Research Terms of Reference

Health Perceptions Assessment
UKR2103
Ukraine

February 2021
V2

REACH *Informing more effective humanitarian action*

1. Executive Summary

Country of intervention	Ukraine					
Type of Emergency	□	Natural disaster	X	Conflict	□	Other *(specify)*
Type of Crisis	□	Sudden onset	□	Slow onset	X	Protracted
Mandating Body/ Agency	*Health Cluster*					
IMPACT Project Code	*64iAMZ*					
Overall Research Timeframe *(from research design to final outputs / M&E)*	Mid-January 2021 to end-May 2021					

Research Timeframe *Add planned deadlines (for first cycle if more than 1)*	1. Pilot/ training: 08/04/2021	6. Preliminary presentation:end-May 2021
	2. Start collect data: 09/04/2021	7. Outputs sent for validation: 24/05/2021
	3. Data collected: 19/04/2021	8. Outputs published: 31/05/2021
	4. Data analysed: 30/04/2021	9. Final presentation:TBC
	5. Data sent for validation: 03/05/2021	

Number of assessments	X	Single assessment (one cycle)
	□	Multi assessment (more than one cycle)

Humanitarian milestones *Specify **what** will the assessment inform and **when*** *e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;*	**Milestone**		**Deadline**
	□	Donor plan/strategy	_ _/_ _/_ _ _ _
	□	Inter-cluster plan/strategy	_ _/_ _/_ _ _ _
	X	Cluster plan/strategy	Late April-May 2021
	□	NGO platform plan/strategy	_ _/_ _/_ _ _ _
	□	Other (Specify):	_ _/_ _/_ _ _ _

Audience Type & Dissemination *Specify **who** will the assessment inform and **how** you will disseminate to inform the audience*	**Audience type**	**Dissemination**
	X Strategic	□ General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)
	□ Programmatic	□ Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting
	□ Operational	X Presentation of findings (e.g. at HCT meeting; Cluster meeting)
	□ [Other, Specify]	X Website Dissemination (Relief Web & REACH Resource Centre)

		□ [Other, Specify]		
Detailed dissemination plan required	□	Yes	X	No

General Objective	To contribute to a wider-scale Health Assessment coordinated by the Health Cluster aimed at providing understanding on awareness levels, health seeking behaviours, perceptions of risks and outlooks in the context of the conflict in Eastern Ukraine worsened by direct and indirect impact of the COVID-19, and to reduced response capacity. The contribution will provide analytical data on Donetsk and Luhansk Government Controlled Areas (GCA) residents' perceptions about health, aimed to fill information gaps defined by the Cluster that are related to: (1) Health status, needs and perception of risk among affected populations; (2) Access, availability, and perception of the quality of healthcare; (3) Attitudes, awareness, practices and use of formal and informal health care.
Specific Objective(s)	i. To understand perceptions residents of Donetsk and Luhansk GCA in Ukraine have about their health status, access to healthcare and healthcare services ii. To find out whether there were any secondary indirect impact of COVID-19 pandemic on health-related behaviours and attitudes

Research Questions	1. How do residents of Luhansk and Donetsk GCA perceive the status of their health and related risk factors?
	    a. What criteria do residents of Luhansk and Donetsk GCA use to assess their own health status and if it has changed during the past year?
	    b. How concerned are residents about the status of their health?
	    c. What external and internal (personal) factors do residents see as affecting their health status, and how they estimate them?
	    d. Are there any additional health measures or habits / behaviour change taken due to the COVID-19 pandemic?
	2. How do the residents of Luhansk and Donetsk GCA perceive their access to healthcare?
	    a. What criteria do residents of Luhansk and Donetsk GCA use to assess their level of access to healthcare?
	    b. What are the main health-seeking behaviours and preferences among residents of Luhansk and Donetsk GCA?
	    c. What are the perceptions of health service availability, proximity, and affordability in Luhansk and Donetsk GCA and are there any changes since the Covid-19 pademic started?
	    d. What are the perceptions on access to specialized services such as ambulatory/emergency services, maternal health, mental health / psycho-social, Covid-related services, and if they changed in the past year?
	3. How do residents of Luhanks and Donetsk GCA perceive health services?
	    a. How do residents of Luhansk and Donetsk GCA perceive the quality of medical facilities, equipment, and medical services received in the past year and and what is their level of trust towards the health system in general?

	b. To what extent do residents of Luhansk and Donetsk GCA perceive that they have been treated in a dignified and respectful manner by healthcare workers?	
Geographic Coverage	Donetsk and Luhansk GCA of Ukraine	
Secondary data sources	WHO Behavioural insights on COVID-19 in Ukraine (2020); WHO Gender and noncommunicable diseases in Europe: analysis of STEPS data (2020); UNDP Assessment of the Socio-Economic Impact of COVID-19 in Ukraine, September 2020; REACH Knowledge, Attitudes, and Practices Assessment - Round 1 (GCA) & Round 2 (NGCA); IOM Impact of COVID-19 Disease and Related Restrictions on Small Business and Vulnerable Populations (2020) REACH Multi-sector needs assessments (MSNA) NGCA 2020, GCA 2020,	

Population(s) *Select all that apply*	□	IDPs in camp	□	IDPs in informal sites
	X	IDPs in host communities	□	IDPs [Other, Specify]
	□	Refugees in camp	□	Refugees in informal sites
	□	Refugees in host communities	□	Refugees [Other, Specify]
	X	Host communities	□	[Other, Specify]

Stratification *Select type(s) and enter number of strata*	X	Geographical #:4 [1] Population size per strata is known? X Yes □ No	□	Group #: _ _ _ Population size per strata is known? □ Yes □ No	□	*[Other Specify]* #: _ _ Population size per strata is known? □ Yes □ No

Data collection tool(s)	X	Structured (Quantitative)	□	Semi-structured (Qualitative)

	Sampling method	**Data collection method**
Structured data collection tool # 1 *Select sampling and data collection method and specify target # interviews*	X **Purposive[2]** □ Probability / Simple random □ Probability / Stratified simple random □ Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify]	□ Key informant interview (Target #):_ _ _ _ _ □ Group discussion (Target #):_ _ _ _ _ □ Household interview (Target #):_ _ _ _ _ **X Individual interview (Target #):1600** □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _
Target level of precision if probability sampling	N/A	N/A

Data management platform(s)	X	IMPACT	□	UNHCR
	□	[Other, Specify]		

Expected ouput type(s)	□	Situation overview #: _ _	□	Report #: _ _	□	Profile #: _ _

---

[1] Within the two oblasts of the GCA, populations will be stratified by administrative division level 1 (oblast) and the type of settlement they live in, namely urban or rural settlement. Division of the settlements into urban and rural will be made in full accordance with the official administrative division accepted in Ukraine by the Parliament. Please refer to the 'Methodology' section below for more detailed information on stratification

[2] As REACH phone database does not have sufficient number of contacts to reach targeted level of precision, additional sources of contacts will be used. Please, refer to the 'Methodology' section below for more detailed information on sampling.

	□	Presentation (Preliminary findings) #: _ _	□	Presentation (Final) #: _ _	**X**	Factsheet #: 1
	□	Interactive dashboard #:_	□	Webmap #: _ _	□	Map #: _ _
	X	Analytical (frequency) tables #: 1[3]				
Access	X	Public (available on REACH resource center and other humanitarian platforms)				
	□	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
Visibility *Specify which logos should be on outputs*	***REACH***					
	Donor: *ECHO*					
	Coordination Framework: *Health Cluster*					
	Partners: *N/A*					

2. Rationale

2.1 Background

Entering its eighth year of conflict in its East, Ukraine continues to struggle with challenges in the conflict-affected areas[4], especially with regards to the provision of basic services that were disrupted by conflict and the subsequent functional separation between government- and non-government controlled areas. Communities living near the 'contact line' were particularly affected as access to their usual pre-conflict health service was significantly disrupted due to the fact that many health facilities were concentrated in the larger urban areas of Donetsk and Luhansk, currently located in non-government controlled areas (NGCA). Figure 1[5] below shows the change in movement flows for residents of one region near the contact line – Volnovakha – illustrating the reliance on urban centers in NGCA in 2013 that were no longer accessible in 2018. For the healthcare system in Government Controlled Areas (GCA), the ability to cope with both new and pre-existing healthcare needs is seriously disrupted by insecurity, lack of maintenance of aging health facilities and medical equipment, shortages of medicines and medical supplies, understaffing, limited service provision and curtailed access to referral hospitals and pharmacies.

