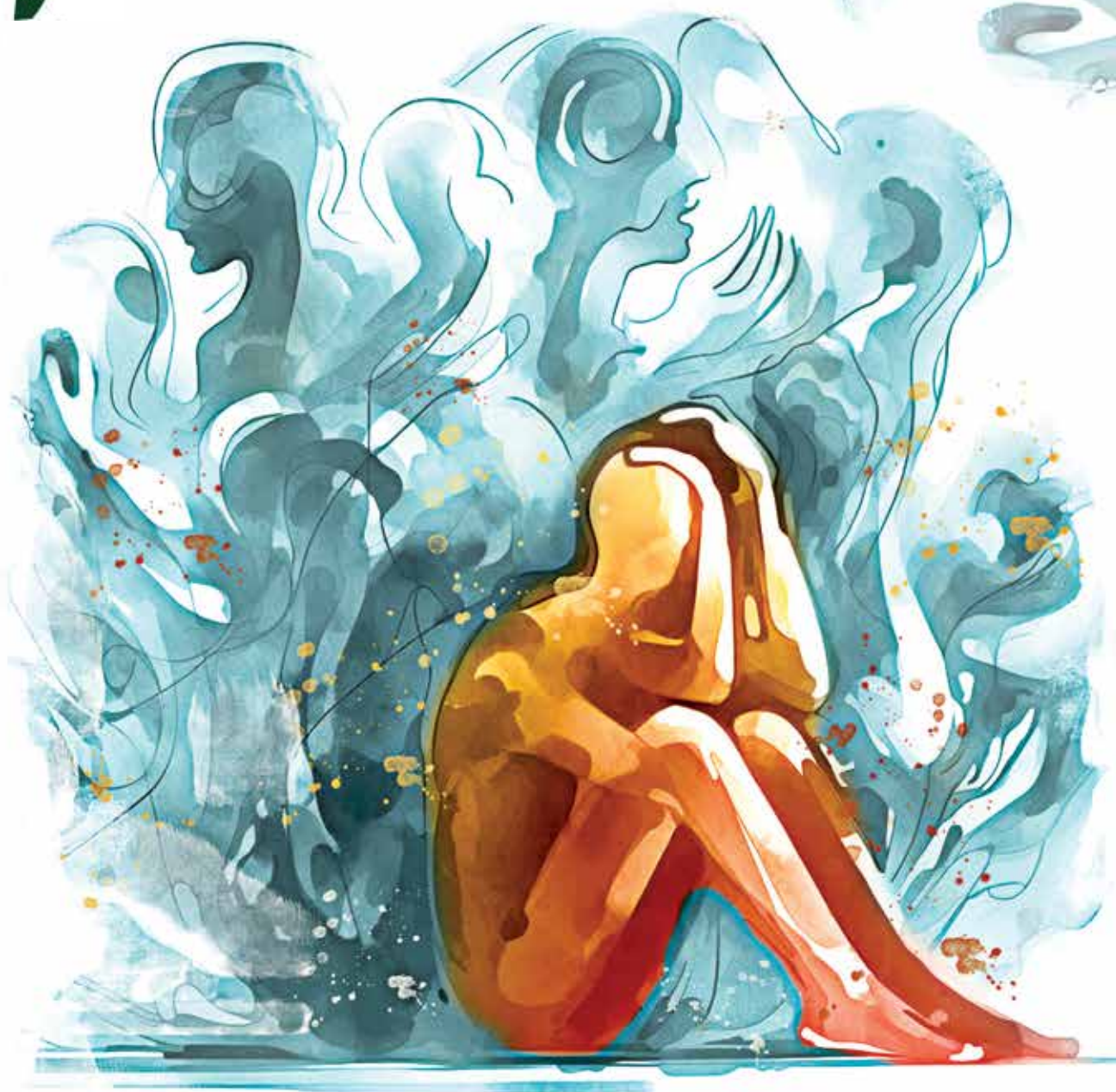




**Eastern Ukrainian Center
for Civic Initiatives**

ANALYTICAL REPORT



Assessment of the Process for Receiving Health Care By Victims of CRSV During the War of the Russian Federation Against Ukraine

Based on personal experiences of victims who receive services from the
NGO “Eastern Ukrainian Center for Civic Initiatives”



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WHY THIS REPORT?

- Since 2014, the Eastern Ukrainian Center for Civic Initiatives (EUCCI) has been documenting cases of conflict-related sexual violence (CRSV) committed in the course of the aggression of the Russian Federation against Ukraine and providing support to victims of these crimes.



Direct communication with victims allowed us to reach a disappointing conclusion - limited access to quality specialized health care is one of the most burning issues for CRSV victims.

- The EUCCI team has studied the experiences of victims regarding the health care they have received in both government and private institutions. The results are presented in this report.
- We want to raise awareness of the problem described in this report and **ultimately help improve the accessibility and quality of medical services for CRSV victims.**
- We recognize that the limited nature of the survey sample affects its representativeness. However, in the absence of more extensive surveys, we believe that the data collected will be useful to interested individuals and organizations.

WHAT DID WE DO?

- We analyzed government policies regarding the provision of health care to CRSV victims.
- We studied the process by which CRSV victims receive health care.
- We developed recommendations for the improvement of access to quality health care for victims of CRSV.



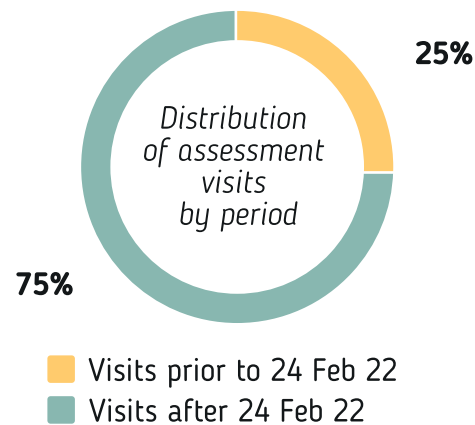
HOW DID WE DO IT?

- We sent information inquiries to government agencies responsible for establishing a system to provide health care to CRSV victims and analyzed their responses.
- We studied the personal experiences of CRSV victims in receiving health care by conducting focus groups and surveys.
- We also discussed the results of the public assessment with CRSV victims and jointly developed recommendations for institutions that can help change the situation.

WHEN DID WE DO IT?



- **Processing of information inquiries:** February – March 2023.
- **Assessment visits:** March – April 2023. The participants had the opportunity to retrospectively describe their health care experiences and evaluate their previous post-CRSV visits to health care institutions.
- **Focus groups:** May 2023.



WHO SUPPORTED THE REPORT?

dr. Denis
Mukwege
Foundation

Financial support for the assessment of survivors' experiences of accessing health care was provided by the **Dr. Denis Mukwege Foundation**.



WHO HAVE WE SENT INFORMATION INQUIRIES TO AND **WHAT RESPONSES HAVE WE RECEIVED?**

CRSV victims were directly involved in compiling the list of recipients for information inquiries and determining the content of the inquiries. They themselves sent the inquiries and received the responses.

