Analysis of health care services for Ukrainian refugees (women and children)

Final report - abridged version

2023

Commissioned by Capital City of Prague (supported by partnership with UNICEF)

Report prepared by Inboox CZ, s.r.o.

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1. Context of the assessment

The survey is commissioned by the City of Prague (supported by partnership with UNICEF), and implemented by the research company INBOOX CZ, s. r. o.

This mapping focuses on **access to health care for Ukrainian refugees**: women and their children under 18[1] living in the capital city of Prague. The target group was further narrowed down to only those refugee women who came to the Czech Republic as a result of the war conflict that started on the territory of Ukraine on 24 February 2022. Given the objectives of the survey, the target group was further specified in such a way that it had to be refugee women who have either already used health services in the Czech Republic (and thus have direct experience of it) or refugee women who would like to use health care but have so far failed to do so for various reasons. The analysis aims to cover not only the experiences of refugee women, but also indirectly the experiences of the children in their care.

The main themes addressed in this analysis relate to access to health services and the challenges faced by refugee women in the context of health care. The analysis also aims to present a range of possible measures to improve access to health care for the target group. The basic questions were formulated as follows:

- What is the availability of health care services for Ukrainian refugees (mothers and their children under 18 years of age) living in the capital city of Prague?
- What challenges this group faces in the healthcare sector?
- What are the possible solutions to these challenges?

These main questions were operationalised into research tools (questionnaire, focus group scenario). The research instruments were designed to cover the following **thematic areas**:

1. Basic information about refugees (their age, number and age of their children, housing, length of stay in the Czech Republic, etc.)
2. Knowledge of Czech and social capital
3. Experience with health care in the Czech Republic in general (health insurance, orientation in the Czech health system and information, use of health care in the Czech Republic)
4. Experience with specific types of health care (adult GP, paediatrician, gynaecologist, dentist, vaccinations, mental health and psychosocial support, other specialists).

A mixed design was proposed for the data collection, i.e. using both quantitative and qualitative methods of data collection and analysis. The quantitative part consists of a questionnaire survey, while the qualitative part was conducted in the form of focus groups.

The fieldwork took place from October to December 2023.

For the purposes of the survey, the **target group of** respondents was defined on the basis of several criteria. Each respondent had to meet **all of the following conditions** to be included in the survey:

- ✓ Female, citizen of Ukraine.
- ✓ Currently lives in the Capital City of Prague.
- ✓ First came to the Czech Republic in the period after the start of the war in Ukraine after 24 February 2022 as a war refugee.

[1] Refugee mothers were interviewed, and their children's experiences of health care are also represented. Thus, children/youth are indirectly represented in the survey, although they did not participate directly in the survey/focus groups.

- ✓ Is the mother of a child or children under the age of 18 or the guardian of children under the age of 18.
- ✓ The respondent herself and/or her child/children have used health care provided in the Czech Republic or would like to use health care and are actively seeking it, but so far without result.

Final sample of respondents who participated in the survey:

- ✓ 804 respondents (mothers) in the questionnaire survey. Indirectly, 1,250 children of mothers-refugees are represented in the sample.
- ✓ 25 focus group participants (5 focus groups in total).

Limits of the assessment:

- ✓ the quantitative survey conducted **was not** designed to be representative. Therefore, the results of the survey cannot be generalised to the entire target population.
- ✓ Data on the base population within the selected target group are not available, however, it is possible to compare the composition of the sample with the base population of Ukrainian refugees in Prague.
    - ➢ Women aged 30-49 are overrepresented in the sample.
    - ➢ Women aged 25-29 are represented at parity with the base population.
    - ➢ Women 18-24 and 50+ are underrepresented in the sample.
    - ➢ Previously arrived refugee women (applying for temporary protection from February 2022 to the end of 2022) are overrepresented in the sample.
    - ➢ Later arriving refugee women (application submitted in 2023) are underrepresented in the sample.

2. An overview of the main findings

The summary of the main findings is based on the full version of the final report. The short version summarises the findings from both the **qualitative and quantitative parts of the investigation**. Only the most relevant parts of the findings have been selected.