The situation is exacerbated by the direct and indirect impacts of COVID-19 pandemic, particularly on the health of vulnerable populations. While the number of positive cases and deaths related to COVID-19 is steadily increasing, the incidence of infectious diseases, including TB, HIV and also respiratory infections such as influenza and pneumonia, is of concern, due to overwhelmed health facilities, reorientation of relevant hospitals to deal with COVID-19 patients and additional expenses causing pressure on budgets of the relevant programs. As previous REACH assessments indicate, lack of access to healthcare, insecurity and low income affect all the vulnerable populations[6], with huge consequences on the health of aged people prone to Non-Communicable Diseases, people with disabilities, and on reproductive health services, particularly in the areas close to the 'contact line'. Pre-existing mental health and psychosocial support needs of the conflict-affected population in eastern Ukraine and across the whole country are intensifying because of the significant distress and indirect socio-economic effects caused by the COVID-19 pandemic[7].

Although the seven-year presence of humanitarian health actors has brought an advanced level of understanding of the disruptions to the health system, certain information gaps remain significant. As defined by Health Cluster, these gaps refer to regional mortality data, regional vaccination data, TB data (for Donetska oblast), regional sexual and reproductive health data, regional mental health data, regional data on people with disabilities, data on people perception on health status and access to health, health awareness levels, health seeking behaviours, quality of health services and people's perceptions

---

[3] REACH will provide frequency tables to HC who will use them along with other data in creating dashboards later on as parts of the wider Health Assessment outputs.

[4] Conflict-affected areas in the East of Ukraine in general refer to Donetska and Luhanska oblasts ('oblast' being the first level of administrative division in the country. See Annex 1 for a map), part of which are under control of entities not recognized by the Government of Ukraine and International community (so called 'Non-Government Controlled Areas (NGCA) of Donetska and Luhanska oblasts') and are supported by Russian Federation. The part of Donetsk and Luhansk oblasts that remain under control of the Government of Ukraine is referred to as GCA ('Government Controlled Areas of Donetska and Luhanska oblasts'). GCA and NGCA are separated with the 'contact line'.

[5] REACH, Ukraine: Capacity & Vulnerability Assessment - Volnovakha Raion, [Government Controlled Area, (November - December 2018)](#)

[6] REACH, Multi-Sector Needs Assessment, [GCA (2020)](#)

[7] REACH, Attitudes, and Practices Assessment - [Round 1 (GCA](#))

regarding health services, perceptions of risks and outlooks related to the conflict in Eastern Ukraine worsened by COVID-19 pandemic direct and indirect impact, and to response capacity.

After defining and structuring of the gaps, Health Cluster is coordinating a multiple-component Health Assessment (HA) across GCA. REACH is contributing with research on the general population's perceptions on health status and conditions, intended to complement additional components undertaken by WHO and other Health Cluster partners focused on assessment of health facilities' availability, medical equipment and supplies and community-level epidemiological patterns.

2.2   Intended impact

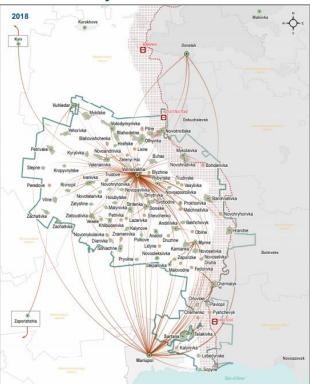The information gaps were previously identified through secondary data review by Heath Cluster in collaboration with health cluster partners to support response planning, inform decision making and provide evidence-based data for advocacy to:

-       in-country responders (Incident managers, Ministry of Health, Partners, National and International NGOs, agencies and other IASC members involved in the response, field-based donors, etc.)

-       global/headquarter based responders and experts (HQ IMST, Regional Office Senior Managers, GHC, INGOs, Donors, Academics, etc)

Assessment outputs will also be used by the Cluster as a base for further development of tools for trend analysis of populations' perceptions.

3.   Methodology

3.2   Methodology overview

To guarantee safety of both respondents and enumerators during the pandemic, the quantitative assessment will be implemented through a phone-based structured individual survey, conducted in Government Controlled Areas (GCA) of Donetsk and Luhansk Oblasts. In collaboration with Health Cluster, a joint set of indicators and questionnaire will be agreed upon and administered by trained enumerators to interview a sample of individuals in each settlement of the GCA. Data collection, cleaning and analysis will be conducted by REACH. A target total number of interviews is 1600 and data collection is planned to be finished within 10 days, from 9th of April to 19th of April 2021. While conducting interviews,

enumerators will input responses into KOBO form, save, comment and send to the server using an electronic tablet provided by REACH.

Training of the enumerators will be conducted remotely via the Zoom web-application one day prior to the start of data collection. Enumerators will be introduced to the aims and objectives of the assessment, reminded of general REACH policies and principles of data collection and communication with respondents, and will have a detailed go-through the questionnaire where all raised questions will be addressed and needed clarifications made. Pilot launch of data collection on the first day and will aim to check the questionnaire practical functionality.

GCA of Donetsk and Luhansk will be divided into four strata based on first level administrative division (Donetsk oblast, Luhansk oblast), and the type of settlement (rural, urban). Target total number of interviews is 1600 (400 per stratum). During the assessment part of the individuals will be selected randomly among those respondents from REACH database, who had previously participated in REACH surveys and consented to be re-contacted, and other part of respondents' contacts will be gathered and provided by settlement administrations, as REACH anticipates that existing database of phone numbers will be insufficient in certain areas, mainly rural areas in the 20+ km zone from the 'line of contact'. The above sampling strategy will allow for collecting sufficient data needed for the assessment but will compromise the overall generalizability of findings to the wider population of GCA residents, making the findings indicative.

3.3   Population of interest

Population of interest for this assessment will be all individuals who reside in settlements located in urban and rural settlements of the Donetsk and Luhansk GCA. Within the two oblasts of the GCA, populations will be stratified by the kind of settlement they live in, namely urban or rural settlement. Division of the settlements into urban and rural will be made in full accordance with the official administrative division accepted in Ukraine by the Parliament. Demographic indicators will be included in the questionnaire, that will allow certain indicative disaggregation within the dataset (sex, age, vulnerability type, etc) and can be used in the analysis.

3.4   Secondary data review

Extensive secondary data review has been conducted by the Health Cluster in order to define existing information gaps in the field. Information gaps referring to perceptions of residents towards healthcare were then used to formulate the Research and Sub-research question of the Health Perceptions Assessment. Throughout the research cycle, assessment team will additionally monitor secondary data sources to inform the design and content of the questionnaires; inform the categorization of areas and target population groups, and to ensure proper contextualization of findings for the final output production.

Key sources of secondary data include:

-      Gender and noncommunicable diseases in Ukraine. Analysis of STEPS data. Copenhagen: WHO Regional Office for Europe; 2020.

-      Patients' Perceptions of Quality in Healthcare. Report of a survey by European Patients Forum, 2016.

-      Tanner, E.C., Vann, R.J. and Kizilova, E., 2020. Consumer-level perceived access to health services and its effects on vulnerability and health outcomes. Journal of Public Policy & Marketing, 39(2), pp.240-255.

-      Knowledge, Attitudes, and Practices Assessment - Round 1 (GCA) & Round 2 (NGCA), REACH, 2020

-      Behavioural insights on COVID-19 in Ukraine , WHO, 2020;

-      Assessment of the Socio-Economic Impact of COVID-19 in Ukraine, September , UNDP, 2020

-      Multi-sector needs assessments (MSNA) NGCA, GCA , REACH, 2020

3.5   Primary Data Collection

Primary data will be collected through phone-based data collection from approximately 1600 respondents in total, approximately 400 interviews for each of the four strata (see Table 1).