The inquiries were sent to:

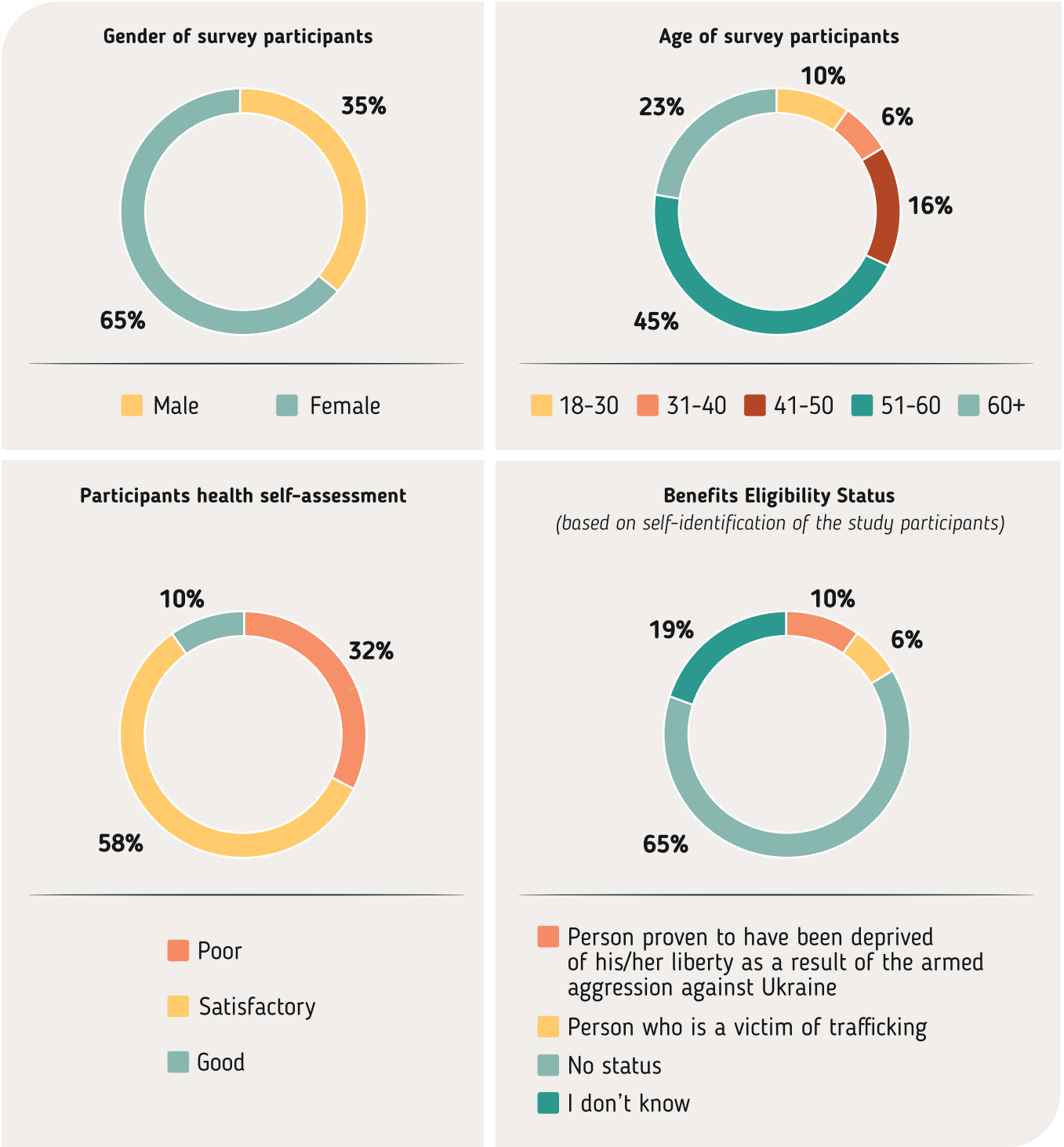
- the Ministry of Health Protection of Ukraine;
- the Ministry of Reintegration of the Temporarily Occupied Territories of Ukraine;
- the Ministry of Social Policy of Ukraine;
- the National Social Service of Ukraine;
- the National Health Service of Ukraine;
- the Government Commissioner for Gender Policy;
- the Ukrainian Parliament Commissioner for Human Rights;
- structural subdivisions of 24 regional military administrations (RMA), whose responsibilities include the provision of medical services.

All national level addressees and 16 RMA structural subdivisions responded to the inquiries. Key findings from the responses are as follows:

- According to the responses from the Ministry of Health Protection of Ukraine and the National Health Service of Ukraine, health care services are provided to CRSV victims on a non-preferential basis. The program of medical guarantees does not provide a separate health care package for CRSV victims.
- In the vast majority of regions, there are no specialized governmental, international and/or municipal programs to provide health care to CRSV victims.
- In May 2022, the Government of Ukraine and the UN signed the Framework for Cooperation between the Government of Ukraine and the UN on Preventing and Responding to Conflict-Related Sexual Violence. Among other things, the Framework is aimed at establishing mechanisms to provide a complex of services to survivors (in particular, medical services).
- Specialized support services providing assistance to victims of domestic violence and/or gender-based violence have had their competencies expanded, taking into account the challenges posed by Russia's full-scale aggression against Ukraine, including challenges related to the provision of services to victims of violence, including victims of CRSV (Cabinet of Ministers Resolution No. 1372 of 09.12.2022 "On Amendments to Some Resolutions of the CMU Concerning Specialized Support Services for Persons Who Have Suffered Domestic Violence and/or Gender-Based Violence").
- On the initiative of the government and thanks to funding from the United Nations Population Fund in Ukraine (UNFPA), a network of survivor support centers is being established in Ukraine.
- Legislation and regulations are underway to establish a protocol for documenting the results of medical examinations of CRSV victims.
- The draft Law "On the status of victims of sexual violence related to the armed aggression of the Russian Federation against Ukraine, social protection guarantees for such victims and their family members in case of death of such victims (deceased)" is being prepared.
- The draft Law "On amendments to the Criminal Procedural Code of Ukraine" is being developed in order to improve the procedure of pre-trial investigation and trial in criminal proceedings for CRSV crimes.

WHOSE EXPERIENCE IS THE PUBLIC ASSESSMENT BASED ON?

EUCCI is grateful to the **31 women and men**, CRSV survivors, who participated in the survey and shared their personal experiences of receiving health care.