The **key characteristics** of the **sample** are as follow:

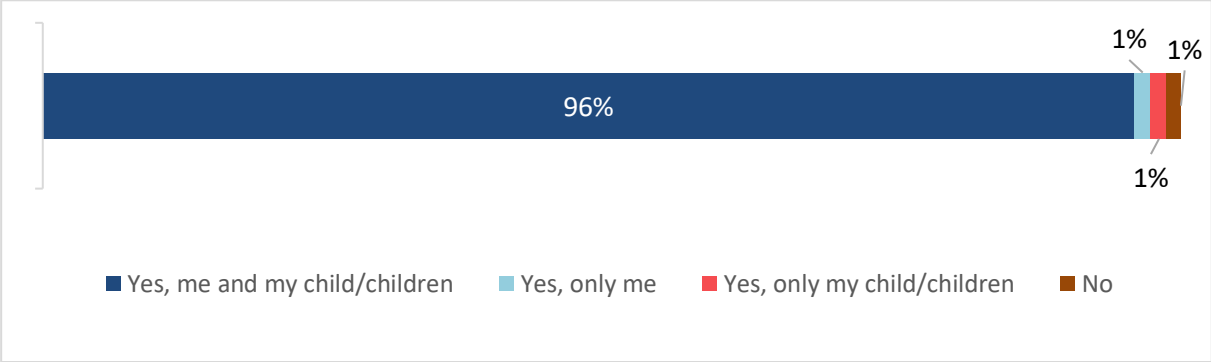
- ✓ The majority of respondents were aged between 30 and 49 years (76%). Only 16% were under 29, and only 8% of respondents were over 50.
- ✓ The majority of respondents had 1 child in their care (54%). 37% of respondents had 2 children in their care, 8% had 3 children in their care. Only a negligible proportion of mothers had 4-5 children in their care.
- ✓ Children in the care of respondents-mothers were most often 5-10 years old (33%). Children 0-5 years old and 10-15 years old were almost equally represented (25% and 26%, respectively), while adolescents aged 15-18 years old were least often in the care of mothers (16%).
- ✓ The majority of respondents lived in the wider centre of Prague: in Prague 4-6 and Prague 8-10 (54%)
- ✓ Most of the respondents came to the Czech Republic in the first months of the war – 77% came between February and May 2022.
- ✓ Slightly more than half had a stable job (56%).

- ✓ Some of the respondents did not speak Czech at all (13%), another 42% reported difficulties in communicating in everyday situations.
- ✓ 78% of respondents said they had a temporary protection, 22% of respondents said they held a tolerance visa[2].

2.1. Healthcare - basic information

Chart 1. Registration in the Czech health insurance system

N = 804
Question wording: Are you and your children registered with a Czech health insurance provider?



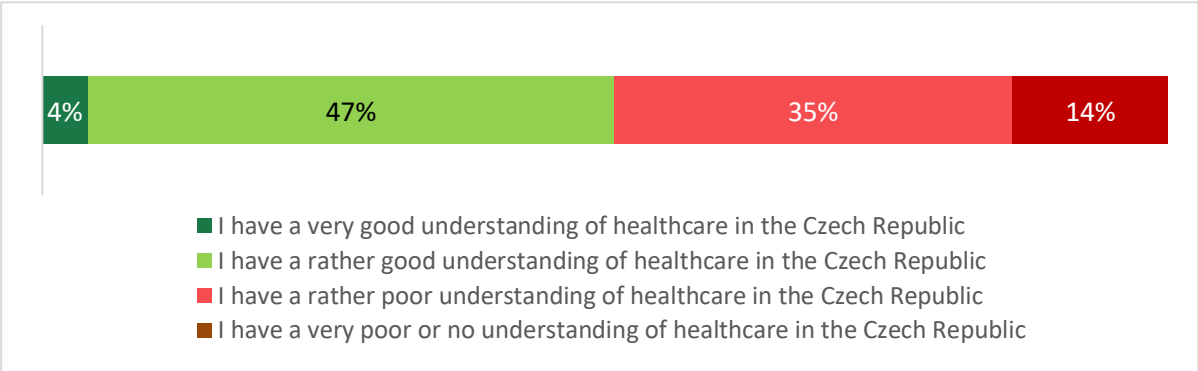
The vast majority of refugees and their children (96%) have valid Czech health insurance. However, among the respondents there were 4% who were not registered in the Czech health insurance system - either the mother, the child or both.

However, focus group participants said that they often did not understand which health services were covered by insurance and which were not. For this reason (combined with the language barrier), some of them were concerned about getting treatment because they were unclear about the system of health care coverage.

Chart 2. Understanding the Czech healthcare system

N = 804
Question wording: How well do you understand the Czech health care system?