For data collection, respondents will be selected based on stratified sampling by each of the 4 selected stratum. To additionally ensure representation of all settlements within each stratum, the weight of each settlement in each stratum was calculated to obtain a reference number of the target interviews to be conducted at the settlement level, first by stratum and then by population in each settlement within stratum. An additional 5% of surveys will be conducted across all 4 strata to include a buffer for potential data cleaning concerns, resulting in a final target survey size as follows:

.

Strata	Number of settlements per stratum	Target number of interviews with 5% buffer	Phone numbers to collect from administrations to reach target with 5% buffer
Donetsk rural stratum	752	**404**	168
Donetsk urban stratum	98	**404**	109
Luhansk rural stratum	505	**403**	254
Luhansk urban stratum	38	**404**	71
Total	1393	**1615**	602

Table 1. Strata and target number of interviews

Computerized random selection will be performed within REACH phone database that consists of phone numbers of REACH respondents from Donetsk and Luhansk GCA that have been collected through randomized in-person approaches[8] throughout multiple assessment activities over recent years.

Existing REACH phone database does not currently allow achieving the target precision. As agreed with the HC, REACH will attempt to extend its database during the assessment to get up to 600 additional phone numbers necessary to reach targeted 5% margin of error for each stratum, if possible (see Table 1). The extension of the database will be done through contacting settlement administrations and whenever possible receiving from them phone numbers of residents who have provided consent to participate in the assessment. In case administrations are not able to provide needed number of contacts from a particular settlement, existing respondents may be used for snowballing and/or respondents from the nearest settlements will be contacted. This approach, although allowing to reach a larger number of respondents from remote settlements, puts certain limitation on generalizability of findings, as random selection of respondents by settlement administrations may not be guaranteed, making the findings indicative only. This will be considered and addressed during data analysis and preparation of the outputs.

Contact details in REACH database were checked for accuracy and duplicates. Incomplete phone numbers and phone number duplicates were removed. When called, the potential interviewee will be asked if they are aged 18 or older and if they agree to participate in the survey. In case of positive responses for these initial questions the interview will be conducted.

Based on current planning assumption – a team of 30 enumerators working full time during 10 days and conducing 5-6 interviews per day - the data collection will start in the beginning of April 2021 and is expected to last for approximately 10 working days. Data will be collected using the KOBO platform, and enumerators will be trained prior to data collection in the use of KOBO as well as interviewing techniques and issues of protection of vulnerable populations.

3.6   Data Processing & Analysis

Primary data will be entered into Excel instantaneously from Kobo. During primary data collection, the REACH Data Officer will review data daily to ensure collection methodology is being followed by enumerators and investigate any outliers or other problematic data, including ensuring random sampling is being carried out in accordance with the sampling plan.

The Data Officer will keep a log of any changes, including cleaning of data. All data cleaning will be done in line with IMPACT's Data Cleaning Minimum Standards Checklist. Cleaning of the data will include double-checking against incomplete Kobo forms sent by enumerators (in such a case enumerator will be asked to contact the respondent again to receive missing information), checking for logical mismatching, and coding 'Other, specify' options of the questionnaire.

---

[8] REACH enumerators, while being in a target settlement, have been randomly approaching people on streets to introduce REACH and collect a person's phone number if a consent to participate in future assessments had been received (or asking for consent to participate in future assessments from a respondent being interviewed in-person for an assessment)

Primary data will be analysed by REACH staff using similar data analysis methodologies related to healthcare perceptions assessment. Data Officer will use Excel and R Studio software to create frequency tables. Data will be aggregated as specified by the Health Cluster in the further discussions and findings will be presented as only indicative, since data collected from both random selection from REACH database and (possibly) non-random selection of respondents by local administrations (as well as snowballing and contacting respondents from nearest settlements[9]) will be analyzed altogether.

4. Key ethical considerations and related risks

The proposed research design meets / does not meet the following criteria:

The proposed research design…	Yes/ No	Details if no (including mitigation)
… Has been coordinated with relevant stakeholders to **avoid unnecessary duplication** of data collection efforts?	Yes	
… **Respects respondents, their rights and dignity** (*specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided*)?	Yes	
… Does not **expose data collectors to any risks as a direct result** of participation in data collection?	Yes	
… Does not **expose respondents / their communities to any risks as a direct result** of participation in data collection?	Yes	
… Does not involve **collecting information on specific topics which may be stressful and/ or re-traumatising** for research participants (both respondents and data collectors)?	No	Certain health-related questions may be sensitive for a respondent. To mitigate this risk, phrasing of questions will be made with consideration of the local context, as well as response options will include refusal to respond. For example, options of the questionnaire question that include HIV, Hepatitis, TB are combined into and is phrased as "Other (including HIV, Hepatitis, TB)", to prevent a respondent from specifying a sensitive health condition.
… Does not involve **data collection with minors** i.e. anyone less than 18 years old?	Yes	
… Does not involve **data collection with other vulnerable groups** e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	No	Vulnerable groups representatives (namely, people with disabilities and/or certain chronic health conditions) may be interviewed due to the random selection of respondents. The risk will be mitigated with relevant training of the

---

[9] As described the Primary Data Collection section, in case local administrations are not able to provide enough (i.e. target amount) phone numbers from a particular settlement, snowballing from existing contacts and/or contacts from the nearest settlements will be used.

		enumerators and initial informed consent to participate in the survey.	
… Follows IMPACT SOPs for management of **personally identifiable information**?	Yes		

5. Roles and responsibilities

Table 3: Description of roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	*Assessment Officer (AO)*	*Assessment Manager (AM)*	*IMPACT HQ - Research Design Unit, Health Cluster Partners, GIS Officer, Field Officer, REACH global Health and Nutrition Assessment Specialist*	
Supervising data collection	Operations Manager; GIS Officer/Manager	AO	AM, HQ Research Unit	Health Cluster, Country Coordinator (CC)
Data processing (checking, cleaning)	AO, Database oficer (DA)	AO	HQ Data Unit	AM, CC
Data analysis	AO, DA	AO	AM, HQ Data Unit, Health Cluster	CC
Output production	AO, DA	AM	IMPACT HQ – Reporting Unit, CC, Health Cluster	
Dissemination	AO	AM	IMPACT HQ – Reporting Unit CC, Health Cluster	
Monitoring & Evaluation	AO	AO	*IMPACT HQ - Research Design Unit*, AM	CC, HQ
Lessons learned	AO	AO	*IMPACT HQ - Research Design Unit*, AM, CC	HQ

Responsible: *the person(s) who executes the task*

Accountable: *the person who validates the completion of the task and is accountable of the final output or milestone*

