INTRODUCTION

Entering its 7th year, the armed conflict in Eastern Ukraine is still active with 3.4 million people in need of humanitarian assistance. 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. 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. 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). 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.

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 protect the most vulnerable members of society, as well as prevent the healthcare system from becoming overwhelmed, in turn saving lives. 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, and 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. A total of 1,599 surveys were completed via Computer-Assisted Telephone Interviews (CATI) using stratified simple random sampling of resident lists. 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 Government, 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.

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UKRAINE: COVID-19 KAP Assessment

**DEMOGRAPHICS**

- **Age and count of respondents:**
  - Age and count of respondents:
  - Breakdown of respondents by gender:
  - Average monthly household income reported, as above or below the national average in Ukrainian hryvnia (UAH):
  - **60%** of households had at least one member with a disability or underlying health condition
  - **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
  - **40%** of households that had a member with a disability, reported the following difficulties:
    - Seeing even while wearing glasses
    - Walking or climbing stairs
    - Memorisation or concentration
    - Hearing even if using a hearing aid
    - Self-care (washing or dressing)
    - Using usual language
  - **50%** of households that had a member with an underlying health condition, reported the following conditions:
    - Serious heart condition
    - Other ongoing chronic illness
    - Diabetes
    - Liver disease
    - Chronic lung disease
    - High blood pressure
    - Moderate to severe asthma

**KNOWLEDGE OF COVID-19**

- **% of respondents reporting trends in Ukraine’s COVID-19 prevalence:**
  - Increasing: 36%
  - Decreasing: 20%
  - Staying the same: 31%
  - **79%** of respondents believe COVID-19 is a contagious disease

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

- **Respondents named the primary modes of COVID-19 transmission:**
  - 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:**
  - 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:**
  - Less than 2 days: 5%
  - About 10 days: 12%
  - More than 14 days: 49%
  - About 4 days: 13%
  - About 14 days: 10%
  - Don’t know: 11%

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6. Multiple answers were allowed for this question.
UKRAINE: COVID-19 KAP Assessment

PERCEPTIONS OF COVID-19

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

- Not important at all: 8%
- A little important: 15%
- Somewhat important: 29%
- Very important: 26%
- Extremely important: 25%

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

- Not fearful at all: 8%
- A little fearful: 17%
- Somewhat fearful: 20%
- Very fearful: 29%
- Extremely fearful: 25%

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

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

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

- Extremely likely: 6%
- Very likely: 6%
- Likely: 20%
- A little likely: 38%
- Not likely at all: 18%
- Don’t know: 13%

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:

1. Wearing a face-mask: [70-80%]
2. Hand-washing: [40-50%]
3. Avoiding populated areas: [10-30%]
4. Social-distancing in public: [70-80%]
5. Avoid touching face: [40-50%]
6. Avoid contact with sick persons: [10-30%]
7. Staying home when sick: [70-80%]
8. Hygienic coughing practices: [40-50%]
9. Careful handling objects: [70-80%]

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

- More: [69%]
- Less: [5%]
- Same degree: [26%]

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

- Decreased hand-washing, avoiding populated areas and social distancing in public: [59%]
- Decreased the practice of wearing a face-mask: [13%]

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%]
- Verbally (1.5 metres apart): [32%]
- Verbally (less than 1.5m apart): [15%]
- Shake hands: [25%]
- Have not met anyone: [23%]
- 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.
**UKRAINE: COVID-19 KAP Assessment**

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

- Decreased: 20%
- Stayed the same: 68%
- Increased: 7%
- Don't know: 5%

### 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:

- After being outside
- Before eating
- After shopping
- After going to the toilet
- As often as possible
- Before preparing food

#### % of respondents reporting duration of time spent washing hands:

- 5 seconds: 2%
- 10 seconds: 6%
- 20 seconds: 29%
- 30 seconds: 22%
- Over 30 seconds: 34%
- Don't know: 5%

#### Respondents reported how they would wash their hands if soap was unavailable:

- Just water: 10%
- Disinfectant: 26%
- Detergent: 42%

### Barriers and challenges

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

- 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:

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

#### Primary challenges reportedly faced by households with at least one member disability in protecting themselves against COVID-19:

- 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:

- 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:

- 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%

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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 638 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:
- Difficult to say
- Don't panic, calm down
- Personal hygiene
- Do things you enjoy
- Keep up a daily routine
- Allocate time for work and rest

% of households with elderly members reporting healthcare services elderly members were unable to access:

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

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

- Over 30%
- 10-14%
- 5-9%

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

- Closure of non-essential businesses:
  - 18% Strongly oppose
  - 13% Oppose
  - 15% No opinion
  - 28% Support
  - 22% Strongly support

- Self isolation for elderly (60+):
  - 14% Strongly oppose
  - 8% Oppose
  - 11% No opinion
  - 31% Support
  - 32% Strongly support

