



TETIANA UKR

IOM
UN MIGRATION

LITHUANIA

ACCESS TO HEALTH-CARE SERVICES FOR REFUGEES FROM UKRAINE

JANUARY - MARCH 2024

The opinions expressed in this publication are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM). The designations employed and the presentation of material throughout the report do not imply expression of any opinion whatsoever on the part of IOM concerning the legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries.

IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

This publication was made possible through the support provided by the U.S Department of State: Bureau of Population, Refugees, and Migration (PRM).

International Organization for Migration
Regional Office for South-Eastern Europe,
Eastern Europe and Central Asia
Dampfschiffstrasse 4/10-11, 1030 Vienna
Austria
+43 1 581 22 22
Website: <https://rovienna.iom.int/>
Contact: ROViennaDataResearch-Newsletter@iom.int

International Organization for Migration
Country Office Lithuania
A. Jakšto g. 12
Vilnius, Lithuania
+370 6 18 00 387
Website: <https://lithuania.iom.int/>
Contact: iomvilnius@iom.int

This report was issued without formal editing by IOM.

Cover photo: IOM's DTM Enumerator talks to refugees from Ukraine at the Migration Information Center in Vilnius, Lithuania. © IOM 2024

Citation: International Organization for Migration (IOM), June 2024. "DTM Lithuania: Access to Health-care Services for Refugees from Ukraine, January-March, IOM Lithuania.

For more information on terms and conditions of DTM reports and information products, please refer to: <https://dtm.iom.int/terms-and-conditions>

Release date: 3 July 2024

© IOM 2024



Some rights reserved. This work is made available under the [Creative Commons Attribution-NonCommercial-NoDerivs 3.0 IGO License \(CC BY-NC-ND 3.0 IGO\)](https://creativecommons.org/licenses/by-nc-nd/3.0/igo/).*

For further specifications please see the [Copyright and Terms of Use](#).

This publication should not be used, published or redistributed for purposes primarily intended for or directed towards commercial advantage or monetary compensation, with the exception of educational purposes, e.g. to be included in textbooks.

Permissions: Requests for commercial use or further rights and licensing should be submitted to publications@iom.int.

TABLE OF CONTENTS

KEY FINDINGS	4
SOCIO-DEMOGRAPHIC PROFILE	6
HEALTH CONDITIONS	6
ACCESS TO SERVICES	7
METHODOLOGY	9

KEY FINDINGS

DEMOGRAPHICS



485

Ukrainian respondents



86%



14%

HEALTH CONDITIONS

82% Chronic diseases or serious medical conditions

40% Mobility difficulties

17% Hearing difficulties

Multiple answers possible

NEEDS



34%
In need of health care services



19%
In need of medication



7%
In need of psychological counselling

Multiple answers possible

GENERAL PRACTITIONER



70% Registered



29% Not registered



1% Unsure

REASONS FOR NON-REGISTRATION

58% No insurance

11% Refused by a doctor

5% Language barrier

Multiple answers possible

CHILDREN REGISTERED WITH DOCTOR*



88%

Registered



12%

Not registered

**Either a GP or Paediatrician*

BARRIERS



Long queues (39%)



Costs (14%)



Language barrier (10%)



Lack of documents (8%)

