UKRAINE

Health Sector Needs Assessment

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REACH Informing more effective humanitarian action

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About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

SUMMARY

The full-scale invasion of Ukraine by Russia on February 24, 2022 has led to widespread destruction and disruption of public services, including healthcare. **In the year since the invasion began, as of February 23, 2023, 786 medical facilities were reportedly attacked**.[1] In addition, the mass displacement of citizens within Ukraine meant that in areas with large influxes of internally displaced persons (IDPs), medical institutions were at risk of being overwhelmed. According to the International Organization for Migration (IOM) Displacement Tracking Matrix, **Dnipropetrovska, Zaporizka and Vinnytska oblasts had the largest number of internally displaced persons (IDPs)** in December 2022.[2] There have been limited data available regarding the impact of such influxes on the capacity of the national healthcare system, and whether access to medical care has changed for the affected population.

This health needs assessment sought to fill the information gaps highlighted above by answering the following:

1. What are the biggest challenges currently faced by hospitals in Ukraine?

2. Are there differences in access to treatment and medical care available and accessible to registered and unregistered IDPs, and non-displaced households?

3. What are the highest priority health needs in the targeted areas (Vinnytska, Dnipropetrovska, Zaporizka oblasts and Kharkiv city) and across different population groups?

The study is informed by a mixed-methods approach consisting of quantitative and qualitative components. The research covered three oblasts (Zaporizka, Dnipropetrovska, Vinnytska) as well as Kharkiv city. Data collection took place between the 7 December 2022 and 5 January 2023. The quantitative component of the research included a structured household (HH) survey with 1,514 interviews, and 140 semi-structured individual interviews with medical staff from 92 different hospitals. The qualitative component consisted of 12 key informant interviews (KIIs) with representatives of local authorities, the Ministry of Health and the NGO community. **A purposive sampling strategy was applied and thus findings should be interpreted as indicative rather than representative.**

Key Findings

Dnipropetrovska oblast

The two most pressing problems of medical institutions were the lack of medical staff and lack of supplies. Nearly a third of hospital representatives reported that the healthcare facility they worked in was not fully staffed before February 24, 2022 and the situation with staffing had further deteriorated by December 2022. Medical buildings, if not damaged by shelling, tended to provide adequate space for patients and practitioners at the time of the survey. The challenges came more from the equipment side. Healthcare workers often mentioned that beds (68%) and supplies (58%) were two of the greatest equipment needs.

The biggest challenge with the medical system among all HH groups was reported as the high cost of medical care and medications (37%). Households tended to experience a lack of finances to buy medications, especially among older people (aged 60+) and people with disabilities, as well as IDPs in CS.

IDPs not registered with the government could struggle with access to healthcare. Nearly one-third of unregistered IDPs had no signed contract with a family doctor for all family members at the time of data collection and 20% reported that they often use virtual platforms (i.e., websites or mobile apps)

[1] World Health Organization (WHO), Surveillance system for attacks on healthcare (SSA), 2022
[2] IOM, Ukraine — Displacement Report - Area Baseline Report (Raion level) — Round 19, 12 Dec- 25 Dec 2022

to access appointments with their regular family doctors. By contrast, around half of registered IDPs (44%) had been able to find new family doctors, while among unregistered IDPs there were 24%.

Households with members with a disability (33%) or affected by chronic illnesses (25%) were more likely to report they had been upset or worried to a point that they were unable to perform regular activities over the past 30 days. While among all people in the assessment, this indicator was 16%.

Kharkiv city

Damage to medical facilities in the city was the most pressing problem according to key informants. Twelve out of 15 hospital representatives reported that their healthcare facilities had been attacked and/or damaged since February 24, 2022. Only one of these hospitals was temporarily closed, and three KIIs reported that the ability of the hospital to carry out daily functions had decreased at the time of data collection.

IDPs in collective sites were more likely than IDPs out of collective sites and not displaced people to report suffering from chronic illnesses and having been diagnosed with a new health problem after February 24, 2022. More than half of IDP households in collective sites (64%) indicated that they had one or more members with a chronic illness and 44% indicated having been diagnosed[3] with a new health problem since February 24, 2022.

Households indicated that they struggled to afford medicine, forcing them to reduce other expenditures. This was especially reported among households with members affected by chronic illnesses. **Most heads of households (84%) indicated that this lack of finances prevented them from regularly procuring their medications.**

Households reported struggling with mental health symptoms (24%), with a large majority of those including a member affected by chronic illnesses reported they had been upset or worried to a point that they were unable to perform regular activities over the past 30 days (84%). Moreover, vulnerable households were more likely to employ negative coping strategies.

Zaporizka oblast

The occupation of part of the oblast has led to an inflow of IDPs which has put added pressure on the health system. Almost a quarter of hospital representatives (8 out of 34) indicated the most pressing problem of medical institutions was the significant increase in patient referrals. Family doctors (5 out of 12) indicated that staff were not adequately prepared to face emergency situations.

Almost a half of all interviewed HoHHs (42%) indicated that they could not always afford their medications, even those that must be taken regularly. The biggest challenge with the medical system among all HH groups was reported as the high cost of medical care and medicines (42%).

Displaced households were more likely to belong to vulnerable groups and experience worsening health. Approximately half of IDPs in (60%) and out (45%) of collective sites indicated that they had one or more household members with a chronic illness. Many IDPs living in collective sites reported that their health had deteriorated since February 24, 2022 (53%), and most attributed this deterioration to the war (78%).

Households with members with disability (16%) were most likely to report they had been upset or worried to a point that they were unable to perform regular activities over the past 30 days.

[3] The question did not specify by whom a new health problem was diagnosed, thus these could also be self-report of the respondents

Vinnytska oblast

The two most pressing problems reported were a lack of staff training and insufficient funding of medical institutions. Medical institutions in Vinnytska oblast reported that they were fully staffed, but the training of doctors was insufficient. According to interviews with representatives of the Ministry, most doctors had access to threat-of-war training. But almost half of interviewed hospital representatives had not received special training related to the war since February 2022.

Over a third of all interviewed HoHHs (36%) indicated that they could not always afford their medications, even those that must be taken regularly. Registered IDP households reduced other expenditures to enable them to afford medicines, while unregistered IDPs did not report experiencing this issue. Reducing expenditures was especially indicated among households with members affected by chronic illnesses.

Households reported struggling with mental health symptoms (32%), with households with members affected by chronic illnesses more often indicating (59%) that they had been upset or worried to a point that they were unable to perform regular activities over the past 30 days.

CONTENTS

List of Acronyms

IDP	Internally Displaced Person
FGD	Focus Group Discussion
KII	Key Informant Interview
HH	Household
HoHH	Head of Household
CS	Collective site
DAP	Data Analysis Plan
MoH	Ministry of Health
NGOs	Non-governmental organizations
IOM	International Organisation for Migration
REACH	REACH Initiative
WHO	World Health Organization
UNHCR	United Nations High Commission for Refugees
HSM	Humanitarian Situation Monitoring

Geographical Classifications

Oblast	Regional administrative unit
Raion	Sub-regional administrative unit
Hromada	Administrative unit, responsible for local governance

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INTRODUCTION

The full-scale invasion of Ukraine by Russia on February 24, 2022 has led to widespread destruction and disruption of public services, including healthcare. In the year since the invasion began, as of February 23, 2023, 786 medical facilities were reportedly attacked.[4] In addition, the mass displacement of citizens within Ukraine meant that in areas with large influxes of internally displaced persons (IDPs), medical institutions were at risk of being overwhelmed. According to the International Organization for Migration (IOM) Displacement Tracking Matrix, Dnipropetrovska, Zaporizka and Vinnytska oblasts had the largest number of internally displaced persons (IDPs) in December 2022.[5] There has been limited data available regarding the impact of such influxes on the capacity of the national healthcare system, and whether access medical care has changed for the affected population. With more than 7 million refugees, it is also likely that a proportion of skilled doctors and medical personnel have left Ukraine. A potential lack of skilled medical personnel, destroyed medical infrastructure, and mass migration flows are all likely to have had a profound effect on the accessibility of medical care.[6]

Before the full- scale invasion of Ukraine, a primary health care reform was underway, which included providing the entire population with access to a family doctor.[7] The reforms sought to implement a more understandable and functional mechanism for access to health care for all people. For this purpose, a system was developed whereby all Ukrainians are required to have a contract with a family doctor, enabling them to receive medical services from that doctor, paid by the government. To access specialist doctors, and diagnostic tests and services, patients must be referred by their family doctor. According to the latest data from the Ministry of Health (MoH), about 78% of Ukrainians had a contract with a family doctor as of November 10, 2022.[8]

Building from these identified information gaps and likely impacts of the war, this assessment is focused on understanding the healthcare needs of the civilian population in areas both close to the frontline and those with high influxes of IDPs. As areas near the frontline fall under heavier shelling, the supply of medical care can be complicated and lead to a deterioration in the provision of medical help. Simultaneously, in the oblasts further from the frontline, challenges may arise due to an increased load on medical facilities resulting from IDP inflows. This study also aims to evaluate health facility readiness to respond to urgent needs via an expert assessment of the current situation by the authorities and medical community, in order to understand the critical health problems from the perspective of those who ensure the operation of this system. There is also an information gap in the study of IDPs who have not officially registered their status with the government of Ukraine. In the latest IOM internal displacement report[9] the total number of IDPs is estimated near 7 million, though only 4.6 million are officially registered, according to the Ministry of Social Policy of Ukraine.[10] The difference in numbers could indicate a large proportion of unregistered IDPs, whose humanitarian needs are largely unknown to local authorities and the humanitarian community.

[4] World Health Organization (WHO), Surveillance system for attacks on healthcare (SSA), 2022
[5] IOM, Ukraine — Displacement Report - Area Baseline Report (Raion level) — Round 19, 12 Dec- 25 Dec 2022
[6] REACH, Humanitarian situation monitoring, Aug 2022
[7] Minister of Health of Ukraine, Key steps to transforming Ukrainian healthcare
[8] Minister of Health of Ukraine, Results of the press briefing on 10/11/21, 2021
[9] IOM, Ukraine internal displacement report, Round 8, Aug 2022
[10] Ministry of Social Policy of Ukraine, The Deputy Minister of Social Policy of Ukraine for Digital Development, Digital Transformations and Digitalization spoke about support for displaced persons, Sept 2022

The assessment includes the following primary research questions:

1. What are the biggest challenges currently faced by hospitals in Ukraine?

2. Are there differences in access to treatment and medical care available and accessible to registered and unregistered IDPs, and non-displaced households?

3. What are the highest priority health needs in the target areas (Vinnytska, Dnipropetrovska, Zaporizka oblasts and Kharkiv city) and across different population groups?