[2] *Temporary protection* is granted primarily to citizens of Ukraine (or their family members or persons who have been granted international protection, stateless status, etc.) who resided in Ukraine before 24 February 2022 and subsequently left Ukraine. *Tolerance visa* is granted in particular to Ukrainian citizens who do not qualify for and do not meet the conditions for temporary protection (e.g., because the person was not on the territory of Ukraine at the time of the outbreak of war) and at the same time do not have a residence permit in another state and cannot travel back to their home country due to the situation. Ukrainian citizens with this type of visa are not automatically entitled to public health insurance. The "special visa", which was issued at the border to Ukrainian citizens who began arriving in the Czech Republic as war refugees after the outbreak of the war and before the activation of the Temporary Protection Directive at the EU level, was also referred to as a *tolerance visa* and had the distinguishing code D/VS/U. On 21 March 2022, the so-called Lex Ukraine entered into force, activating the Temporary Protection Directive, and starting the issuance of "classic" temporary protection as we currently know it. All "special visas" in force on that date automatically began to be treated as temporary protection visas by law. They expired on 31 March 2023 and were subject to the procedure for the extension of temporary protection, in other words, at this point the holders should already have their visa sticker re-stickered with the DO code. For more information click here: Difference between temporary protection and tolerated stay visa - Association for Integration and Migration (migrace.com) or here: Difference between temporary protection and tolerated stay for Ukrainians in the Czech Republic | IRS Czech or here: Types of stay you may have if you are staying in the Czech Republic in connection with the war in Ukraine (icpraha.com)

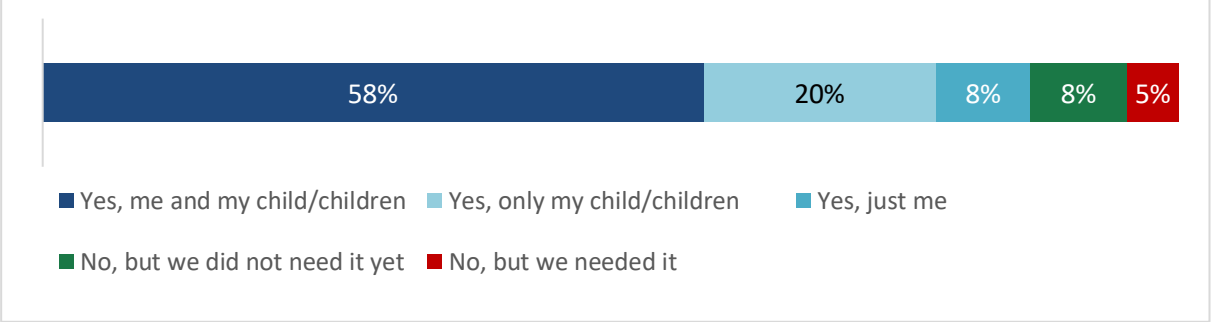


Almost half (47%) rate their understanding of the Czech health system as "rather good". At the same time, however, almost half describe their knowledge as 'rather poor' (35%) or 'very poor' (14%). Therefore, awareness-raising policies are still relevant.

In the case of refugees with a poor understanding of the health care system in the Czech Republic, the fact that it is incomprehensible to them what medical procedures are covered by health insurance may play a role. Other challenges may be caused by the different concept of healthcare in the Czech Republic compared to the system in Ukraine - the system of referrals, medicine prescriptions, the expectations that the GP will recommend specific specialists, etc.

Chart 3. Use of Czech health services in general

N = 804
Question wording: Have you or your child used health care provided in the Czech Republic since you arrived in the Czech Republic?

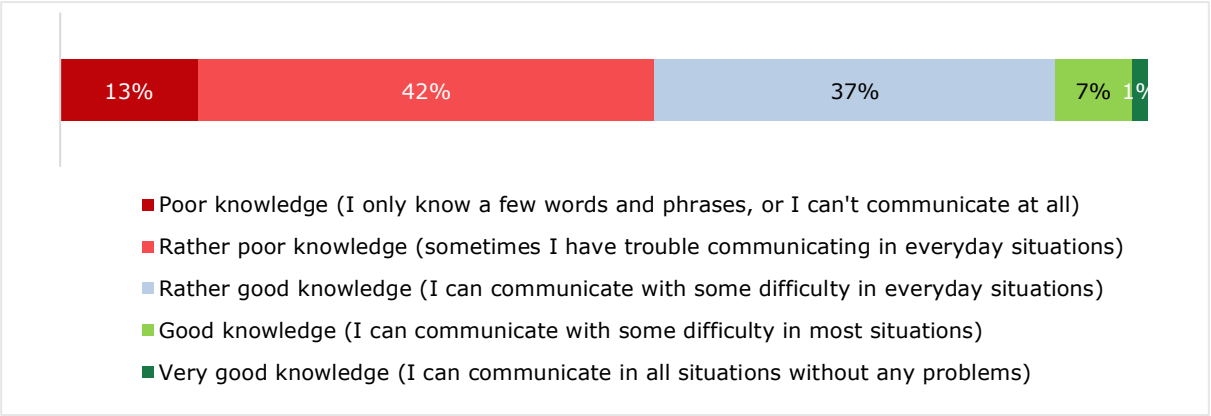


In total, 87% of respondents said that someone in their family (mother, child or both) had received medical care in the Czech Republic. Another 8% did not seek medical help because they did not need it.