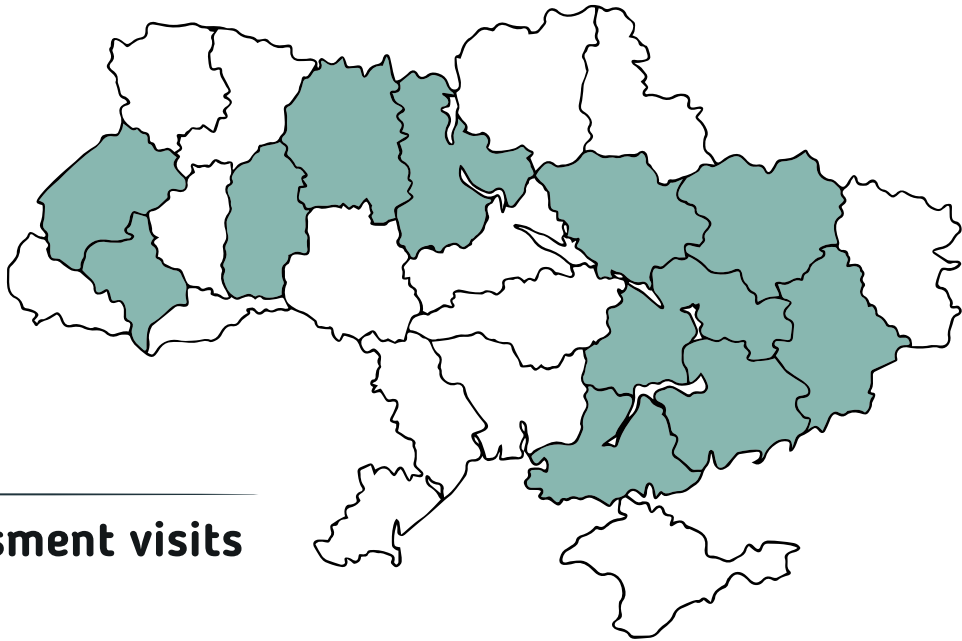


* Ukrainian legislation does not provide for a special status for victims of CRSV.

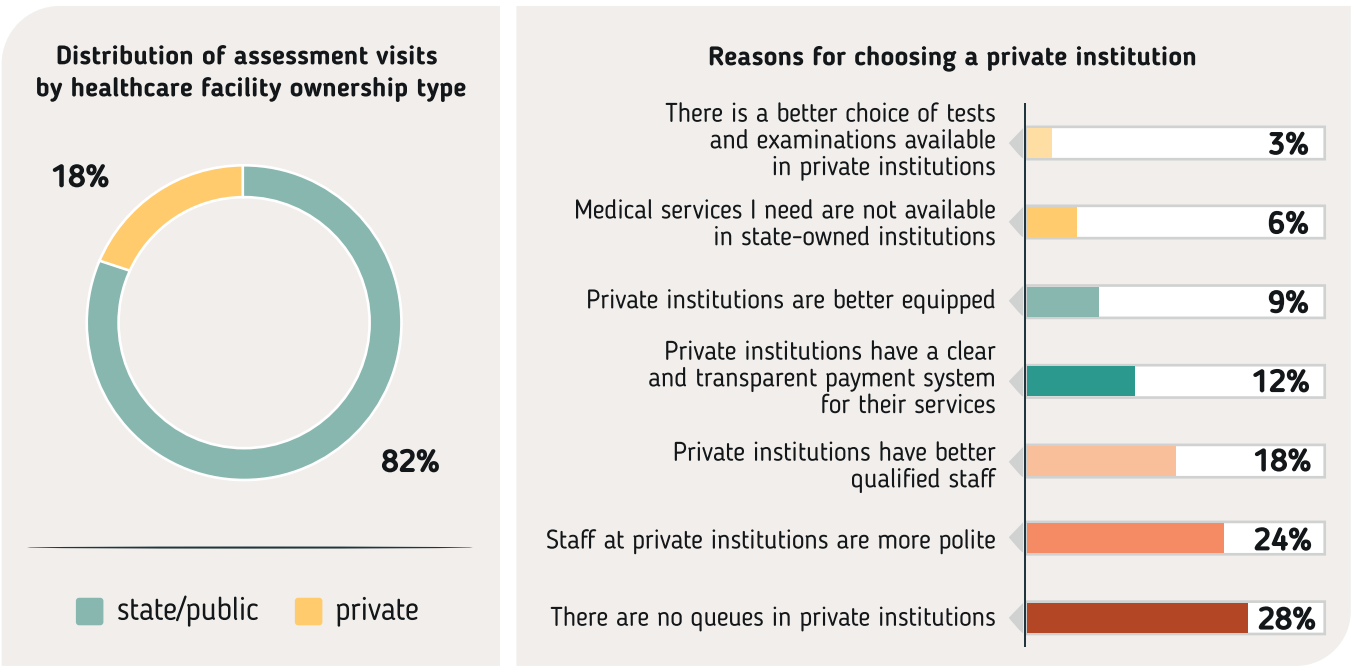
WHAT HEALTH CARE VISITS ARE PART OF THIS SURVEY?

In total, the survey participants evaluated **109 individual (separate) visits** to healthcare facilities of various ownership types (state/public and private).

On average, each respondent rated **4 visits**.



