ESTONIA

ACCESS TO HEALTH CARE SERVICES FOR REFUGEES FROM UKRAINE

JANUARY - MARCH 2024

IOM UN MIGRATION | GLOBAL DATA INSTITUTE **DISPLACEMENT** TRACKING MATRIX

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KEY FINDINGS

DEMOGRAPHICS

958 Ukrainian respondents

68% **32%**

HEALTH CONDITIONS

67% Chronic diseases or serious medical conditions

40% Visual impairment

21% Mobility issues

NEEDS*

31% In need of health care services

10% In need of psychological counselling

5% In need of medication

More than one answer possible

GENERAL PRACTITIONER

81% Registered

19% Not registered

REASONS FOR NON-REGISTRATION*

45% Refused by a doctor

18% No need

10% Long waiting times

More than one answer possible

CHILDREN REGISTERED WITH DOCTOR*

86% Registered

14% Not registered

Either a GP or Paediatrician

BARRIERS*

Long queues (49%)

Language barrier (17%)

Costs (11%)

Unavailability of medical services (5%)

More than one answer possible

EASE OF VISITING A DOCTOR

36% Easily or somewhat easily

28% Neutral

29% Somewhat or very difficult

The remaining seven per cent — unknown
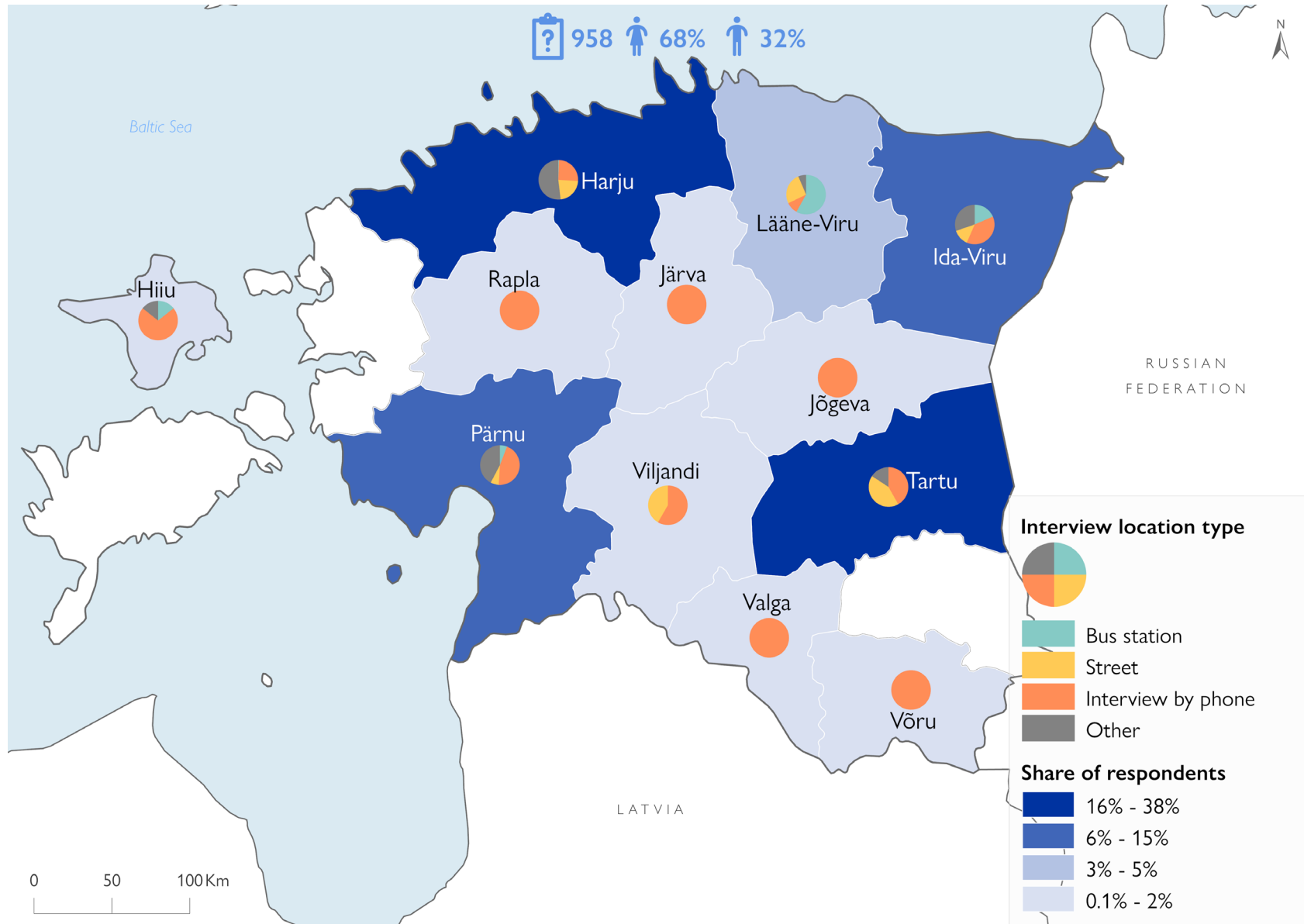
PSYCHOLOGICAL COUNSELING