- Prohibiting gatherings of more than 2:
  - 24% Strongly oppose
  - 13% Oppose
  - 13% No opinion
  - 27% Support
  - 19% Strongly support

- Mandatory wearing of masks in public:
  - 33% Strongly oppose
  - 15% Oppose
  - 12% No opinion
  - 20% Support
  - 16% Strongly support

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

- Closure of public spaces:
  - 9% Strongly oppose
  - 5% Oppose
  - 7% No opinion
  - 25% Support
  - 53% Strongly support

% of respondents reporting when they saw or heard COVID-19 related public health announcements:
- 95% Today
- 54% Last few days
- 26% Last week
- 7% 1-2 weeks ago
- 4% > 2 weeks ago
- 2% Don't know

% of respondents reporting that they had seen or heard public health advertisements with messages on recommended COVID-19 preventative practices, since the beginning of the outbreak:
- 95%

% of respondents reporting that they had not seen or heard any information materials concerning mental health and well-being during the COVID-19 outbreak:
- 54%
Respondents recalled where they had seen or heard COVID-19 related public health announcements:

- 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:

- 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:

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

% of households reporting problems that they had in accessing information:

- 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%

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

- National authorities: 29%
- Local newspaper / radio / TV: 27%
- Social media: 24%
- Healthcare workers: 25%
- Friends and family: 28%
- Local administrative authorities: 26%

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

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

% of households reporting types of further information needed on COVID-19:

- 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 households reporting that they were able to access enough information on COVID-19: 92%

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

17, 18. This question was asked to a subset of 508 respondents that reported having a household member under the age of 15.
59% of respondents reported that they had heard conflicting or contradicting information on COVID-19 from friends, family, or on social media.

59% of respondents reporting how confident they feel in the reliability of information available:
- Not confident at all: 5%
- Slightly confident: 15%
- Somewhat confident: 20%
- Fairly confident: 41%
- Completely confident: 15%

Respondents reported the extent to which they felt their community has complied with social distancing measures:
- To a great extent: 8%
- To some extent: 27%
- To a moderate extent: 23%
- To a small extent: 29%
- Not at all: 8%

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

87% of respondents reported that they were able to find all of their most needed hygiene items within their settlement.

16% of respondents reported not having access to the internet either via a computer or mobile device.

42% of respondents reporting whether their household has access to mental health or psycho-social services:
- Yes - in-person: 9%
- Yes - online: 2%
- Yes - both: 11%
- Unable to find: 6%
- Not needed: 64%
- Don't know: 7%

80% of respondents reported that they were not aware of any instances of discrimination against any particular groups as a result of COVID-19.

Respondents reported on how the hygiene situation in their household has changed, when compared to the period before the COVID-19 outbreak:
- Not changed: 42%
- Changed for better: 54%
- Changed for worse: 3%
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](image1)

![Figure 2: By sex](image2)

![Figure 3: By age](image3)

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

![Figure 4: By place of residence](image4)

![Figure 5: By age](image5)

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](image6)
EXPLORATION OF KAPA TRENDS BETWEEN POPULATION GROUPS

Ukraine - August 2020

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 outbreak (March-May 2020) by the government of Ukraine 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

- Handwashing: 75% (Male), 79% (Female)
- Wearing a facemask: 76% (Male), 81% (Female)
- Avoiding places where many people gather: 41% (Male), 52% (Female)
- Avoiding close contact with someone who appears sick: 20% (Male), 24% (Female)
- Staying home when sick: 20% (Male), 24% (Female)
- Avoiding touching your face with unwashed hands: 25% (Male), 27% (Female)

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.

Figure 8: By place of residence

- Donetsk Urban: 32%
- Donetsk Rural: 20%
- Luhansk Urban: 32%
- Luhansk Rural: 29%

Figure 9: By sex

- Male: 35%
- Female: 24%

Figure 10: By age

- 18-34: 28%
- 35-59: 31%
- 60+: 26%

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

- Never: 48% Male, 39% Female
- Every day: 22% Male, 33% Female

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%). 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 low 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

- Donetsk Urban: 24%
- Donetsk Rural: 17%
- Luhansk Urban: 23%
- Luhansk Rural: 13%

20. Multiple answers allowed.
EXPLORATION OF KAPA TRENDS BETWEEN POPULATION GROUPS

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\(^1\). The cost of hygiene 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\(^2\)

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

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

Donetsk Urban: 13%  Luhansk Urban: 13%  Donetsk Rural: 11%  Luhansk Rural: 7%

Figure 20: By income

<12,000 UAH: 10%  >12,000 UAH: 17%

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

HHs without any members over 60: 12%  HHs with at least one member over 60: 4%

HHs without any members with a disability: 11%  HHs with at least one member with a disability: 8%

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\(^2\), 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.

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