

Background

Entering its eighth year of conflict in its east, Ukraine continues to struggle with challenges in the conflict-affected areas, especially with regards to the provision of basic services that were disrupted by the conflict and the subsequent functional separation between government- and non-government controlled areas (GCA and NGCA). This factsheet will focus particularly on the disruptions to health services. Communities living near the 'line of contact' were particularly affected, as many health facilities were concentrated in the larger urban areas of Donetsk and Luhansk,¹ currently located in NGCA. For the healthcare system in GCA, the ability to cope with both new and pre-existing healthcare needs has been seriously disrupted by insecurity, insufficient 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.²

The situation has likely been exacerbated by the direct and indirect impacts of the COVID-19 pandemic. The pandemic may also further impact vulnerable groups (such as the elderly and people with disabilities) who, as previous REACH assessments suggest,³ were already disproportionately affected by barriers to accessing healthcare services. Prior to the pandemic, REACH assessments also found communities in the eastern conflict area have limited access to reproductive services. Pre-existing mental health and psychosocial support needs of the conflict-affected population in the east of Ukraine and across the whole country may also be intensified because of the significant distress and indirect socio-economic effects caused by the COVID-19 pandemic.⁴

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. Some of these gaps include information on the perception of personal health and access to health, health awareness levels, health seeking behaviours, perceptions of the quality of health services and people's perceptions regarding health services, perceptions of risks and outlooks related to the conflict in Eastern Ukraine worsened by direct and indirect impacts of the COVID-19 pandemic.

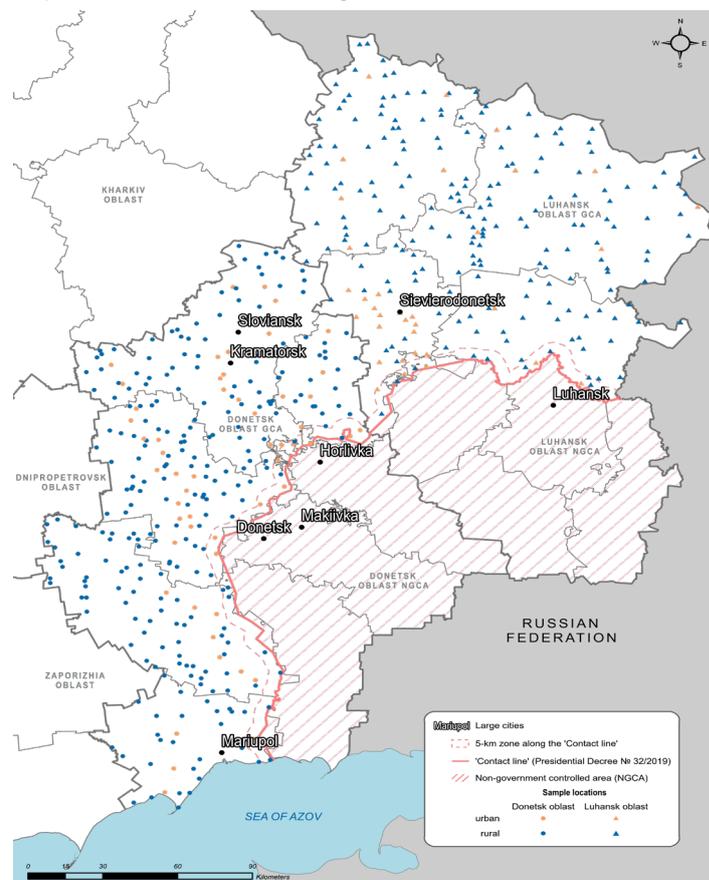
To gather up-to-date information on residents' of Donetsk and Luhansk GCA perceptions about health and the effects of the COVID-19 pandemic, REACH Initiative (REACH) conducted a Health Perceptions Assessment (HPA) in GCA of Donetsk and Luhansk oblasts. The assessment was carried out by REACH, with funding from the European Civil Protection and Humanitarian Aid Operations (ECHO) and in coordination with the Health Cluster (HC) partners in Ukraine. The HPA is aimed to fill information gaps that 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 healthcare.⁵

Methodology

The assessment was implemented through a phone-based individual survey, conducted in GCA of Donetsk and Luhansk Oblasts. In collaboration with the Health Cluster, a joint set of indicators and questionnaire were agreed upon and administered by trained enumerators to a sample of individuals in each settlement of the GCA. Data collection, cleaning and analysis were conducted by REACH.

