UKRAINE: COVID-19
Knowledge, Attitudes, and Practices Assessment

Round 1: Government-Controlled Areas of Donetsk and Luhansk

August 2020

INTRODUCTION

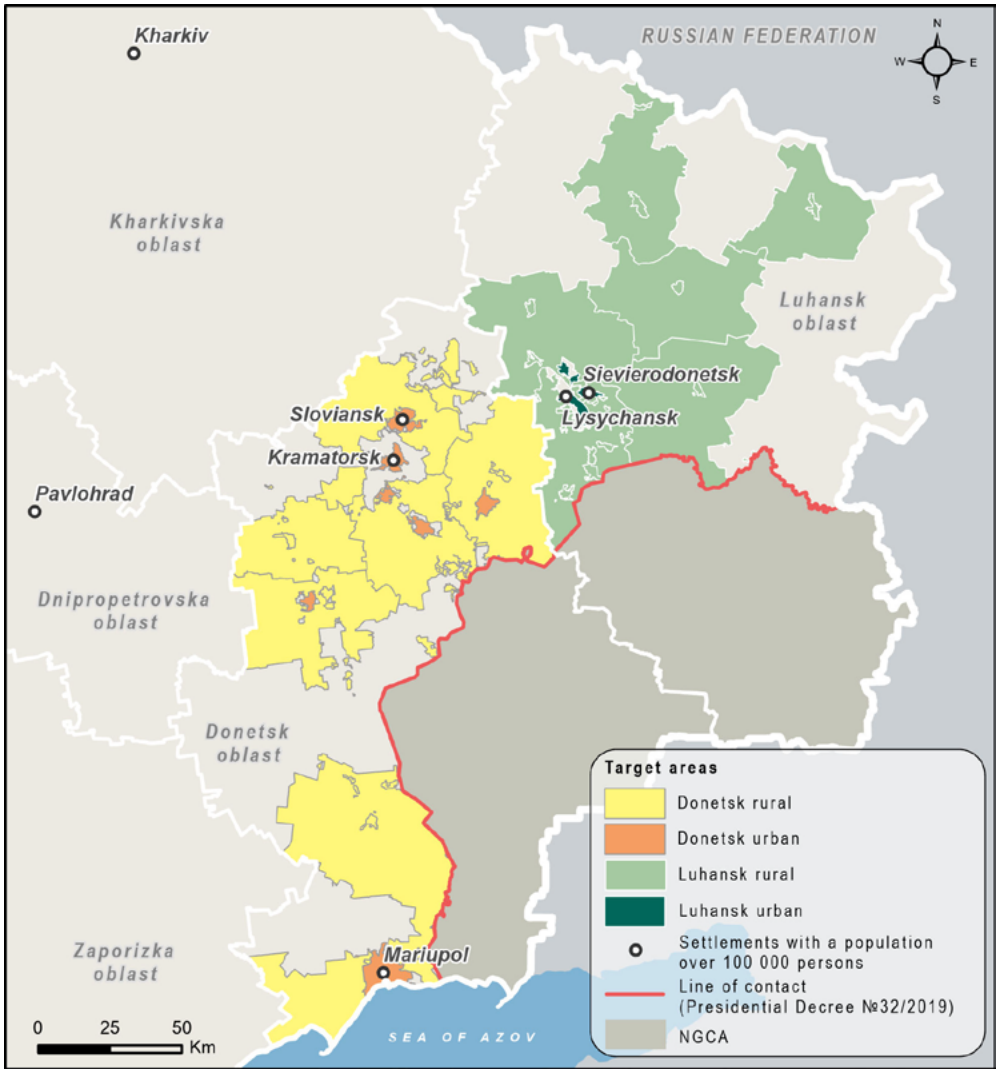
Entering its 7th year, the armed conflict in Eastern Ukraine is still active with 3.4 million people in need of humanitarian assistance.[1] The COVID-19 pandemic has further compounded the ongoing crisis; as of August 30th the number of confirmed cases of COVID-19 had surpassed 100,000 in the country, including 1,733 confirmed cases in the Eastern Conflict Area.[2] Actors including the World Health Organization (WHO) and oblast administrations expect that this is an under-representation of the situation, with levels of testing roughly equivalent to one confirmed case for every 14 tests completed, substantially higher than the WHO-recommended 5% positive samples.[2,3,4] The population in Ukraine is particularly vulnerable to the COVID-19 outbreak, due to both an ageing population and high rates of chronic illness such as multidrug-resistant tuberculosis, heart disease, diabetes and human immunodeficiency viruses (HIV).[5] Between the Government and Non-Government Controlled Areas of Donetsk and Luhansk Oblasts (GCA and NGCA), elderly individuals account for almost one third (32%) of people in need – the highest proportion among humanitarian crises worldwide.[1]

With the number of COVID-19 cases continuing to increase nationally, community engagement in infection prevention and control (IPC) practices is essential to stemming the spread of the virus. Successful curbing of the infection rate will help protect the most vulnerable, as well as prevent the healthcare system from becoming overwhelmed. To inform humanitarian partners responding to the COVID-19 outbreak, the Knowledge, Attitudes, and Practices Assessment (KAPA) was launched to evaluate the degree to which populations have access to and use information on COVID-19 and the recommended actions for reducing the risk of infection and transmission. It also seeks to understand household attitudes towards COVID-19 messaging, uptake of recommended preventative practices, as well as access to essential healthcare services and water and hygiene materials required to observe IPC measures. Data collection was completed in partnership with Kyiv International Institute of Sociology (KIIS) between 21 July and 10 August 2020. For the first round, a total of 1,595 surveys were completed via Computer-Assisted Telephone Interviews (CATI) using stratified simple random sampling of non-comprehensive resident lists. Findings are therefore representative with a 95% confidence interval and a 5% margin of error, but may not be generalisable to all households in Donetsk and Luhansk oblasts in GCA. Findings presented in this factsheet may not include answers such as "Don't know" or "Decline to answer" and total percentages may therefore not sum to 100%. The full activity terms of reference can be accessed at this link.

