.
Because the maximum contribution of The Netherlands is EUR 4 mln the overhead (being 15% of the direct costs) is actually financed by the implementing parties themselves and The Netherlands finances the Direct costs.

Overhead				
	Year 1	Year 2	Year 3	Total per org.
Maxima	14.403	18.415	38.017	70.835
CCCH	257.514	287.611	4.014	549.139
Tabletochki	4.792	4.516	3.790	13.098
Total by year	276.709	310.542	45.821	633.072
	Direct costs	Overhead 15%	Total	
Maxima	1.844.724,68	276.708,70	2.121.433,38	
CCCH	2.070.272,18	310.540,83	2.380.813,01	
Tabletochki	305.471,64	45.820,75	351.292,39	
Total	4.220.468,50	633.070,28	4.853.538,78	

- Is implementation conditional on the budget being amended in an inception phase? (Specify the requirements that the budget must satisfy and the date by which the budget must be amended)

  Not applicable.

Earmarking

- Is the Dutch contribution to the programme earmarked (i.e. reserved for a specific purpose)? If so, specify the reasons why.

The Dutch contribution is not earmarked.

Prepayments

- Based on the prepayment decision tree (see Help), do the payments need to be entered as prepayments and why? In the case of a lump sum, assess this against the applicable criteria and give the reasons for your choice.

According to the prepayment decision tree it concerns a prepayment. It concerns a contribution to a specific activity and it is clear what will be financed by The Ministry.

- What is the maximum percentage that can be paid as prepayment, and why?

A maximum amount of 95% of the contribution (EUR 3.800.000) will be prepaid.

- Which are the reporting obligations on the basis of which prepayments can be closed?

The prepayment can be closed based on the approval of the narrative and financial report and a Report of Findings (see for below under audit opinions)

Expected Payment schedule	
	EUR
Augustus / September 2025	1.799.897
Augustus / September 2026	2.000.103
Final payment 2028, last 5%	200.000
Total grant amount	4.000.000

Available resources

	EUR
Implementing organisation's own contribution	853.539
Firm commitments by other donors (for each donor)	0
Dutch contribution	4.000.000
Total available resources	4.853.539
Budget needed	4.853.539
Still to be financed	0
Soft commitments by other donors (for each donor)	0
Uncovered balance	0

- Are there any non-financial contributions relevant to implementation of the activity, such as deployment of volunteers, availability of buildings, materials, etc.?

Not applicable.

- If there is an uncovered balance, how will this affect implementation of the activity (e.g. proportional reduction in outputs, omission of regions) and how will this affect the decision whether to fund this activity?

Not applicable.

Grant with a repayment obligation, loans, equity investment or guarantee

- Does the Dutch contribution take the form of a grant with a repayment obligation, a loan, an equity investment or a guarantee (either in whole or in part)? If yes, briefly set out the consequences for accounting and how correct processing in the financial records will be ensured.

Not applicable. It is a grant but not with a repayment obligation etc.

- Are there revolving funds? If yes, please explain what will happen to any residual funds, how closure will take place and which agreements should be made.

Not applicable.

Audit opinions

- Is an audit opinion required for the activity (see Help)? Briefly explain.

The management capacity of the implementing organizations is over all positive , see the results of the assessments of the oria from the Princess Maxima Center for pediatric oncology, the Clinical Center for Children's Healthcare (CCCH) and the Tabletochki Charitable Foundation.
The risks at activity level can be estimated as high to moderate considering that the activity will take place in a country that is at war, although the place Lviv is close to the border of Poland. The financial size of the activity is less than EUR 5 mln.
Based on the assessment of the above points from the decision tree Activity cycle (beslisboom Activiteitencyclus) additional measures should be taken. In a country at war the rules and regulations from the government and the ability to determine correct application could be difficult. To guarantee effective oversight and acccountability a structured multi-level approach has been chosen. The Princess Maxima Center chose to involve key stake holders at various levels.

- For the Daily Operational Oversight of Construction Progress:
  - Technical Director (CCCH): Responsible for overseeing day-to-day construction and renovation activities, ensuring compliance with technical specifications, adherence to timelines, and quality control of contractor performance.
  - Procurement Manager (Tabletochki): Monitors contractor performance, manages procurement processes, and resolves operational issues through constant communication with the construction team.
- Training Progress Monitoring:
  - Training Coordinator (Tabletochki) and Training Coordinator (the Máxima): Collaboratively monitor training programs for medical staff, ensuring attendance, assessing feedback, and conducting pre- and post-training evaluations. In cases of security concerns, alternative training formats, such as online sessions or visits to the Máxima, will be implemented and overseen by the coordinators.
- Quarterly Partner Online Meetings:
  - These meetings, involving the top management of all project partners—the Máxima, CCCH, and Tabletochki—serve as the highest monitoring body. Participants review comprehensive project reports prepared by Tabletochki's fundraising and program teams, covering progress, financial updates, and potential risks. Strategic decisions and corrective actions are agreed upon collectively to ensure alignment with project goals.
- Annual Leadership Meetings:
  - Annual in-person meetings of top managers from all partners will take place in Utrecht at the Máxima Center, providing an opportunity to review the project's progress in detail, share lessons learned, and plan next steps at a strategic level.

The Princess Maxima Center took the Tabletochki foundation for the operational project management. They carry out and supervise, among other things , the procurement, the monitoring and reporting . Based on the monitoring set up the risk of mismanagement have been mitigated. The Oria shows that risk management and financial and administrative management are present with CCCH and Tabletochki foundation but can be further developed and embedded in the organisations. So as additional measures a least a Report of Findings will be requested with the financial statement. In consultation with the controller , it will be determined how this will be set up and whether an audit report will also be requested on the expenditure of CCCT and/or Tabletochki. Because there is an urgency to finalize the bemo before the NATO summit starts it is not possible to already make a decision. This will be done when drafting the decision.

- Should the audit opinion be accompanied by an additional auditor's report (for example, on the risks set out above, or on monitoring that the organisation carries out on its prepayments to other organisations)?
  See the answer above.

For the reporting see Chapter Monitoring and Evaluation.