Geography of assessment visits

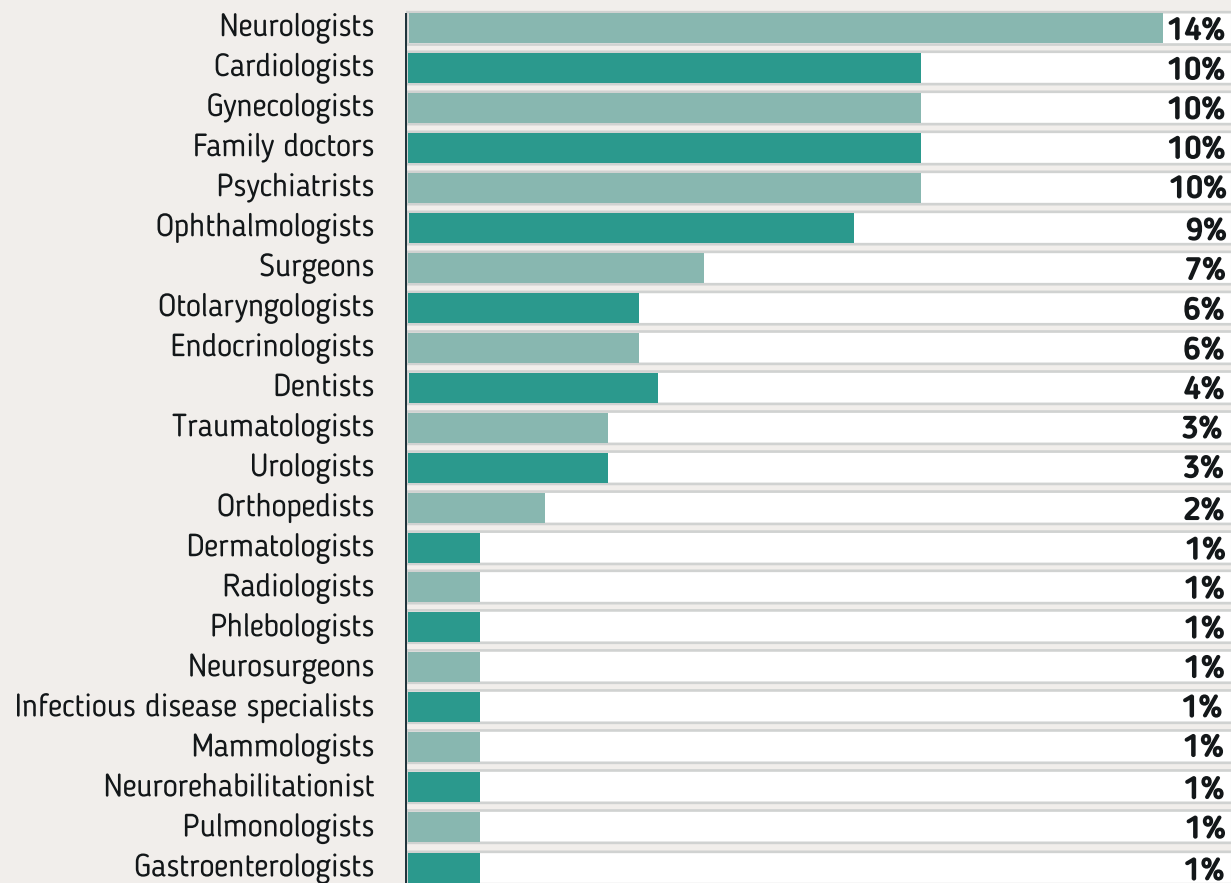


As part of this survey, visits to health care institutions that provide the following levels of health care services were assessed:

- **Primary health care** is provided in general practice (family healthcare) clinics and primary health care centers.
- **Secondary (specialized) health care** refers to specialized medical services, both planned and urgent (emergency), provided in outpatient and hospital settings.
- **Tertiary (advanced) health care** refers to diagnostic and therapeutic medical services that are not available at the primary and secondary (specialized) health care levels and are provided using advanced equipment and expertise upon referral from the secondary (specialized) health care provider.

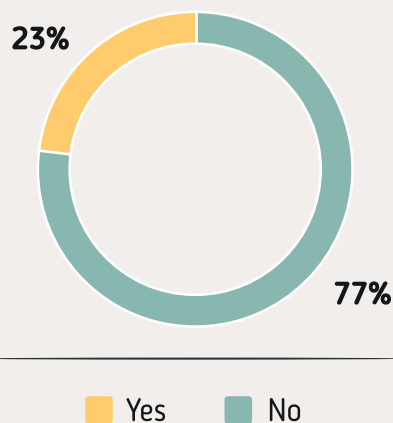
WHICH DOCTORS DID THE SURVEY PARTICIPANTS VISIT?

Visits to specialists and medical doctors



When scheduling a visit to a gynecologist or urologist, **CRSV victims were not informed of the gender of the doctor in most cases (77% of visits)**. At the same time, if the patients did not want to be examined by a doctor of the opposite sex, **they were denied the opportunity to choose a doctor of the same sex in 80% of cases**.

When scheduling a visit, was the patient informed of the doctor's gender?



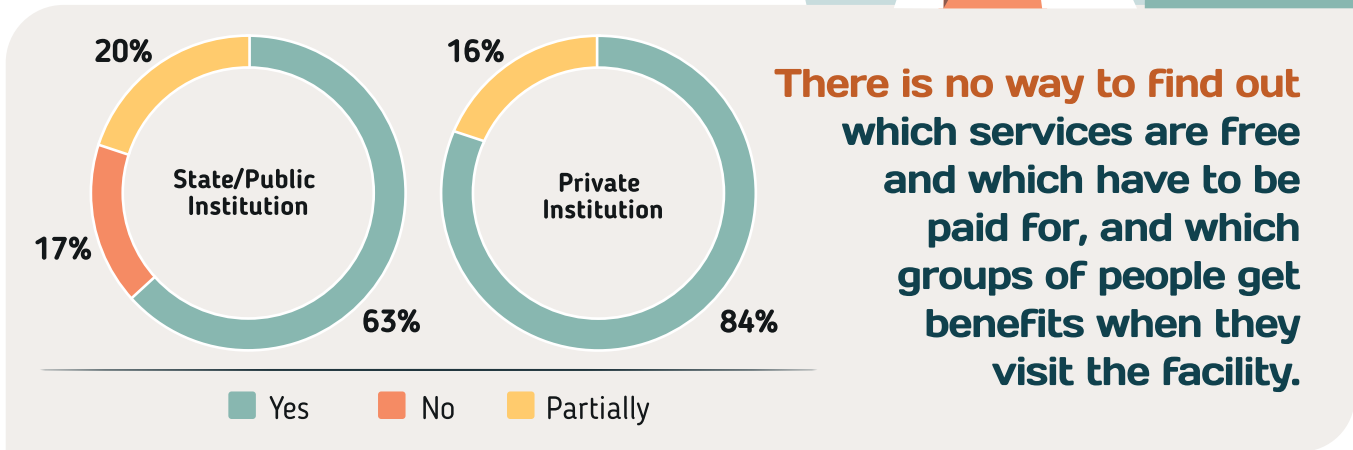
“The laboratory assistant who performed my mammogram was male, and I felt uncomfortable exposing my body up to my waist”.

“I didn’t ask what gender the doctor was, but I didn’t feel very comfortable that he was a man”.

HOW WAS THE INTERACTION WITH THE DOCTORS?

When assessing the level of the doctor’s attentiveness and empathy during their visits **to private health care facilities**, the visitors indicated that the doctor was either completely (84%) or partially (16%) attentive and empathetic. At the same time, medical staff **at state/public institutions** did not demonstrate these skills in 17% of visits.

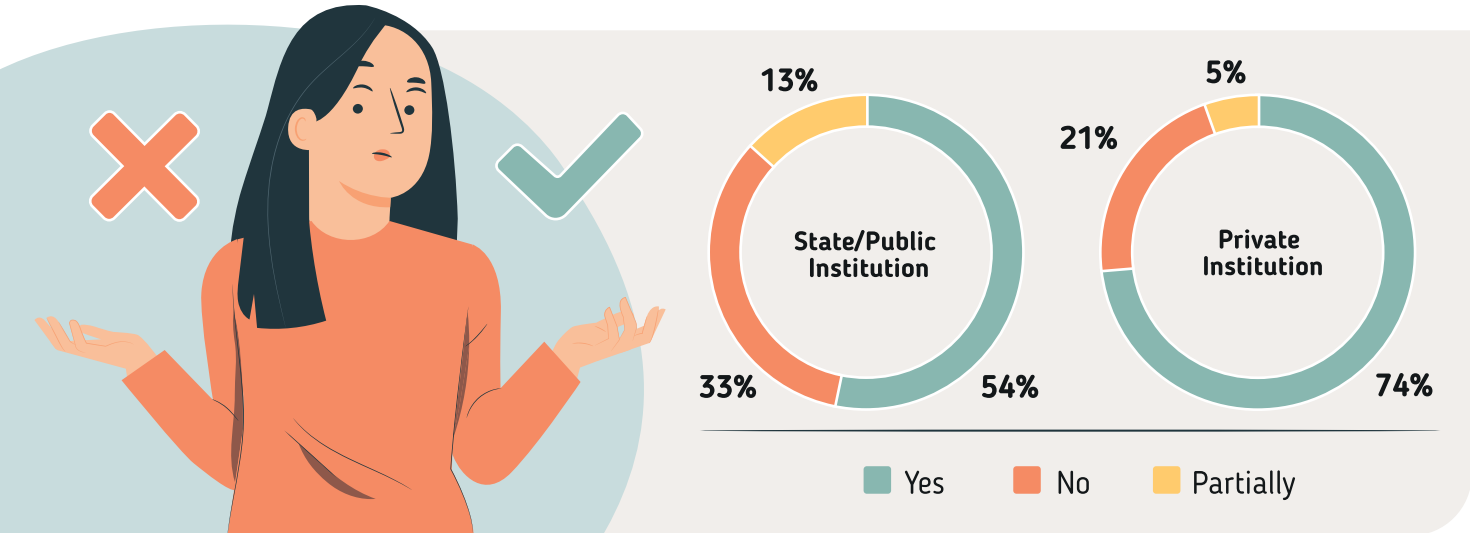
Distribution of assessment visits by level of doctor attention and empathy:



In 19% of visits to state/public facilities, patients reported that they did not receive any information about their health status from the doctor. In 13% of cases, patients did not have the opportunity to ask the doctor clarifying questions. In 6% of visits, the answer to clarifying questions was provided but remained unclear to the patient. **This is particularly critical in cases where the health care is sought by a CRSV victim whose entire body has been affected by the violence experienced and who needs information about his or her current state of health as well as a prognosis for minimizing the negative consequences.**

In most cases, the survey respondents reported that the doctor discussed the treatment plan with them. **However, nearly one in three patients who visited state/public institutions and one in five of those who preferred a private hospital said such a discussion never took place.**

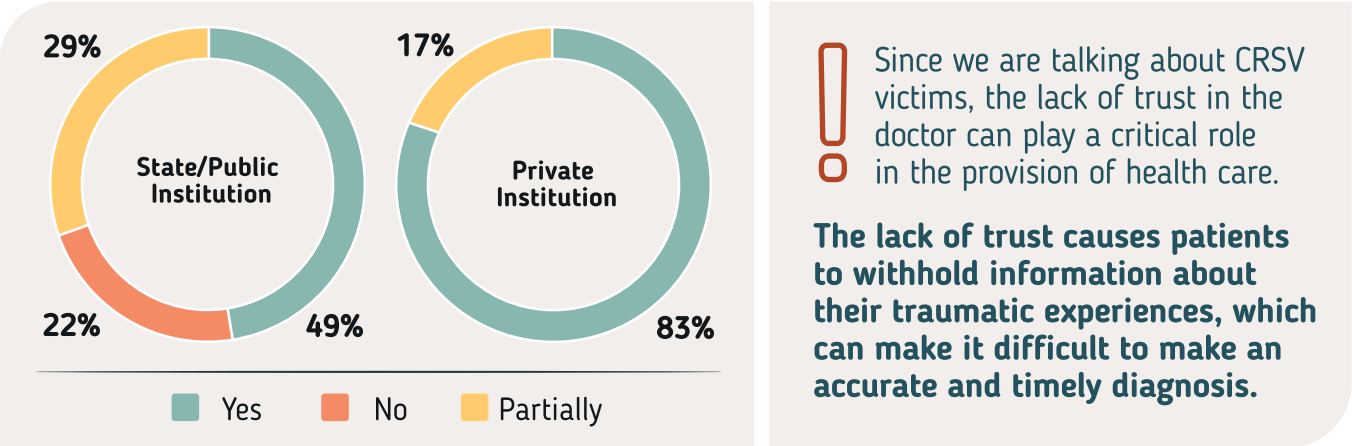
Distribution of assessment visits based on whether the doctor discussed a treatment plan with the patient during the visit:



In most cases, survey respondents had complete or partial trust and confidence in the medical staff. **This was reported in 100% of cases involving visits to private clinics. And in 78% of cases when participants visited state/public health care institutions.**

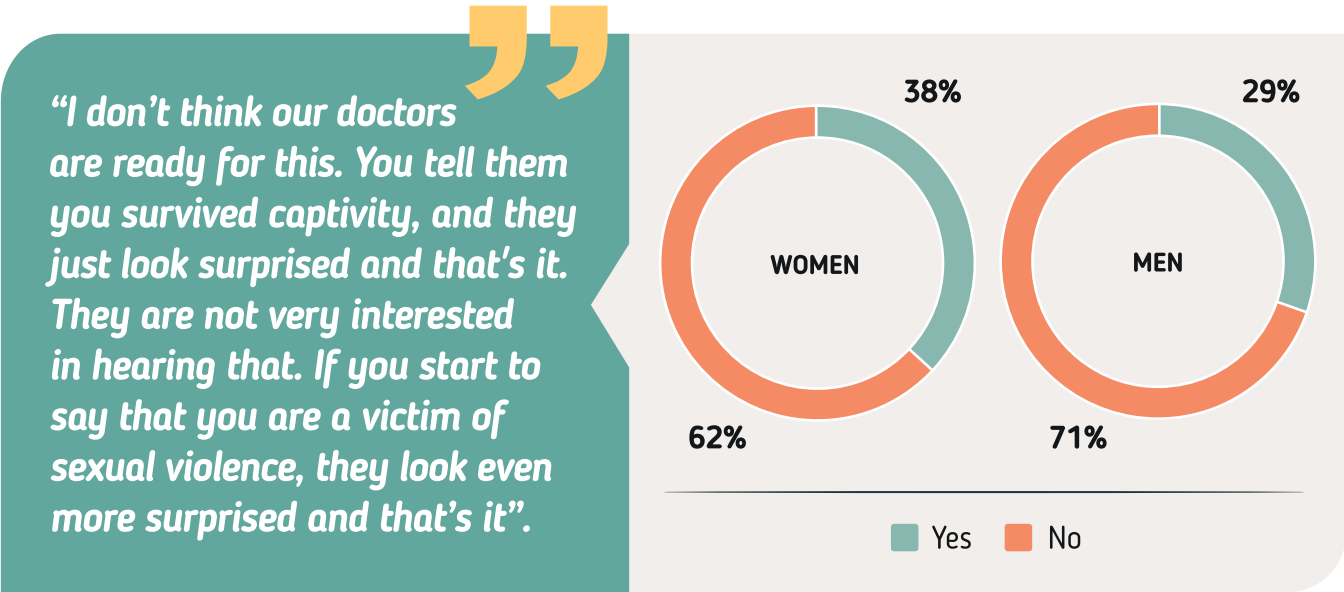
In one in five visits to state/public facilities, patients did not trust the medical staff.

Level of trust in medical staff:



It is worth noting that **men are less likely than women to report sensitive information about their experiences.** During the communication with the doctor, men reported that they were victims of violence in only 29% of the visits. For women the figure is 38%.

