



ESTONIA

ACCESS TO HEALTH-CARE SERVICES FOR REFUGEES FROM UKRAINE

APRIL - JUNE 2024

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KEY FINDINGS

DEMOGRAPHICS



654

Ukrainian respondents



66%



34%

HEALTH CONDITIONS*

88% Chronic diseases or serious medical condition

45% Visual impairment

27% Mobility issues

Multiple answers possible

NEEDS



22%

Health care services



6%

Psychological counselling



5%

Medication

Multiple answers possible

GENERAL PRACTITIONER



80%

Registered



19%

Not registered

The remaining one per cent is unknown

REASONS FOR NON-REGISTRATION

42% Refused by a doctor

19% No need

13% Long waiting times

Multiple answers possible

CHILDREN REGISTERED WITH DOCTOR



84%

Registered



15%

Not registered

The remaining one per cent is unknown

BARRIERS TO HEALTH-CARE



Long queues (45%)



Language barrier (13%)



Costs (7%)



Unavailability of medical services (3%)

Multiple answers possible

EASE OF VISITING A DOCTOR

46% Easily or somewhat easily

26% Neutral

23% Somewhat or very difficult

The remaining five per cent is unknown

PSYCHOLOGICAL COUNSELING

17%

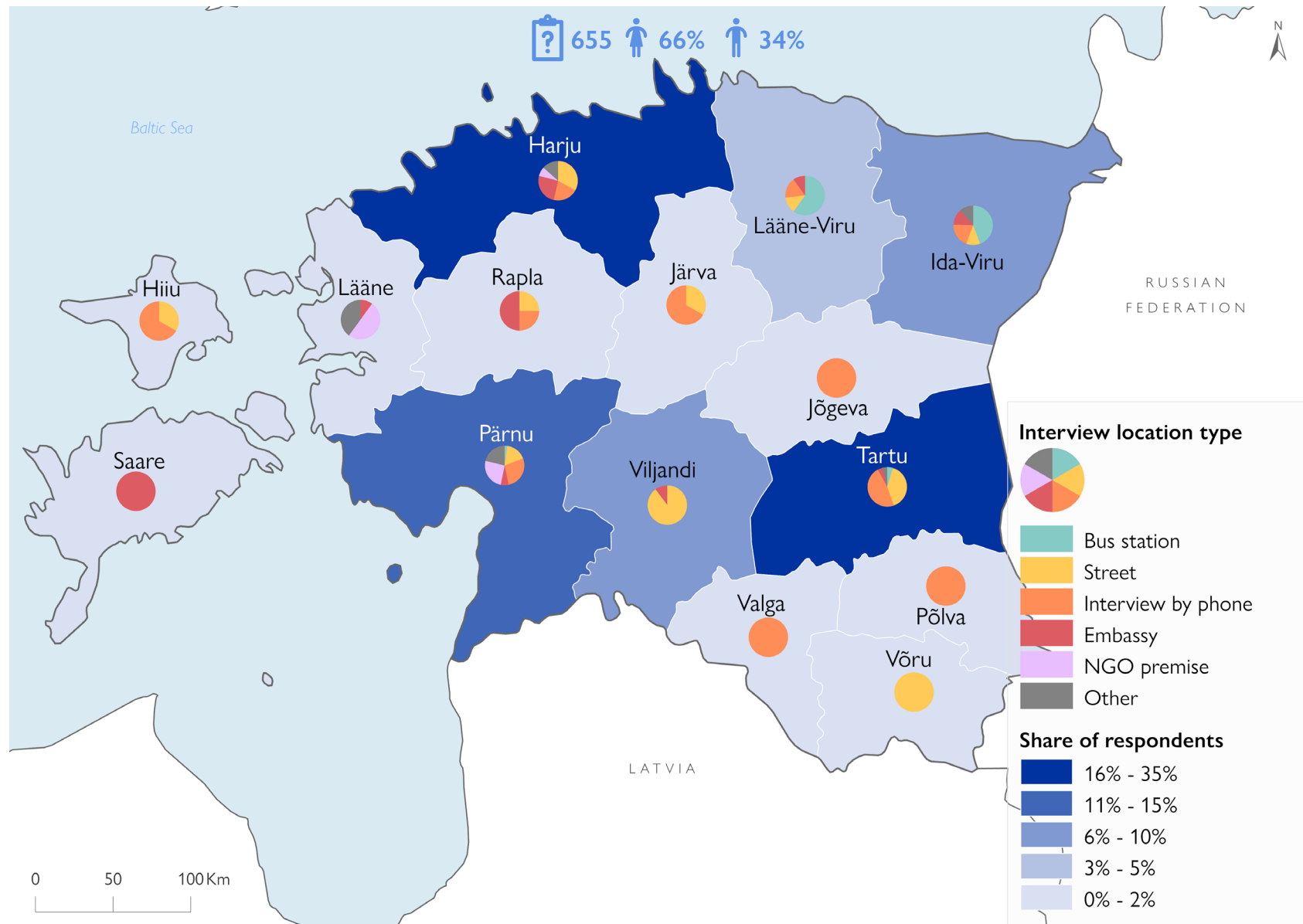
Used mental health support services

83%

Did not receive psychological counseling

* It should be noted these percentages are among those who indicated experiencing health-related issues (30% of total respondents).

OVERVIEW: NUMBER OF SURVEYS AND LOCATIONS OF DATA COLLECTION IN ESTONIA, APRIL - JUNE 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

From April to June 2024, IOM's Displacement Tracking Matrix (DTM) collected data through Surveys with Refugees in the Ukraine Response region. In Estonia, a total of 654 individuals were interviewed. This report explores different aspects of health