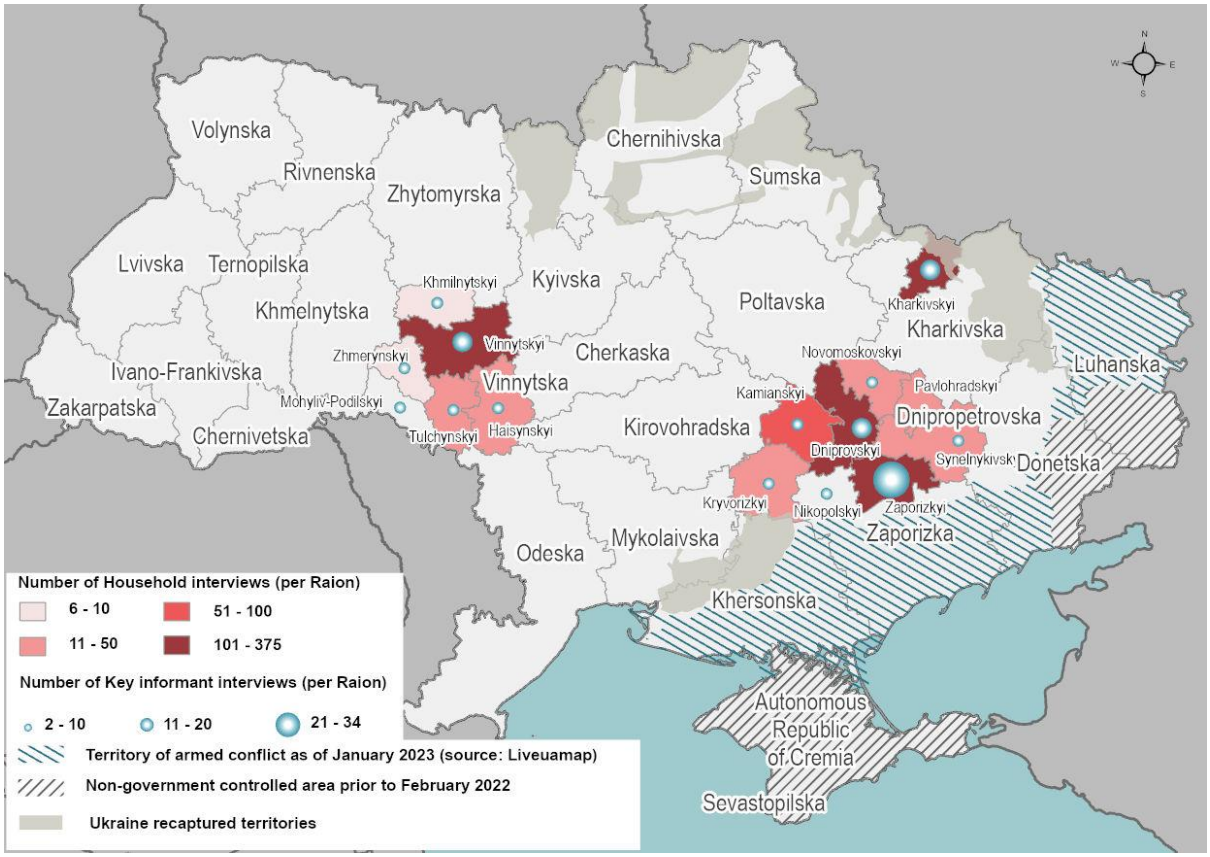
This report provides a detailed description of the methodology and why it was chosen, and then outlines the key assessment findings for each oblast.

METHODOLOGY

Geographical scope

Data was collected in three oblasts (Dnipropetrovska, Zaporizka, Vinnytska) as well as the city of Kharkiv between 7 December 2022 and 5 January 2023. The geographical scope was chosen in consultation with the Health Cluster in order to address informational gaps faced by humanitarian actors. As per Map 1, the study mainly concentrated in areas contiguous to the frontline. The choice of oblasts near the frontline was justified by the fact that medical facilities in these oblasts could be under shelling, which could interfere with the supply of medical care to the people. Vinnytska oblast was chosen because it hosts a large number of internally displaced persons[11] and to can be used to compare needs with oblasts closer to the frontline.

Map 1: Map of assessed areas



Sampling strategy and data collection methods

Quantitative data

The quantitative component of the research included two different surveys: a household-level survey and structured interviews with key informants.

For the household survey, a non-probability sampling strategy was applied with a quota applied to the population of interest: local residents (non-displaced), officially registered IDPs in collective sites (CS), officially registered IDPs outside of CS and unregistered IDPs. Respondents were asked to answer questions on behalf of their household.

The sample size was chosen to meet the requirement of a 90% confidence interval and 10% margin of error for each group of the population of interest (above 68 interviews per oblast with a 15% buffer). A

[11] IOM, Ukraine — Displacement Report - Area Baseline Report (Raion level) — Round 19, 12 Dec- 25 Dec 2022

total of 1,514 household interviews were conducted, of which 1,475 were done face-to-face and 39 by phone (Table 1).

For all groups except unregistered IDPs, enumerators targeted locations more likely to host IDPs and interviewed respondents randomly using a screening question on displacement status to be sure that quotas were met. For unregistered IDPs, a snowball sampling method was used, building upon referrals from respondents and enumerators. Phone interviews were used specifically to reach unregistered IDPs, who were difficult to interview randomly in the street.

Table 1: Final HH survey sample (phone interviews in brackets)

	Non-displaced people	IDPs in CS	IDPs out of CS	IDPs not registered	Total
Vinnytska Oblast	83	88	88 (2)	93 (33)	360
Dnipropetrovska Oblast	120	94	85	101	431
Zaporizka Oblast	84	85	89	85 (2)	375
Kharkiv City	84	85	85	85	348
Total	371	352	347	364	1,514

In all, 140 structured interviews with key informants from 92 different hospitals were conducted. The breakdown by oblasts was as follows: 45 KIIs in Dnipropetrovska oblast, 34 KIIs in Zaporizka oblast, 46 KIIs in Vinnytska oblast, and 15 KIIs in Kharkiv city. Key informants were identified with the help of local authorities who provided lists of functioning hospitals in the selected localities. Each hospital provided key informants representing family doctors, specialist doctors, and administrative staff (no more than three key informants in total per hospital).[12] All interviews were conducted by telephone and by trained enumerators who had previous experience with such assessments. Data collection was carried out between 7 and 31 December 2022.

Qualitative data

The qualitative research included semi-structured interviews with key informants representing local authorities, the Ministry of Health (MoH) and non-governmental organisations (NGOs). A total of 12 KIIs were conducted between December 9, 2022 and January 5, 2023. In each oblast and Kharkiv city, 2 KIIs were done with representatives of local authorities (in total eight KIIs); 2 KIIs with representatives of the Ministry of Health; and 2 KIIs with representatives from the NGO community. Identification of KIs was achieved with the help of local authorities who provided enumerators with contacts of KIs affiliated with health departments.

[12] Preference was given to interviewing health personnel at the primary level (family doctors), as well as professionals providing non-specialised services in hospitals. This was motivated by the intention of assessing health services with broader reach within the population. For this reason, specialised medical professionals, as well as medical professionals from small polyclinics or ambulant clinics were excluded, as they do not generally meet a wider range of patient needs.

Analysis

Quantitative data

Structured questionnaires for both **representatives of medical institutions and HH interviews** were developed by the IMPACT Assessment Officer in consultation with the Health Cluster. Two rounds of discussion were held, in order to ensure only questions necessary and important for the Cluster were included. The tool was uploaded and deployed on IMPACT's KoBo ODK server and accessed by enumerators in the field on smartphones. Data cleaning was performed daily and included checking for duplicates, time-duration checks, review of outliers, and integration of all unstructured responses such as enumerator comments and content of "Other (Specify)" variables (as according to the IMPACT Global Guidance on data checking and processing). Logic checks were performed following the Data Analysis Plan (DAP).

All quantitative data analysis was conducted through R statistical analysis software and Microsoft Excel. With it programs, frequency tables were made and analysed.

Qualitative data

Qualitative **KIIs with policymakers and response actors** were recorded (with prior agreement), and interviewers took notes throughout the interviews. Enumerators transcribed these notes after the interviews, using recordings to consolidate the data as soon as possible after the interviews. Qualitative data was analysed and coded using a data saturation grid (DSAG). During the data collection period, the grid was completed daily, monitoring all new discussion topics and adding new rows using an inductive and iterative method. All data cleaning and analysis was conducted in Microsoft Excel.

Challenges and Limitations

One of the primary challenges encountered in this assessment was reaching unregistered IDPs, who often do not seek assistance at humanitarian assistance centers or otherwise access services which would allow enumerators to find them. In order to reach this group, snowball sampling was used among networks of registered IDPs, who often could provide contact information for unregistered IDPs.

It was also a challenge to identify KIs in hospitals at different levels, especially specialist doctors, due to the increased workload these doctors have faced since February 24, 2022. Active cooperation with local authorities helped to reach this category of respondents.

In addition to the challenges outlined above, one specific limitation of the assessment is the indicative nature of the quantitative sample. This means that findings cannot be generalized to the population of the target oblasts as a whole, and also limits the ability to compare these results with other representative research. However, the final sample size of this assessment is sizable, and therefore does provide a large enough evidence base to identify trends within the selected group.

The qualitative component of this assessment included a limited number of KIs; therefore, the data obtained should primarily be used to complement and explain findings of results obtained during the quantitative component.

FINDINGS

Dnipropetrovska Oblast

Dnipropetrovska oblast is one of the most densely populated regions in Ukraine and is located quite close to the frontline. Prior to the war beginning in February 2022, the population of the oblast was estimated to be 3,096,500 people. It shares borders with Donetska and Zaporizka oblasts, where active battles were taking place during the data collection period. According to Round 19 of IOM Ukraine's Displacement Report,[13] Dnipropetrovska oblast had the largest number of IDPs of all oblasts at over 363,000, as of December 2022.

Across the oblast, 132 hospitals and primary care centers/clinics were operating in January 2022.[14] Interviews with local authorities reported that the oblast was well provisioned with medical equipment and staff until February 24, 2022, facilitated by the response to the coronavirus epidemic. At the same time, informants indicated that the oblast, and specifically the city of Dnipro served as a transit point for the treatment of civilians and military personnel, who are brought from the frontline. It is important to note that, there was already considerable level of conflict (prior February 2022) affecting nearby regions, and so the oblast was already being affected by these pressures.

(a) Primary challenges faced by hospitals

General challenges

Hospital representatives indicated that the three most pressing problems of medical institutions included the lack of medical personnel, the lack of equipment and partial destruction of institutions (Figure1). KIs mentioned that the problem with the lack of doctors was observed in the first months after February 24, 2022. At the time of data collection this problem was not often indicated in facilities located in Dnipro, the administrative center of the oblast, but was observed more acutely in other oblast cities. KIs also indicated that the shortage of doctors tends to increase the load on other doctors in hospitals.

Figure 1: Primary problems in surveyed medical institutions, as reported by KIs (Dnipropetrovska)

Not enough doctors

Insufficient medical equipment

Partial destruction

Security

In general, heads of households (HoHHs) across all surveyed groups reported feeling safe or neutral in health facilities (83%). Among households with children, 84% reported that they did not have concerns about taking their children to medical facilities when needed.

Since the start of the full-scale war, as of November 2022, 41 out of 182 medical facilities in the oblast had been damaged.[15] This was corroborated by a roughly similar proportion of hospital representatives

[13] IOM, Ukraine — Displacement Report - Area Baseline Report (Raion level) — Round 19, 12 Dec- 25 Dec 2022
[14] Department of Health of the Dnipropetrovska Oblast State Administration, Directory of medical and preventive institutions of the oblast, 2022
[15] Ministry of Health, The number of destroyed and damaged medical institutions by oblasts of Ukraine, 6 of November 2022

in the oblast (9 out of 36) who reported that their healthcare facilities had been attacked and/or damaged since February 24, 2022.

Given the fluid nature of the security context in Ukraine and frequency of missile strikes, it is important also to understand the availability and condition of bomb shelters in medical institutions. The majority of KIs (42 out of 45) reported that a bomb shelter was available and could accommodate staff and patients at their medical facility. The most needed equipment for hospital bomb shelters reported by KIs were electric generators (17 out of 42), water and food supplies (8 out of 42), and toilets (6 out of 42).

Staffing

Shortage of staff was often mentioned by hospital representatives. Nearly a third indicated that the healthcare facility they worked in was not fully staffed before February 24, 2022. According to informants the situation with staffing had further deteriorated by the time of data collection, with 40% reporting that medical facilities were not fully staffed. In total, 16% of HoHHs reported that they perceived a shortage of medical staff in medical institutions.

Amongst the HoHHS reporting a shortage of medical staff, the lack of specialist doctors in the hospitals they visited was highlighted in particular (81%). Hospital representatives, meanwhile, stressed the lack of family doctors. A few informants indicated that there was a lack of paramedical staff and specialist doctors (mainly psychotherapists, surgeons, pulmonologists, oncologist-otolaryngologists, anesthesiologists, cardiologists, and rheumatologists).

The main reasons for the shortage of staff according to hospital representatives was that staff had fled the region, so doctors were not living in the hromada of the medical facility anymore. A few also mentioned that some staff had joined the army and others feared the shelling of the medical institution where they usually worked.