A total of 5% needed health care but did not receive it for various reasons. This group is relatively small, however, this share of refugees did not receive **any medical care**. Other respondents did access medical care in general, but some of them faced barriers that did not allow them to see one or more of the medical specialties they needed.

Chart 4. Language proficiency

N = 804
Question wording: Please rate your knowledge of the Czech language on the following scale:



The answers of the respondents show that the majority (79% **-** rather poor and rather good knowledge of Czech) already have some knowledge of the Czech language, which enables them to communicate in everyday situations. Nevertheless, communication in Czech presents **partial or considerable difficulties** for them, as they are not always able to understand everything in everyday communication. At the same time, the proportion of those who speak Czech very poorly and very well is small. This indicates a transitional period for the majority in terms of learning Czech.

The language barrier is quite **crucial**, both for the **provision of medical care** and for subsequent **communication during doctor's visits**. This is evident both from the quantitative data and from the fact that this issue was strongly emphasised during the focus groups. Among other things, they show that lack of knowledge of Czech can be a factor in refusal of health care or at least a source of animosity among medical staff.

2.2. Getting information about specific types of healthcare / doctors

Table 1. Ways of obtaining information about specific doctors / specialists

Percentage of respondents who obtained information about a doctor/professional from a given source. The most important source of information for a given doctor/professional is highlighted in golden; sources of information used by at least 25% of women are highlighted in light blue. Question wording: Where did you get information about the specific doctor you saw?

" Where did you get information about the specific doctor you saw?"	The proportion of women that obtained information about a doctor/professional from a given source:					
Source of information:	GP	Paediatrician	Gynaecologist	Dentist	Mental health and psychosocial support	Other specialists
From family members, friends or acquaintances	45%	46%	43%	47%	17%	19%
From social media	32%	33%	39%	38%	37%	18%
From the websites of state administration bodies dedicated to Ukrainian refugees	15%	16%	10%	7%	7%	5%

From NGOs focused on refugee assistance	13%	18%	10%	6%	42%	6%
From intercultural workers	10%	8%	7%	7%	17%	3%
From Regional Assistance Centres to Ukraine	9%	13%	7%	4%	20%	5%
From the websites of health care institutions/doctors	8%	8%	18%	15%	3%	16%
From another source	7%	6%	5%	5%	3%	13%
From the health insurance companies' websites	3%	4%	4%	4%	2%	5%
From my GP	the question was not asked				11%	38%

Overall, it is clear that **family, or friends and acquaintances** (for over 40% women) and **social media** (for over 30%), are the most important sources of information. Thus, information from social media and family/friends helped a substantial proportion of respondents to secure care for themselves/their child with a general practitioner, paediatrician, gynaecologist, and dentist. Family and social media groups/information largely contribute to increased accessibility to basic health services.

In addition, information from social media is crucial for getting in touch with mental health or psychosocial support professionals. In addition, **non-profit organisations** play a very important role in mental health care, having referred, or directly brokered these services to many of their clients (42% women via NGOs).

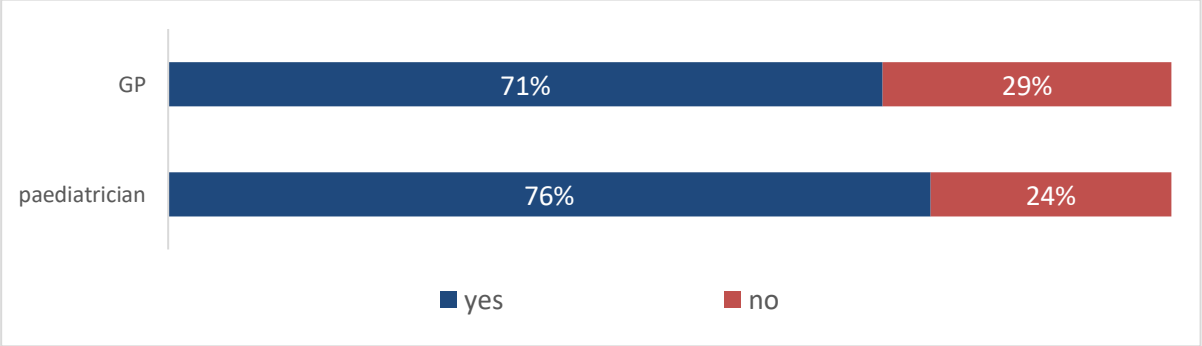
Thus, for a significant number of respondents, access to basic care was made possible mainly by **informal contacts, active use of social capital** and various **support groups on social media**. The use of official sources of information to secure appointments with specific specialists is rather weak.