Map 1 shows areas covered by the HPA. GCA of Donetsk and Luhansk were divided into four strata based on the first level of administrative division (Donetsk oblast, Luhansk oblast), and the officially defined type of settlement (rural, urban). About 400 interviews were conducted in each stratum throughout April 2021 (1631 interviews in total). During the data collection, part of the individuals were selected randomly among those respondents from the REACH database, who had previously participated in REACH surveys and consented to be re-contacted, and other part of respondents' contacts had been gathered and provided by settlement administrations, in order to reach respondents living in settlements that are further from the 'line of contact'. This sampling approach allowed for collecting sufficient data needed for the assessment but compromised the overall generalizability of findings to the wider population of GCA residents, making the findings indicative.⁶

Map 1: HPA data collection coverage



¹REACH, Ukraine: Capacity & Vulnerability Assessment - Volnovakha Raion, Government Controlled Area, (November - December 2018). Available [online](#)

²REACH, Rapid Health Facility Assessment, GCA (2020). Available [online](#)

³REACH, Multi-Sector Needs Assessment, GCA (2020). Available [online](#)

⁴REACH, Attitudes, and Practices Assessment - Round 1 (GCA). Available [online](#)

⁵Detailed terms of reference of the HPA are available [online](#)

⁶Full cleaned dataset of the HPA is available [online](#)

Perceptions of health status and risk to health

Figure 1: Proportion of respondents by main health-related problems considered as the most relevant/common in the GCA of Donetsk and Luhansk*

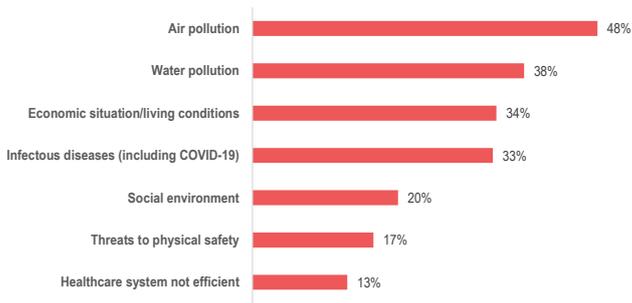


Figure 2: Proportion of respondents by main health-related factors¹ that they believe have the biggest effect on their health status in the GCA of Donetsk and Luhansk²

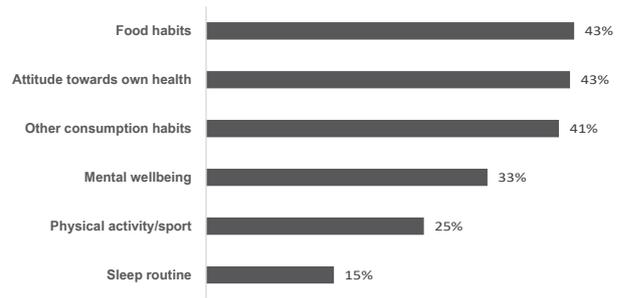
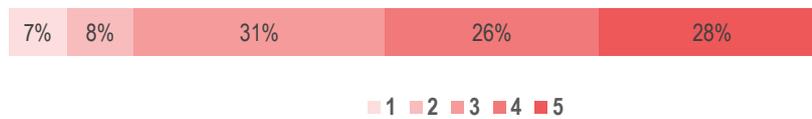


Figure 3: Proportion of respondents in the GCA of Donetsk and Luhansk who reported being aware of their current health condition (1 - completely unaware, 5 - fully aware)



Access, Availability and Perceptions of the Quality of Healthcare

Figure 4: Proportion of respondents by perceived access to healthcare pre-COVID-19 and at the time of the interview in the GCA of Donetsk and Luhansk