Consulted: *the person(s) who must be consulted when the task is implemented*

Informed: *the person(s) who need to be informed when the task is completed*

6. Data Analysis Plan

Research Question	IN #	Data collection method	Indicator group / sector	Indicator / Variable	Questionnaire Question	Instructions	Questionnaire Responses	Data collection level	Sampling	Maps planned?
N/A	A.1.1.	Household Interview	Key characteristics	Enumerator ID	Please, select your Enumerator ID	Enter ID		Individual	Stratified non-probability sampling	
	A.1.2.	Household Interview	Strata	Oblast	Select current oblast	Select one	Donetska; Luhanska	Individual	Stratified non-probability sampling	
	A.1.3.	Household Interview	Key characteristics	Settlement	Select current settlement	Select one	Admin list of settlements	Individual	Stratified non-probability sampling	
	A.1.4.	Household Interview	Key characteristics	Phone number	Please fill respondent's phone number	Enter number		Individual	Stratified non-probability sampling	
Metadata	A.2.1.	Household Interview	Introduction	Informed consent	We are conducting this survey on behalf of REACH initiative in coordination with Health Cluster Ukraine, in order to improve our understanding of perceptions residents of Donetsk and Luhansk GCA have towards healthcare. Your phone number was randomly selected to participate in this survey. Your contribution will enable us to have a better understanding of how the status of health, access to healthcare and healthcare services are perceived. No personalized data will be gathered. This survey will take approximately 20 minutes, and includes questions about your health seeking behaviors, your access to healthcare. Do you agree to participate?	Select one	Yes; No	Individual	Stratified non-probability sampling	No
Metadata	A.2.2.	Household Interview	Introduction	Retaining of number	Thank you, we understand that you do not want to participate in this survey. Can we retain you phone number in order to contact you in the future for other assessments?	Save and send the form	Yes; No	Individual	Stratified non-probability sampling	No
Metadata	A.3.2.	Household Interview	Demographics	Name of respondent	What is your name/what should we call you?	Enter text. Double check if a respondent lives in the settlement selected above (if not change the selected settlement accordingly)		Individual	Stratified non-probability sampling	No
Metadata	A.3.3.	Household Interview	Demographics	Sex of respondent	Sex of the respondent	Select one	Male; Female	Individual	Stratified non-probability sampling	No
Metadata	A.3.4.	Household Interview	Demographics	Age of respondent	What is your age?	Enter number. 999 -		Individual	Stratified non-probability sampling	No

						refuse to answer			
Metadata	*A.3.5.*	*Household Interview*	*Demographics*	*Employment of the respondent*	*What is your current employment status?*	*Select one*	*In education, doesn't work; Employed (in any form); Unemployed; Permanently sick or disabled (can't work); Retired (including Retired but still working); Doing housework, looking after children or other persons; Other (specify)*	*Individual*	*Stratified non-probability sampling*	*No*
Metadata	*A.3.6.*	*Household Interview*	*Demographics*	*Employment of the respondent*	*Please, specify*	*Enter text*		*Individual*	*Stratified non-probability sampling*	*No*
Metadata	*A.3.7.*	*Household Interview*	*Demographics*	*Marital status of the respondent*	*What is your marital status?*	*Select one*	*Single; Married; Widowed; Divorced; Unmarried but living together; Separated (Married but not living together); Refuse to answer*	*Individual*	*Stratified non-probability sampling*	*No*
Metadata	*A.3.8.*	*Household Interview*	*Vulnerability*	*Reported type of vulnerability experienced by members of HHs*	*Does any of these conditions apply to any member of the HH, including yourself?*	*Read out loud. Select all that apply*	*Older person (60+); Disability (not including chronic illness); Pregnancy or lactation; Chronic illness which affects quality of life; Raised blood pressure; Raised glucose; Raised cholesterol; So upset that struggles with coping with everyday life; Cancer; Diabetes; Chronic respiratory diseases; Cardiovascular diseases; Other, such as TB, Hepatitis, HIV; None; Don't know/ refuse to answer*	*HH*	*Stratified non-probability sampling*	*No*
Metadata	*A.3.9.*	*Household Interview*	*Vulnerability*	*Reported continuity of special medial care*	*For HH member whom you mentioned had a chronic illness, did they continue to receive needed medical care through the past 12 months?*	*Select one*	*Yes without disruptions; Yes with minor disruptions; Yes with some disruptions; Yes with significant disruptions; Medical care was completely disrupted; Don't know/refuse to answer*	*HH*	*Stratified non-probability sampling*	*No*
Metadata	*A.3.10.*	*Household Interview*	*Vulnerability*	*Reported continuity of maternal care*	*For pregnant and/or lactating HH members, did they continue to receive needed medical care through the past 12 months?*	*Select one*	*Yes without disruptions; Yes with minor disruptions; Yes with some disruptions; Yes with significant disruptions; Medical care was completely disrupted; Don't know/refuse to answer*	*HH*	*Stratified non-probability sampling*	*No*
Metadata	*A.3.11.*	*Household Interview*	*Vulnerability*	*Reported continuity of disability care*	*For HH members with disability, did they continue to receive needed medical care through the past 12 months?*	*Select one*	*Yes without disruptions; Yes with minor disruptions; Yes with some disruptions; Yes with significant disruptions; Medical care was completely disrupted; Don't know/refuse to answer*	*HH*	*Stratified non-probability sampling*	*No*
Metadata	*A.3.12.*	*Household Interview*	*Vulnerability*	*Reported need of special equipment*	*If disability or chronic illness, do you/member of HH require special equipment for everyday life? (Prothesis, wheelchair, hearing aid, etc.)*	*Select one*	*Yes; No; Don't know/ refuse to answer*	*HH*	*Stratified non-probability sampling*	*No*
Metadata	*A.3.13.*	*Household Interview*	*Vulnerability*	*Reported possession of special equipment*	*Do you or member of the HH has this special equipment?*	*Select one*	*Yes; No; Don't know*	*HH*	*Stratified non-probability sampling*	*No*
Metadata	*A.3.14.*	*Household Interview*	*Vulnerability*	*Reported supplier of special equipment*	*How did your HH obtain this equipment?*	*Select one*	*Was provided by a healthcare institution; Was provided by an NGO; Was purchased by my own/family; Borrowed; Don't know/Refuse to answer*	*HH*	*Stratified non-probability sampling*	*No*
Metadata	*A.3.15.*	*Household Interview*	*Vulnerability*	*Reported functionality of provided special equipment*	*Is the provided equipment still functional?*	*Select one*	*Fully functional; Functional but needs maintenance or updating; Barely functional; Broken/not usable; Don't know/Refuse to answer*	*HH*	*Stratified non-probability sampling*	*No*

	A.4.1.	Household Interview	Introduction	N/A	The following part of the survey is about your personal experiences and perceptions.	Read	N/A	HH	Stratified non-probability sampling	No
	A.4.2.	Household Interview	Health perceptions	Reported health condition self-evaluation	On a scale of 1 - 5, how aware do you consider yourself to be on your current health condition? (1 completely unaware, 5 fully aware)	Select one	1; 2; 3; 4; 5	Individual	Stratified non-probability sampling	No
	A.4.3.	Household Interview	Health perceptions	Reported health conditions perceived as the most dangerous	Please name health problems/diseases that you consider the most serious for you (currently or in the nearest future)	Do not read out loud. Select all that apply	Covid; Diabetes; Chronic respiratory diseases; Mental health conditions; Cancer; Cardiovascular diseases; TB; HIV; Hepatitis; Other, specify; None	Individual	Stratified non-probability sampling	No
	A.4.4.	Household Interview	Health perceptions	Reported health conditions perceived as the most dangerous	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
	A.4.5.	Household Interview	Health perceptions	Reported level of concern about health conditions perceived as dangerous	How concerned are you about them on a scale from 1 to 5?	Select one	Not at all; A little; Moderate; Much; Very much	Individual	Stratified non-probability sampling	No
How do residents of Luhansk and Donetsk GCA perceive the status of their health?	A.4.6.	Household Interview	Health perceptions	Reported types of health risks perceived as relevant for health	What main health-connected problems do you consider as the most relevant/common in your area?	Do not read out loud, prompt if needed. Select all that apply	Air pollution; Water pollution; Healthcare system not efficient; Threats to physical safety (conflict related, road accidents, criminals); Infectious diseases (including COVID); Weather; Social environment; God's will; Economic situation/living conditions; Conspiracy; Work conditions; Don't know/refuse to answer; Other, specify	Individual	Stratified non-probability sampling	No
	A.4.7.	Household Interview	Health perceptions	Reported types of health risks perceived as relevant for health	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
	A.4.8.	Household Interview	Health perceptions	Reported factors affecting health status	What main health-connected factors (those that can be changed by a person) you believe have the biggest affect on health status (In general)	Do not read out loud, prompt if needed. Select all that apply	Food habits; Physical activity/sport; Other consumption habits (Smoking, drinking, other substances); Attitude towards own health - not caring about own health sufficiently; Sleep routine; Mental wellbeing; Don't know; Other, specify	Individual	Stratified non-probability sampling	No
	A.4.9.	Household Interview	Health perceptions	Reported factors affecting health status	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
	A.4.10.	Household Interview	Health-seeking behaviors	Reported frequency of medical checkups (before COVID-19 pandemic)	Before the COVID-19 pandemic started, how regularly did you receive medical checkups?	Prompt. Select one	More often than once a year; Once a year; Once every other year; Less regularly than once every other year; Don't know/Not applicable; Refuse to answer	Individual	Stratified non-probability sampling	No
	A.4.11.	Household Interview	Health-seeking behaviors	Reported recent medical check-up	When was the most recent medical checkup?	Prompt. Select one	Less thank 3 months ago; 3-6 months ago; More than 6 months ago; More than a year ago	Individual	Stratified non-probability sampling	No