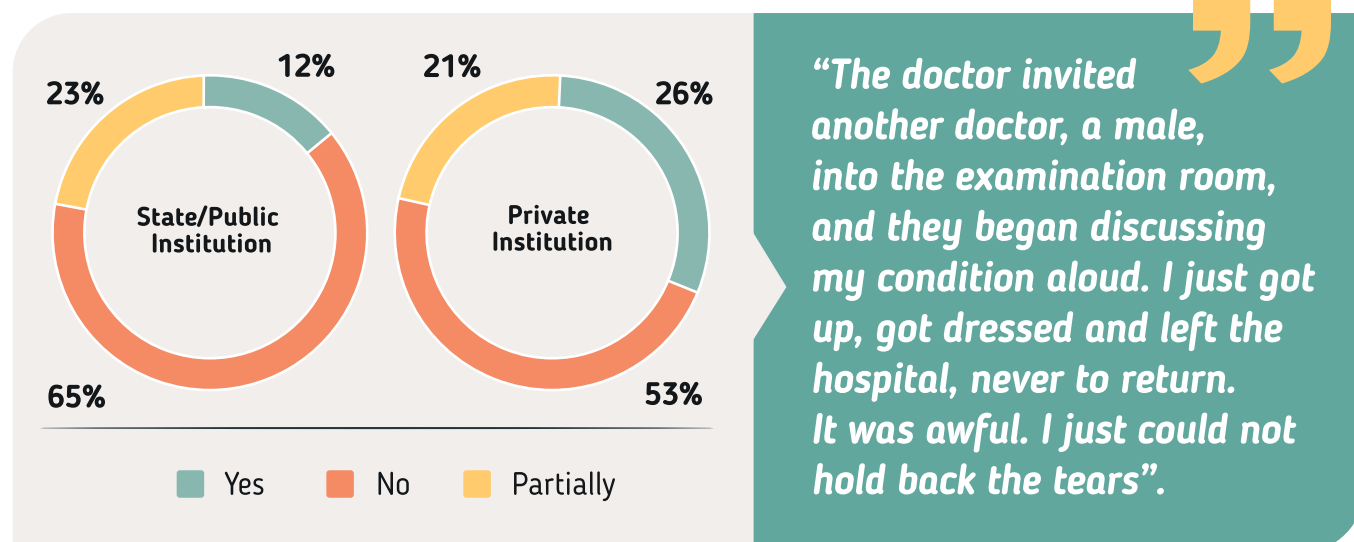
Sharing information about CRSV experience with medical staff by patient gender:



In most cases, survey respondents did not disclose sensitive information at any stage of their interactions with healthcare professionals because they did not think it would affect their chances of receiving care. A significant number of respondents said they could not talk about their experiences in public at all.

A number of respondents did not disclose this information because they were afraid of being judged, afraid of breaches of confidentiality by staff, or afraid that such information would result in an inappropriate response from medical staff.

According to survey respondents, in a significant number of cases, medical staff did not have the special skills needed to communicate with victims of CRSV. Survey respondents reported that medical staff did not have the necessary skills in 65% of cases involving visits to state/public institutions. In private facilities, the figure was 53%.



Confidentiality is critical for CRSV victims. However, when seeking health care at state/public institutions, the respondents reported that **their confidentiality was not protected** in 15% of visits. They reported that when they visited private facilities, their confidentiality was fully or partially protected in 100% of cases.

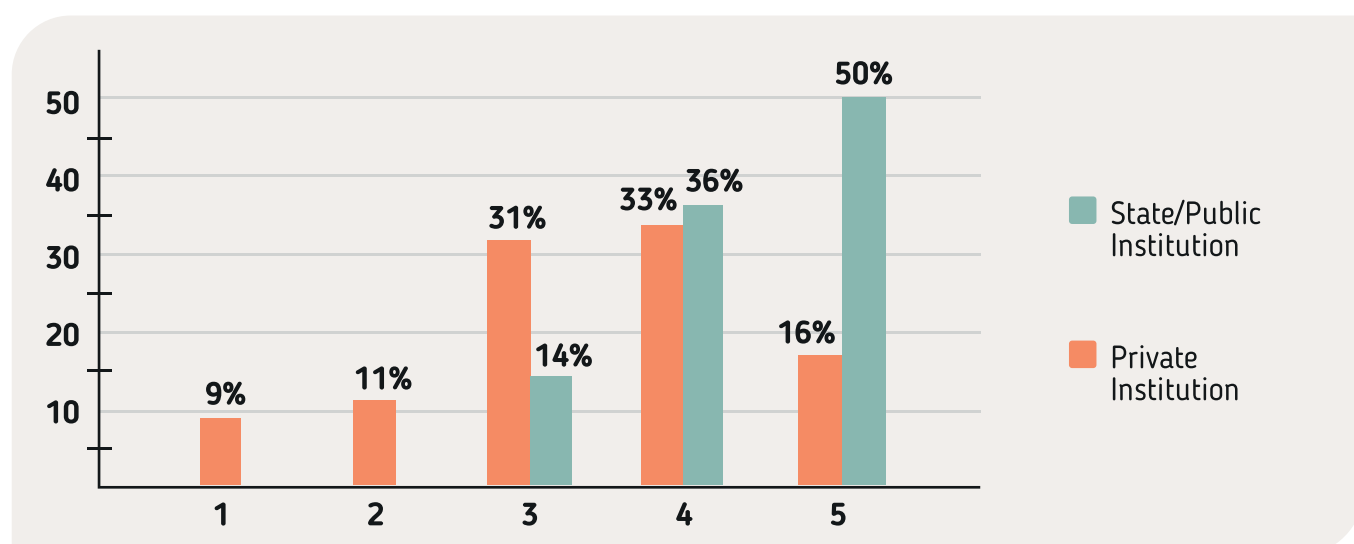
HOW SATISFIED WERE RESPONDENTS WITH THEIR HEALTHCARE VISITS?

The survey respondents were given the opportunity to rate their satisfaction with their health care visits in general on a five-point scale.

Most **visits to state/public institutions** (33%) were rated at four. A significant number of visits (31%) received three points.

Half of the **visits to private facilities** (50%) received the highest rating of five points. Also, none of the private institutions received a rating lower than three, while one in five visits to a state/public institution received such ratings.

Satisfaction with the healthcare institution based on visit outcomes:



WHAT ARE THE KEY TAKEAWAYS FROM THE SURVEY?

There is no comprehensive health care system for CRSV victims in Ukraine.

Access to free health care is critical for CRSV survivors. However, its scope is currently limited and victims do not have complete information about the Medical Guarantee Program and the services that can be received for free within the packages provided by this program.

Victims of CRSV are not granted a special status that would confirm the fact of conflict-related sexual violence and provide the victim with an appropriate legal status. To address this issue, a draft Law “On the status of victims of sexual violence in connection with the armed aggression of the Russian Federation against Ukraine, social protection guarantees for such victims and their family members in case of death (deceased)” is being developed.