Multiple answers possible

EASE OF VISITING A DOCTOR

43% Easily or somewhat easily

13% Neutral

34% Somewhat or very difficult

The remaining 10 per cent is unknown

MENTAL HEALTH COUNSELLING

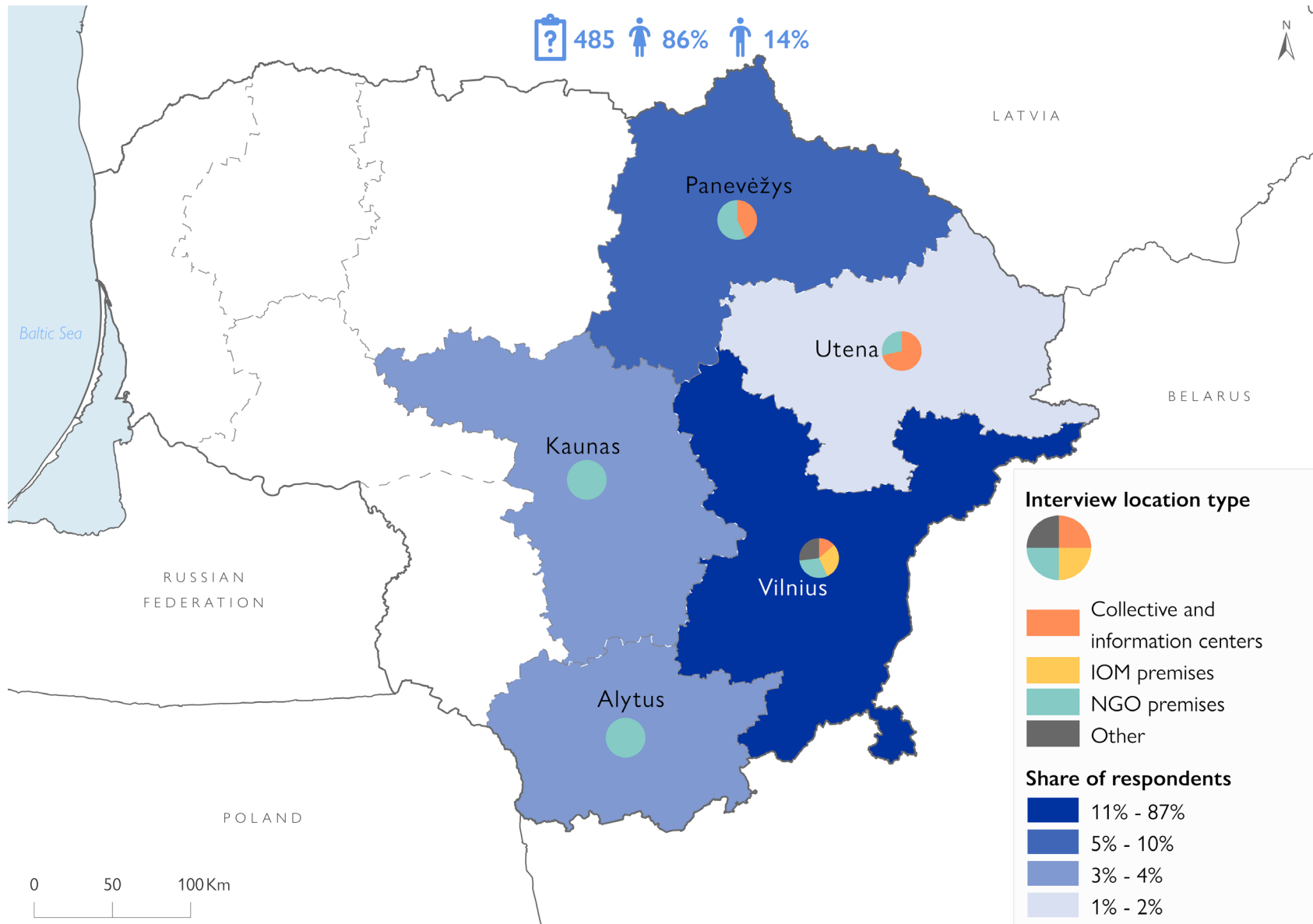
24%

Used mental health support services

76%

Did not receive psychological counseling

OVERVIEW: NUMBER OF SURVEYS AND LOCATIONS OF DATA COLLECTION IN LITHUANIA, JANUARY - MARCH 2024



This map is for illustration purposes only. The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by IOM.

SOCIO-DEMOGRAPHIC PROFILE

The IOM's Displacement Tracking Matrix collected data through Surveys with refugees in the Ukraine Response region from January to March 2024, conducting interviews with a total of 485 individuals in Lithuania. This report explores different aspects of healthcare integration, focusing on the profiles of

adult respondents, specifically those who intend to stay or have already established themselves in the country. The report focuses on their access to health care services and elaborates on their experiences and needs regarding health care during their displacement.

AGE AND GENDER

Among those who intended to stay for the foreseeable future (n=485), 86 per cent were women, while the remaining 14 per cent were men. The most represented age groups were between 30 and 39 years old (30%), followed by those between 40 and 49 years old (27%), and those aged 60 years and above (17%). The

average age for the sample was 43 years old. Among women, the largest age group represented was 30 to 39 years old (31%), followed by 40 to 49 years old (27%). Among men, the most represented age groups were 30 to 39 years old (26%), followed by 40 to 49 years old (26%).