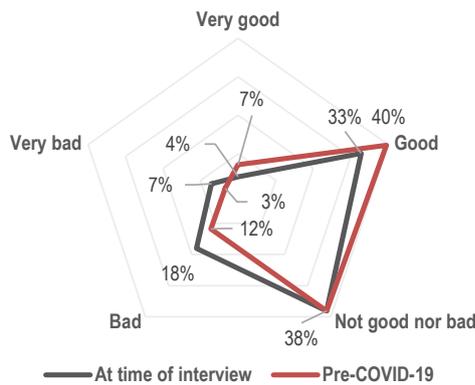


Figure 5: Proportion of respondents who reported having a gender preference for the healthcare provider by availability of these healthcare providers in the assessment area³

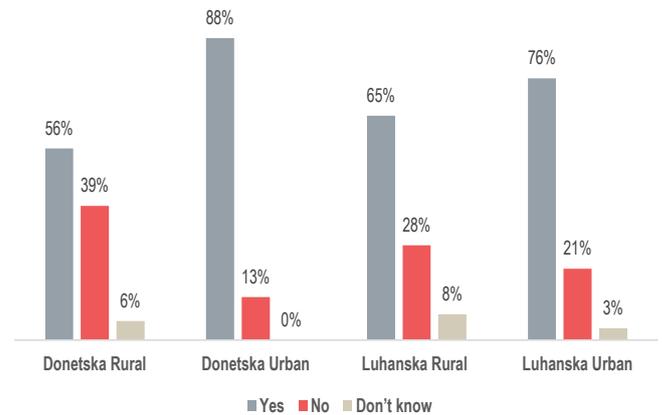
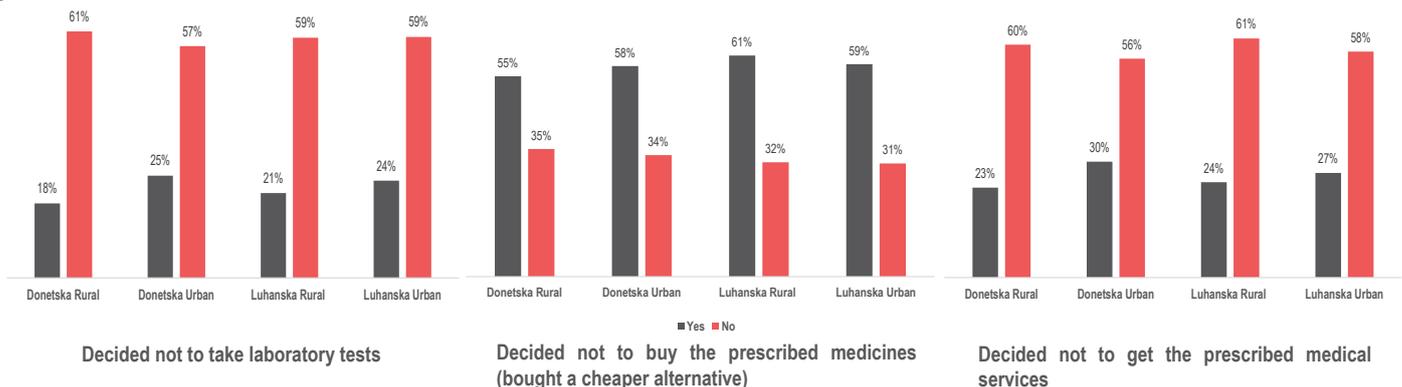


Figure 6: Proportion of respondents who agree that healthcare providers do their best to make respondents' health better in the GCA of Donetsk and Luhansk



Figure 7: Proportion of respondents who reported using healthcare in the 12 months prior to the interview and decided not to use the following due to the cost, by assessment area⁴



Attitudes, Awareness, Practices and Use of Formal and Informal Healthcare

Figure 8: Proportion of respondents who reported paying attention to mental well-being (low mood, anxiety, stress, sleeping problems) while assessing their own health in the GCA of Donetsk and Luhansk



Figure 9: Proportion of respondents reporting the methods used to deal with mental health issues in the GCA of Donetsk and Luhansk