KEY FINDINGS

- Certain preventative practices seem to be widely adopted by GCA residents, with over 70% of respondents reporting wearing a facemask and washing their hands. Other crucial preventative measures such as social distancing or avoiding crowded spaces are reportedly being adopted to a lesser degree (<50%). Furthermore, 35% of respondents reported that their community complied with social distancing measures even to a moderate extent.
- Reported opinions on national response measures were mixed. Nearly half of respondents (48%) reported to oppose the closure of public spaces implemented by the Goverment, while a majority of respondents supported the mandatory wearing of masks (78%), and opinion was divided over the closure of non-essential businesses (50% in favour).
- Roughly two-thirds of respondents (67%) reported increasing handwashing practices to three-four times per day, with 85% of respondents washing hands for the recommended 20 seconds or longer. However, a quarter of respondents reportedly did not disinfect any surfaces in their home.
- Over half of respondents (54%) had reportedly not seen any public health information concerning mental well-being during the COVID-19 outbreak, and roughly one-third could not name ways to reduce feelings of stress. Ten per cent (10%) of respondents reportedly did not have access to any form of healthcare, neither in-person nor remote.
- The most commonly cited modes of accessing information were local television (52%), followed by Facebook (21%). Sixteen per cent (16%) of households did not have access to the internet either via computer or mobile device. Friends and family (71%) and healthcare workers (66%) were reported by the highest proportion of respondents to be trustworthy sources of information, while local and national authorities were reported to be trustworthy by less than 40% of respondents. More than half of respondents (59%), however, had heard conflicting or contradicting information from friends, family, or on social media.

Map 1: Assessed settlements in Donetsk and Luhansk



1. OCHA. Humanitarian Needs Overview (HNO). Ukraine. 2020.
2. Official information portal of the Cabinet of Ministers of Ukraine.
3. The COVID-19 crisis in Ukraine. OECD. September 2020.
4. World Health Organization. Public health criteria to adjust public health and social measures in the context of COVID-19. 2020.
5. Institute for Health Metrics and Evaluation. Ukraine.

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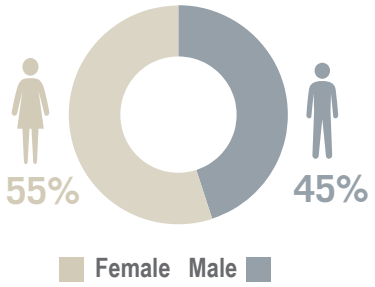
DEMOGRAPHICS

Age and count of respondents:

18-29	13%
30-39	19%
40-49	18%
50-59	17%
60-69	17%
70+	16%

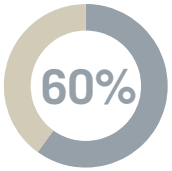
Breakdown of respondents by gender:



30% of households had **at least one member over the age of 60**

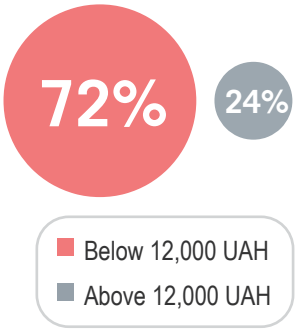
39% of respondents **were internally displaced** (both with or without status)

32% of households had **children under the age of 15**



of households had at least **one member with a disability or underlying health condition**

Average monthly household income reported, as above or below the national average[5] in Ukrainian hryvnia (UAH):



40% of households that had a member with a disability, reported the following difficulties[6]:

26%	Seeing even while wearing glasses
17%	Walking or climbing stairs
7%	Memorisation or concentration
6%	Hearing even if using a hearing aid
6%	Self-care (washing or dressing)
2%	Using usual language

50% of households that had a member with an underlying health condition, reported the following conditions[6]:

19%	Serious heart condition
15%	Other ongoing chronic illness
10%	Diabetes
5%	Liver disease
4%	Chronic lung disease
4%	High blood pressure
4%	Moderate to severe asthma

6. Multiple answers were allowed for this question.

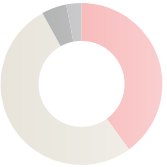
KNOWLEDGE OF COVID-19

% of respondents reporting trends in Ukraine's COVID-19 prevalence:

Increasing	36%
Decreasing	20%
Staying the same	31%

% of respondents considering themselves to be knowledgeable about COVID-19:

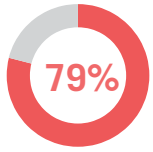
Well informed	40%
Somewhat informed	52%
Somewhat uninformed	5%
Very uninformed	2%



Groups of individuals most at risk of severe COVID-19 infection identified by respondents[6]:

Elderly individuals (65+)	57%
Underlying health conditions	18%
Weakened immune systems	15%
Everyone	14%
Children	12%
Healthcare workers	9%
Don't know	6%

of respondents suspected that a member of their household, family or someone they knew had **contracted COVID-19**



of respondents believe COVID-19 is a **contagious disease**

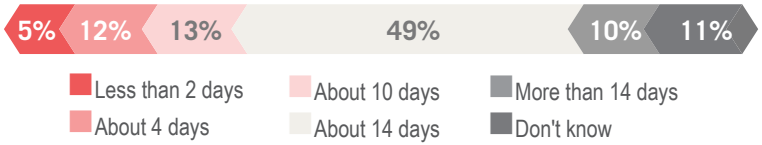
Respondents named the primary modes of COVID-19 transmission[6]:

Coughing	76%
Contact with infected individuals	47%
Contact with infected surfaces	22%
Contaminated meat and dairy	4%
Don't know	6%

Respondents named the main symptoms of COVID-19[6]:

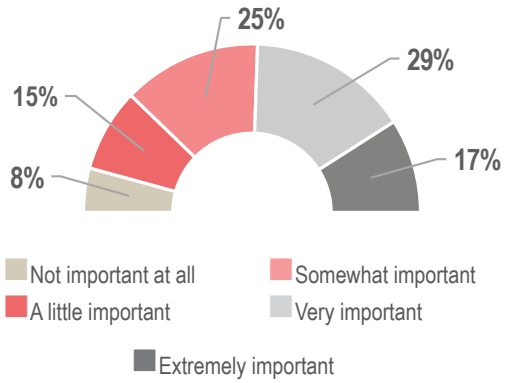
Fever	92%
Dry cough	73%
Shortness of breath	43%
Tiredness	16%
Aches and pains	8%
Sore throat	7%
Loss of taste or smell	5%

% of respondents reporting period of time after being infected with COVID-19 before someone would show symptoms:

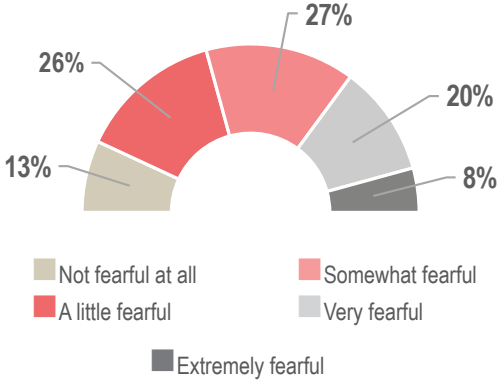


PERCEPTIONS OF COVID-19

% of respondents reporting the degree to which they consider COVID-19 an important issue:



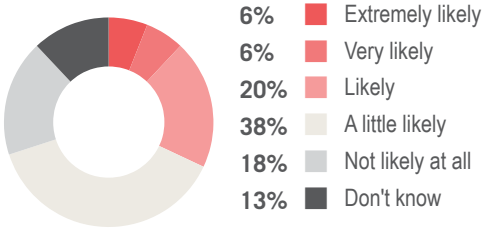
% of respondents reporting how they feel about COVID-19:



Three most commonly reported concerns relating to COVID-19, by % of respondents[6]:

No concerns	34%
Lack of social interaction	14%
Other*	13%
Problems with public transport	12%
Loss of income	11%
Loss of job	10%
Increase in prices of goods or shortages	9%
Lack of access to education	8%
Long-term economic decline	6%

% of respondents reporting their perceived likelihood of contracting COVID-19:



Some of the most common additional concerns cited as "other" responses included closure of borders, lack of mobility or freedom of movement, difficulties travelling to access services or for leisure, including crossing the contact line, being unable or afraid to leave home and quarantine.

KNOWLEDGE & UPTAKE OF IPC BEHAVIOURS

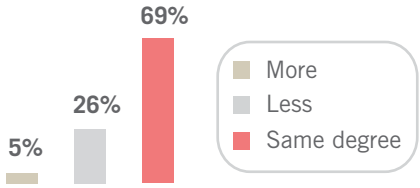
Personal preventative measures

Most commonly cited preventative measures against COVID-19, by proportion of respondents[6]:

Wearing a facemask	79%
Hand-washing	77%
Avoiding populated areas	47%
Social-distancing in public	42%
Avoid touching face	26%
Avoid contact with sick persons	22%
Staying home when sick	22%
Hygienic coughing practices	21%
Careful handling objects	10%

70-80% 40-50% 10-30%

Degree to which respondents practice preventative measures at the time surveyed, when compared with the quarantine period[7]:



Among the 26% of respondents[8] that reported practicing preventative measures less:

59% decreased the practice of wearing a face-mask

13% decreased hand-washing, avoiding populated areas and social distancing in public

Behaviour change

Respondents estimated the recommended distance to stand from others to avoid COVID-19 infection:

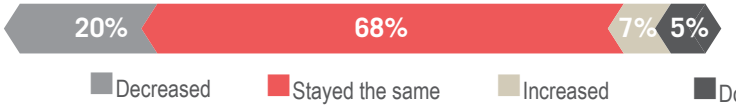
About 1 metre	5%
About 1.5 metres	63%
About 2 metres	20%
More than 2 metres	7%

% of respondents reporting how they usually greeted people outside of their household (during 2 weeks prior to data collection)[6]:

Verbally (1.5 metres apart)	32%
Shake hands	25%
Have not met anyone	23%
Verbally (less than 1.5m apart)	15%
Hug	8%

7. The period of "quarantine" in Ukraine refers roughly to the period between March 12th and May 21st, where considerable restrictions were imposed under the national response to COVID-19.
8. This question was asked to a subset of 398 respondents, that reported that their level of compliance with preventative measures against COVID-19 had decreased since the quarantine.

% of respondents by reported change in frequency of attendance at social events since the relaxation of the quarantine:

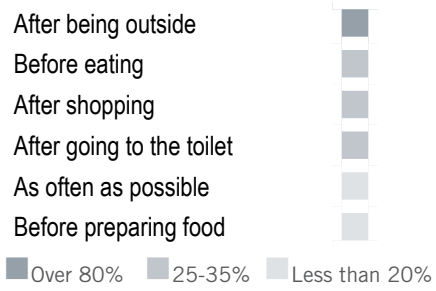


Hygiene-related behaviours

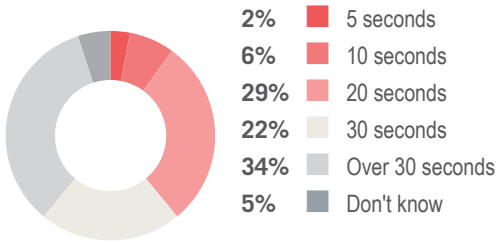
Frequency of daily hand-washing or cleaning with alcohol-based disinfectant among respondents:

Every few hours or more	45%
Three to four times a day	17%
Once to twice a day	9%
Less than once a day	2%
Only after being outside	16%
Never	9%

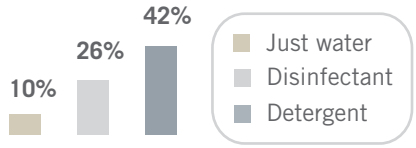
Respondents named times of the day that they should wash their hands[6]:



% of respondents reporting duration of time spent washing hands:



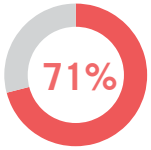
Respondents reported how they would wash their hands if soap was unavailable[9]:



% of respondents that disinfect items in their homes[6]	
Cell phones	59%
TV remote	27%
Keys	25%
Wallet	22%
Laptop / tablets	18%
Shopping products	22%
None of the above	28%

% of respondents that disinfect surfaces in their home[6]	
Door handles / knobs	64%
Tables	37%
Kitchen surfaces	37%
Bathroom	38%
Cupboard handles	31%
Kitchen appliances	28%
Light switches	33%
None of the above	25%

Barriers and challenges



of respondents reported that they had **no problems with hygiene** in their household

- **14%** of respondents reported that hygiene goods were too expensive
- **11%** of respondents reported limited or no access to water
- **3%** of respondents reported that hygiene goods are of poor quality
- **3%** of respondents reported that some hygiene goods were not available

Primary challenges reported for elderly (60+) household members in protecting themselves against COVID-19[10]:

No problems	71%
Cannot afford supplies	8%
Social networks decreased	7%

Primary challenges reportedly faced by households in protecting children (under 15) against COVID-19[11]:

No problems	75%
Understanding prevention	6%
Understanding severity	6%

Primary challenges for household with at least one member disability in protecting themselves against COVID-19[12]:

No problems	75%
Difficulty with self-care	6%
Unable to access supplies	6%

Among households with at least one member with a disability, 7% reported other challenges, including inability to access medical care and a lack of finances to purchase protective supplies.