Figure 1. Respondents by age and gender (%) n=485

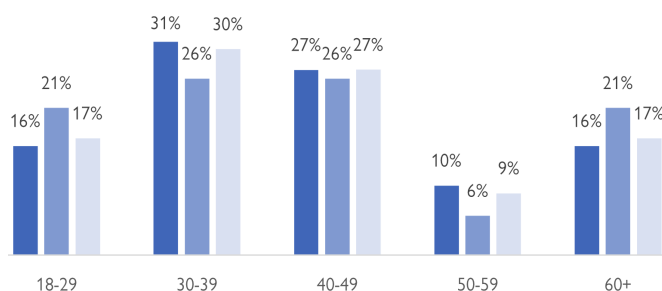
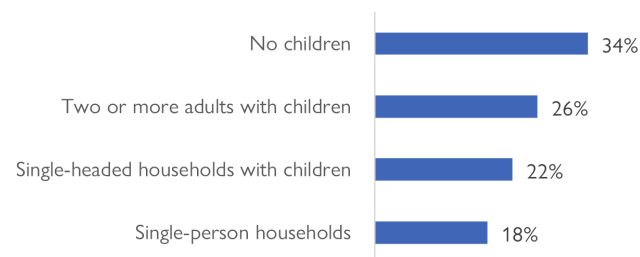


Figure 2. Respondents by household type (%) n=485



HOUSEHOLD SIZE AND TYPE

The most common household sizes were those of two and three persons (35% and 26%, respectively). Fewer participants were members of single-person households (18%) and four-person households (16%). Five-person and six-person households were the least common (3% and 2%, respectively).

Slightly more than a third of the respondents (n=485) were part of households with no children (34%). The second most common type was a household with two or more adults and at least one child (26%), followed by single-headed households with at least one child (22%), and single-person households (18%). In the case of households with one adult and at least one child, all the respondents were women, with roughly every fourth female respondent facing such a situation (26%).

mentioned health conditions included difficulties with hearing (17%), concentration and remembering (8%) as well as self-care (2%). Three per cent of survey participants had children with specific needs.

HEALTH CONDITIONS

Over half of respondents (56%) did not have any serious health conditions or specific needs in their household, whereas 44 per cent reported having to deal with health-related issues. Within the latter group, the majority had chronic diseases (82%), while 40 per cent had difficulty walking or climbing steps. Other

Figure 3. Most common health conditions and specific needs (%) n=215 (multiple answers possible)

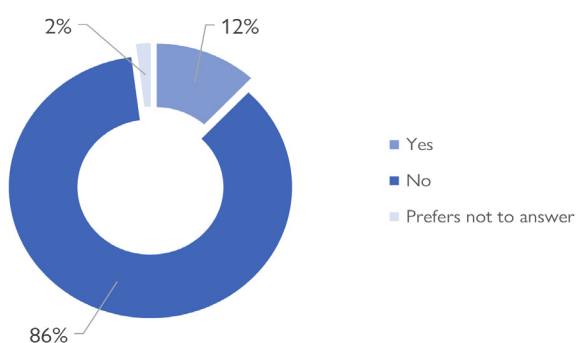


44%
specific needs or serious health conditions

HEALTH CHALLENGES

Out of the total sample, the majority of survey participants (86%) reported not facing any health challenges after leaving their country of origin. Meanwhile, 12 per cent had to deal with various health problems, the most mentioned ones being hypertension and pressure, panic attacks, cardiac problems, and allergies. Two per cent preferred not to answer the question. In addition, 4 per cent reported experiencing hunger and food shortages since leaving their home country, which has adversely impacted their health.

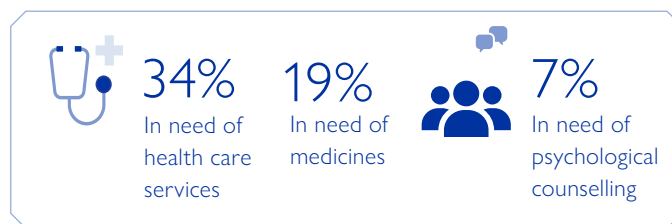
Figure 4. Health challenges after leaving Ukraine (%) n=485



NEEDS

The need for both health services and medicines emerged as a priority for the survey participants. While financial support (60%), language courses (43%), and employment (36%) were the top three needs, health services were mentioned by 34 per cent of respondents. Moreover, 19 per cent specified the need for medicines. Even though psychological counselling was not among the priority needs, 7 per cent specified being in need of such support.

Figure 5. Health needs (%) n=485



Multiple answers possible

ACCESS TO SERVICES

OBSTACLES TO HEALTH CARE

While for 43 per cent of respondents it was either somewhat or very easy to visit a doctor, another 34 per cent reported that it was somewhat or very difficult. Thirteen per cent specified neither difficult nor easy, and ten per cent were unsure. Survey participants also noted several obstacles to accessing health

care, such as long queues (39%), high costs (14%), language barrier (10%), lack of documents (8%), discrimination (8%) and unavailable medical services (5%). Meanwhile, 42 per cent did not face any obstacles.