Almost three-quarters of interviewed KIs (32 out of 45) reported that they had received special training related to war since February 2022. This was more often reported by specialised doctors compared to family doctors. The trainings received were mainly on mental healthcare provision and psychosocial support, as well as in management of emergency conditions like mass casualties. Respondents were unanimous about needing more training and were keen on training covering psycho-social support for patients, first aid (referred to as combat wounds, specific injuries that rarely occur in non-wartime), and chemical burns.

Equipment and supplies

Households reported that health facility buildings, if not damaged by the shelling, tended to provide adequate space for patients and practitioners with the proper temperature inside. The challenges came more from the equipment side. Health employees, especially from the administration side, often mentioned the of lack medical equipment and beds to meet the needs of the patients. In some instances, KIs from facilities outside Dnipro indicated that the number of beds increased since February 24, 2022. From the patient's perspective, more than 75% of the respondents had never experienced a denial of medical care due to a lack of supplies.

Besides medical equipment, health facilities also lack medical supplies, which forces patients to bring medical supplies (sanitary kits, syringes, etc.) when visiting a doctor (24% of household reported always or often having to buy their own medical supplies).

Representatives of local authorities stressed the readiness of the medical infrastructure for the challenges of war: availability of most equipment and hospital beds; the availability of bomb shelters; and adequate preparation for winter. Health care workers also reported these readiness factors, though also indicated needs related to power supply and temperature control:

"The greatest need is for generators and clothes for patients. Generators are needed when there is a power outage. They are not available everywhere and the power of those generators that are [available] are not always enough. Regarding clothes, hospitals never kept clothes, always relatives brought them. But now patients are delivered without relatives, clothes are cut off during the operation and the patient is left without clothes and there is no one to provide them."

Representative of local authorities #1, Dnipro

Vaccination

While most of HoHHs had a positive or neutral attitude towards vaccines (72%), a quarter of the respondents reported a negative one. Consequently, the latter group tended to avoid vaccination against COVID-19. In collective sites, 26% of HoHHs avoided COVID-19 vaccination, which could be a potential risk of spreading this disease.

Regarding vaccine supply problems, only a few KIs indicated that there was a problem with influenza (Novomoskovsk city), measles/rubella/mumps (Zelenodolsk city) and polio vaccines (Magdalynivka urban-type settlement, Novomoskovskyi raion). Also, two KIs out of 45 reported that there were problems with the supply of rabies vaccines (Apostolove and Zelenodolsk cities).

(b) Access to health and priority needs of vulnerable households

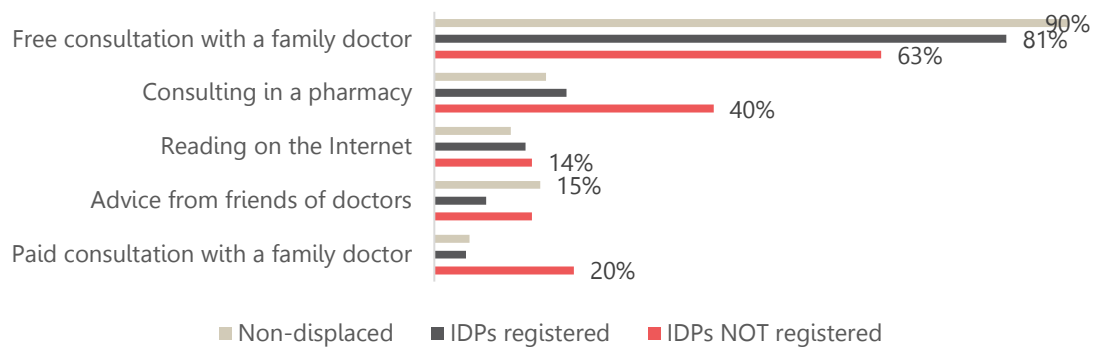
Regarding vulnerable groups and their access to medical services, the local authority representatives reported that, from their point of view, the number of applications for medical care from IDPs has increased.

Access to healthcare

In the first month (February 2022) of the war, most health facilities remained functional, and access was difficult mostly for IDPs. Almost half of IDPs (48%) reported that in this period, it was difficult or very difficult to get medical care. Since late March 2022, access has largely been resumed. The majority of non-displaced HH (95%) and registered IDPs outside CS (84%) had contracts with a family doctor for all family members since data collection compared to only 67% of unregistered IDPs.

Households across all groups reported that they most frequently used free medical consultations from their family doctor (Figure 2). Unregistered IDPs tended to use more consultations with pharmacists (40%), which could be related to not having changed family doctors after displacement as well as concerns over not having registered in their new place of residence. The main reasons for unregistered IDPs not to go through the registration procedure were related to the desire to return to permanent place of residence soon and the lack of knowledge about the support associated with the official status of IDP.

Figure 2: Care modalities preferred by households (Dnipropetrovska)



Note: Multiple choices could be selected therefore findings may exceed 100%.

Being unregistered as a displaced person affects access to healthcare because it becomes more difficult to have a free consultation with the family doctor. To mitigate this effect, around half of the registered IDPs (44%) have changed family doctors. Another solution is to have an online consultation. Among unregistered IDPs, 20% reported that they often use online platforms (via website/mobile app) for doctor's appointments.

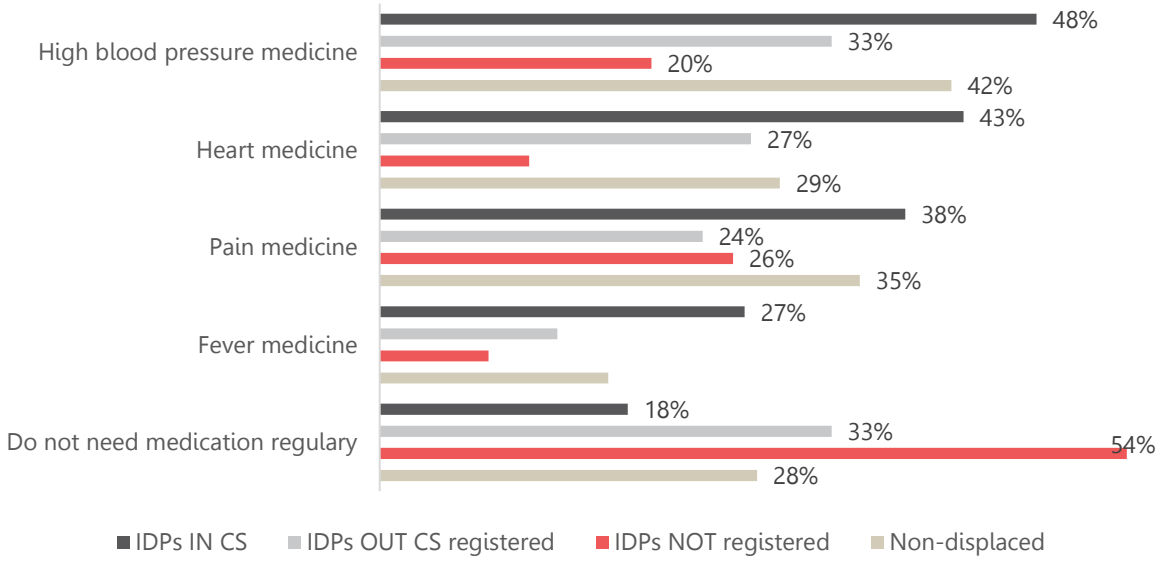
Household health conditions

Nearly half of displaced households indicated that they have one or more household members with a chronic illness[16]. Among IDP households living in the CS, 22% reported having been diagnosed with a new illness since February 24, 2022. Among other displaced groups and non-displaced people this number was less than 11%. Also, IDPs living in the CS (45%) reported that their health had worsened since February 24, 2022, and they mostly indicated that the deterioration was due to the war (81%).

Medicines that are used regularly among different groups are shown in Figure 3. Almost all types of medicines used on a regular basis are most often indicated by IDPs in CS. This may be because collective sites are most often inhabited by people over 60 years old and by people with disabilities.

It is not common to have regular check-ups across all HH groups. In general, the HoHHs reported that they carry out preventive diagnostics once a year (49%), while about a third of IDPs in CS had a diagnostics frequency of less than once every 2-3 years.

Figure 3: Medications bought by HH on a regular basis (Dnipropetrovska)



Note: Multiple choices could be selected therefore findings may exceed 100%

The difficult emotional state of IDPs was also mentioned.

"What we noticed is that the doctor spends more time consulting with IDPs. IDPs are often traumatized psychologically, they want to share their trauma with others. Doctors were not ready to use psychological skills, and now psychological help is in great demand."

Representative of local authorities #2, Kamyanske (Dnipropetrovska oblast)

[16] Other than a mental health condition or infectious disease, that requires ongoing care, such as heart disease, diabetes, high blood pressure, cancer, or lung disease.

Among vulnerable households 33% of HHs that include members with disabilities and 25% of HHs with older people reported experiencing emotional difficulties (upset and worry) over the past 30 days from the date of data collection. Overall, 18% of IDPs reported that issue, but among IDPs living in the CS it was 22%. Interestingly, almost two-thirds of displaced persons use positive stress-coping techniques (i.e., relaxation etc.).

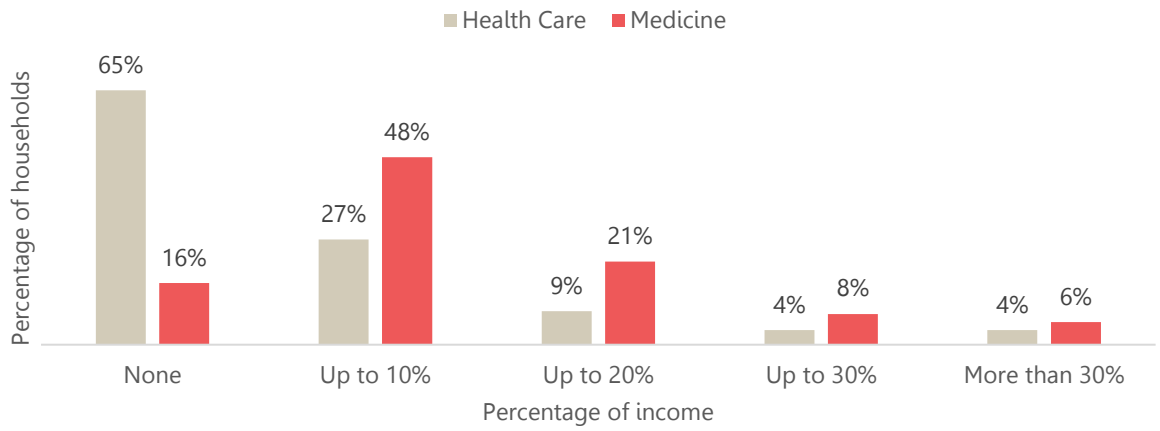
(c) Barriers to accessing healthcare

Cost/expenditures

Households tended to experience a lack of finances to buy medications, especially among older people (aged 60+) and people with disabilities, as well as IDPs in CS. The biggest challenge with the medical system among all HH groups was reported as the high cost of medical care and medications (37%). **Almost a half of HoHHs (43%) indicated that one of the main reasons they could not access medications, even those that need to be taken regularly, is that they cannot afford them.** Further, while visits to a family doctor are supposed to be free, 36% of HoHH reported spending 400 UAH/10 € or more on such visits since the full-scale invasion. Most of the households (65%) indicated that they did not have any health care expenditures in the month prior to data collection, but most did have to buy medicine. More than a third of respondents reported having spent 20% and more of their income in the last month to buy medicine. Figure 4 presents the share of households' health expenses in the last month.

It is frequent for vulnerable households to reduce other expenditures to cover health-related costs. This is a concern mainly among IDPs living in the CS (28% of respondents with this displacement status), as well as HHs with members with disabilities and older people (respectively 33% and 31% of households with these vulnerabilities).

Figure 4: Share of households' health expenses in the last month (Dnipropetrovska)



Additional barriers faced by vulnerable households

8 out of 45 KIs reported that barriers (most often related to costs, physical access and security) to accessing health care have increased among people with disabilities since February 24, 2022, and 7 out of 45 reported such barriers for older people aged 60+. Additional barriers included long queues at medical institutions (12% of all HoHHs). Among people with chronic illnesses, HoHHs indicated that the main barrier to seeking care is cost (24%), while other issues were chosen by less than ten people.