A.4.12.	Household Interview	Health-seeking behaviors	Proportion of respondents reporting COVID-19 pandemic as reason for delay in regular checkups	If most recent checkup was more than a year ago, was this delay related to the COVID-19 pandemic?	Select one	Yes; No; Don't know	Individual	Stratified non-probability sampling	No
A.4.13.	Household Interview	Introduction	N/A	The next questions are about the impact of the Covid-19 pandemic	Read	N/A	Individual	Stratified non-probability sampling	No
A.4.14.	Household Interview	Reported health-seeking behaviours	Reported change of frequency of visiting primary care doctors	Compared to pre-COVID-19 times I am seeing primary care doctors	Read out loud. Select one	Less than before Covid-19 pandemic; Same; More than before Covid-19 pandemic	Individual	Stratified non-probability sampling	No
A.4.15.	Household Interview	Reported health-seeking behaviours	Reported change of frequency of visiting specialist doctors	Compared to pre-COVID-19 times I am seeing specialist doctors	Read out loud. Select one	Less than before Covid-19 pandemic; Same; More than before Covid-19 pandemic	Individual	Stratified non-probability sampling	No
A.4.16.	Household Interview	Reported health-seeking behaviours	Reported change of received attention from a doctor	Compared to pre-COVID-19 times I think I am receiving enough attention from my doctor	Read out loud. Select one	Less than before Covid-19 pandemic; Same; More than before Covid-19 pandemic	Individual	Stratified non-probability sampling	No
A.4.17.	Household Interview	Reported health-seeking behaviours	Reported change of caution about health	Compared to pre-COVID-19 times I am cautious about my health	Read out loud. Select one	Less than before Covid-19 pandemic; Same; More than before Covid-19 pandemic	Individual	Stratified non-probability sampling	No
A.4.18.	Household Interview	Reported health-seeking behaviours	Proportion of respondents reporting avoiding non-essential health care appointments since the COVID-19 pandemic	Since the COVID-19 pandemic started I am avoiding non-essential health care appointments	Select one	Yes; No; Don't know	Individual	Stratified non-probability sampling	No
A.4.19.	Household Interview	Reported health-seeking behaviours	Reported types of non-essential health care appointments	If yes, what do you consider non-essential health care appointments	Do not read out loud. Select all that apply	Dentist appointments; Eye doctor appointments; Reproductive health appointments; General check-ups; Mental health specialists; Dermatologist appointments; Other (Specify)	Individual	Stratified non-probability sampling	No
A.4.20.	Household Interview	Reported health-seeking behaviours	Reported types of non-essential health care appointments	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
A.4.21.	Household Interview	Introduction	N/A	Finally, a couple of more questions about Covid-19	Read	N/A	Individual	Stratified non-probability sampling	No
A.4.22.	Household Interview	Reported health-seeking behaviours	Proportion of respondents having COVID symptoms	During past year, have you ever had symptoms like fever, and/or dry cough, and/or difficulty breathing, and/or loss of sense of smell?	Select one	Yes; No; Don't know; Refuse to answer	Individual	Stratified non-probability sampling	No
A.4.23.	Household Interview	Reported health-seeking behaviours	Reported behaviours while having COVID symptoms	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
A.4.24.	Household Interview	Reported health-seeking behaviours	Proportion of respondents who had COVID test	Was the COVID-19 test performed?	Select one	Yes; No; Don't know; Refuse to answer	Individual	Stratified non-probability sampling	No

	A.4.25.	Household Interview	Demographics	Consent for sharing a contact	Would you like to share with us contact details of another household in your settlement who would be willing to participate in this assessments?	Select one	Yes; No	Individual	Stratified non-probability sampling	No
	A.4.26	Household Interview	Demographics	Contact phone number	Contact details	Enter number		Individual	Stratified non-probability sampling	No
	A.5.1.	Household Interview	Health-seeking behaviors	Reported first health-seeking behaviors	When you are not feeling well, what do you usually do first?	Prompt. Select one	Use folk remedies that are available at home; Get medicine from pharmacy/Use medicine that was at home; Have rest and wait till feeling good again; Visit/call a doctor; Inform family/friends and get advice from them; Check for symptoms in the internet; Nothing; Other, specify; Not applicable (always feel well)	Individual	Stratified non-probability sampling	No
	A.5.2.	Household Interview	Health-seeking behaviors	Reported first health-seeking behaviors	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
	A.5.3.	Household Interview	Health-seeking behaviors	Reported second health-seeking behaviors	When you are not feeling well, what do you usually do second?	Prompt. Select one	Use folk remedies that are available at home; Get medicine from pharmacy/Use medicine that was at home; Have rest and wait till feeling good again; Visit/call a doctor; Inform family/friends and get advice from them; Check for symptoms in the internet; Nothing; Other, specify; Not applicable (always feel well)	Individual	Stratified non-probability sampling	No
How do the residents of Luhansk and Donetsk GCA perceive their access to healthcare?	A.5.4.	Household Interview	Health-seeking behaviors	Reported second health-seeking behaviors	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
	A.5.5.	Household Interview	Health-seeking behaviors	Reported third health-seeking behaviors	When you are not feeling well, what do you usually do third?	Prompt. Select one	Use folk remedies that are available at home; Get medicine from pharmacy/Use medicine that was at home; Have rest and wait till feeling good again; Visit/call a doctor; Inform family/friends and get advice from them; Check for symptoms in the internet; Nothing; Other, specify; Not applicable (always feel well)	Individual	Stratified non-probability sampling	No
	A.5.6.	Household Interview	Health-seeking behaviors	Reported third health-seeking behaviors	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
	A.5.7.	Household Interview	Health-seeking behaviors	Proportion of respondents having a contract with a family doctor	Are you signed up for a family doctor?	Select one	Yes; No; Don't know; Refuse to answer	Individual	Stratified non-probability sampling	No
	A.5.8.	Household Interview	Introduction	N/A	The next few questions are about your access to healthcare and its quality	Read		Individual	Stratified non-probability sampling	No