care 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 challenges and needs, access to health care, and use of health care services.

AGE AND GENDER

Among respondents who are intending to stay in Estonia for the foreseeable future (n=654), 66 per cent were women, while the remaining 34 per cent were men. The most represented age group among both women and men was 30 to 39 year olds

(36% and 32% respectively), while 40 to 49 year olds was the second most represented group among male respondents (29%). Among female respondents, the second most prominent group was 18 to 29 year olds (23%).



Figure 1. Respondents by age and gender (%), n=654

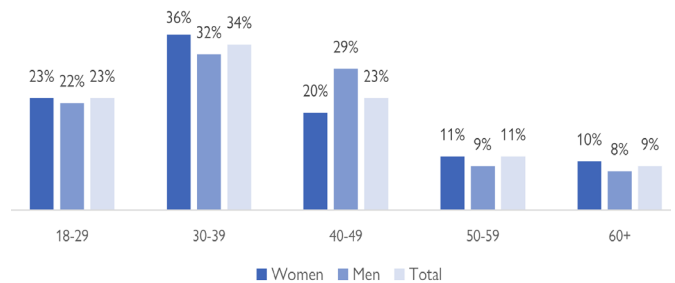
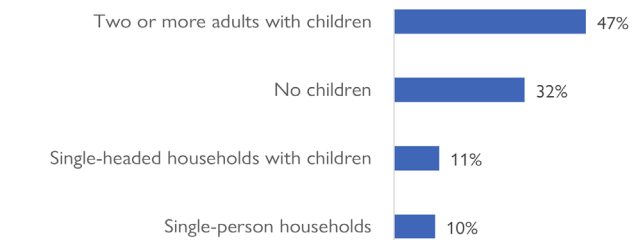


Figure 2. Respondents by household type (%), n=654

HOUSEHOLD SIZE AND TYPE

The most common household sizes were those of three and two persons (35% and 29% respectively). Fewer participants were members of four-person households (17%) and single-person households (11%). Households of five persons or more were the least common (8%).

Nearly half all respondents were part of households with two or more adults and at least one child (47%). The second most common type was a household with no children (32%), followed by households with one adult and at least one child (11%), and single-person households (10%). In the case of households with one adult and at least one child, almost all the respondents were women (92%).

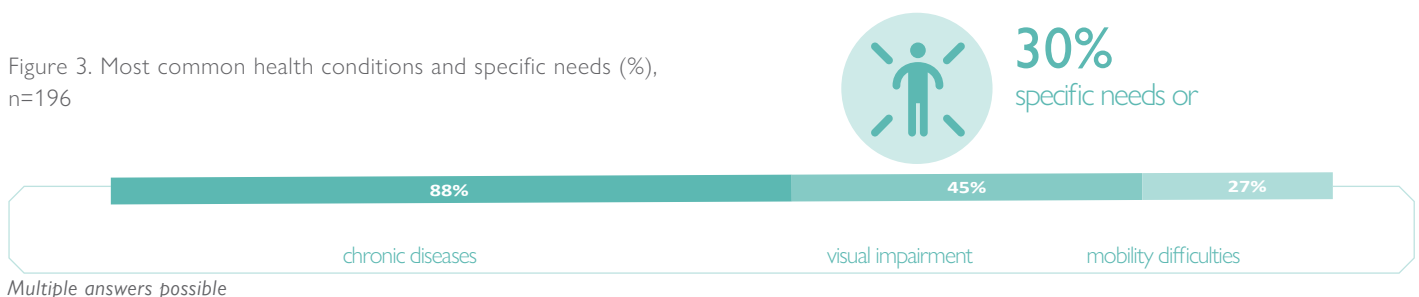


HEALTH CONDITIONS

Seventy per cent of respondents did not have any serious health conditions or specific needs in their household, whereas 30 per cent reported dealing with health-related issues. Within the latter group, the majority had chronic diseases (88%), while 45