Information on **vaccinations** and referrals to other **specialists** are specific cases in which the refugee's **GP** plays a major role in informing them (for 62%, 38% of women respectively).

2.3. Use of specific types of healthcare

Chart 5. Registration with a general practitioner and paediatrician

Question wording: (1) Are you registered with a general practitioner? (2) Is/are your child/children registered with a general practitioner for children and adolescents – paediatrician?

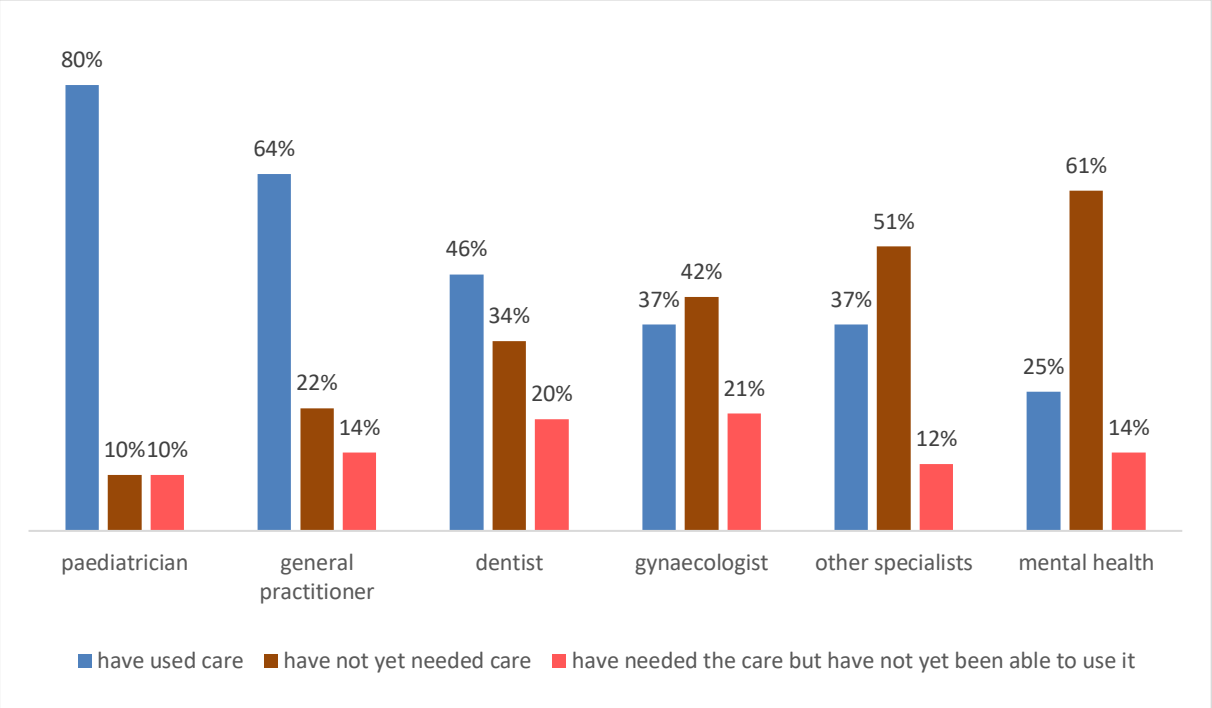


Most refugee women have secured one of the **prerequisites for accessing basic medical care** – **registration** with a general practitioner/paediatrician. Refugee children are slightly more likely to be registered with a GP (76% registered with a paediatrician) than refugee women themselves (71% registered with a GP).

However, there is a relatively **large group of mothers (29 %) and their children (24 %) who do not have** this **basic care** and in acute cases have to rely to some extent either on the helpful approach of specific doctors or on the services of the emergency room / UA Point. The large proportion of refugee women (and their children) without registration with district doctors is problematic at least. Moreover, the missing registration does not allow patients to visit other specialists that require a referral from a GP.

Chart 6. Use of services of doctors / specialists (according to medical specialization)

Proportions of respondents who: (1) have used the care, (2) have not yet needed the care, (3) have needed the care but have not yet been able to use it. Including health care for respondents' children.



Health care for their children is likely to be **a priority** for the respondents - most of them have visited a **paediatrician** at least once with their child/children (80% of them). This is an even slightly higher proportion than the proportion of registrations with a paediatrician, meaning that a small proportion of them had to use this care without registering with a paediatrician.