18% Used mental health support services

82% Did not receive psychological counseling

OVERVIEW: NUMBER OF SURVEYS AND LOCATIONS OF DATA COLLECTION IN ESTONIA, 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 (DTM) collected data through Surveys with refugees in the Ukraine Response region from January to March 2024, conducting interviews with a total of 958 individuals in Estonia. 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 healthcare and use of healthcare services.

AGE AND GENDER

Among those who intend to stay for the foreseeable future (n=958), 68 per cent were women, while the remaining 32 per cent were men. The most represented age groups were between 30 and 39 years old (39%), followed by those between 40 and 49 years old (21%). The average age for the sample was 40 years old. Among women, the largest age group represented was 30 to 39 years old (39%), followed by 40 to 49 years old (22%). Among men, the most represented age groups were 30 to 39 years old (40%), followed by 40 to 49 years olds (21%).

Male **32%** Female **68%**

HOUSEHOLD SIZE AND TYPE

The most common household sizes were those of three and two persons (31% and 30% respectively). Fewer participants were members of single-person households (16%) and four-person households (17%). Five-person and six-person households were the least common (5% and 1% respectively).

Forty-one per cent of all respondents (n=958) were part of households with two or more adults and at least one child. The second most common type was a household with no children (29%), followed by single-person households (17%), and households with one adult and at least one child (13%). In the case of households with one adult and at least one child, almost all the respondents were women.

Figure 1. Respondents by age and gender (%) n=958
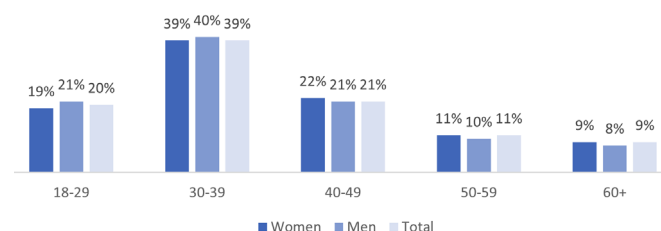
Figure 2. Respondents by household type (%) n=958

HEALTH CONDITIONS
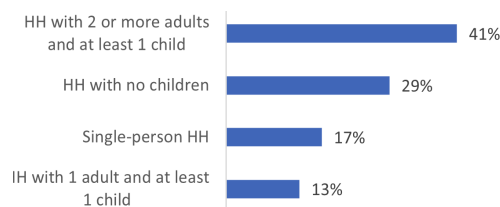
Seventy-four per cent of respondents did not have any serious health conditions or specific needs in their household, whereas 26 per cent reported dealing with health-related issues. Within the latter group, the majority had chronic diseases (67%), while 40 per cent had visual impairment, and 21 per cent had difficulty walking or climbing steps. Other mentioned health conditions included difficulties with self-care (9%), hearing (6%), concentration and remembering (6%) as well as being wounded or injured (5%). Eight per cent of survey participants had children with special needs.

Figure 3. Most common health conditions and specific needs (%) n=250 *(percentages exceed 100% as multiple answers were possible)*

26% specific needs or serious health conditions

67%	40%	21%
chronic diseases	visual impairment	mobility difficulties

HEALTH CHALLENGES

The majority of survey participants (74%) did not face any health challenges after leaving the country of origin. Meanwhile, 26 per cent had to deal with various health problems in the country of destination (98%) or elsewhere (2%). The most mentioned issues were related to hypertension and blood pressure, heart, and psychological health.

NEEDS

The need for health services emerged as a priority for the survey participants. While language courses (46%), employment (41%), and financial support (35%) were the top three needs, health services were mentioned by 31 per cent of respondents, followed by education for adults (18%).

Even though psychological councelling was not among priority needs, ten per cent specified being in need of such support. Moreover, 5 per cent specified the need for medicines.

Figure 4. Health challenges after leaving Ukraine (%) n=958

26%

74%

■ Yes ■ No

31%
in need of health services

10%
in need of psychological counselling

5%
in need of medicines

ACCESS TO SERVICES

OBSTACLES TO HEALTHCARE PROVISION

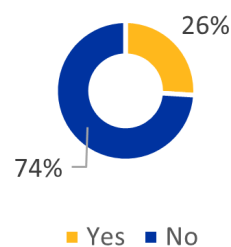While for 36 per cent of respondents it was either somewhat or very easy to visit a doctor, another 29 per cent reported that it was somewhat or very difficult. Twenty-eight per cent specified it being neither difficult nor easy, and seven per cent were unsure.