HEALTH-SEEKING BEHAVIOURS

% of respondents reporting actions they would take in the case of mild COVID-19 symptoms[6,13]:

Call your family doctor	58%
Go to the hospital	18%
Urgently call an ambulance	15%
Follow doctors instructions	9%
Stay at home	9%
Take medication	8%

% of respondents reporting actions they would take in the case of severe COVID-19 symptoms[6,14]:

Urgently call an ambulance	48%
Call your family doctor	46%
Go to the hospital	16%
Follow doctors instructions	8%
Stay at home	6%
Take medication	5%

9. Not all answers for this question are presented: a number of alternate answers were identified, corresponding to the approximately 20% missing (including shampoo, soda, or alcohol).
10. This question was asked to a subset of 480 respondents that reported having an elderly member (60+) within their household.
11. This question was asked to a subset of 508 respondents that reported having a household member under the age of 15.
12. This question was asked to a subset of 636 respondents that reported having a household member that was living with a disability.
13. Mild COVID-19 symptoms were described as a dry cough, mild fever and tiredness.
14. Severe COVID-19 symptoms were described as a high temperature that did not subside, and/or difficulty breathing.

Respondents named activities to reduce stress, anxiety and depression during the COVID-19 outbreak[6]:

Difficult to say	35%
Don't panic, calm down	12%
Personal hygiene	12%
Do things you enjoy	11%
Keep up a daily routine	8%
Allocate time for work and rest	7%

over 30% 10-14% 5-9%

% of households with elderly members reporting healthcare services elderly members were unable to access[6,15]

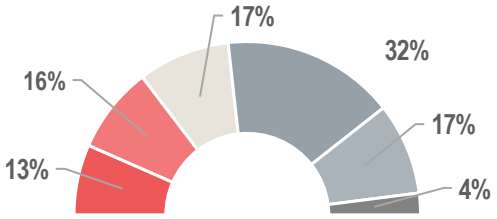
Specialists	10%
Family doctor	9%
Other essential care	6%
Pharmacy services	5%
None of the above	75%

NATIONAL RESPONSE MEASURES

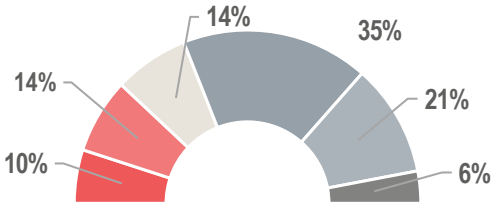
Respondents recalled measures taken by the Government of Ukraine in response to the COVID-19 outbreak[6]:

Quarantine (stay at home)	54%	Self-isolation (for 60+)	17%
Compulsory masks in public	26%	Closure of cafés, restaurants, clubs	15%
Closure of public transport	23%	Movement restrictions for groups >2	14%
Closure of educational institutions	17%	Don't know	13%

% of respondents reporting the degree to which they trust the Government of Ukraine to manage the COVID-19 outbreak effectively:



% of respondents reporting the degree to which they agree that people should give up their daily activities and change routines to prevent spread of the virus:



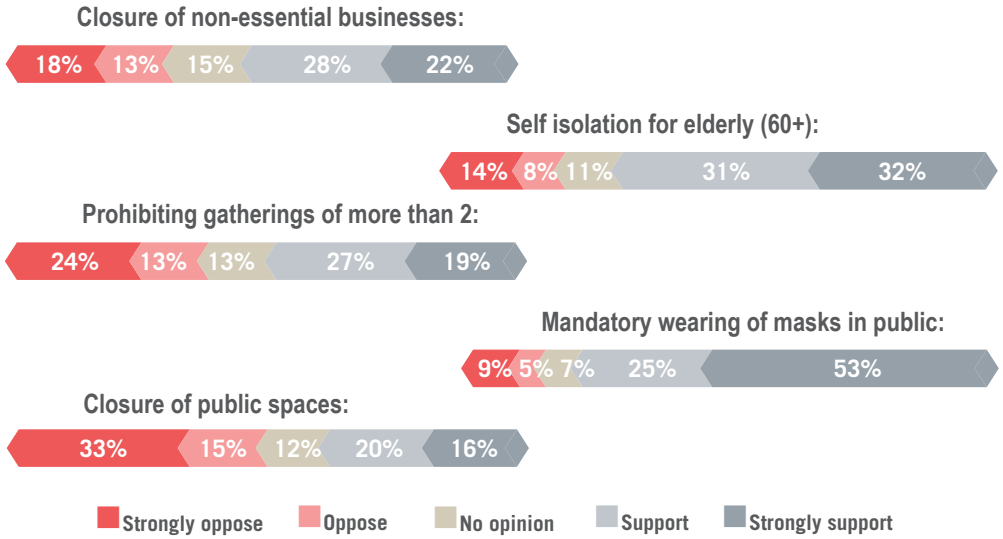
Strongly disagree Disagree No opinion Don't know Agree Strongly agree

15. This question was asked to a subset of 480 respondents that reported having an elderly member (60+) within their household.
16. This question was asked to a subset of 381 respondents that disagreed or strongly disagreed that individuals should be willing to give up their daily activities and change their routines to prevent the spread of the virus.