The damage caused to the health of victims of sexual violence is complex and cannot be reduced to one specific treatment. In general, according to the survey participants, the system of health care for victims of CRSV should include the following elements:

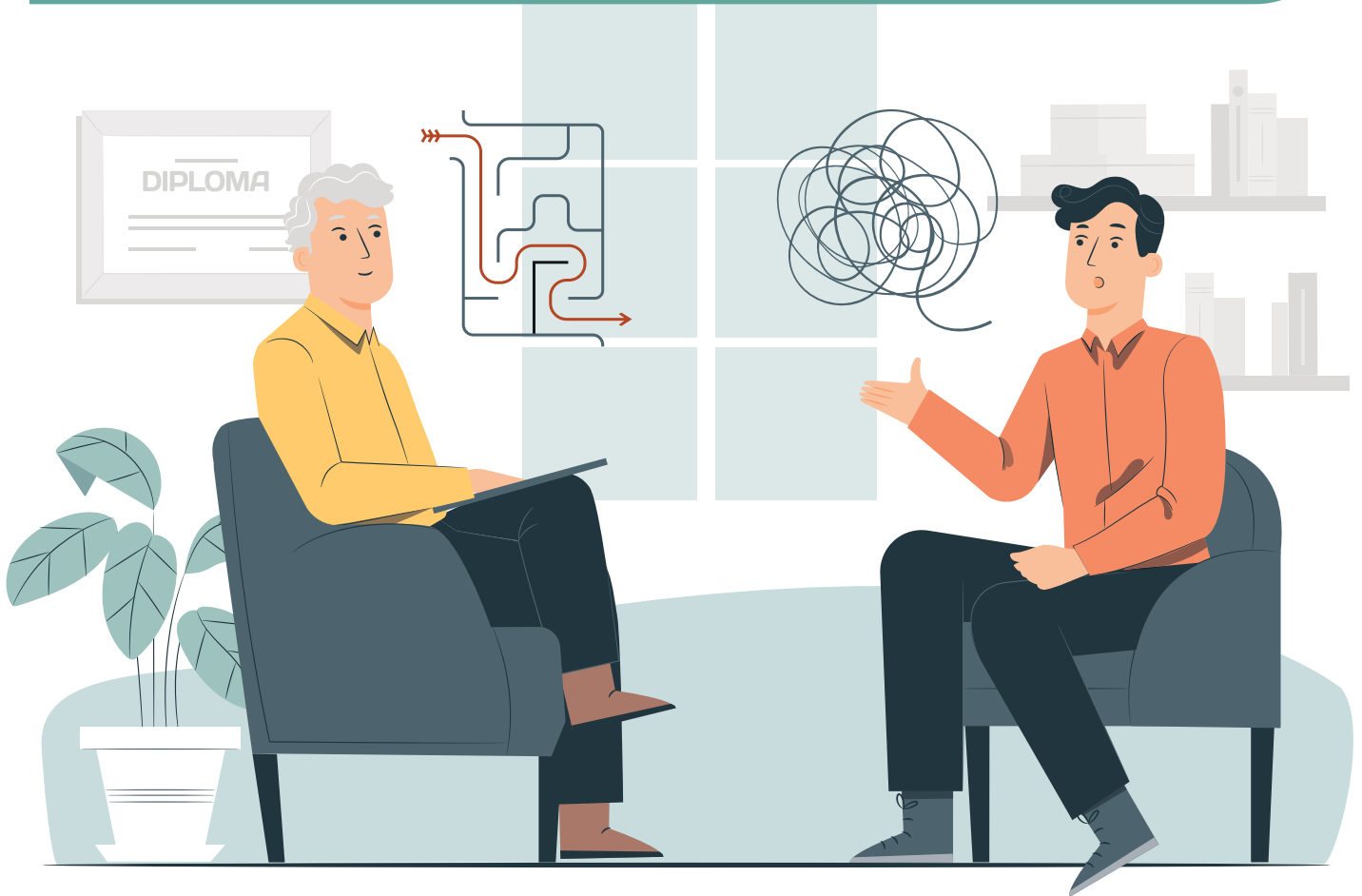
- primary health care that must be provided to the victim in its entirety immediately after the fact of violence is documented;
- regular comprehensive examination of all organs and systems of the body for early detection of adverse effects of violence;
- individual medical care of the victim by a family doctor;
- access to recreational treatment aimed at comprehensive rehabilitation of CRSV victims.

PROTOCOL



“It would be nice if somewhere in Transcarpathia a recreation center could be opened where survivors of sexual violence could receive treatment and rehabilitation services once a year”.

“Special protocols (recommendations, minimum training) need to be developed for doctors on how to treat CRSV victims. A psychologist is prepared to communicate with a CRSV survivor. The doctor who treated me wasn’t prepared”.



In most cases, CRSV survivors prefer not to speak out about the violence they have experienced because they do not believe in the possibility of receiving comprehensive specialized health care and are afraid of being judged by medical staff who do not have specialized skills to communicate with survivors of sexual violence.

The survey found that in the development and implementation of individual solutions to ensure support for victims of CRSV, the main focus is on women and girls as the main target group. At the same time, the problems and needs of men and boys are often neglected.

The survey participants acknowledged the high quality of Ukrainian doctors, especially those working in national-level institutions, and the high level of empathy of the medical staff.

WHAT RECOMMENDATIONS WERE DEVELOPED BASED ON THE SURVEY RESULTS?

GOVERNMENT AUTHORITIES

Ukrainian Parliament

- Adopt a legal framework to regulate the process of granting CRSV victim status and have legislation in place to protect the rights of such persons. In addition to the legal framework, by-laws should be developed to regulate separate procedures for obtaining specific health services and to ensure the availability of funding for these services.
- The annual allocation of funds to cover health care for victims of CRSV should be included in Ukraine's state budget.

Ministry of Health Protection

- Amend the "Procedure for conducting and documenting medical examination of victims of domestic violence or persons who may have been suffering domestic violence and rendering medical assistance to them" (approved by the Ministry of Health, Decree No. 278 of 01.02.2019), taking into account the challenges posed by the full-scale aggression of the Russian Federation and the special requirements for providing health care to victims of CRSV. When updating the established procedure, it is advisable to use the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict.