A.5.9.	Household Interview	Access to healthcare	Reported characteristics of perceived accessible healthcare	What 3 characteristics do you consider the most essential for accessible healthcare?	Do not read out loud. Select up to 3	Facilities have infrastructure for people with disabilities/elderly people; Primary facilities present in my settlement; Needed doctors present in a hospital anytime; Ambulance/emergency services functional in my settlement; Prescribed medicine and medical services are available in my settlement; Doctors pay enough attention to me in a hospital; I can reach and keep in touch with doctors when I'm staying at home; Don't know / refuse to answer; Other, specify	Individual	Stratified non-probability sampling	No
A.5.10.	Household Interview	Access to healthcare	Reported characteristics of perceived accessible healthcare	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
A.5.11	Household Interview	Access to healthcare	Reported current pandemic perceived level of access to healthcare	How do you feel your level of access to healthcare is now?	Select one	Very good; Good; Not good nor bad; Bad; Very bad	Individual	Stratified non-probability sampling	No
A.5.12.	Household Interview	Access to healthcare	Reported pre-COVID-19x perceived level of access to healthcare	Before COVID, how was your level of access to healthcare?	Select one	Very good; Good; Not good nor bad; Bad; Very bad	Individual	Stratified non-probability sampling	No
A.5.13.	Household Interview	Introduction	N/A	The following questions are about your experiences while having an appointment with a doctor	Read		Individual	Stratified non-probability sampling	No
A.5.14.	Household Interview	Access to healthcare	Reported availability of specialized doctor of preference	Is your specialized doctor of preference available to you in the nearest health facility	Select one	Yes; No; Don't know	Individual	Stratified non-probability sampling	No
A.5.15.	Household Interview	Access to healthcare	Reported time required for an appointment with a doctor of preference	In the last 12 months, how long does it take on average to have an appointment with a doctor of preference?	Prompt. Select one	1 day; Up to 3 days; Up to a week; Around 2 weeks	Individual	Stratified non-probability sampling	No
A.5.16.	Household Interview	Access to healthcare	Reported change of time required for an appointment with a doctor of preference	Is it different compared to pre-Covid times?	Select one	Yes - worse; Yes - better; No; Don't know	Individual	Stratified non-probability sampling	No
A.5.17.	Household Interview	Access to healthcare	Reported time required for an appointment with any doctor	In the last 12 months, how long does it take on average to have an appointment with any doctor?	Prompt. Select one	1 day; Up to 3 days; Up to a week; Around 2 weeks; Up to a month; More than a month; Don't know/doesn't apply	Individual	Stratified non-probability sampling	No
A.5.18.	Household Interview	Access to healthcare	Reported change of time required for an appointment with any doctor	Is it different compared to pre-Covid times?	Select one	Yes - worse; Yes - better; No; Don't know	Individual	Stratified non-probability sampling	No
A.5.19.	Household Interview	Access to healthcare	Reported ease of access to specific health care for respondents with	If disability or chronic illness, how easy is it for you or member of HH to access specific health care you need because of your condition?	Select one	Very easy; Easy; Difficult; Very difficult; Don't know	HH	Stratified non-probability sampling	No

			disability or chronic illness						
A.5.20.	*Household Interview*	*Access to healthcare*	*Reported change of ease of access to specific health care for respondents with disability or chronic illness*	*Is it different compared to pre-Covid times?*	*Select one*	*Yes - worse; Yes - better; No; Don't know*	*HH*	*Stratified non-probability sampling*	*No*
A.5.21.	*Household Interview*	*Introduction*	*N/A*	*These questions refer to your experience with traveling to health care facility*	*Read*			*Stratified non-probability sampling*	*No*
A.5.22.	*Household Interview*	*Access to healthcare*	*Reported convenience level of access to the nearest primary healthcare facility*	*Indicate on a scale from 1 to 5 how convenient it is for you to get to the nearest primary healthcare facility.*	*Select one*	*Very convenient; Convenient; Neutral; Inconvenient; Very inconvenient; Don't know*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.23.	*Household Interview*	*Access to healthcare*	*Reported reasons for inconvenience of access to the nearest primary healthcare facility*	*Why is it not easy and convenient for you to reach?*	*Do not read out loud. Select one*	*Facility too far; Not reachable by phone; Doctors too busy/not available; Facility does not have infrastructure for people with disabilities; Facility operating limited working hours; Doctors absent in the facility; Don't know/refuse to answer; Other (specify)*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.24.	*Household Interview*	*Access to healthcare*	*Reported reasons for inconvenience of access to the nearest primary healthcare facility*	*Please, specify*	*Enter text*		*Individual*	*Stratified non-probability sampling*	*No*
A.5.25.	*Household Interview*	*Access to healthcare*	*Reported types of transportation used to get to the healthcare facility*	*What transportation do you use to get to the healthcare facility?*	*Do not read out loud. Select one*	*Own car; Other car or a taxi; Bus/Other public transport; Can reach by walking; Bicycle; Not applicable*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.26.	*Household Interview*	*Access to healthcare*	*Reported average time needed to get to the nearest secondary level facility*	*On average, how much time do you spend from leaving your house to reaching your hospital for an appointment? (Secondary level facility)*	*Select one*	*Up to 1 hour; Up to 2 hours; Up to 3 hours; More than 3 hours; Don't know/Don't remember; Not applicable*	*Individual*	*Stratified non-probability sampling*	*No*
A.2.27.	*Household Interview*	*Access to healthcare*	*Reported average time spent at a secondary level facility before an appointment*	*On average, how much time do you spend from reaching your hospital to actually seeing a doctor at an appointment? (Secondary level facility)*	*Select one*	*Up to 30 mins; Up to 1 hour; Up to 2 hours; Up to 3 hours; More than 3 hours; Don't know/Don't remember; Not applicable*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.28.	*Household Interview*	*Access to healthcare*	*Reported change of average time spent at a secondary level facility before an appointment*	*Is it different compared to pre-Covid times?*	*Select one*	*Yes - worse; Yes - better; No; Don't know*	*Individual*	*Stratified non-probability sampling*	*No*

A.5.29.	*Household Interview*	*Introduction*	*N/A*	*The following questions touch the financial part of your experiences*	*Read*	*N/A*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.30.	*Household Interview*	*Access to healthcare*	*Reported level of concern about not being able to afford health services*	*Are you worried about not being able to afford health services when they are needed?*	*Select one*	*Very worried; Worried; Slightly worried; Not worried at all; Refuse to answer*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.31.	*Household Interview*	*Access to healthcare*	*Proportion of respondents who needed to sacrifice other basic needs in order to pay for health care*	*In the past 12 months, in order to pay for health care, were there times when you needed to sacrifice your other basic needs?*	*Select one*	*Yes; No; Refuse to answer; Not applicable (did not access healthcare)*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.32.	*Household Interview*	*Access to healthcare*	*Proportion of respondents who did not take laboratory tests because of their costs*	*In the past 12 months, were there times when you did not take laboratory tests because of their costs?*	*Select one*	*Yes; No; Refuse to answer; Not applicable (did not access healthcare)*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.33.	*Household Interview*	*Access to healthcare*	*Proportion of respondents who did not buy prescribed medicine because of their costs*	*In the past 12 months, were there times when you decided not to buy prescribed medicine because of their costs? (or bought a cheaper alternative)*	*Select one*	*Yes; No; Refuse to answer; Not applicable (did not access healthcare)*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.34.	*Household Interview*	*Access to healthcare*	*Proportion of respondents who did not visit a doctor because of the cost of an appointment*	*In the past 12 months, were there times when you did not go to see a doctor because of the cost of an appointment?*	*Select one*	*Yes; No; Refuse to answer; Not applicable (did not access healthcare)*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.35.	*Household Interview*	*Access to healthcare*	*Proportion of respondents who did not get prescribed medical services due to their costs*	*In the past 12 months, were there times when you decided not to get medical services prescribed by a doctor because of their costs?*	*Select one*	*Yes; No; Refuse to answer; Not applicable (did not access healthcare)*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.36.	*Household Interview*	*Introduction*	*N/A*	*Thank you, we have already gone through more than a half of the interview, just a few groups of question are left. The following questions are about your trust to health care system and general experience with dealing with medical staff*	*Read*	*N/A*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.37.	*Household Interview*	*Perceived access to health services*	*Reported perceptions on access to ambulatory services*	*In your opinion, does the nearest ambulatory facility provide a sufficient range of medical services?*	*Select one*	*Yes; No; Don't know*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.38.	*Household Interview*	*Perceived access to health services*	*Reported perceptions on sufficiency of staff at ambulatory facility*	*In your opinion, is there enough staff in the nearest ambulatory facility?*	*Select one*	*Yes; No; Don't know*	*Individual*	*Stratified non-probability sampling*	*No*