A total of 64% of respondents had a check-up at a **GP**, the second most frequently used health care service among refugees. Just under half of respondents had seen a **dentist** since arriving in the Czech Republic (46%). The lower use of dental care may be due to worries about paying for procedures, a concern mentioned by some focus group respondents. According to them, some refugees go to Ukraine to see dentists, especially for more demanding procedures, for which they pay less in Ukraine than in the Czech Republic.

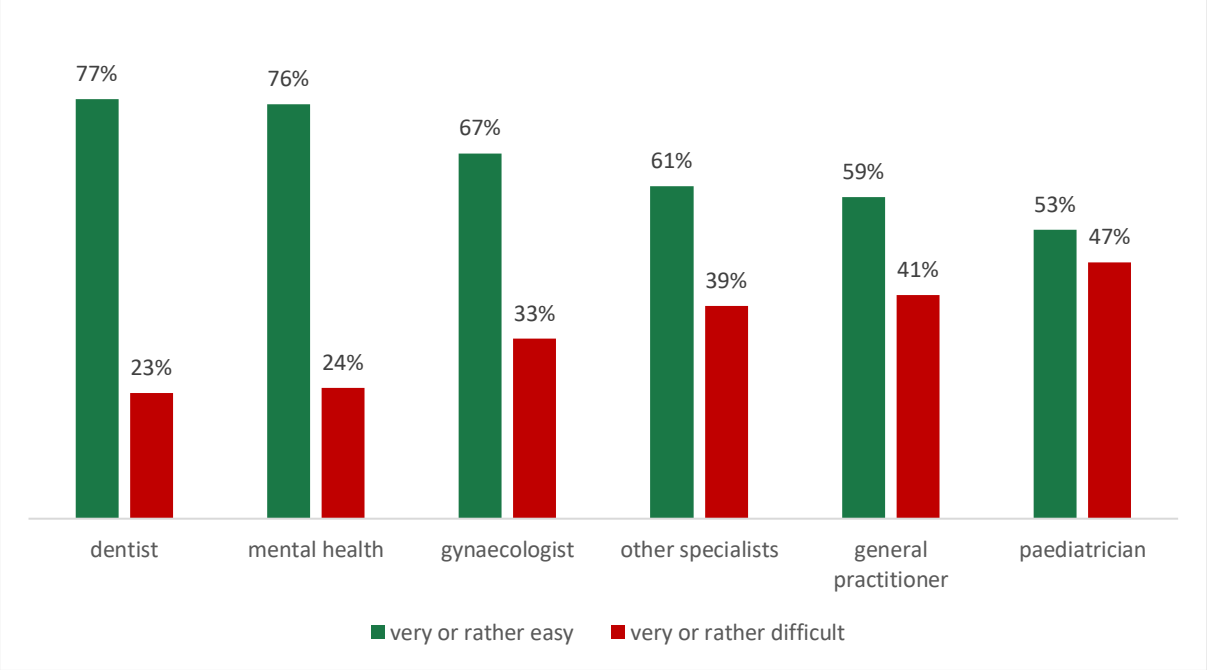
There is however **low use of gynaecological care** (all respondents are women). Only 38% of women have seen a gynaecologist since arriving in the Czech Republic, and most women have been

in the Czech Republic for more than 1 year. The low use of gynaecological services could be explained by concerns shared by female respondents in the focus groups: they claimed to have information that some gynaecologists require patients to make an 'unofficial' contribution for equipment[3].

A total of 37% of women or their children used the services of **another specialist**. The most frequent specialists were ENT, surgery, orthopaedics, ophthalmology, and neurology. The smallest proportion of respondents used **mental health** care or **psychosocial support** (just under a quarter).

Chart 7. Subjectively perceived difficulty of using the services of individual doctors/specialists

Proportions of respondents who found it easy/difficult to arrange and attend an appointment with a given doctor/specialist. Only respondents who had already seen the doctor.



Access to health care is **relatively easiest** for refugee women when it comes to arranging and completing a **dental** check-up and **mental health** and **psychosocial support** services - over 3/4 of respondents who had already had a check-up rated it as easy to arrange and complete. Women found it less easy to arrange a **gynaecologist** (easy for 67%).

Relatively **the most difficult** for refugee women to access are **other specialists** (easy for 61% of them), **a general practitioner** (59%) and especially **a paediatrician** (53%). The greater difficulty in securing care from district doctors for a significant proportion of women (over 40%) is quite alarming, as it may be almost impossible to obtain any follow-up care from specialists without a visit to a GP.