Kharkiv city

Kharkiv city was a major economic city of eastern Ukraine before the war, and the second most densely populated after Kyiv city. The population of this city was estimated in 2019 at 1,446,107 people. Due to its proximity to the frontline, the city has been under heavy shelling and the oblast borders Donetska and Luhanska oblasts as well as Russia, where active battles were taking place during the data collection. The region also experienced an inflow of IDPs. According to Round 19 of IOM Ukraine's Displacement Report,[17] Kharkivska oblast was in the top oblasts with the largest number of IDPs at over 442,000 as of December 2022. Since the start of a full-scale war on February 24, 2022, as of November 2022, 249 medical facilities in the Kharkiv oblast have been damaged.[18] Across the city, 61 hospitals and primary care centers/clinics were operating in 2022.[19]

(a) Primary challenges faced by hospitals

General challenges

A third of KIs indicated the most pressing problem is the partial destruction of health centre, followed by lack of equipment and electricity cuts (Figure 5). 12 out of 15 KIs reported that their healthcare facilities have been attacked and/or damaged since February 24, 2022. At the same time, only one KI reported that their medical facility was temporarily closed due to hostilities. KIs from local authorities reported that the medical infrastructure across the oblast was badly damaged due to shelling, leading to a high need for both expensive diagnostic equipment and equipment for surgical operations.

Figure 5: Primary problems in surveyed medical institutions, as reported by KIs (Kharkiv)

Partial destruction | Insufficient medical equipment | Electricity cuts

Security

In general, HoHHs in all groups reported feeling safe in health facilities (76%). Among households with children, 71% reported that they did not have concerns about taking their children to medical facilities when needed.

Given the fluid nature of the security context in Ukraine and frequency of missile strikes, it is important also to understand the availability and condition of bomb shelters in medical institutions. Almost all surveyed KIs (14 out of 15) reported that the bomb shelter was available and could accommodate staff and patients. The most needed equipment for bomb shelters included electric generators (7 out of 14), water and food supplies (4 out of 14).

Staffing

All surveyed KIs indicated that the healthcare facility they work in was fully staffed before February 24, 2022. The situation with staffing has somewhat declined since, with five KIs reporting that medical

[17] IOM, Ukraine — Displacement Report - Area Baseline Report (Raion level) — Round 19, 12 Dec- 25 Dec 2022
[18] Ministry of Health, The number of destroyed and damaged medical institutions by oblasts of Ukraine, 6 of November 2022
[19] Kharkiv oblast military administration, Network of healthcare institutions of the Kharkiv oblast, 2022

facilities are not fully staffed. Only 6% of HoHHs reported that they felt there was a shortage of medical staff in medical institutions.

Almost three-quarters of interviewed KIs received special training related to war since February 2022 (11 out of 15). Most often, interviewed KIs reported that they received training on such topics as use of PPE, training on mental healthcare provision and psychosocial support and training management of emergency conditions like mass casualties. According to the respondents, the trainings matched the needs of the staff, although a few KIs indicated that more training is needed.

Equipment and supplies

Health facility buildings, if not damaged by the shelling, tended to provide adequate space for patients and practitioners with, at the time of the survey, the proper temperature inside, as reported by households. The challenges came more from the equipment side. Health employees often indicated the lack of medical equipment and beds to meet the needs of the patients. All KIs indicated that the number of beds had not increased since February 24, 2022. However, patients reported that it was very rare to be refused treatment because of the absence of an available bed. Besides medical equipment, health facilities also lacked medical supplies, which forced patients to bring medical supplies (sanitary kits, syringes, etc.) when visiting a doctor (18% across all HH groups always or often had to purchase these supplies on their own).

Over half of care workers at health facilities felt they were prepared for winter. The most pressing needs reported were related to power supply and temperature control. Assessing the needs of medical institutions, KIs reported that the most visible needs were medical equipment (surgical, diagnostic laboratory, physiotherapy, sterilization resuscitation), basic infrastructure, computer equipment, furniture for examinations.

"Equipment was also damaged during the destruction of buildings as a result of the full-scale invasion."

Representative of local authorities #1, Kharkiv

Vaccination

Overall, HoHHs indicated a positive attitude towards vaccination in general (63%), with a negative attitude most often reported by not displaced people (19%) and registered IDPs (11%). Consequently, these groups tend to avoid vaccination against COVID-19. In collective sites, 18% of HoHHs avoided COVID-19 vaccinations, which could pose a risk of spreading this disease. It is important to note that the data in the research was about attitude towards the vaccination, while official data on vaccination experience suggested only a small number of people in Ukraine have completed a primary course of COVID-19 vaccination (about 35%, as of March 2023).[20]

(b) Access to health and priority needs of vulnerable households

Access

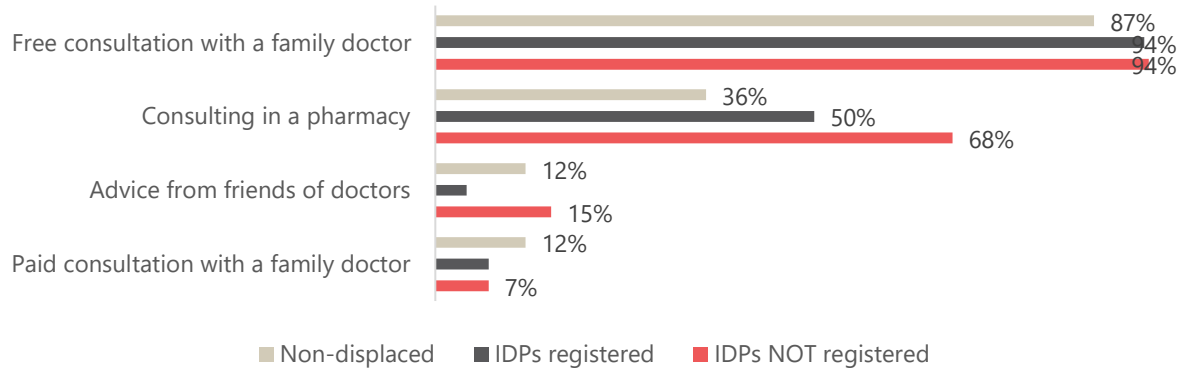
Most of HoHHs (74%) reported that in the first month of the war, it was difficult or very difficult to get medical care. The largest number of such responses were recorded among displaced people (79%). Access to healthcare has largely resumed since late March 2022. Local authority representatives reported that for the IDPs there were no administrative barriers, they received health care on the same basis as non-displaced households.

The majority of non-displaced HHs (98%) and registered IDPs outside CS (91%) had contracts with a family doctor for all family members, while this number was slightly lower for registered IDPs in CS (84%).

[20] WHO, WHO Coronavirus (COVID-19) Dashboard

Households across all groups reported using free medical consultations from their family doctor (Figure 6). At the same time, unregistered IDPs more often consulted from pharmacists.

Figure 6: Care modalities preferred by households (Kharkiv)



Note: Multiple choices could be selected therefore findings may exceed 100%.

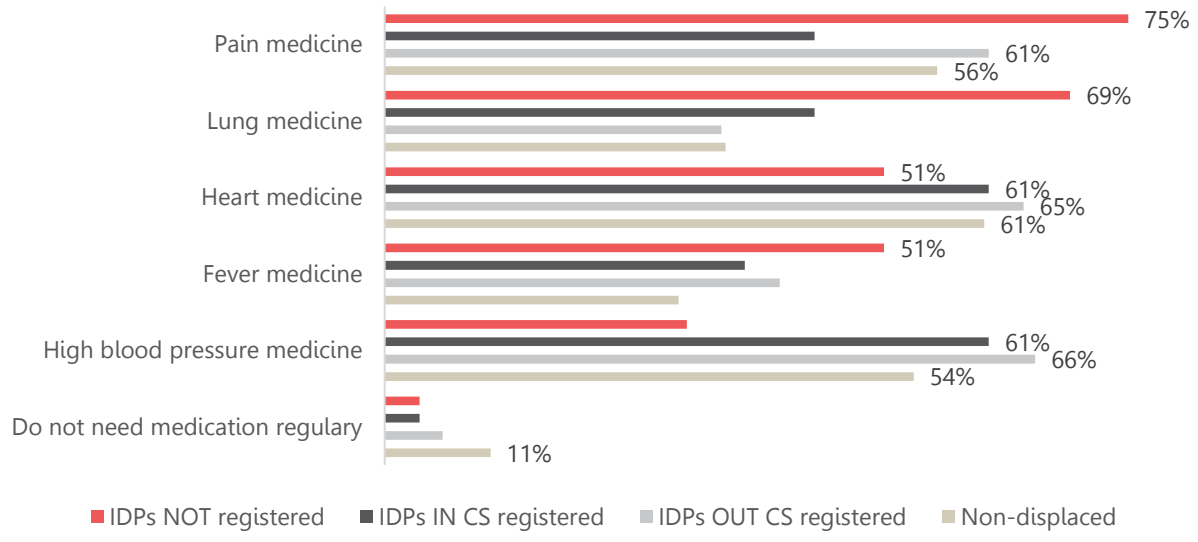
At least one member of IDP HHs in CS had changed family doctors to a doctor in their location of displacement (71%). Across all households, the most common types of doctor's appointment were remote, such as by phone (72%), followed by in person appointments via registration (65%). Among unregistered IDPs, 34% reported that they often used online platforms (via website/mobile app) for doctor's appointments.

HHs health conditions and priority needs

Most of households who had members with chronic illnesses reported that they had sought medical care since February 24, 2022 (86%). At the same time, IDP households in CS more often had members with chronic diseases (64%) and more often were diagnosed with new diseases after 24 of February 2022 (44%). Also, many reported that their health had deteriorated due to the war (72%).

Medications that are used regularly among different groups are shown in Figure 7. All interviewed HHs used multiple types of medications on a regular basis, which may indicate a higher need among all people in Kharkiv city.

Figure 7: Medications bought by HH on a regular basis (Kharkiv)



Note: Multiple choices could be selected therefore findings may exceed 100%

Vulnerable households that include members with chronic illness (84%), older people and people with disabilities reported experiencing emotional difficulties (upset and worry) over the past 30 days from the date of data collection (Figure 8).

Figure 8: Percentage of HH where any member had been upset and unable to conduct daily activities in the last 30 days (Kharkiv)

Non-displaced persons (24%) and registered IDPs (21%) used medications (antidepressants etc.) as a coping technique whereas unregistered IDPs more often used relaxation as a positive coping strategy against stress (10%).

(c) Barriers to accessing healthcare

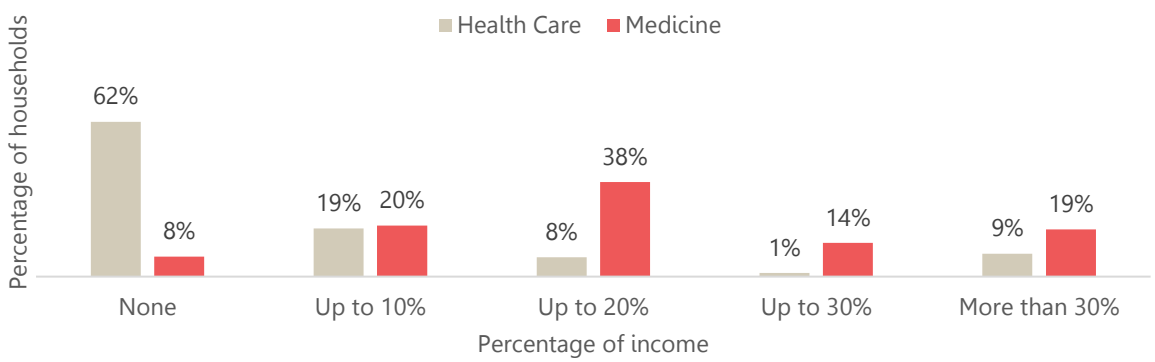
Barriers to seeking care experienced by people with chronic illnesses included cost (82%), physical access (47%) and security (44%). In terms of cost, HoHHs indicated cost of medicine (99%) and cost of consultation (34%) as the two main concerns. Regarding physical access, HoHHs reported that there was no functional health facility nearby (57%), disability prevented access to a facility (43%) and lack of transportation (34%).