Figure 6. Difficulty seeing a doctor (%) n=485

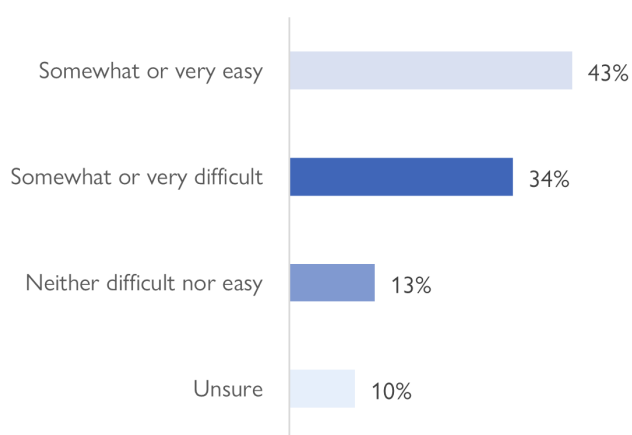
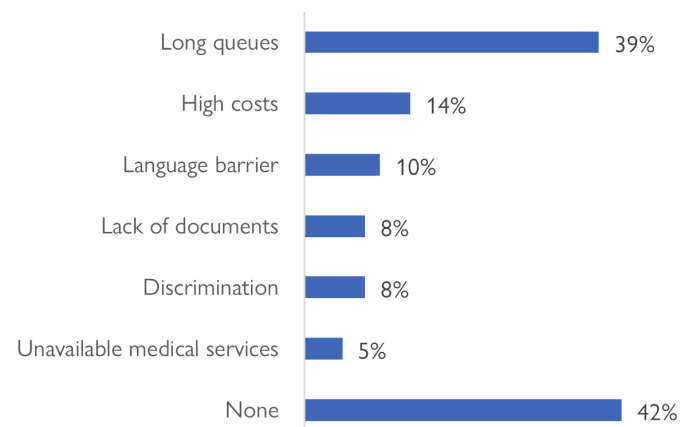


Figure 7. Barriers to health care provision (%) n=485



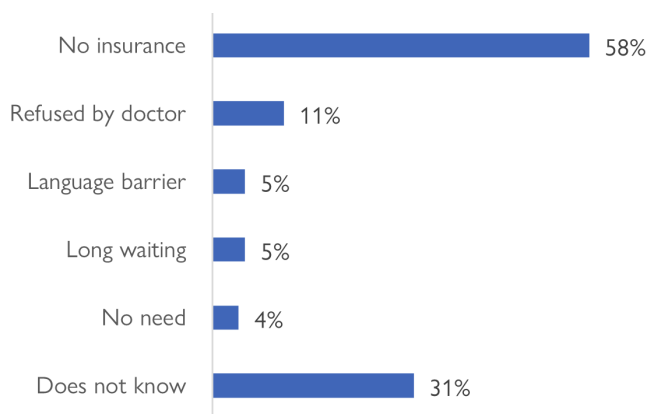
Multiple answers possible

USE OF HEALTH CARE SERVICES

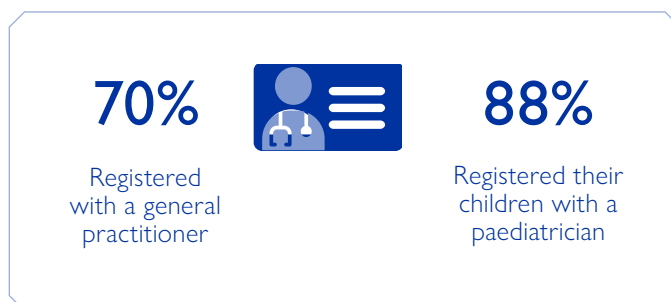
The majority of respondents were registered with a general practitioner (70%), while almost one third (29%) were not, and one per cent were unsure. Among those not registered (n=142), 58 per cent mentioned this was due to not having insurance, 31

per cent could not name the reason for not registering, and 11 per cent were refused by a doctor. Fewer participants specified the language barrier (5%), long waiting times (5%), and having no need (4%) as reasons for the lack of their registration.

Figure 8. Reasons for not registering with a general practitioner (%) n=142



A larger proportion of the respondents confirmed that they had registered their children (88%) with either a paediatrician or a general practitioner. The remaining 12 per cent did not register their children for various reasons, including not having insurance (48%) and being refused by the doctor (14%).