Respondents that disagreed that people should be willing to change their routine, gave the following justifications[16]:

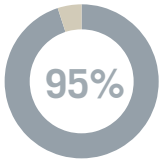
28%	Need to work and earn money
7%	Do not believe in the virus
3%	Not afraid of the virus

Respondents were asked whether they support or oppose the following Government measures to contain the spread of COVID-19, implemented between March-May, 2020:

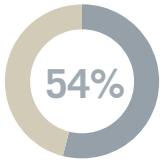


Strongly oppose Oppose No opinion Support Strongly support

COVID-19 PUBLIC HEALTH MESSAGING

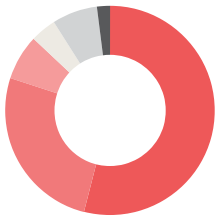


of respondents reported that they **had seen or heard public health advertisements with messages** on recommended COVID-19 preventative practices, since the beginning of the outbreak



of respondents reported that they **had not seen or heard any information materials concerning mental health and well-being** during the COVID-19 outbreak

% of respondents reporting when they saw or heard COVID-19 related public health announcements:



54%	Today
26%	Last few days
7%	Last week
4%	1-2 weeks ago
7%	> 2 weeks ago
2%	Don't know

Respondents recalled where they had seen or heard COVID-19 related public health announcements[6]:

Local television	57%
Posters / billboards in the area	35%
Facebook	20%
Youtube	12%
Radio	11%
Posters in public transport	7%

Respondents recalled three things that they remembered about these public health messages[6]:

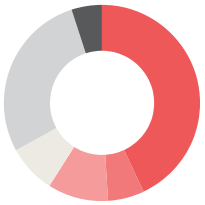
Wear a mask outside	81%
Social distancing	55%
Wash hands for 20 seconds	33%
Wash hands more often	31%
Use hand sanitiser	22%
Stay at home	15%

% of respondents reporting service providers or hotlines to contact in case of concerns relating to COVID-19[6]:

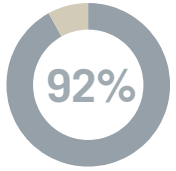
38%	Not aware of any
34%	Family doctor
9%	Ambulance

ACCESS TO INFORMATION

% of respondents recalling how often they sought out information on COVID-19 in the two weeks prior to data collection:



43%	Never
6%	< Once a week
10%	Once a week
8%	Several times a week
28%	Everyday
3%	More often



of respondents reported that they were **able to access enough information** on COVID-19

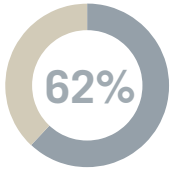
% of respondents reporting types of further information needed on COVID-19[6]	
No information needed	42%
What to do in case of infection	28%
How is the virus transmitted	23%
How to protect the most vulnerable	22%
National response measures	14%

% of respondents reporting their preferred ways of accessing information on the COVID-19 outbreak[6]:

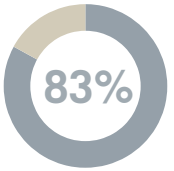
Local television	52%
Facebook	21%
COVID-19 Viber community	13%
Youtube	13%
Internet	11%
Ukraine Ministry of Health	8%
Radio	8%

17,18. This question was asked to a subset of 508 respondents that reported having a household member under the age of 15.

% of households reporting problems that they had in accessing information[6]	
Information written in a confusing way	23%
Information not or infrequently available	15%
Difficult to say	14%
Did not know where to find information	11%
Information unavailable in preferred format	9%
Household does not use media	7%



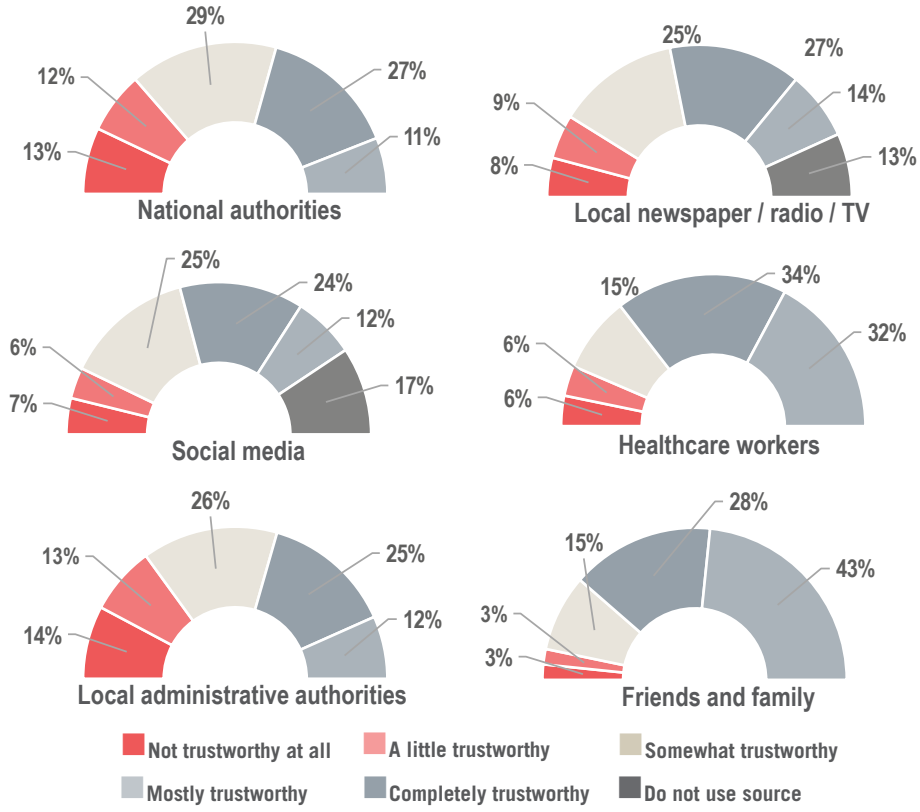
of households with children reported that there are **sufficient COVID-19 related information that is child-friendly**[17]



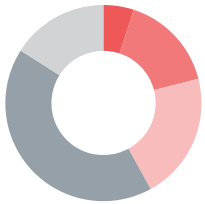
of households with children reported that children were **informed on recommendations to prevent COVID-19 spread**[18]

87% of households reported that COVID-19 related information is **easy to understand** and **available in accessible formats that all household members can understand**

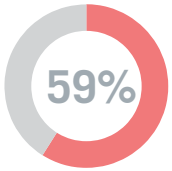
Respondents rated the degree of trustworthiness of the following sources of information on COVID-19:



% of respondents reporting how confident they feel in the reliability of information available:



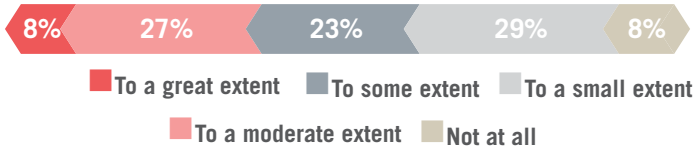
5%	Not confident at all
15%	Slightly confident
20%	Somewhat confident
41%	Fairly confident
15%	Completely confident



of respondents had **heard conflicting or contradicting information on COVID-19 from friends, family or on social media**

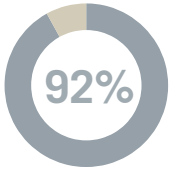
SOCIAL DYNAMICS & COMMUNITY RESPONSE

Respondents reported the extent to which they felt their community has complied with social distancing measures:



Respondents reported on perceived neighbourhood reaction to a suspected COVID-19 case in their area[6]:

Difficult to say	38%
Avoid the suspected person	18%
Panic, fear or anxiety	17%
Self-isolate	17%
Go to a doctor or try to get tested	9%

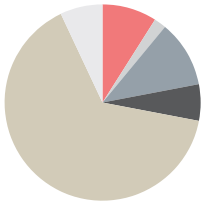


of respondents reported that they were **not aware of any instances of discrimination against any particular groups** as a result of COVID-19

% of respondents reporting on the existence of any community-led responses to the COVID-19 outbreak in their neighbourhoods[6]:	
Not aware of any - there are no community responses in my area	46%
Delivering of protective equipment to elderly and vulnerable individuals	36%
Production of personal protective equipment	24%
Mental health and psycho-social support services	9%
Supporting local businesses remotely	7%

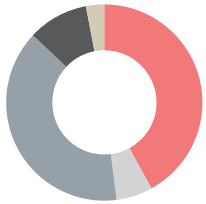
ACCESS TO HEALTHCARE SERVICES & HYGIENE

% of respondents reporting whether their household has access to mental health or psycho-social services:



9%	Yes - in-person
2%	Yes - online
11%	Yes - both
6%	Unable to find
64%	Not needed
7%	Don't know

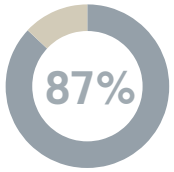
% of respondents reporting the type of healthcare facility their household has access to:



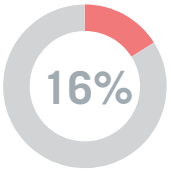
42%	Health facility
6%	Remote service
39%	Both
10%	Neither
4%	Don't know

% of respondents reporting the items of hygiene most needed for their household to remain healthy[6]:

Soap (for handwashing)	72%	Toothbrush	14%
Sanitizers	55%	Laundry detergent	14%
Masks	45%	Toothpaste	12%
Shampoo	19%	Wet wipes	11%
Laundry soap	15%	Paper napkins	8%



of respondents reported that they were **able to find all of their most needed hygiene items within their settlement**



of respondents **reported not having access to the internet** either via a computer or mobile device

Respondents reported on how the hygiene situation in their household has changed, when compared to the period before the COVID-19 outbreak:

The following three pages include analysis on how the previously presented findings may vary across key geographical areas as well as demographic groups, particularly those that are potentially vulnerable to worse-off COVID-19 outcomes such as households with an individual with a disability or health condition, older members or households in lower income brackets. This additional comparison was conducted with the aim of contributing to a deeper understanding of how specific groups of GCA residents may be comprehending COVID-19 differently (knowledge), may have different perceptions (attitude), and importantly, may be implementing individual and community preventative measures to varying degrees (practice).

PERCEPTIONS OF COVID-19

The following section explores respondents' perceptions of COVID-19, including the perceived importance of the current outbreak, likelihood to contract the disease, the level of fear felt and key concerns. While a majority of respondents reported being either a little fearful (26.5%) or somewhat fearful (26.5%) of COVID-19, an analysis of those reporting to be very or extremely fearful suggests that **residents of rural areas, women, and elderly individuals are more fearful of the outbreak** as compared to their urban, male, and younger counterparts. Rural residents also consider the outbreak to be more important than residents of urban areas, and female respondents reported concerns more often than male respondents. Potentially associated with their reported fear of the outbreak, elderly people also reported higher perceived likelihood of contracting COVID-19 when compared to other age groups.

Figures 1, 2, and 3 illustrate these trends, showing a higher proportion of residents of rural areas, older and female respondents reporting being either extremely or very fearful of COVID-19. Similar trends were found for respondents reporting importance of COVID-19. While each characteristic has been considered separately for the purposes of this analysis, the trends in the findings may suggest that someone with all three overlapping characteristics (i.e. an elderly woman living in rural areas) may be the most fearful of COVID-19.

% of respondents reporting feeling either "extremely fearful" or "very fearful" about COVID-19

Figure 1: By place of residence

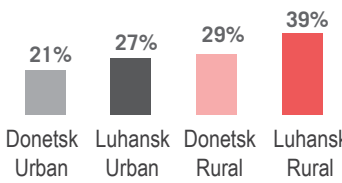


Figure 2: By sex

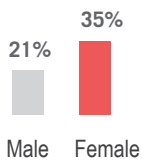
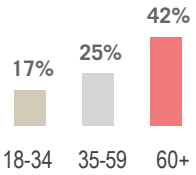


Figure 3: By age



Despite being more likely to report fear of COVID-19, female respondents and those living in rural areas did not report a higher perceived likelihood of contracting the virus; in fact, a higher proportion of female respondents reported being not likely at all to contract COVID-19, as compared to male respondents.

Contracting COVID-19 was not identified by any groups as a top concern. Rather, **direct or indirect socioeconomic consequences were consistently cited as a top concern**. In particular, they can be grouped into two categories: more 'immediate' needs (lack of social interaction – 14%; problems with transport – 12%; loss of income – 11.5%; loss of job – 10%; increase in the value of goods – 9.5%) and medium- to long-term needs' (long-term economic decline – 6.5%; inability to access healthcare services – 3%; mental health or wellbeing – 2%).

Despite the fact that a higher proportion of rural residents reported being fearful of COVID-19, when asked to name their top concerns, they were less likely to name specific concerns (figure 4). Young and urban residents (figure 5) were more likely to identify loss of income and loss of employment, while elderly respondents reported the increase in the value of goods more often than any other any groups. This pattern seems to **distinguish between economically active groups whose needs revolve around income while for pensioners, needs revolve around expenditures**. Households with children were also more likely to report being concerned with the loss of job and / or income than those who do not have any.