Cost/expenditures

While visit to a family doctor is supposed to be free, however 22% of HoHH reported it was not and spent 400 UAH/10 € or more since the full-scale invasion. The majority of the HHs indicated that they did not have any healthcare expenditures in the previous month (Figure 9). In contrast, households spent more of their household expenses on medications. More than 31% of households' expenses were spent on medications among IDPs outside CS (29%) and non-displaced people (25%). The biggest challenge with the medical system among all HH groups was reported as the lack of medicines in pharmacies (50%) and medical institutions (47%). **At the same time, 84% of all interviewed HoHHs indicated that one of the main reasons why medicines that need to be taken regularly are not used was the lack of money.** Lack of availability of certain medicines (18%) also was reported by HoHHs. IDPs out of the CS (16%) said that lack of transportation and distance to pharmacies or institutions were concerns.

Almost a third of non-displaced people (29%) and registered IDPs (26%) had reduced expenditures on health-related costs over the last three months. Reducing other expenditures to pay for health-related expenses were most often reported by households with members with chronic illness (51%).

Figure 9: Share of households' health expenses in the last month (Kharkiv)



Additional barriers faced by vulnerable households

The KIs reported that barriers to accessing healthcare had increased among older people (5 out of 15) and people with disabilities (4 out of 15) since February 24, 2022. The barriers identified for the vulnerable groups were the cost of medicine and feeling unsafe travelling to health facility.

According to KIs, more attention had to be paid to older people and people with disabilities, because often they needed constant care, which less staff could provide in the circumstances. Also, representatives of local authorities highlighted that spending on medicine had increased for these vulnerable groups.

"People with disabilities need more help now, including people with mental disorders (many are left without care) and the older people. The main barriers for them are high costs. There are many programs that were free, but now they have to pay for medicine."

Representative of local authorities #1, Kharkiv city

Zaporizka oblast

Zaporizka oblast was one of the most densely populated regions in Ukraine and prior to the war beginning in February 2022, the population of the oblast was estimated to be 1,636,300 people. Through this oblast the frontline passes, and therefore more than 50% of the territory was occupied by the Russian military at the time of data collection. It borders Donetska oblast, where active battles were going on during data collection. In addition, in this area there is a nuclear power plant in the city of Enerhodar, which was also occupied by the Russian military. At the same time, Zaporizka oblast accepted high numbers of IDPs. According to Round 19 of IOM Ukraine's Displacement Report,[21] Zaporizka oblast was in the top six oblasts with the largest number of IDPs at over 200,000 as of December 2022.

Across the oblast, 88 hospitals and primary care centers/clinics were operating in 2020.[22] Representatives of local authorities reported that after February 24, 2022, there were big challenges with the logistics and supply of medicines (especially pain killers and narcotic drugs), as well as the replacement of damaged equipment. At the time of data collection, these challenges had been overcome according to local authorities. But KIs also highlighted the challenges in the occupied territories due to the lack of medicines and medical staff there. Those health employees who remained in these territories were forced to cooperate with the occupying authorities.

(a) Primary challenges faced by hospitals

General challenges

Almost a quarter of KIs (8 out of 34) indicated the most pressing problem of medical institutions was the significant increase in patient referrals following the inflow of displaced persons from the occupied part of the oblast. Family doctors (5 out of 12) indicated such problems as weak staff preparation for contingency due to the war (Figure 10).

[21] IOM, Ukraine — Displacement Report - Area Baseline Report (Raion level) — Round 19, 12 Dec- 25 Dec 2022
[22] Department of Health of the Zaporizka Oblast State Administration, Network of healthcare institutions of the Zaporizka oblast, 2020

Figure 10: Primary problems in surveyed medical institutions, as reported by KIs (Zaporizka)

Significant increase in patient

Weak staff preparation for emergency

Insufficient funding

Security

Since the start of a full-scale war on February 24, 2022, as of November 2022, 47 out of 128 medical facilities in the oblast have been damaged,[23] though only four KIs out of 34 reported that their healthcare facilities had been attacked and/or damaged. No KIs indicated that their medical facilities were temporarily closed due to hostilities. In this context, 31 out of 34 surveyed KIs reported that the bomb shelter was available and could accommodate staff and patients. The most necessary equipment for bomb shelters included electric generators (5 out of 31), and access to the Internet (5 out of 34).

In general, HoHHs reported feeling safe or neutral in health facilities (83%). Among households with children, 84% reported that they did not have concerns about taking their children to medical facilities when needed.

Staffing

Some HoHHs perceived a shortage of medical staff in medical institutions (14%). Those HoHHs reported a lack of specialised doctors (91%) in the hospitals they visited. KIs indicated that the healthcare facility they work in was fully staffed before February 24, 2022, but that the situation with staffing had deteriorated. Family doctors were reported as being the most needed in those facilities. The following reasons for this shortage were indicated: staff has fled the region (7 out of 7) and fear of shelling of a medical institution (3 out of 7).

Most KIs had received special training since February 2022 on provision of remote healthcare and use of personal protective equipment (PPE). KIs reported that these trainings had strongly corresponded to staff needs. Only a few KIs indicated that more staff training was needed and should include first aid (referred to combat wounds, specific injuries that rarely occur in non-wartime).

Equipment and supplies

Health facility buildings, if not damaged by the shelling, tended to provide adequate space for patients and practitioners with the proper temperature inside, as reported by households. Only 18% of health facilities employees reported that there was a lack of medical equipment. From the patient's perspective, 89% had never been denied medical care due to a lack of equipment. Only 2% had been refused treatment because of the absence of an available bed. But health facilities tended to lack medical supplies, which forced patients to bring medical supplies (sanitary kits, syringes, etc.) when visiting a doctor (15% HHs always or often had to bring supplies and 19% sometimes had to bring supplies).

Representatives of local authorities reported that, in general, medical facilities have adapted to war conditions, so most services were functioning. At the same time, KIs highlighted the need for surgical supplies for urgent operations, as well as the need to increase the number of laboratory equipment.

[23] Ministry of Health, The number of destroyed and damaged medical institutions by oblasts of Ukraine, 6 of November 2022

"In regard to diagnostic equipment, mobile x-rays, ventilators, we have moved in a better direction. There remains a need for surgical equipment, tools that reduce blood loss during operations. And we have not raised the level of laboratory equipment at all: equipment, reagents, etc., there is a strong need for this."

Representative of local authorities #1, Zaporizhzhia (Zaporizka oblast)

Vaccination

There was a fairly strong negative attitude towards vaccination among HoHHs (22%), most often reported by IDPs in the CS (32%). In collective sites, 52% of HHs had avoided COVID-19 vaccinations, which could pose a risk of spreading this disease.

(b) Access to health and priority needs of vulnerable households

Access to healthcare

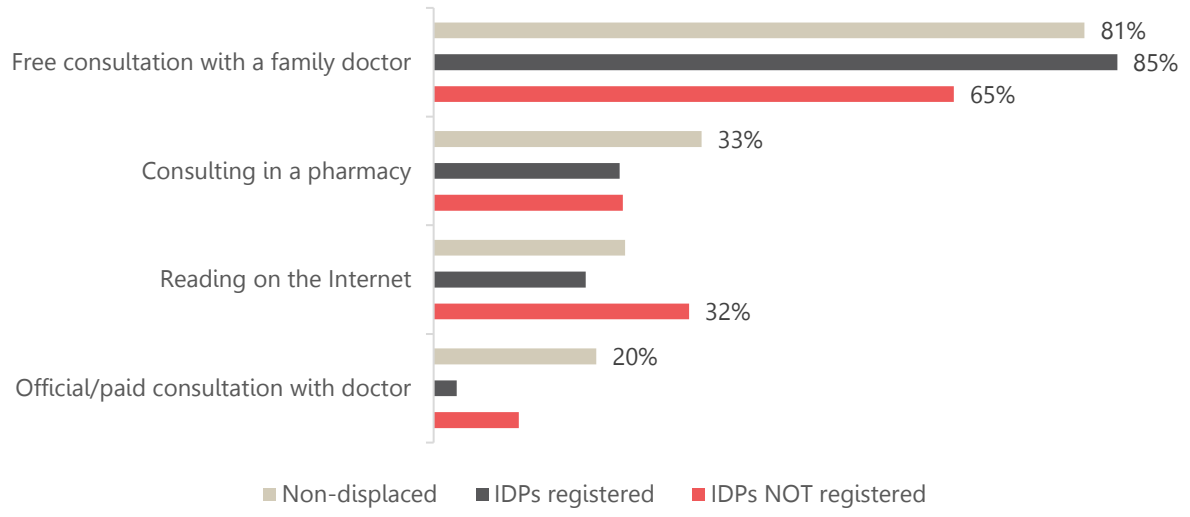
Most IDPs reported that in the first month of the war, it was difficult or very difficult to get medical care (63%), but access to healthcare has largely resumed since late March 2022. Local authorities reported that the requests for medical assistance from IDPs had increased. At the same time, the KIs indicated that IDPs were experiencing administrative barriers associated with the need to restore lost documents. Also, representatives of local authorities reported that the number of complaints about the quality of medical services from IDPs has increased. KIs considered some of them relevant.

"The need for medical care has increased more among IDPs. Among the barriers for IDPs is the issue of administrative barriers, as well as access to medical services when IDPs do not know anything about the city, it is difficult for them. And many of them do not have the necessary documents. Such problems do not arise for non-displaced people."

Representative of local authorities #2, Zaporizka oblast

The majority of non-displaced HHs (95%) had contracts with a family doctor for all family members, and among displaced people this number was also very high (86%). Households across all groups reported using free medical consultations from their family doctor (Figure 11). At the same time, unregistered IDPs were less likely to use this type of consultation, while more often seeking information on the Internet.

Figure 11: Care modalities preferred by households (Zaporizka)



Note: Multiple choices could be selected therefore findings may exceed 100%

Lack of registration of displaced households affected their access to healthcare because it became more difficult to have a free consultation with the family doctor from their original residence. To mitigate this effect, around half of the registered IDPs (48%) had changed family doctors. The main reasons for the absence of IDP registration in this oblast were problems with documents and long queues for registration. Overall, the most common type of doctor`s appointment was in person via registration (73%), though it was not common to have regular check-ups. One-third of households reported that such diagnostics were only carried out once every 2-3 years (33%).

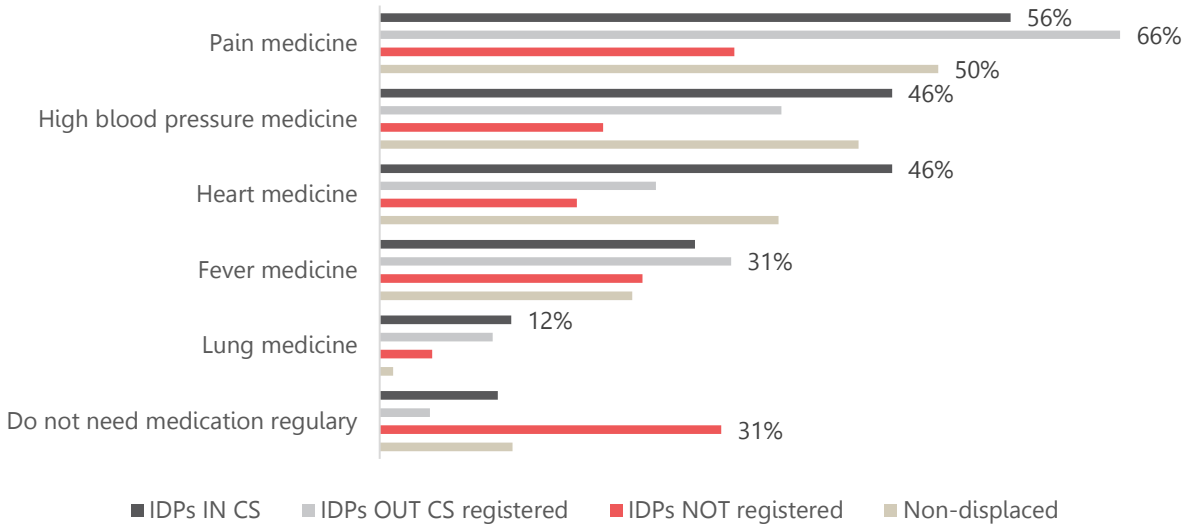
Household health conditions

Nearly half of IDP households in (60%) and out (45%) of CS, as well as non-displaced people (50%), indicated that one or more household members had a chronic illness. Among IDPs living in the CS, **25%** had been diagnosed with new diseases since February 24, 2022. IDPs living in the CS also reported that their health had deteriorated since February 24, 2022 (53%), and they indicated that the deterioration was due to the war (78%).