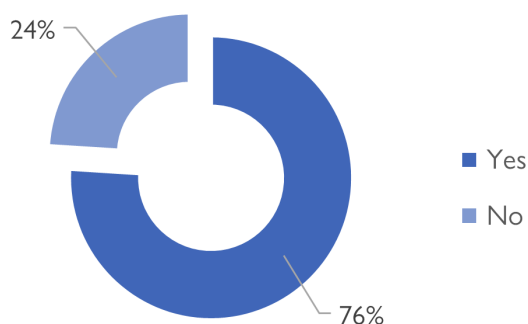


Multiple answers possible

PSYCHOLOGICAL COUNSELING

Almost a quarter of respondents (24%) reported using either mental health and psychosocial support, out of which 5 per cent received services from IOM. The remaining 76 per cent did not receive any mental counselling.

Figure 9. Respondents receiving mental health and psychosocial support (%) n=485



5%

Received mental health and psychosocial support



IOM Lithuania staff assists a refugee from Ukraine with filling out documents to receive cash-based assistance in Vilnius, Lithuania.
© IOM 2023

METHODOLOGY

IOM's Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. It is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on site or en route.

This report is based on surveys conducted by IOM's Displacement Tracking Matrix (DTM) in Lithuania. The survey is available in 9 out of the 10 countries included in the Regional Response Plan for Ukraine in 2024:

- 5 countries neighbouring Ukraine: Hungary, Poland, the Republic of Moldova, Romania, and Slovakia
- 4 additional countries in Europe, particularly impacted by the arrivals of refugees from Ukraine since the start of the large-scale invasion in February 2022: Czechia, Estonia, Latvia and Lithuania.

Face-to-face surveys were conducted by four trained enumerators, with adult refugees from Ukraine (18+ years-old). Surveys were collected at selected locations (IOM and NGO premises, collective, cultural, and information centres, universities, and dormitories) in five regions of Lithuania. The survey is anonymous and voluntary, administered after obtaining consent from the respondent. Respondents can stop the survey at any time. In Lithuania, the questionnaire is available in English, Ukrainian and Russian, and the preferred language is determined by the interviewee. Only fully completed surveys are considered for analysis.

Prior to the start of the survey, all enumerators were trained by IOM on DTM standards, the use of Kobo application, IOM approach to migrants' protection and assistance, the ethics of data collection and the provision of information and referral mechanism in place.

ABOUT THE SURVEY

Aim

To improve the understanding of the profiles of Ukrainian refugees residing in Lithuania, focusing on their access to health care services, experiences and needs.

Location and execution

Face-to-face surveys were conducted by four trained enumerators stationed at selected locations in five regions of Lithuania. Surveys are conducted in English, Ukrainian and Russian with the help of a mobile application.

Target population

The report focuses on integration of Ukrainian refugees who intend to stay in Lithuania for the foreseeable future.

Regional data collection and analysis

The survey is deployed in 9 countries: 5 neighbouring countries (Hungary, Poland, the Republic of Moldova, Romania, Slovakia), and 4 other countries (Czechia, Estonia, Latvia, and Lithuania) impacted by the arrival of refugees from Ukraine.



LIMITATIONS

The sampling framework was not based on verified figures of refugees from Ukraine entering through all land border points or staying in the various regions where the surveys are conducted, due to the lack of baseline information.

The geographic spread of enumerators deployed captures five regions of Lithuania. Whilst the overall results cannot be deemed as representative, the internal consistency of data collection in each country and at the regional level suggests that the current sampling framework produces findings of practical value.

Whilst every attempt was made to capture all types of profiles

of refugees from Ukraine residing in Lithuania, the operational reality of fieldwork was confronted with different levels of accessibility of different types of locations and the different availability of possible target individuals to comfortably spend about 20 minutes responding to the questionnaire depending on a mix of personal conditions. Other factors also play a role which are more relevant to a specific time of the day, period of the year and conditions at a specific location such as organizational changes by national authorities or organizations managing covered transit and reception locations, weather conditions, festive periods, etc.

DTM

Displacement Tracking Matrix (DTM) is a system to track and monitor displacement and population mobility. The survey form was designed to capture the main displacement patterns of refugees of any nationality fleeing from Ukraine because of the war. It captures the demographic profiles of respondents and of the group they are travelling with, if any; it asks about intentions relative to the intended destinations and prospects in the country of displacement; it gathers information regarding a set of main needs that the respondents expressed as more pressing at the moment of the interview.

Since the onset of the war in Ukraine, several IOM's DTM tools were deployed in countries neighbouring Ukraine and in other countries particularly impacted by the new arrivals of refugees from Ukraine.

For more information, please consult:

<https://dtm.iom.int/responses/ukraine-response>



GLOBAL DATA INSTITUTE
DISPLACEMENT
TRACKING MATRIX