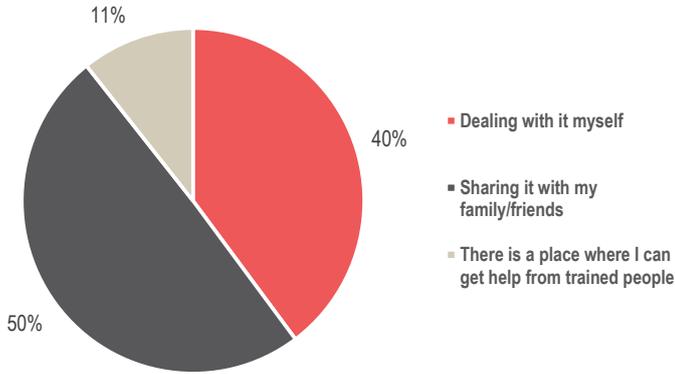


Figure 10: Proportion of respondents by frequency of general medical check-ups reportedly received by respondents before the COVID-19 pandemic in the GCA Donetsk and Luhansk

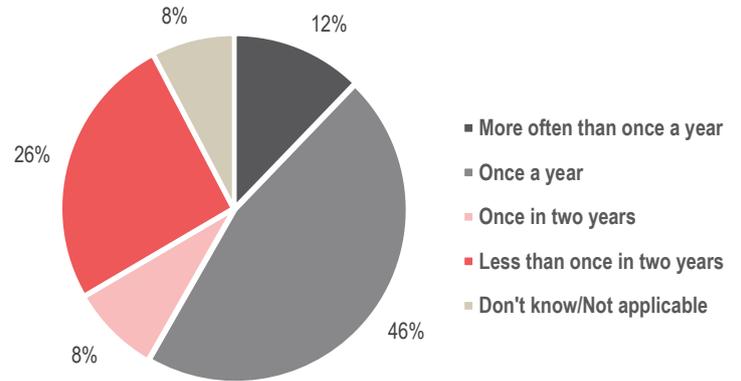
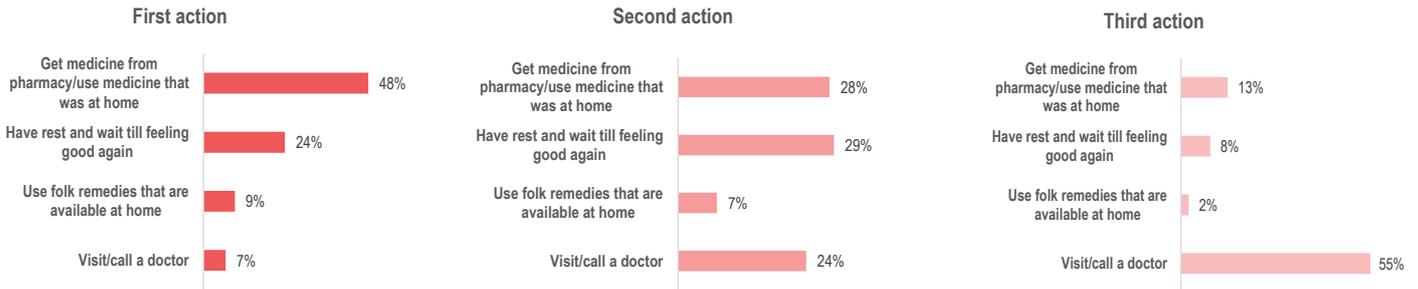
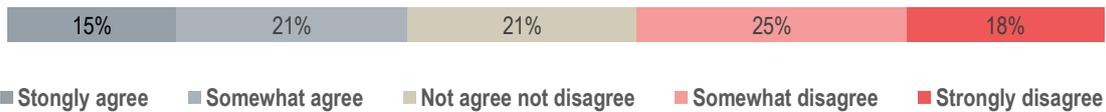


Figure 11: Proportion of respondents by most commonly reported actions⁵ taken while not feeling well in the GCA of Donetsk and Luhansk



Figures 12-13: Proportion of respondents by level of agreement with the following statements in the GCA of Donetsk and Luhansk:
1. I feel safe when treated by a doctor whom I do not know or have not been recommended



2. I feel a necessity to personally pay doctors/medical staff to be treated in an appropriate way (beside official fees)



ABOUT REACH

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. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

¹“Health-related factors” here mean habits/actions of a person, that affect their health and that can be changed by the person.
² Multiple selection of responses was allowed in this question, thus findings might exceed 100%
³ Overall 5% of respondents reported having a gender preference for the healthcare provider
⁴ Don't know/refuse to answer option is excluded from the charts
⁵ Single response selection for first, second and third action was allowed in this question; displayed results show the four most frequently selected responses for the first action