Medications that were used regularly among different groups are shown in Figure 12. Almost all types of medicines used on a regular basis were most often indicated by IDPs in CS. This may be because collective sites were most often inhabited by people with disabilities.

In general, less than 17% of vulnerable households indicated experiencing emotional difficulties (upset and worry) over the past 30 days from the date of data collection. For those who had been experiencing such difficulties, the most commonly used coping technique was relaxation, used by 67% of unregistered IDPs and 59% of registered IDPs. Unregistered IDPs more often used medicines (antidepressants etc.) as a coping technique with stress (33%).

Figure 12: Medications bought by HH on a regular basis (Zaporizka)



Note: Multiple choices could be selected therefore findings may exceed 100%.

(c) Barriers to accessing healthcare

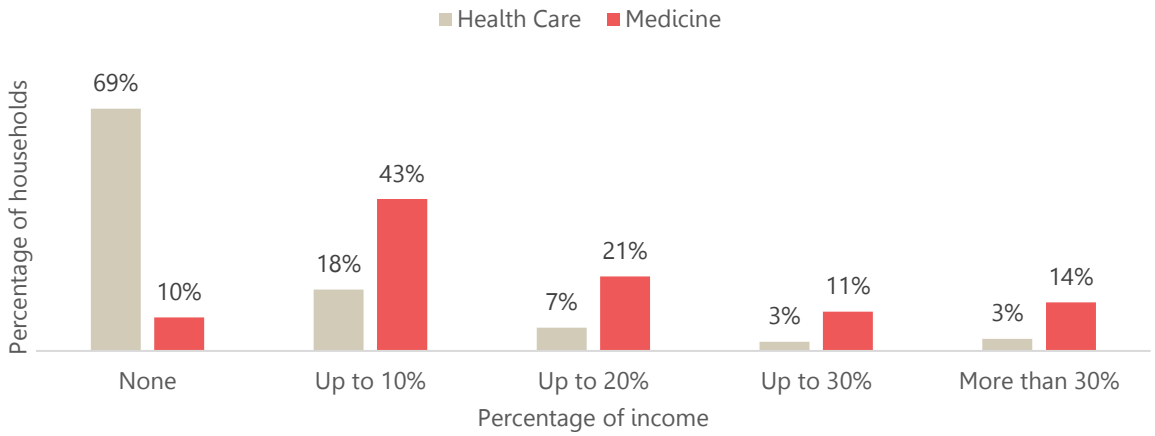
Cost/expenditures

While visit to a family doctor is supposed to be free, however 34% of HoHH reported it was not and spent 400 UAH/10 € or more since the full-scale invasion. Most households (69%) indicated that they did not have any healthcare expenditures in the last month (Figure 13). In contrast, households spent more of their household expenses on medicines: almost half of the households declared having spent 20% and more on medicines. The biggest challenge with the medical system among all HH groups was

reported as the high cost of medical care and medicines (42%). **42% of all interviewed HoHHs indicated that they could not always afford their medications, even those that must be taken regularly.**

For people with chronic illnesses, the main barrier to seeking healthcare was the cost (48%). Many IDPs living in the CS (41%) and outside CS (40%) reported reducing expenditures on health-related costs over the last three months. Reducing other expenditures to pay for health-related expenses was most often indicated by HHs with members with disabilities (43%) and HHs with members with chronic illness (43%).

Figure 13: Share of households' health expenses in the last month (Zaporizka)



Additional barriers faced by vulnerable households

The KIs reported that barriers to accessing healthcare have increased among older people (15 out of 34) and people with disabilities (12 out of 34) since February 24, 2022. Barriers included cost (24 out of 34), security (18 out of 34) and administrative constraints (10 out of 34). All KIs indicated that there was a lack of money for medications. Regarding security, all KIs indicated that it was not safe to travel to a medical facility. And regarding administrative constraints all KIs were reported that lack of necessary documents and lack of registration with a local doctor were barriers to accessing healthcare.

Vinnytska oblast

Vinnytska oblast is located far from the frontline in the Western part of Ukraine and borders Moldova. The population of this oblast was estimated in 2021 at 1,530,184 people. Vinnytska oblast accepted high numbers of IDPs. According to Round 19 of IOM Ukraine's Displacement Report,[24] Vinnytska oblast hosted the 8th largest number of IDPs, with over 180,000 as of December 2022.

Across the oblast, 136 medical facilities were operating in 2019.[25] KIs from local authorities reported that the region was far from the frontline, so there were no challenges with the shortage of medical staff from the oblast. A small number of doctors had left the oblast after 24 February 2022, but many quickly returned. The challenges with logistics and the lack of medicines, which were observed for several months in the spring of 2022, were also reported to have been resolved. The main challenge was related to the increased number of displaced people. Local authorities were focused on providing generator, because medical facilities experienced problems with power outages and lack of sufficient heating.

[24] IOM, Ukraine — Displacement Report - Area Baseline Report (Raion level) — Round 19, 12 Dec- 25 Dec 2022
[25] Department of Health Protection and Rehabilitation of Vinnytska oblast, The oblast already has an electronic prescription, an electronic patient card and an electronic conclusion, 18 of April 2022

(a) Primary challenges faced by hospitals

General challenges

No single problem stands out as uniquely pressing (Figure 14). A lack of staff training and the insufficient funding of medical institutions were indicated by the same numbers of KIs (9 out of 47). During interviews with local authorities, problems with insufficient funding, as well as the need for staff, were also reported.

Figure 14: Primary problems in surveyed medical institutions, as reported by KIs (Vinnytska)

Insufficient funding

Weak staff preparation for emergency

Not enough doctors

Security

In general, most HoHHs reported feeling safe in health facilities (73%). Among households with children, 81% reported that they did not have concerns about taking their children to medical facilities when needed.

Since February 24, 2022, as of November 2022, nine medical facilities in the Vinnytska oblast have been damaged[26]. Among KIs, 6 out of 47 reported that their healthcare facilities had been attacked and/or damaged. At the same time, only two KIs from administrative staff reported that their medical facilities were temporarily closed due to hostilities.

Given the fluid nature of the security context in Ukraine and frequency of missile strikes, it is important also to understand the availability and needs of bomb shelters in medical institutions. The majority of surveyed KIs (42 out of 47) reported that a bomb shelter was available that could accommodate staff and patients. The most needed equipment was electric generators (22 out of 42 KIs).

Staffing

About half of heads of households did not perceive a shortage of medical staff in medical institutions (43%), and only 12% agreed that they felt there was a shortage of medical staff. Those HoHHs who felt there was a shortage reported a lack of specialised doctors (52%) in the hospitals they visited (Annex 9 with comparison of data for all oblasts).

Most KIs indicated that the healthcare facility they work in was fully staffed before February 24, 2022 (42 out of 47). The situation with staffing had almost unchanged, according to the KIs' responses by the time of data collection, 40 out of 47 reported that medical facilities were fully staffed. Seven KIs indicated that there was a lack of family doctors.

Around half of interviewed KIs had received special training related to war since February 2022 (27 out of 47). Most often, interviewed KIs reported that they received training on such topics as mental healthcare provision and psychosocial support, and training on burns and chemical exposure. KIs reported that these trainings had corresponded to staff needs (25 out of 27). Almost a third of

[26] Ministry of Health, The number of destroyed and damaged medical institutions by oblasts of Ukraine, 6 of November 2022

interviewed KIs indicated that more staff training was needed around psychosocial support and tactical medicine.

Equipment and supplies

Health facility buildings, if not damaged by the shelling, tended to provide adequate space for patients and practitioners with the proper temperature, as reported by households. The challenges came more from the equipment side. Some health employees reported shortages in medical equipment (10 out of 47). Seven of them reported that there was lack of medication distribution equipment, six of them indicated that there was lack of diagnostic equipment and five also indicated that there was a need for examination furniture and beds. These KIs represented mainly hospitals from rural hromadas, which may indicate that facilities in small settlements experience an insufficient provision of equipment. However, according to patients, 83% had not experienced a denial of medical care due to a lack of equipment in the past three months, and only nine HoHHS indicated that anyone in their household had been refused treatment because of the lack of an available bed.

33 out of 47 care workers at health facilities felt they were prepared for winter. The most pressing needs reported were related to power supply and temperature control. Representatives of local authorities highlighted that the focus of attention during the data collection was on providing medical facilities with independent sources of electricity and heat. Regarding the provision of equipment, KIs reported that, in general, the oblast was provided with most of what it needed, due partly to humanitarian aid from international humanitarian partners. However, there was a challenge with the renovation of outdated equipment.

"It is desirable to replace ordinary beds with functional beds, because the existing ones are old, there are not enough mammographs for the oblast, the old MRI in the oblast clinical hospital needs to be replaced, because it is the only one across all public hospitals."

Representative of local authorities #1, Vinnytska oblast

Vaccination

Overall, positive attitudes towards vaccination were reported in among most HoHHs, though 25% of registered IDPs CS had negative attitudes towards vaccination. Consequentially, 30% of HoHHs in collective sites avoided COVID-19 vaccinations, which could pose a risk of spreading this disease.

Regarding vaccine supply problems, two and four KIs respectively indicated that have supply problems with COVID-19 (Makhnivka settlement, Koziatynskyi raion and Krasnianka settlement, Tyvrivskyi raion) and Poliomyelitis vaccines (two KIs from Lityn urban-type settlement, Babchyntsi settlement, Mohyliv-Podilskyi raion and Trostianets urban-type settlement).

(b) Access to health and priority needs of vulnerable households

Access to healthcare

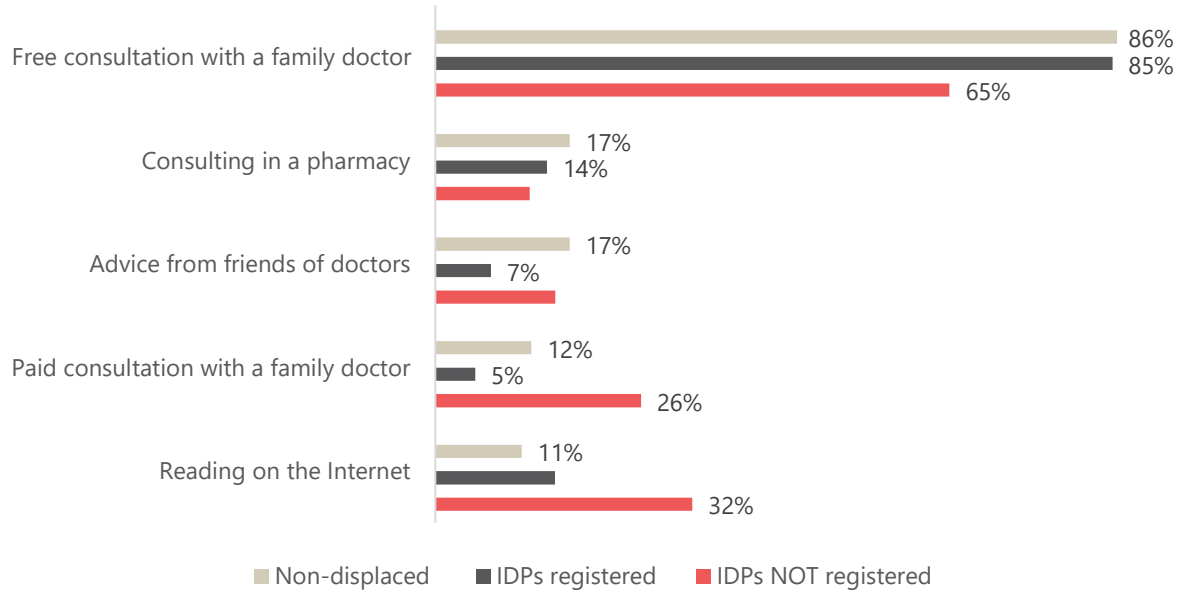
Almost a third of HoHHs (31%) reported that in the first month of the war, it was difficult or very difficult to get medical care, the largest number of such responses among registered IDPs (39%). However, access to healthcare has been resumed since late March 2022. Nevertheless, representatives of local authorities reported that most vulnerable groups experienced a lack of cash for health care and medicines. There were also administrative barriers for IDPs, which complicated access to medical care.