A.5.39.	*Household Interview*	*Perceived access to health services*	*Reported perceptions on sufficiency of equipment at ambulatory facility*	*In your opinion, is there enough medical equipment in the nearest ambulatory facility?*	*Select one*	*Yes; No; Don't know*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.40.	*Household Interview*	*Perceived access to health services*	*Reported change of availability of ambulatory facility due to COVID-19*	*Are there any changes regarding availability of the nearest ambulatory facility compared to pre-Covid pandemic times?*	*Select one*	*Yes - worse; Yes - better; No; Don't know*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.41.	*Household Interview*	*Perceived access to health services*	*Reported perceptions on access to Maternal Health*	*Are you aware of any changes in availability of maternal health services in the last 12 months?*	*Select one*	*Yes - worse; Yes - better; No; Don't know*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.42.	*Household Interview*	*Perceived access to health services*	*Reported reasons for worsening of access to Maternal Health*	*What has become worse in particular?*	*Do not read out loud. Select all that apply*	*Facility reoriented to COVID; Facility too far; Not reachable by phone; Doctors too busy/not available; Doctors absent in the facility; Don't know/refuse to answer; Facility operating limited working hours; Other (specify)*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.43.	*Household Interview*	*Perceived access to health services*	*Reported reasons for worsening of access to Maternal Health*	*Please, specify*	*Enter text*		*Individual*	*Stratified non-probability sampling*	*No*
A.5.44.	*Household Interview*	*Perceived access to health services*	*Reported perceptions on access to Mental Health and PSS and level of concern about related symptoms*	*How much attention do you pay to state like low mood, anxiety, stress, sleeping problems while assessing your general health status?*	*Select one*	*No attention; Almost no attention; Some attention; Quite a lot of attention; Very much attention; Refuse to answer; Don't know / Not applicable*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.45.	*Household Interview*	*Perceived access to health services*	*Reported change of perceptions on access to Mental Health and PSS and level of concern about related symptoms*	*Is it different to pre-COVID times?*	*Select one*	*Yes, more attention; Yes, less attention; Same; Don't know/Difficult to say; Not applicable/Refuse to answer*	*Individual*	*Stratified non-probability sampling*	*No*
A.5.46.	*Household Interview*	*Perceived access to health services*	*Reported change of perceptions on access to Mental Health and PSS and level of concern about related symptoms*	*Please, specify*	*Enter text*		*Individual*	*Stratified non-probability sampling*	*No*
A.5.47.	*Household Interview*	*Perceived access to health services*	*Reported access to Mental Health and PSS services*	*In case of such condition (low mood, anxiety, sleeping problems etc.) do you or member of your HH have a place you can go to/people you can share it with to help overcome these problems?*	*Do not read out loud. Select one*	*No, I am dealing with it myself; Yes, I am sharing it with my family/friends; Yes, there is a facility where I can get help from trained/professional people; Don't know; Refuse to answer; Not applicable; Other, specify*	*HH*	*Stratified non-probability sampling*	*No*
A.5.48.	*Household Interview*	*Perceived access to health services*	*Reported access to Mental Health and PSS services*	*Please, specify*	*Enter text*		*Individual*	*Stratified non-probability sampling*	*No*

A.5.49.	Household Interview	Reported health-seeking behaviours	Proportion of respondents requiring any non-COVID-related medical care	During the past year, did you need any non-Covid-related medical care?	Select one	Yes; No; Refuse to answer	Individual	Stratified non-probability sampling	No
A.5.50.	Household Interview	Reported health-seeking behaviours	Proportion of respondents received non-COVID-related medical care	If yes, during the past year, did you get such medical care (for a non-COVID-related reason)?	Select one	Yes; No; Refuse to answer	Individual	Stratified non-probability sampling	No
A.5.51.	Household Interview	Reported health-seeking behaviours	Reported ease of access to non-COVID-related medical care	If yes, how easy was it to obtain medical care?	Select one	Very difficult; Difficult; Not difficult nor easy; Easy; Very easy	Individual	Stratified non-probability sampling	No
A.5.52.	Household Interview	Reported health-seeking behaviours	Reported reasons for not receiving non-COVID-related medical care	If difficult or very difficult OR needed but didn't receive non-COVID-related medical care, why was it difficult to obtain medical care?	Do not read out loud. Select all that apply	Distance to facility; Cost of travel to facility; Lack of documents; Security problems in travelling to facility; Cost of medicine; Cost of appointment; Full hospitals; Trust issues; Lack of facilities; Lack of referral system; Have to pass through entry exit checkpoint (for medical facility in the NGCA); Irregular presence of doctors; Unable to leave the house due to COVID-19; Required a COVID test prior to treatment; Other, specify	Individual	Stratified non-probability sampling	No
A.5.53.	Household Interview	Reported health-seeking behaviours	Reported reasons for not receiving non-COVID-related medical care	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
A.5.54.	Household Interview	Reported health-seeking behaviours	Reported level of satisfaction with received medical care	If received medical care, were you satisfied with it?	Select one	Very satisfied; Satisfied; Not satisfied nor unsatisfied; Unsatisfied; Very unsatisfied	Individual	Stratified non-probability sampling	No
A.5.55.	Household Interview	Reported health-seeking behaviours	Reported behaviours while having COVID symptoms	If you had a fever, and/or a dry cough, and/or difficulty breathing and/or loss of sense of smell, what did you do?	Do not read out loud. Select one	I did not pay attention to it and continued with my everyday life (Did not visit a doctor); I tried to cover my face if coughing in public places, and continued with my everyday life (Did not visit a doctor); I had an appointment with a doctor and did all what the doctor recommends; I had an appointment with a doctor but decided myself about the treatment I needed; I self-isolated and did self-medication (Did not visit a doctor); I did self-medication but did not self-isolate (Did not visit a doctor); Other, specify	Individual	Stratified non-probability sampling	No
A.5.56.	Household Interview	Reported health-seeking behaviours	Proportion of respondents who had COVID-related medicine prescribed	Was a treatment done/medicine prescribed?	Select one	Yes; No; Don't know; Refuse to answer	Individual	Stratified non-probability sampling	No

	A.5.57.	Household Interview	Reported health-seeking behaviours	Proportion of respondents who had COVID-related hospitalisation offered	If needed, was hospitalisation offered?	Select one	Yes; No; Don't know; Refuse to answer	Individual	Stratified non-probability sampling	No
	A.5.58.	Household Interview	Demographics	Consent for future assessments	Thank you for your time and participation in our survey. Your responses are really important for us and they will be used to reach a better understanding of your perceptions towards healthcare. Would you give your permission to be contacted again in the future for other similar assessments?	Select one	Yes; No	Individual	Stratified non-probability sampling	No
How do residents of Luhansk and Donetsk GCA perceive health services?	A.6.1.	Household Interview	Introduction	N/A	Now several question about your trust to health care system and general experience with dealing with medical staff	Read		Individual	Stratified non-probability sampling	No
	A.6.2.	Household Interview	Perceptions regarding health services	Reported perceptions on non-official fees in health facilities	Do you agree with these statements: I feel safe when being treated by a doctor whom you don't know/about whom you don't have any recommendations from family or friends?	Select one	Strongly agree; Somewhat agree; Not agree not disagree; Somewhat disagree; Strongly disagree	Individual	Stratified non-probability sampling	No
	A.6.3.	Household Interview	Perceptions regarding health services	Reported perceptions on necessity to pay to medical staff beside official fees	I feel a necessity to personally pay doctors/medical staff to be treated in an appropriate way (beside official fees)?	Select one	Strongly agree; Somewhat agree; Not agree not disagree; Somewhat disagree; Strongly disagree	Individual	Stratified non-probability sampling	No
	A.6.4.	Household Interview	Perceptions regarding health services	Proportion of respondents who were asked to pay for medical services that were supposed to be for free	In the past 12 months, have you experienced a situation when you were asked to pay for medical services or medicine that is supposed to be for free?	Select one	Yes; No; Don't know	Individual	Stratified non-probability sampling	No
	A.6.5.	Household Interview	Perceptions regarding health services	Reported perceptions on health care system efficiency	Do you agree that the health care system does its best to make your health better?	Select one	Strongly agree; Somewhat agree; Not agree not disagree; Somewhat disagree; Strongly disagree	Individual	Stratified non-probability sampling	No
	A.6.6.	Household Interview	Perceptions regarding health services	Reported perceptions on medical staff qualification	Do you agree that medical staff available to you is well-qualified and well-trained to help solve your health problems?	Select one	Strongly agree; Somewhat agree; Not agree not disagree; Somewhat disagree; Strongly disagree	Individual	Stratified non-probability sampling	No
	A.6.7.	Household Interview	Perceptions regarding health services	Reported perceptions on health care workers motivations	Do you agree that healthcare workers prioritize the wellbeing of your health?	Select one	Strongly agree; Somewhat agree; Not agree not disagree; Somewhat disagree; Strongly disagree	Individual	Stratified non-probability sampling	No
	A.6.8.	Household Interview	Perceptions regarding health services	Reported perception on healthcare system preparedness	Do you agree that medical equipment in hospital available to you is sufficient to help solve your health problems?	Select one	Fully agree; Somewhat agree; Somewhat disagree; Do not agree at all; Don't know/Not applicable	Individual	Stratified non-probability sampling	No
	A.6.9.	Household Interview	Perceptions regarding health services	Reported perceptions on effectiveness on prescribed medicine	Do you agree that medicine prescribed to you is effective in dealing with your health problems?	Select one	Fully agree; Somewhat agree; Somewhat disagree; Do not agree at all; Don't know/Not applicable	Individual	Stratified non-probability sampling	No