2.4. Barriers to health care

Table 2. Most common barriers - refugee women without health care

Percentage of respondents who did not see a given doctor because of a barrier (of the total number of respondents who did see a given doctor). The most significant barrier is marked in

[3] Respondents mentioned the amount of 2,500 CZK at registration and/or the annual fee. Context: doctors ask women to pay illegal fees. We are addressing it, sounds from the ministry - Seznam Zpravy (seznamzpravy.cz)

golden; barriers that prevented at least 25% of women from receiving health care are marked in light blue.
Question wording: What was the reason you did not get to see this doctor at all?

" What was the reason you did not get to see this doctor at all?"	Percentage of respondents who did not see a given doctor because of a barrier (of the total number of respondents who did see a given doctor)					
Barrier:	GP	Paediatrician	Gynaecologist	Dentist	Mental health and psychosocial support	Other specialists
Many doctors were at full capacity - not accepting new patients	68%	78%	47%	35%	26%	53%
It was difficult for me to find my way around the range of doctors/specialists	16%	15%	20%	24%	40%	32%
It was challenging for me to navigate the specific care provided by this medical specialty in the Czech Republic	13%	14%	11%	14%	37%	28%
It was challenging for me to overcome the language barrier; it was challenging to get to a translator	27%	13%	26%	21%	25%	22%
It was necessary to wait because of a long waitlist	17%	22%	18%	16%	13%	21%
It was difficult to get to the doctor - he was too far away or had inconvenient office hours	11%	10%	15%	10%	11%	16%
Doctor refused to treat me due to lack of health insurance information	1%	1%	0%	0%	1%	0%
The doctor refused to see me because of my nationality	4%	3%	1%	1%	0%	3%
The doctor treated me unkindly because of my nationality	10%	4%	1%	1%	1%	7%
It was difficult to overcome cross-cultural differences (other than language)	5%	3%	0%	1%	2%	1%
Other	5%	6%	13%	29%	9%	9%

Refugee women who **needed to access health care but did not receive it** most often mentioned the **lack of capacity of doctors** (they did not accept new patients) as a barrier for **all** medical specialties. This is a **major** barrier to accessing medical care for refugee women, and this barrier applies to all types of care provided, including primary care.

The language barrier was the biggest challenge to securing appointments with GPs, gynaecologists, and mental health care.

The difficulty of **navigating the range of doctors/specialists** and the overall difficulty of **understanding medical specialties** relates specifically to mental health care and other specialists.

Table 3. Reasons for the difficulty of arranging and completing a check-up (barriers to quality care) – only respondents with provided health care

Only respondents who had used health care and subjectively rated the experience as "difficult". The table summarises the subjective reasons for the difficulty of arranging and/or attending the

medical examination. The most important reason is marked in golden; reasons mentioned by at least 25% of women are marked in light blue.
Question wording: What was the reason why it was difficult for you to find and see a doctor?

"What was the reason why it was difficult for you to find and see a doctor?"	Percentage of respondents who gave a given reason for difficulty (of finding/seeing a doctor):					
Source of difficulty:	GP	Paediatrician	Gynaecologist	Dentist	Mental health and psychosocial support	Other specialists
Many doctors were at full capacity - not accepting new patients	73%	77%	59%	67%	29%	29%
It was difficult for me to find my way around the range of doctors/specialists	13%	12%	33%	14%	32%	32%
It was challenging for me to navigate the specific care provided by this medical specialty in the Czech Republic	9%	6%	7%	7%	39%	39%
It was challenging for me to overcome the language barrier; it was challenging to get to a translator	37%	34%	32%	15%	24%	24%
It was necessary to wait because of a long waitlist	40%	42%	47%	53%	34%	34%
It was difficult to get to the doctor - he was too far away or had inconvenient office hours	21%	17%	13%	17%	10%	10%
Doctor refused to treat me due to lack of health insurance information	2%	2%	0%	1%	0%	0%
The doctor refused to see me because of my nationality	4%	2%	0%	0%	0%	0%
The doctor treated me unkindly because of my nationality	7%	7%	2%	4%	0%	0%
It was difficult to overcome cross-cultural differences (other than language)	3%	3%	2%	4%	5%	5%
Other	1%	3%	1%	6%	2%	2%

Among the respondents who have visited a doctor (i.e. received the required health care), the most common barriers of **quality** care are **full doctor capacity** (as in the previous case) and **long waiting lists**. Refugee women mention these barriers relatively frequently for **all** medical specialties.