Variations in terms of reported COVID-19-related concerns[6]

Figure 4: By place of residence

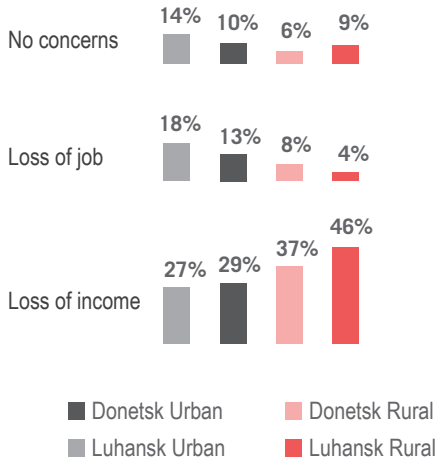
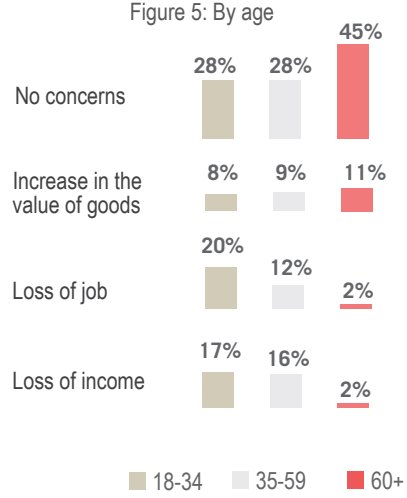
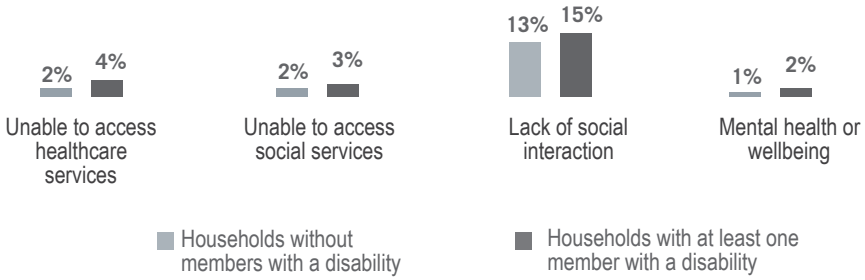


Figure 5: By age



Households with at least one member with a disability reported their own specific concerns (figure 6), with notably the inability to access healthcare services, the lack of social interaction or mental health cited more often than those households without members with a disability. These concerns are more inclined towards social needs and associated with support from relatives or the state.

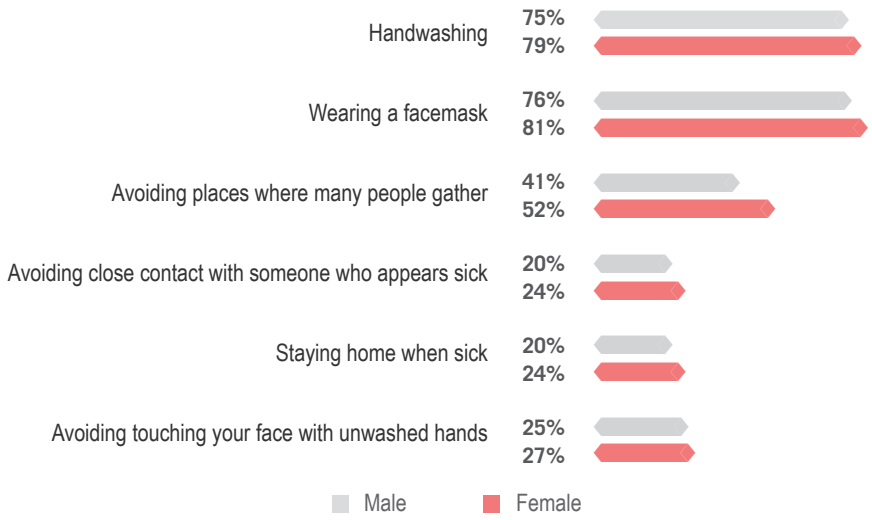
Figure 6: COVID-19-related concerns by households with/out members with a disability



KNOWLEDGE AND UPTAKE OF IPC BEHAVIOURS

This section sheds light on the reported practices adopted by different groups of respondents. For some particular profiles, their **attitudes and views of public action seem to be directly correlated with the behaviours that they reportedly adopt**. More specifically, groups demonstrating a resistance to the preventative measures taken in early stages of the oubtreak (March-May 2020) by the government of Ukraine[19] are also those less likely to report practicing these measures. Across all the preventative strategies listed, a higher proportion of female respondents report to have adopted them than males (figure 7). In terms of age groups, respondents 60+ were significantly more likely to report avoiding places where many people gather, while 18-34 report wearing a mask significantly more than elderly people.

Figure 7: List of preventative measures adopted by respondents, by sex[6]



The characteristics of GCA residents who reported to a larger extent strongly opposing the measures are male respondents, urban dwellers and generally younger (18-34). This trend can be observed across most measures enforced. In the same vein, **urban residents and male respondents tend to show higher levels of distrust**, as figures 8, 9 and 10 show. As will be introduced in the following section, they also more often find the available information on COVID-19 slightly or not reliable.

% of respondents reporting either "disagree" or "strongly disagree" that they trust the Government of Ukraine to manage the COVID-19 outbreak effectively

Figure 8: By place of residence

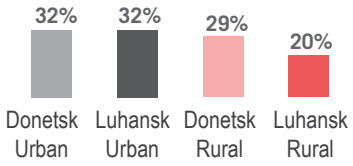


Figure 9: By sex

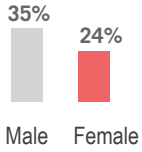
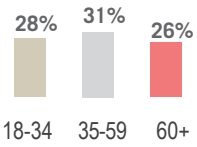


Figure 10: By age



ACCESS TO INFORMATION

This section reviews key aspects of access to public information: recollection, stance towards information search and trust. Findings show that nearly all respondents have regular access to government-endorsed health messages. Despite this, attitudes in searching for further information vary considerably from a demographic group to another, with the groups who previously expressed worry and fear of COVID-19 reportedly being the most proactive in accessing updated information on a day-to-day basis. Male respondents and those aged 18-34 reported not to be seeking information, more so than their female and older peers. Parallel to this, they also are the groups with a higher proportion of low levels of confidence in the reliability of the information available.

The below charts show that male as well as young respondents were more likely never to have sought COVID-19-related information in the two weeks prior to data collection (figure 11), while female respondents and other age groups have reported every day on a much higher level (figure 12). This corroborates other findings, according to which **female and 60+ respondents were found to a larger proportion to be concerned and self-identified as knowledgeable about COVID-19**. Such categories of respondents have in this way adopted a rather proactive stance in seeking COVID-19-related information.