National Health Service of Ukraine

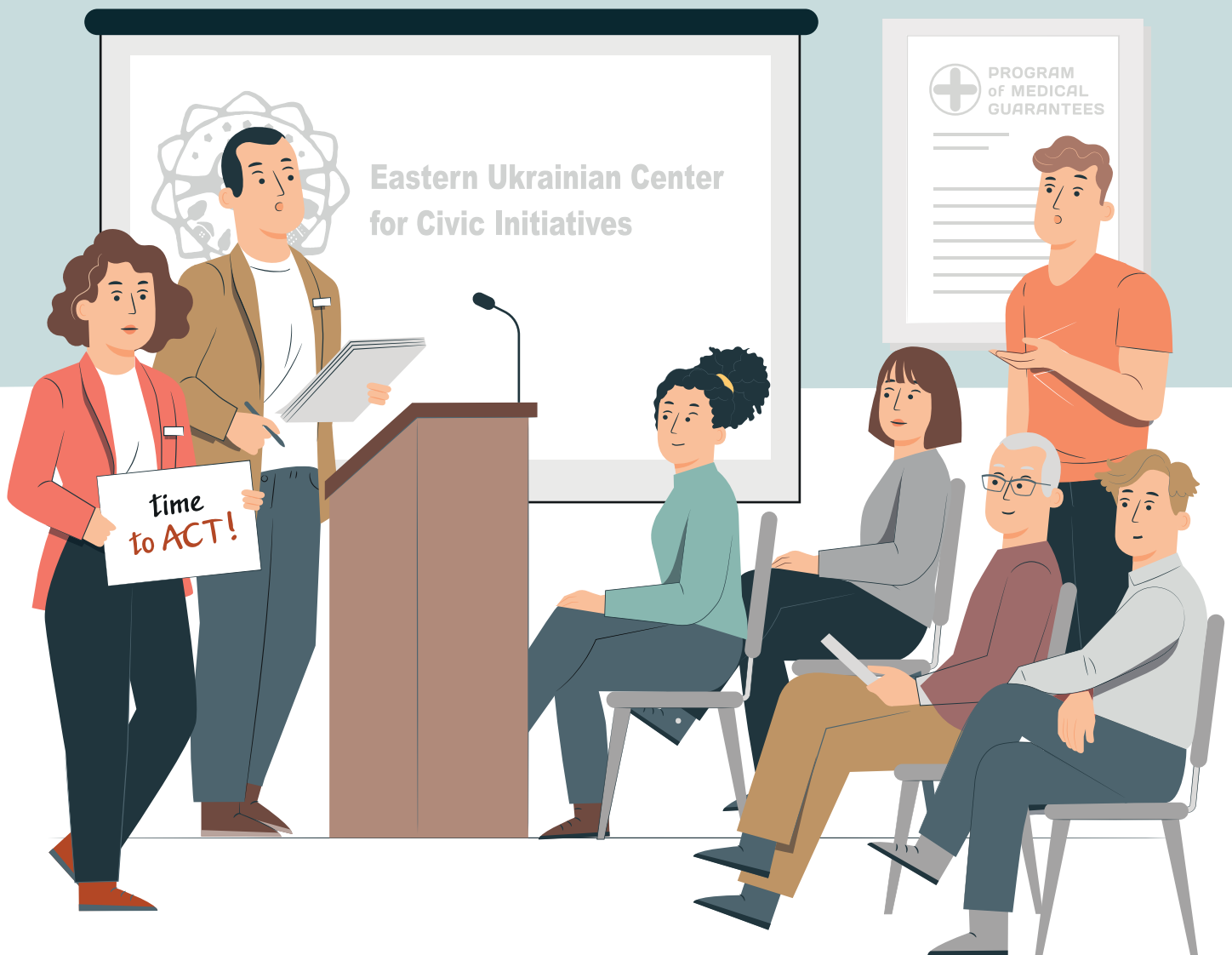
- Consider the possibility of creating a separate care package within the Health Guarantee Program that would provide comprehensive health care to CRSV survivors. The package should include both emergency care and access to rehabilitation facilities. In developing such packages, consider that addressing the impact of CRSV on a victim's physical and mental health should not focus on one specific type of care (for example, gynecological or psychiatric assistance), but take a comprehensive approach.

LOCAL GOVERNMENT AUTHORITIES

- Include the provision of services for victims of CRSV, as well as funding to support such services, in local and regional programs to assist vulnerable populations.
- Ensure that CRSV victims have access to reliable and up-to-date information on available services and their providers.
- Include efforts to support the needs and interests of CRSV victims in local and regional social cohesion programs, with the aim of fostering respect and empathy for people with traumatic experiences in society and minimizing stigmatization of victims.

HEALTH CARE INSTITUTIONS OF ALL TYPES OF OWNERSHIP

- Ensure safety and confidentiality in healthcare facilities by creating an environment where patients feel safe and secure.



“There should be a checkbox on the patient card. So that a person could tell their story once to the family doctor. And then other doctors would know that I have a special status without asking additional questions”.

- Where possible, make it mandatory for patients to be informed of the gender of their doctor when making an appointment, and ensure that patients are given the opportunity to choose the gender of their doctor if they wish.
- Ensure that medical staff have appropriate knowledge and skills to communicate sensitively and empathically with CRSV victims to prevent re-victimization as a result of insensitive treatment by medical staff.
- Ensure that information about services available to victims of CRSV is disseminated by healthcare facilities, both at their information stands and through electronic communication tools, as well as in direct communication between medical staff and patients.
- Consider appointing a designated person from the health facility staff to manage patients who are victims of CRSV.

”
“Of course, it would be good to have a person in the hospital who could accompany the patient to different doctors and necessary tests. A traumatized person ... may find it difficult to navigate the healthcare system. And that’s why they really need such a guide”.

- Increase awareness efforts to better communicate information about how the Health Guarantee Program works to the target audience.

INTERNATIONAL ORGANIZATIONS

- When planning and implementing projects and programs to assist victims of CRSV, conduct a thorough analysis of the needs of potential beneficiaries.
- In implementing your efforts, keep in mind that CRSV victims include both women and men, girls and boys. Accordingly, when planning individual projects and programs, it is necessary to consider the needs and requirements of each of these categories.
- When supporting the efforts of other institutions that provide services to CRSV survivors (such as survivor support centers), develop and publicly communicate a strategy to ensure their longevity and sustainability, particularly after donor funding ends.

CIVIC SOCIETY INSTITUTIONS INVOLVED IN PROVIDING SUPPORT TO CRSV VICTIMS

- When planning projects and programs to support CRSV survivors, seek resources to facilitate survivors’ access to paid medical services in healthcare facilities of all types.
- Establish and strengthen partnerships with health care institutions and pharmaceutical companies to ensure that CRSV survivors have access to free (or discounted) health care and medicines.
- Develop and implement training and experience-sharing programs for medical staff in the area of providing services to CRSV victims.



**Eastern Ukrainian Center
for Civic Initiatives**

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INFORMATION ABOUT THE EASTERN UKRAINIAN CENTER FOR CIVIC INITIATIVES (EUCCI)

MISSION: To develop and support the Ukrainian society's ability to respond to contemporary challenges, based on the principles of human rights, democracy and the rule of law, through education, advocacy and research.

VALUES: EUCCI operates on the basis of the following organizational values:

- respect for human dignity;
- belief in everyone's ability and right to make changes;
- consistency – compliance with the declared values and honesty;
- transparency and openness;
- striving for change;
- result orientation;
- cooperation;
- innovative approaches;
- competence and quality.

MAIN AREAS OF PROJECT ACTIVITY:

- documenting gross human rights violations committed in the course of the Russian-Ukrainian war, with special attention on documenting sexual and gender-based violence;
- supporting peace restoration efforts;
- providing free legal support to persons who suffered from gross violations of human rights during the war.

OUR SERVICES:

- gross human rights violations committed during the Russian-Ukrainian war;
- free legal support, to include representation of clients' interests in court, for categories of victims of the Russian-Ukrainian war;
- education and awareness programs to support the restoration of justice and peace and to promote a culture of remembrance.



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