"Regarding the need for medical care, we always have such a social group as the older people, now the older people among IDPs and people with disabilities have been added. The most urgent problem for IDPs is lack of registration with a local family doctor or lack of documents. But for most vulnerable groups, there is one common problem, it is not enough money for medicine or treatment, and this problem is not divided into different groups, it affects everyone."

Representative of local authorities #2, Khmilnyk (Vinnytska oblast)

The majority of non-displaced HHs (96%) and registered IDPs outside CS (89%) had contracts with a family doctor for all family members. Most registered IDPs and non-displaced people reported using free medical consultations from their family doctor (Figure 15). On the other hand, unregistered IDPs more often consulted the Internet (32%) and paid for consultations with a family doctor (26%).

Figure 15: Care modalities preferred by households (Vinnytska)



Note: Multiple choices could be selected therefore findings may exceed 100%.

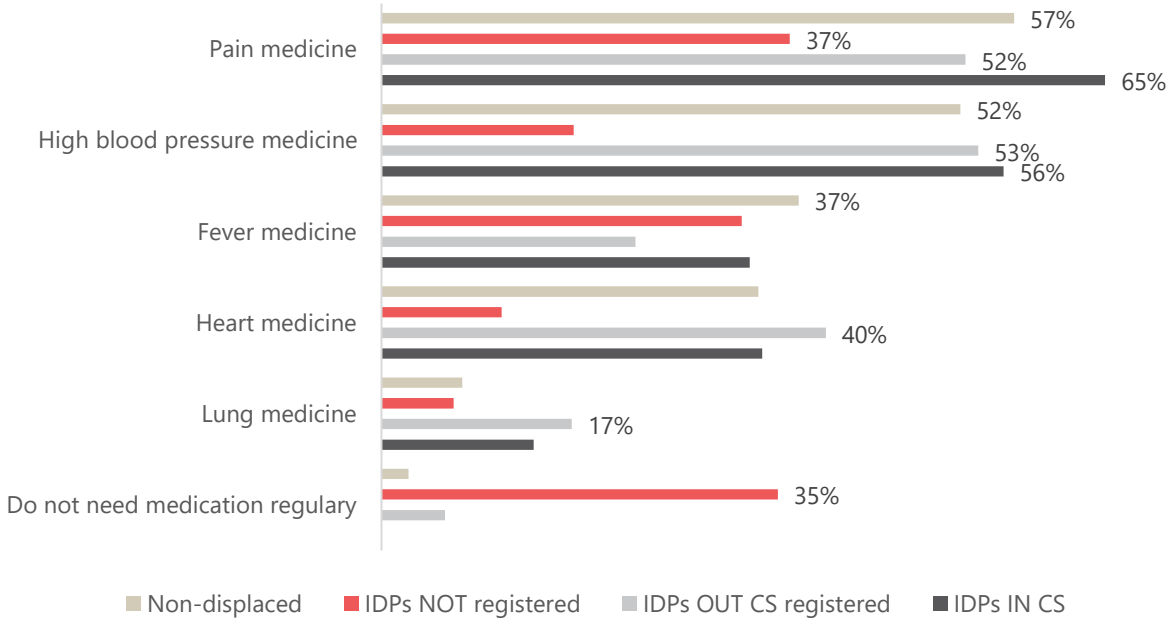
IDPs in CS (58%) indicated that at least one member of their household had changed family doctors. Across all households, the most common type of doctor`s appointment was in person via registration (56%) and remote, such as by phone (55%). Among unregistered IDPs, 76% indicated that were using remote appointments by phone and 17% reported that they often used the online platforms (via website/mobile app) for their doctor`s appointments.

Across all HH groups, it was not common to have regular check-ups. 43% HoHHs reported that they go to a preventive diagnostic appointment about one time per year and 31% do this less than once in 2-3 years.

Household health conditions

The majority of IDPs in (65%) and out (58%) of CS indicated that one or more household members had a chronic illness. Many of these households had sought medical care (83%) since February 24, 2022. Almost a third of registered IDPs (32%) reported having been diagnosed with a new health problem since February 24, 2022. Also, registered IDPs (49%) reported that their health had deteriorated since February 24, 2022, most often due to the war (78%). Medicines that were used regularly among different groups are shown in Figure 16. Almost all types of medicines were frequently indicated by IDPs in CS. This may be because collective sites were most often inhabited by older people and those with chronic illnesses.

Figure 16: Medications bought by HH on a regular basis (Vinnytska)



Note: Multiple choices could be selected therefore findings may exceed 100%.

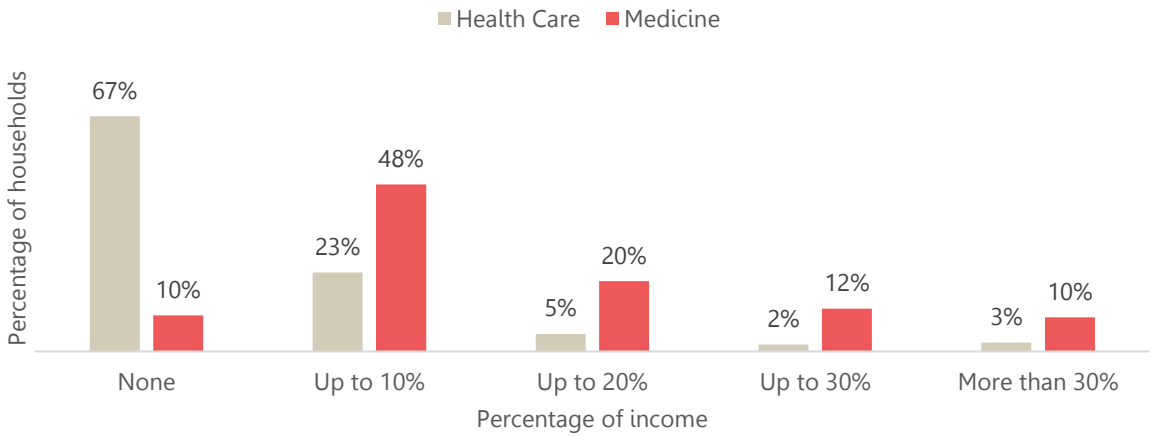
Vulnerable households that include members with chronic illness (59%) and registered IDPs (37%) more often than others had experienced emotional difficulties (upset and worry) over the past 30 days. Non-displaced persons (41%) more often used problem-solving to cope with stress.

(c) Barriers to accessing healthcare

Cost/expenditures

While visit to a family doctor is supposed to be free, however 30% of HoHH reported it was not and spent 400 UAH/10 € or more since the full-scale invasion. Most of the households (67%) indicated that did not have any healthcare expenditures in the last month (Figure 17). Instead, households had spent more of their income on medicines. More than 30% of households' income were spent on medicines among almost a quarter of IDPs in CS (22%), which is in line with the data above that collective sites were most often inhabited by households with older members and/or those with chronic illnesses. This, combined with the need to buy different medications on a regular basis, led to a high share of spending on medicines among this group of IDPs.

Figure 17: Share of households' health expenses in the last month (Vinnytska)



The biggest challenge with the medical system among all HH groups was reported as the high cost of medical care and medications (35%). **Over a third (36%) of all interviewed HoHHs indicated that they could not always afford their medications, even those that must be taken regularly.** The high cost of medical care and medicines was mentioned especially by people with chronic illnesses (42%) as a problem of the medical system.

Registered IDPs (30%) most often reported that they had reduced other expenditures to pay for health-related expenses in the last three months. This issue was more often identified by households with members with chronic illness (39%).

Additional barriers faced by vulnerable households

Several KIs (4 out of 47) reported that challenges to accessing healthcare had increased among older people since February 24, 2022. The main barriers included cost (15 out of 47) and security (9 out of 47). HoHHs indicated that cost was the main barrier experienced by members with disability (32%) and chronic illnesses (16%). Regarding cost, all KIs indicated that there was a lack of a patient's ability to pay for medicines. Regarding security, all KIs indicated that it was not safe to travel to a medical facility.

CONCLUSION

This report is based on indicative data on the needs and problems of four main demographic groups in Vinnytska, Dnipropetrovska, Zaporizka oblasts and Kharkiv city: registered IDP households living in collective sites, registered IDP households living outside collective sites, unregistered IDPs and non-displaced households. In order to further inform a well-coordinated response, the report also provides insights into the institutional condition of healthcare facilities, incorporating expert input from local authorities and policy makers.

The findings show that the biggest challenges faced by hospitals in the assessed areas were concentrated around staffing and equipment needs. Additionally, there was a big need for electrical generators to ensure the uninterrupted operation of care while in bomb shelters. In terms of staff, care workers stressed the need for more family doctors to face the increasing load of patients. Related to these needs, households tended to emphasise the shortage of specialised doctors, suggesting that they faced difficulties in obtaining an appointment. Care workers also reported the need for additional staff trainings, mainly related to the provision of psychological support and first aid for war-related injuries. The lack of equipment is related both to the need for beds, examination furniture (especially indicated in oblasts close to the frontline) and to the insufficient provision of medical supplies (sanitary kits, syringes, etc), so households often must buy these items on their own.

Regarding other challenges, regional differences were found. In Zaporizka oblast, KIs indicated that there was an increase in the workload on medical staff and insufficient preparation for emergency situations, but in Kharkiv city the biggest challenge reported by KIs was the partial damage of hospitals. For Vinnytska oblast KIs indicated that the big challenge was the lack of funding for medical facilities.

Despite the hardship of displacement, the availability of medical care at the primary level (family doctors) has been ensured for the large majority of households. However, IDPs in CS and unregistered IDPs more often lacked a contract with their family doctor, which strongly reduces the ability to access free medical care. The situation of IDPs in CS seemed better because they have access to social workers and humanitarian assistance, although their demographics include more vulnerable persons.

The main barrier to health across all HH groups was lack of affordability. Consequently the heads of households indicated that one of the main reasons why medicines that need to be taken regularly are not used was the lack of money.The results showed that households expenditures related to health were mainly on medications. This could mean households postpone doctor visits and/or try to solve health problems without consultation. IDPs in CS are the group with the most acute needs, primarily because of their demographic characteristics. It is the group with the largest proportion of older persons (over 60 years) and/or people with disabilities. Secondly, IDPs in CS were more likely to indicate that they had reduced other expenditures in order to pay for health-related expenses in the last three months. Finally, IDPs in CS reported more frequently that they had a new illness after February 24, 2022, and their health had worsened due to war.

Overall, the healthcare system has adapted to the new reality of the war despite the damages and inflows of patients. Nonetheless, healthcare facilities could be supported further by the humanitarian response in terms equipment, emergency training and psychological support. KIs highlighted that they are not able to provide adequate emergency support for war challenges as staff need training, and that such training should be prioritized. Households prioritized psychological support. Also, as for households, cash seems the most adequate instruments given that cost is the main barrier to access care.