A.6.10.	*Household Interview*	*Introduction*	*N/A*	*Thinking about the most recent time you received health care services, please let me know if you Do not agree at all, somewhat disagree, somewhat agree, or fully agree with the following statements:*	*Read*	*N/A*	*Individual*	*Stratified non-probability sampling*	*No*
A.6.11.	*Household Interview*	*Perceptions regarding health services*	*Reported perceptions on respectful treatment at hospital reception*	*The staff at the reception was respectful towards me*	*Select one*	*Fully agree; Somewhat agree; Somewhat disagree; Do not agree at all; Don't know/Not applicable*	*Individual*	*Stratified non-probability sampling*	*No*
A.6.12.	*Household Interview*	*Perceptions regarding health services*	*Reported perceptions on respectful treatment by doctors*	*The doctors were respectful towards me*	*Select one*	*Fully agree; Somewhat agree; Somewhat disagree; Do not agree at all; Don't know/Not applicable*	*Individual*	*Stratified non-probability sampling*	*No*
A.6.13.	*Household Interview*	*Perceptions regarding health services*	*Reported perceptions on respectful treatment by nurses and assistant nurses*	*The nurses and assistant nurses were respectful towards me*	*Select one*	*Fully agree; Somewhat agree; Somewhat disagree; Do not agree at all; Don't know/Not applicable*	*Individual*	*Stratified non-probability sampling*	*No*
A.6.14.	*Household Interview*	*Perceptions regarding health services*	*Reported perceptions on good commitment by doctors*	*The doctors showed good commitment, cared about me*	*Select one*	*Fully agree; Somewhat agree; Somewhat disagree; Do not agree at all; Don't know/Not applicable*	*Individual*	*Stratified non-probability sampling*	*No*
A.6.15.	*Household Interview*	*Perceptions regarding health services*	*Reported perceptions on good commitment by nurses and assistant nurses*	*The nurses and assistant nurses showed good commitment, cared about me.*	*Select one*	*Fully agree; Somewhat agree; Somewhat disagree; Do not agree at all; Don't know/Not applicable*	*Individual*	*Stratified non-probability sampling*	*No*
A.6.16.	*Household Interview*	*Perceptions regarding health services*	*Reported perceptions on availability of doctors for a private talk*	*I talked with the doctor in private when I wanted to*	*Select one*	*Fully agree; Somewhat agree; Somewhat disagree; Do not agree at all; Don't know/Not applicable*	*Individual*	*Stratified non-probability sampling*	*No*
A.6.17.	*Household Interview*	*Perceptions regarding health services*	*Reported perceptions about atmosphere in the ward*	*There was a pleasant atmosphere in the ward*	*Select one*	*Fully agree; Somewhat agree; Somewhat disagree; Do not agree at all; Don't know/Not applicable*	*Individual*	*Stratified non-probability sampling*	*No*
A.6.18.	*Household Interview*	*Access to healthcare*	*Proportion of respondents having a gender preference for a medical care provider*	*Do you have a gender preference for a medical care provider?*	*Select one*	*Yes; No; Don't know; Refuse to answer*	*Individual*	*Stratified non-probability sampling*	*No*
A.6.19.	*Household Interview*	*Access to healthcare*	*Proportion of respondents having access to a medical care provider of the preferred gender*	*If yes, do you have access to a medical care provider of the preferred gender?*	*Select one*	*Yes; No; Don't know; Refuse to answer*	*Individual*	*Stratified non-probability sampling*	*No*
A.6.20.	*Household Interview*	*Access to healthcare*	*Reported factors considered while assessing quality of healthcare*	*What factors are the most important to you when defining "high-quality healthcare" in general?*	*Do not read out loud. Select all that apply*	*High qualification of medical staff; Sufficient equipment at health facilities; Wide range of medical services available locally; Ease of reach/having an appointment with a doctor; Ability of health facilities to serve many patients without loss of quality of service; Healthcare available for free; Transparent fees for healthcare; Healthcare workers treating me with dignity; Whether I feel my medical concerns are properly addressed; Don't*	*Individual*	*Stratified non-probability sampling*	*No*

						know/refuse to answer; Other, specify			
	A.6.21.	Household Interview	Access to healthcare	Reported factors considered while assessing quality of healthcare	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
	A.6.22.	Household Interview	Access to healthcare	Perceived healthcare quality	How do you perceive the quality of healthcare available to you?	Select one	Very high-quality; High quality; Average; Low quality; Very low quality; Don't 'know / Not applicable	Individual	Stratified non-probability sampling	No
	A.6.23.	Household Interview	Access to healthcare	Reported problems of healthcare system	What are the 3 most important changes you would like to see happening in order to improve the quality of healthcare in your area?	Do not read out loud. Select up to 3	Qualification of medical staff; Equipment of health facilities; Range of medical services available locally; Ease of reach/having an appointment with a doctor; Ability of health facilities to serve many patients without loss of quality of service; Free healthcare; Transparent fees for healthcare; How healthcare workers treat me; Whether I feel my medical concerns are properly addressed; Don't know/ refuse to answer; Other, specify	Individual	Stratified non-probability sampling	No
	A.6.24.	Household Interview	Access to healthcare	Reported problems of healthcare system	Please, specify	Enter text		Individual	Stratified non-probability sampling	No
Metadata	A.7.1	Household Interview	Demographics	Contact name	Contact name	Enter text		Individual	Stratified non-probability sampling	No
	A.7.2.	Household Interview	Valediction	N/A	I will now provide you with our Feedback and Complaints Response Mechanism contact numbers. Every complaint will be answered. All 3 phone numbers can be reached between 9 am and 4 pm, Monday to Friday: +380 73 148 38 54, +380 66 265 60 11, +380 68 948 07 26. Thank you very much for your time!	Read	N/A	Individual	Stratified non-probability sampling	No
	A.7.3.	Household Interview	Valediction	N/A	Thank you again and have a nice rest of the day.	Read	N/A	Individual	Stratified non-probability sampling	No

7. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	Country request to HQ	User_log	**x** Yes
		# of downloads of x product from Relief Web	Country request to HQ		□ Yes
		# of downloads of x product from Country level platforms	Country team		□ Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		□ Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		□ Yes
		# of visits to x webmap/x dashboard	Country request to HQ		□ Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	*WHO and Health Cluster internal programming*
		5 references in single agency documents			
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback *and* Usage_Survey template	*N/A*
		Perceived usefulness and influence of IMPACT outputs			*N/A*
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			*N/A*
		Perceived quality of outputs/programs			

	Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs *(providing resources, participating to presentations, etc.)*	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement _log	□ Yes
		# of organisations/clusters inputting in research design and joint analysis			**x** Yes
		# of organisations/clusters attending briefings on findings;			□ Yes

Map 1. Population density in the conflict-affected areas of the East of Ukraine