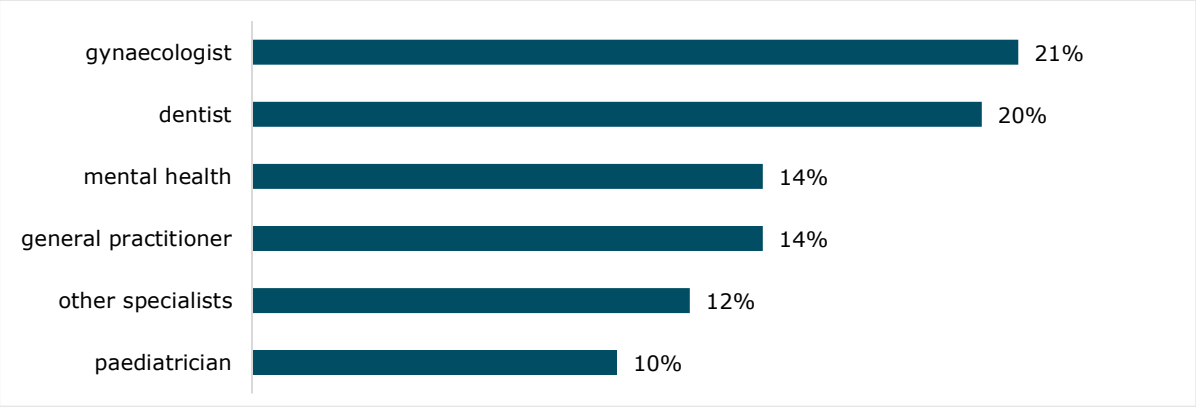
The language barrier is a significant challenge especially when visiting GPs, paediatricians, and gynaecologists.

The difficulty in navigating the range of doctors/specialists is particularly true for gynaecologists, specialist care and mental health care. Similarly, for the latter two types of care, respondents found it challenging to understand what specific care these types of specialized care provide.

2.5. Consequences of unavailability of health care

Chart 8. Non-availability of health care

Proportion of women who wanted to use a particular health care service but were unable to secure it for various reasons.



The biggest challenge of **potentially neglected care** exists in the case of **gynaecological** and **dental** care - 21% and 20% of women, respectively, did not have access to these specialists, even though they would like to and have made efforts to access these specialists.

A total of 14% of women did not access mental health specialists and GPs. Other specialist care was lacking for 12% of respondents. A total of 10% of children did not see a paediatrician.

Up to 20% of refugee women and/or their children may be at risk of partial neglect.

Focus group participants gave several examples of the challenges that refugee women may face. These included delayed diagnosis. The language barrier and difficulty in navigating the new medical system can lead some refugee women to neglect health care (lower frequency of doctor visits, postponing regular check-ups). Mothers may also be more likely to neglect their own health due to prioritizing the health of their children – in the context of limited resources (especially time).

3. Recommendations

1. **Increase refugees' awareness of the Czech health system and improve the availability of information resources**

   Refugee women have a poor understanding of insurance coverage of medical procedures and a lack of general knowledge about doctors and especially specialists they can visit with a specific issue (contacts to doctors). For better awareness it would certainly be helpful to remove language barriers faster – greater availability of language courses that could be focused on practical information about life in the Czech Republic.

   Some refugee women expect medical staff and doctors to help them navigate the health system, recommend a particular specialist, or provide other practical information. Thus, doctors and other health personnel could play a more active role in helping refugees practically to get a grasp of the basic parameters of the system, etc.

   Refugee women tend to use mainly unofficial/informal sources of information to navigate the health care system and to find specific doctors they need to visit. The use of official sources of information is relatively low. We see potential in making information from official sources more accessible to refugees – especially in practical areas such as the insurance system or contacts for doctors with available capacity. Specifically, district doctors could play a greater role in recommending specific specialists (on top of issuing referrals).

2. **Emphasis on clarity of the system and combating potential unfair practices**

   A clear source of information / list of services (not) covered by health insurance would be very helpful for refugees. This would eliminate the frequent concerns about whether a particular procedure is paid for or not. It would also increase pressure to identify and tackle potentially unfair practices.

3. **The need to increase health care capacity**

   Although the Czech health care system in general is struggling with a shortage of certain medical specialties, it would be advisable to consider ways to mitigate this limitation of the system. Indeed, the lack of access to health care for a significant number of refugees is due to the lack of available capacity in medical practices. An effective option would be to involve Ukrainian doctors and other medical staff in the Czech health system – this would both increase the capacity of the system and overcome the language barrier between the medical staff and refugee-patient. This would also significantly reduce a rather crucial barrier – long waiting times for examinations.

4. **Greater use of intercultural workers**

   A number of practical issues (finding a doctor, arranging a check-up, interpreting) and misunderstandings in general due to different cultural backgrounds (different functioning of the health system and expectations from it) can be solved to a large extent by intercultural workers. However, only 29% of the refugee respondents used their services. In total, 43% were not aware of this service at all. It would be useful to raise awareness of this service among refugees. If the service is already overstretched, it would seem appropriate to increase the number of staff above the current level.

4. List of charts and tables

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