Survey participants also noted several obstacles to accessing healthcare, such as long queues (49%), language barrier (17%), high costs (11%), and unavailable medical services (5%). Meanwhile, 35 per cent did not face any obstacles.

Figure 5. Difficulty seeing a doctor (%) n=958

Somewhat or very easy	36%
Somewhat or very difficult	29%
Neither difficult nor easy	28%
Unknown	7%
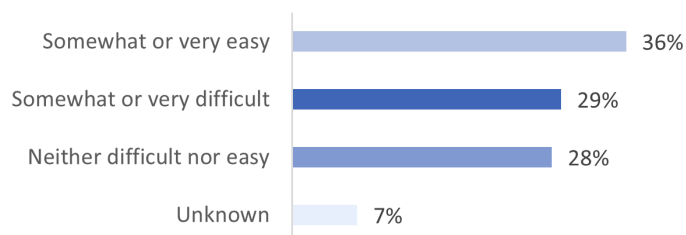
Figure 6. Obstacles accessing healthcare (%) n=958

| Long queues	Language barrier	Cost	Unavailable medical services	None
49%	17%	11%	5%	35%
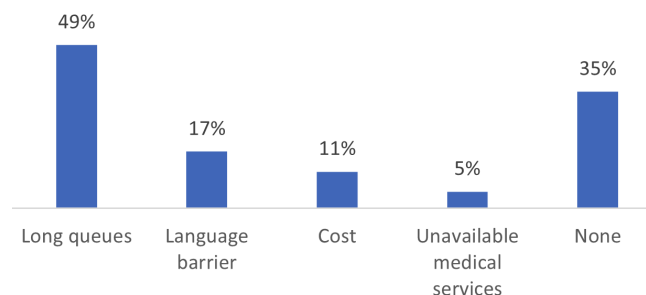
Multiple answers possible

USE OF HEALTHCARE SERVICES

The vast majority of respondents were registered with a general practitioner (81%), while nineteen per cent did not have registration. Among those not registered (n=177), 45 per cent were refused by doctors, 18 per cent mentioned not needing a GP, 18 per cent did not know the reason. Fewer participants specified long waiting times (10%) and having other reasons (5%).

Figure 7. Reasons for not registering with a general practitioner (%) n=177

Refused by doctor   45%
No need   18%
Unknown   18%
Long waiting   10%
Other   5%

Multiple answers possible
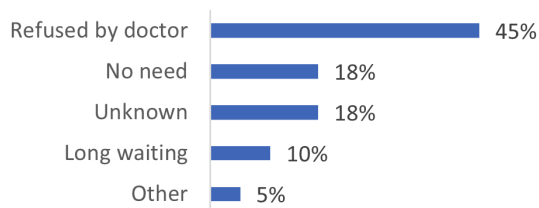
A larger proportion of the respondents confirmed that they had registered their children (86%) with either a paediatrician or a GP, which is slightly higher than the proportion of adults registered with a GP. The remaining 13 per cent had not registered their children for various reasons, including being refused by the doctor (41%), long waiting times (10%), and having no need (8%). One per cent were unsure.

81%
have registered with a general practitioner

86%
have registered their children with either a pediatrician or a general practitioner

MENTAL COUNSELLING

Eighteen 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 82 per cent had not received any mental counselling.

Figure 8. Use of mental health support services (%) n=958

18%
■ Yes
■ No
82%

3%
have received services at migrant resource and infor-mation centers
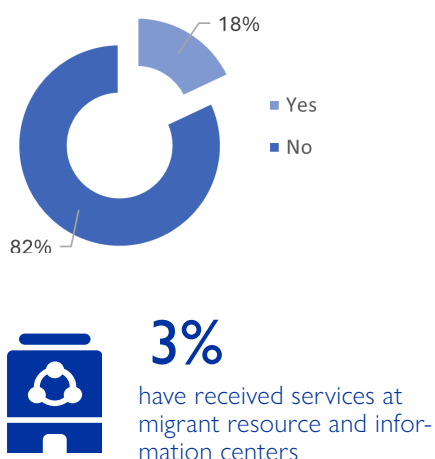
DTM survey with a refugee from Ukraine in Tallinn, Estonia.
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METHODOLOGY

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 (cultural and collective centres, shopping malls, bus stations, NGO premises, dormitories, and the Consulate of Ukraine) in seven 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 mechanism in place.

ABOUT THE SURVEY

Aim

To improve the understanding of the profiles of Ukrainian refugees who have already settled or intend to settle in Estonia, including their healthcare integration, access to healthcare, and use of healthcare services.

Target population

The report focuses on integration of Ukrainian refugees who have already settled or intend to settle in Estonia.

Location and execution

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

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 seven 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 wheather 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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