per cent had visual impairment, and 27 per cent had difficulty walking or climbing steps. Other mentioned health conditions included difficulties with concentration or remembering (5%) as well as pregnancy and lactation (3%).

Figure 3. Most common health conditions and specific needs (%), n=196

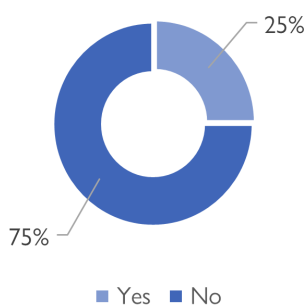


30%
specific needs or

HEALTH CHALLENGES

The majority of survey participants (75%) did not face any health challenges after leaving the country of origin. Meanwhile, 25 per cent (n=165) had to deal with various health problems in the country of destination (99%) or elsewhere (1%). The most mentioned issues were related to hypertension and blood pressure, undergoing operations, and psychological health.

Figure 4. Health challenges after leaving Ukraine (%), n=654



NEEDS

The need for health services emerged as a priority for the survey participants. While language courses (39%), employment (36%), and financial support (29%) were the top three needs, health services were mentioned by 22 per cent of respondents, followed by education for adults (17%).

Although psychological counselling was not among priority needs, six per cent specified being in need of such support. Moreover, five per cent specified the need for medicines.

Figure 5. Health needs (%), n=654



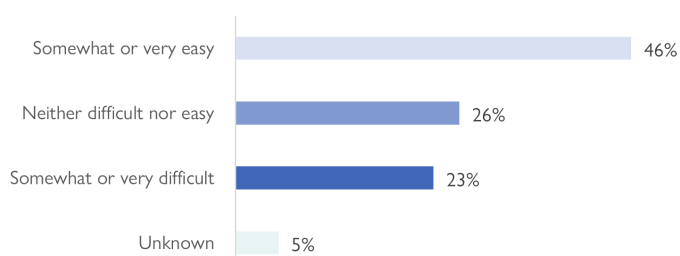
Multiple answers possible

ACCESS TO SERVICES

OBSTACLES TO HEALTH-CARE PROVISION

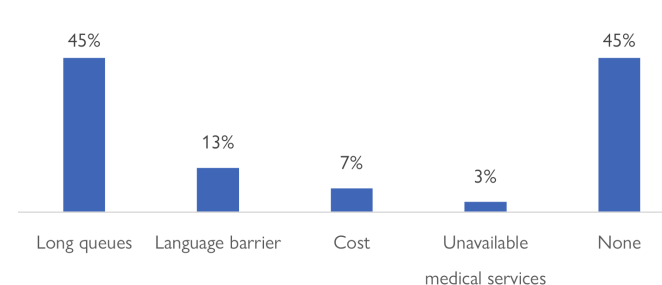
While for almost a half of respondents (46%) it was either somewhat or very easy to visit a doctor, another 23 per cent reported that it was somewhat or very difficult. Twenty-six per cent specified it being neither difficult nor easy, and 5 per cent were unsure.

Figure 6. Difficulty seeing a doctor (%), n=654



Survey participants also noted several obstacles to accessing health care, such as long queues (45%), language barrier (13%), high costs (7%), and unavailable medical services (3%). Meanwhile, 45 per cent did not face any obstacles.