Reported frequency of information seeking on COVID-19 in the two weeks prior to data collection

Figure 11: By sex

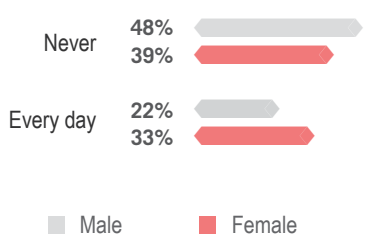
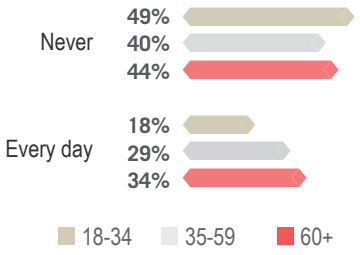


Figure 12: By age



With regards to specific key messages reportedly retained by respondents, wear a mask outside was the most cited action (81%), followed by social distancing (55%) and stay at home (15%)[20]. Among these, residents of rural areas were more likely to remember stay at home as a key message on recommended COVID-19 practices, while urban dwellers would instead report to a greater extent social distancing. It is to be noted that urban residents, compared to rural residents, tend to report more often distrust in the information that they have. The same goes applies for male respondents , in comparison with females. Lastly, those aged between 35-59 are significantly more often reporting little to no confidence compared to other age groups (figure 15).

Proportion of respondents reporting being "not confident" and "slightly confident" with regards to the information available

Figure 13: By place of residence

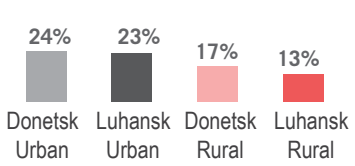


Figure 14: By sex

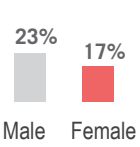
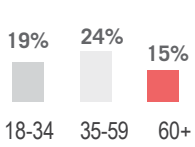


Figure 15: By age



19. Government portal, Communications Department of the Secretariat of the CMU. New restriction measures for the period of quarantine explained. April 2020.
20. Multiple answers allowed.

ACCESS TO HEALTHCARE SERVICES & HYGIENE

This section presents households' reported challenges and barriers to accessing healthcare services and hygiene. While most households reported no challenges associated with hygiene practices across all geographic and demographic groups, the costs associated with hygiene become increasingly difficult to meet for households with certain characteristics, such as a member with a disability. Findings show that not only are costs perceived to be greater when compared to households' financial ability, but also their access to healthcare facilities and specific psychosocial services is lower. This cumulative effect is potentially explained by the fact that rural households generally rely on lower incomes[21]. The cost of hygiene goods being too high was also cited by a higher proportion of rural residents as well as households with an elderly individual (60+) and households with a member with a disability (figure 16).

Figure 16: % of respondents reporting challenges associated with hygiene practices, by households with/out members with a disability and by presence of an elderly individual (60+) in household[6]

In terms of reported access to either a healthcare facility (in-person) or a remote medical service, urban residents along with respondents in higher income brackets have, to a larger proportion, reported access to both (figure 17). On the other hand, rural residents and those with a reported monthly income lower than 12.000 Ukrainian hryvnia (UAH) have an **increased likelihood of having access to neither in-person nor remote services (10% of total respondents)**, highlighting the **potential of this virus to exacerbate economic inequities and associated health outcomes** (figure 18).

Reported access to healthcare facilities and remote medical services

Figure 17: By place of residence

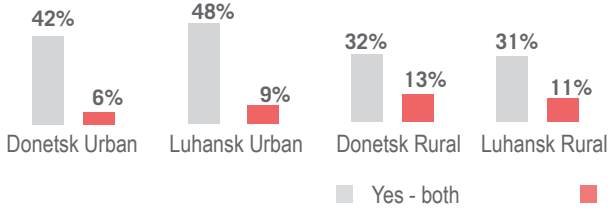
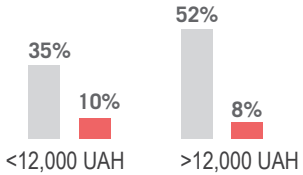


Figure 18: By income



When it comes to access to mental health or psychosocial services, roughly the same differential prevails, with rural residents and lower income groups having demonstrated an interest in accessing these services but not knowing where to (figures 19 and 20). Additionally, households with at least one member having a disability have also significantly more often reported a need in accessing these services compared to households without any members having a disability (figure 21). It should not be overlooked that 64% of total respondents reported psychosocial services were not needed.

Reported access to mental health or psychosocial services

Figure 19: By place of residence

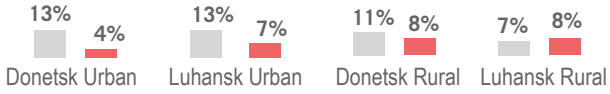
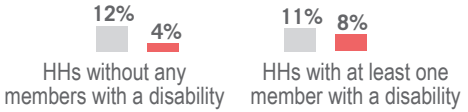


Figure 20: By income

Figure 21: By households with/out members with a disability



It would appear that access to both healthcare services and mental health services **is unequally distributed among the different groups surveyed**. Factors such as place of residence, income or disability, have shown to play a significant role over access and needs. To try and offer a tentative explanation, it would seem that rural areas, with potentially limited medical presence and attention[22], are also those with greater concerns and fear towards COVID-19.

CONCLUSION

The multiple indicators explored as part of this assessment are all different yet complementing and often times mutually reinforcing components that help better understand the COVID-19 response, its implementation, and its acceptance by the different population groups surveyed. This assessment is also an opportunity to reflect on how various factors may affect individuals and their communities. The findings presented through the last pages of this factsheet have shed light on how, among others, household composition, respondent characteristics, or socioeconomic conditions may shape or influence behaviour change, uptake of information and people's ability, and likelihood of implementing actions to prioritize each other's safety and well-being during the COVID-19 outbreak.

[22] Evaluation of structure and provision of primary care in Ukraine. A survey-based project in the regions of Kiev and Vinnitsa. World Health Organization. 2010.

ABOUT REACH's COVID-19 response

REACH Initiative 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. As an initiative deployed in many vulnerable and crisis-affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. REACH is currently scaling up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the 20+ countries where we operate. COVID-19 relevant Knowledge, Attitudes, and Practices (KAP) Assessments are a key area where REACH aims to leverage its existing expertise to help humanitarian actors understand the impacts of changing restrictions on individuals and communities. For more information, please visit our website at www.reach-initiative.org, contact us directly at geneva@reach-initiative.org or follow us on Twitter at @REACH_info.