ANNEXES

Annex 1: HHs demography data (Dnipropetrovska oblast)

	All HH	Displaced	Non Displaced
Age of HoHH			
Average	**49**	47	54
Median	**46**	44	54
Sex of HoHH			
Female	**59%**	59%	59%
Male	**41%**	41%	41%
Marital status of HoHH			
Married	**39%**	35%	48%
Single	**21%**	23%	17%
Widowed	**20%**	19%	21%
Divorced	**15%**	16%	12%
Unmarried but living together	**4%**	5%	3%
Separated (married but not living together)	**2%**	2%	0%
HoHH's employment situation			
Retired (not working)	**31%**	27%	39%
In paid work: Permanent job with annual/monthly/weekly wage	**24%**	19%	37%
Unofficially employed / informal work	**13%**	16%	5%
Unemployed and actively looking for a job in the last 30 days	**8%**	10%	2%
Doing housework, looking after children or other (unpaid)	**8%**	10%	3%
In paid work: Temporary job with weekly/monthly wage	**3%**	4%	2%
Unemployed, wanting a job but not actively looking for it	**3%**	4%	0%
In paid work: Daily labour	**2%**	3%	1%
Student and in paid work	**2%**	1%	3%
Retired (but still working to receive additional income, or just prefer working)	**2%**	2%	4%
Student, not working	**1%**	1%	3%
Permanently sick or disabled (can't work)	**1%**	1%	2%
In military service	**1%**	1%	0%
The main reasons HoHH is unemployed			
Lack of relevant vacancies in the settlement	**53%**	54%	50%
No employment opportunities in settlement	**26%**	27%	0%
Health reasons	**9%**	10%	0%
Personal/family reasons	**9%**	10%	0%
Closing the enterprise	**7%**	7%	0%
Pay too low	**5%**	5%	0%
Cost cutting by employer	**2%**	0%	50%
Number of HH members (including HoHHs)			
Average	**2,0**	1,9	2,2
Median	**2**	2	2
Any household member with the following characteristics			
None/Not applicable	**70%**	69%	72%
Chronic illness and serious medical conditions which affect quality of life (including mental illness)	**22%**	22%	21%
Person with Disability - registered (not including chronic illness)	**6%**	7%	5%
Person with Disability - not registered	**1%**	1%	1%
Female single parent	**1%**	1%	1%

Annex 2: KIs demography data (Dnipropetrovska oblast)

	ALL KI	FAMILY	SPECIALISED	ADMINISTRATIVE
Absolute numbers	**45**	11	9	25
Type of Medical Institution				
Primary care centre/clinic	**53%**	82%	33%	48%
Hospital	**42%**	18%	67%	44%
Specialized hospital	**2%**	0%	0%	4%
Other	**2%**	0%	0%	4%
Sex of KI				
Female	**78%**	100%	89%	64%
Male	**22%**	0%	11%	36%
Number of years in the medical field				
Average	**23**	22	24	23
Mode	**26**	25	28	26

Annex 3: HHs demography data (Kharkiv city)

	All HH	Displaced	Non Displaced
Age of HoHH			
Average	**58**	58	58
Median	**62**	62	61
Sex of HoHH			
Female	**71%**	70%	73%
Male	**29%**	30%	27%
Marital status of HoHH			
Married	**34%**	35%	31%
Widowed	**32%**	34%	25%
Divorced	**16%**	14%	19%
Single	**12%**	10%	19%
Unmarried but living together	**5%**	6%	4%
Separated (married but not living together)	**1%**	1%	1%
HoHH's employment situation			
Retired (not working)	**41%**	43%	36%
In paid work: Permanent job with annual/monthly/weekly wage	**11%**	9%	18%
Permanently sick or disabled (can't work)	**10%**	9%	14%
Doing housework, looking after children or other (unpaid)	**7%**	7%	6%
In paid work: Daily labour	**7%**	9%	0%
Unofficially employed / informal work	**6%**	6%	7%
Retired (but still working to receive additional income, or just prefer working)	**6%**	5%	12%
Student and in paid work	**4%**	4%	2%
Unemployed and actively looking for a job in the last 30 days	**3%**	4%	0%
Unemployed, wanting a job but not actively looking for it	**2%**	3%	1%
In paid work: Temporary job with weekly/monthly wage	**0%**	0%	0%
Student, not working	**0%**	0%	1%
In military service	**0%**	0%	1%
The main reasons HoHH is unemployed			
Personal/family reasons	**49%**	49%	-
Health reasons	**29%**	29%	-
No employment opportunities in settlement	**23%**	23%	-
Closing the enterprise	**20%**	20%	-
Lack of relevant vacancies in the settlement	**6%**	6%	-
Pay too low	**-**	-	-
Cost cutting by employer	**-**	-	-
Number of HH members (including HoHHs)			
Average	**1,8**	1,8	1,7

Median	**2**	1	1
Any household member with the following characteristics			
None/Not applicable	**58%**	60%	52%
Chronic illness and serious medical conditions which affect quality of life (including mental illness)	**25%**	24%	30%
Person with Disability - registered (not including chronic illness)	**10%**	8%	15%
Person with Disability - not registered	**6%**	7%	5%
Female single parent	**0%**	1%	0%

Annex 4: KIs demography data (Kharkiv city)

	ALL KI	FAMILY	SPECIALISED	ADMINISTRATIVE
Absolute numbers	**15**	2	4	9
Type of Medical Institution				
City policlinic	**47%**	50%	50%	44%
Hospital	**40%**	50%	50%	33%
Specialized hospital	**13%**	0%	0%	22%
Sex of KI				
Female	**67%**	50%	50%	78%
Male	**33%**	50%	50%	22%
Number of years in the medical field				
Average	**28**	21	25	32
Mode	**24**	21	24	35

Annex 5: HHs demography data (Zaporizka oblast)

	All HH	**Displaced**	**Non Displaced**
Age of HoHH			
Average	**45**	43	51
Median	**44**	42	50
Sex of HoHH			
Female	**55%**	56%	54%
Male	**45%**	44%	46%
Marital status of HoHH			
Married	**46%**	43%	57%
Single	**24%**	28%	8%
Widowed	**15%**	15%	14%
Divorced	**11%**	10%	13%
Unmarried but living together	**4%**	3%	6%
Separated (married but not living together)	**1%**	1%	1%
HoHH's employment situation			
In paid work: Permanent job with annual/monthly/weekly wage	**25%**	18%	51%
Retired (not working)	**19%**	19%	21%
Unemployed and actively looking for a job in the last 30 days	**16%**	20%	4%
Doing housework, looking after children or other (unpaid)	**9%**	11%	2%
Student, not working	**9%**	11%	1%
Unofficially employed / informal work	**6%**	5%	7%
Student and in paid work	**4%**	5%	0%
Permanently sick or disabled (can't work)	**3%**	4%	1%
In paid work: Daily labour	**3%**	3%	1%
Retired (but still working to receive additional income, or just prefer working)	**3%**	1%	10%
Unemployed, wanting a job but not actively looking for it	**1%**	0%	1%
In military service	**1%**	1%	0%
In paid work: Temporary job with weekly/monthly wage	**0%**	0%	0%
The main reasons HoHH is unemployed			
Lack of relevant vacancies in the settlement	**61%**	63%	25%

Closing the enterprise	**13%**	13%	0%
Pay too low	**10%**	10%	0%
No employment opportunities in settlement	**8%**	7%	25%
Health reasons	**6%**	6%	0%
Personal/family reasons	**3%**	3%	0%
Cost cutting by employer	**-**	-	-
Number of HH members (including HoHHs)			
Average	**2,3**	2,2	2,5
Median	**2**	2	2
Any household member with the following characteristics			
None/Not applicable	**66%**	65%	70%
Chronic illness and serious medical conditions which affect quality of life (including mental illness)	**26%**	28%	21%
Person with Disability - registered (not including chronic illness)	**7%**	7%	6%
Person with Disability - not registered	**2%**	3%	1%
Female single parent	**1%**	1%	0%

Annex 6: KIs demography data (Zaporizka oblast)

	ALL KI	FAMILY	SPECIALISED	ADMINISTRATIVE
Absolute numbers	**34**	12	6	16
Type of Medical Institution				
Primary care centre/clinic	**53%**	83%	0%	50%
Hospital	**35%**	17%	67%	38%
Curative-diagnostics centre	**9%**	0%	33%	6%
District policlinic	**3%**	0%	0%	6%
Sex of KI				
Female	**76%**	83%	83%	69%
Male	**24%**	17%	17%	31%
Number of years in the medical field				
Average	**20**	17	23	21
Mode	**20**	17	24	20

Annex 7: HHs demography data (Vinnytska oblast)

	All HH	**Displaced**	**Non Displaced**
Age of HoHH			
Average	**47**	46	50
Median	**45**	44	50
Sex of HoHH			
Female	**62%**	60%	68%
Male	**38%**	40%	32%
Marital status of HoHH			
Married	**52%**	48%	66%
Separated (married but not living together)	**52%**	48%	66%
Single	**16%**	17%	11%
Widowed	**15%**	13%	20%
Divorced	**13%**	16%	4%
Unmarried but living together	**5%**	6%	0%
HoHH's employment situation			
Retired (not working)	**27%**	27%	27%
In paid work: Permanent job with annual/monthly/weekly wage	**23%**	15%	50%
Unemployed and actively looking for a job in the last 30 days	**10%**	12%	1%
Unofficially employed / informal work	**8%**	9%	4%
Doing housework, looking after children or other (unpaid)	**7%**	8%	6%
In paid work: Temporary job with weekly/monthly wage	**4%**	6%	0%
Student and in paid work	**4%**	4%	2%
Unemployed, wanting a job but not actively looking for it	**3%**	4%	0%

Retired (but still working to receive additional income, or just prefer working)	**3%**	2%	6%
Student, not working	**3%**	3%	1%
Permanently sick or disabled (can't work)	**3%**	4%	0%
In paid work: Daily labour	**2%**	2%	2%
In military service	**2%**	3%	0%
The main reasons HoHH is unemployed			
Lack of relevant vacancies in the settlement	**59%**	60%	0%
Health reasons	**11%**	11%	0%
Personal/family reasons	**9%**	9%	0%
No employment opportunities in settlement	**7%**	4%	100%
Pay too low	**7%**	7%	0%
Closing the enterprise	**4%**	4%	0%
Cost cutting by employer	**4%**	0%	4%
Number of HH members (including HoHHs)			
Average	**2,4**	2,4	2,4
Median	**2**	2	2
Any household member with the following characteristics			
None/Not applicable	**74%**	73%	79%
Chronic illness and serious medical conditions which affect quality of life (including mental illness)	**16%**	16%	15%
Person with Disability - registered (not including chronic illness)	**8%**	9%	4%
Person with Disability - not registered	**3%**	3%	2%
Female single parent	**1%**	1%	0%

Annex 8: KIs demography data (Vinnytska oblast)

	ALL KI	FAMILY	SPECIALISED	ADMINISTRATIVE
Absolute numbers	**46**	12	2	32
Type of Medical Institution				
Primary care centre/clinic	**83%**	92%	0%	88%
Hospital	**15%**	8%	100%	13%
Other	**2%**	0%	0%	0%
Sex of KI				
Female	**66%**	75%	50%	66%
Male	**34%**	25%	50%	34%
Number of years in the medical field				
Average	**25**	25	29	25
Mode	**25**	25	29	28

Annex 9: Shortage of medical staff reported by HoHH

Question	Answers	Dnipro	Kharkivska	Vinnytska	Zaporizka
A shortage of medical staff	Agree	16%	6%	12%	14%
	Neither agree nor disagree	26%	43%	32%	15%
	Disagree	41%	45%	43%	64%
	Do not know	16%	7%	13%	6%
What kind of staff most often lacking? (multiple answer)	Specialised doctors/surgeons (cardiologists, oncologists, etc)	80%	65%	52%	91%
	Family doctors	20%	65%	36%	39%
	Paramedical staff (nurses, midwives, etc)	17%	40%	32%	17%
	Attendants (orderlies, etc)	8%	0%	11%	2%
	Support staff (cleaners, etc.)	7%	0%	7%	4%
	Administrative staff	3%	0%	0%	2%