Figure 7. Obstacles accessing health care (%), n=654



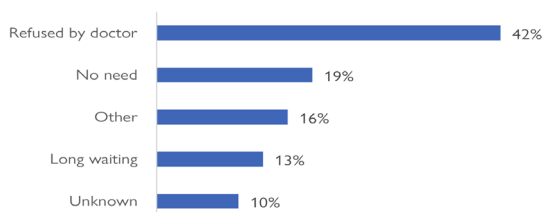
Multiple answers possible

HEALTH-CARE SERVICES

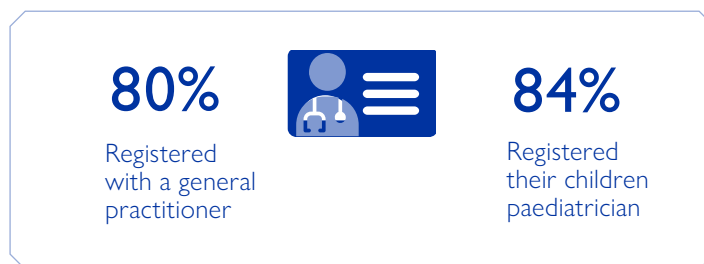
The vast majority of respondents were registered with a general practitioner (80%), while nineteen per cent did not have registration, and the remaining one per cent were unsure. Among those not registered (n=125), 42 per cent were refused

by doctors, 19 per cent mentioned not needing a GP, and 16 per cent had other, unspecified reasons. Fewer participants specified long waiting times (13%) and being unsure (10%).

Figure 8. Reasons for not registering with a general practitioner (%), n=125



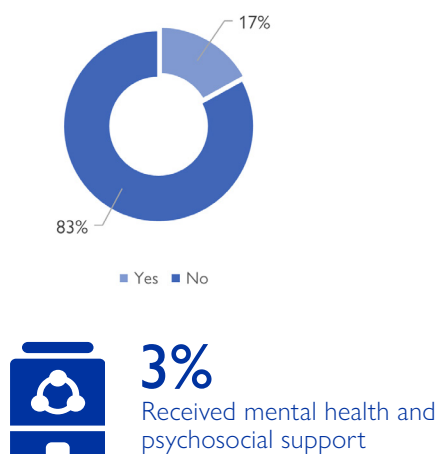
A slightly larger proportion of the respondents confirmed that they had registered their children (84%) with either a paediatrician or a general practitioner, compared to their own registration. While one per cent was unsure, the remaining 15 per cent (n=58) had not registered their children for various reasons, including being refused by the doctor (50%), long waiting times (16%), and having no need (12%).



PSYCHOLOGICAL COUNSELING

Seventeen per cent of respondents reported using either mental counselling or mental health support services, out of which three per cent received the services at migrant resource and information centers. The remaining 83 per cent did not receive any mental counselling.

Figure 9. Respondents receiving mental health and psychosocial support (%), n=654



DTM survey with a refugee from Ukraine in Tallinn, Estonia.
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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.

Since April 2022, IOM Displacement Tracking Matrix has been regularly surveying people who are residing in the eleven countries included in the Regional Refugee Response Plan for Ukraine. The aim of the survey is to improve the understanding of their profiles, displacement patterns, intentions and needs. The survey is deployed in 6 countries neighbouring Ukraine – Belarus, Hungary, Poland, the Republic of Moldova, Romania, and Slovakia, and other 5 countries in Europe, particularly impacted by the arrivals of refugees from Ukraine, including Bulgaria, Czechia, Estonia, Latvia and Lithuania.

Face-to-face surveys were conducted by six trained enumerators, with adult refugees from Ukraine (18+ years-old). Surveys were collected by phone, on the streets, and at selected locations (collective centres, bus stations, IOM and NGO premises, shopping malls, dormitories, and the Embassy of Ukraine in Estonia) in eight counties of Estonia. The survey is anonymous and voluntary, administered after obtaining consent from the respondent. Respondents can stop the survey at any time. In Estonia, 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

ABOUT THE SURVEY

Aim

To study the health care integration of Ukrainian refugees intending to stay in Estonia for the foreseeable future, mainly their access to health care and use of healthcare services, using a modular questionnaire designed to address various dimensions of integration in 2024.

Location and execution

Face-to-face surveys were conducted by six trained enumerators stationed at selected locations in eight regions of Estonia. 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 have already settled or intend to settle in Estonia.

Regional data collection and analysis

The survey is deployed in 11 countries: 6 neighboring countries (Belarus, Hungary, Poland, the Republic of Moldova, Romania, Slovakia), and 5 other countries (Bulgaria, 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 eight of 15 counties in Estonia. 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.

While every attempt was made to capture all types of locations, the operational reality of fieldwork was confronted with different levels of accessibility of BCPs and other transit and stay locations, including the different availability of possible target individuals to comfortably spend 10-20 minutes responding to the questionnaire depending on a mix of personal conditions. Other factors more related to the conditions at a specific location and period, such as organizational changes in the entry and transit areas from national authorities, or weather conditions, also play a role.

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>



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