

# At a glance

## Health access and utilization survey among non-camp refugees in Jordan

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*May 2015*



Photo Credit: UNHCR

# Summary

## Objective

- This cross sectional survey was conducted among non-camp based Syrian refugees living in Jordan, to monitor access to and utilization of key health services.

## Methods

- Ten surveyors underwent two days of training, including field-testing of the survey tools.
- The survey was carried out between 10<sup>th</sup> and 16<sup>th</sup> of May 2015.
- Survey households were selected, using stratified systematic sampling, from a register of non-camp based refugee households that had a listed telephone number.
- The head of household, or an adult who could respond on his or her behalf, was interviewed by telephone regarding key indicators of interest.
- Data were entered using mobile tablets and analyzed using STATA 13 software package.

## Key findings

### Baseline characteristics of population and sample

- At the time of the survey the population of non-camp Syrian refugees living in Jordan numbered 521,037 individuals in 151,962 households.
- 411 households with 2,489 residents were surveyed.
- 50.5% of household members were female and 16.4% were under 5 years of age.

### Health care access and utilization during the month preceding the interview

- Only 64% of households knew that refugees have subsidized access to government PHCs. Although not a direct comparison, this was markedly lower than the 96% who knew that refugees had access to free health care in 2014. Importantly, this reflects the Ministry of Health's policy change in November 2014 from providing free health care services to Syrian refugees to services offered at a subsidized rate.
- Despite subsidies, 13% of those needing care in the previous month did not seek it; this is compared to only 4% who did not seek services in 2014.
- The main barriers to access were service fees for refugees as well as concerns about potential negative interactions with clinic staff.
- The average cost of care paid by the refugee in the first facility they visited was 46 USD compared to 32 USD in 2014.

### Childhood vaccinations

- 82% of households knew that under-fives have free access to vaccines, representing a decrease from 92% of households in 2014.
- Measles immunization coverage, through self-report, in under fives also declined from 87% in 2014 to 82% in 2015.
- Considering that only 76% of children under 5 reportedly had a vaccination card, measles coverage is likely to be even lower than that estimated above by self-report.

### Antenatal and maternity care

- 15% of the women who were pregnant in the last two years, compared to only 4% in 2014, had difficulty accessing ANC services.
- 50% could not do so because of service fees and transport costs.

### Chronic conditions in adults older than 18 years

- 46% of households reported at least one adult with a chronic condition (most commonly hypertension and/or diabetes).
- A majority (58%) were unable to access medicines or other health services as needed. This was a sharp increase from the 24% who reported difficulties in 2014.
- The main barrier to accessing care for those with chronic was again the inability to pay service fees.

### Disability and impairment

- Among the 2,489 household members living in surveyed households 4% were reported to have a disability; 27% of whom had war-related injuries.
- Only 63% of disabled household members received either surgical treatment, rehabilitation, psychological or assistive devices.

## Summary continued

### Limitations

- Survey findings may not be generalizable to refugee households without a registered telephone number, as they could not be interviewed for this survey.
  - It is reasonable however to assume that households with no phone access are likely to be more financially vulnerable and therefore at higher risk of not being able to access and utilize health services as needed.
- Poor recall or lack of information available to the head of household respondent may have affected the quality of the response.

### Conclusions

- The policy change from free to subsidized care was associated with a reported decrease in access to curative and preventative health care services among Syrian refugees living out of camps in Jordan.
- Households reported that the main barrier to seeking care when needed was their inability to pay the requested fees; however the high use of private facilities may indicate a misperception amongst refugees of the cost of accessing Ministry of Health services.
- Financially vulnerable families may elect to forgo health care services, such as ANC or treatment for chronic conditions, potentially deemed less necessary or urgent in the short term.

### Recommendations

#### Address financial and health systems barriers to access

- Pilot provision of cash to refugees to offset the cost of accessing health services at Ministry of Health facilities.
- Strengthen links with agencies providing cash assistance to support transport costs to access health services for vulnerable refugees
- Continue to advocate with MoH for the same waivers as granted to Jordanians (free access for health care for Syrian refugees above 60 years old and under five years of age as well as certain reproductive health services).
- Explore with MoH ways to address negative staff attitudes towards refugees, including promoting the rights of refugees to affordable health care.

#### Improve refugee knowledge of available services

- Continue awareness raising for refugees about the new health policy and eligibility criteria for accessing health care through UNHCR supported services.
- Promote utilization of MoH facilities at the subsidized rates and ensure refugees know that certain services such as vaccination are provided free of charge.
- Develop standard messages on the above and disseminate information through JHAS and UNHCR Infoline, town hall meetings, Community Support Committees, clinics, field staff of NGOs and CBOs, community health volunteers and other community level staff.

#### Improve clinical support

- Strengthen follow up of priority NCDs (diabetes, hypertension, COPD, ischemic heart disease) at clinic and community level to promote adherence to treatment and self-monitoring and care.
- Further document the needs of refugees post-injury including gaps in provision of assistive devices, physiotherapy, rehabilitation and home nursing.

# 1. Baseline characteristics of population and sample

## 1.1 Population

151,966

Total number of households registered with UNHCR at time of sampling

70%

Estimated proportion with a valid phone among registered households

## 1.2 Sample

411

Number of surveyed households

0.3%

Non-response rate (i.e. refused study participation)

2,489

Number of household members in surveyed households

6

Average number of household members in surveyed households, not including the head of household

50.5%

Proportion of household members who are female

16.4%

Proportion of household members < 5 years of age

52.0%

Figure 1: Dates of arrival to Jordan, by household (n=411)

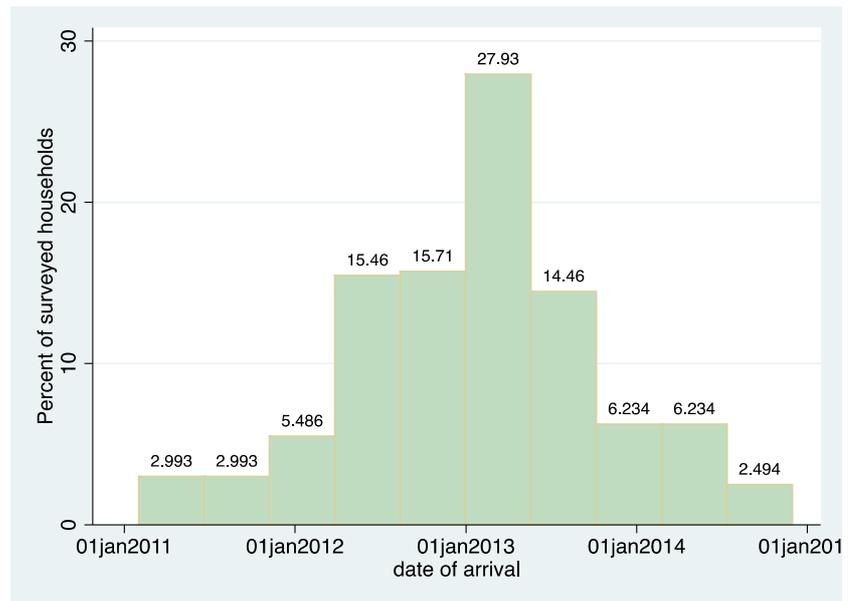


Figure 2: Gender breakdown of household members (n=2,489)

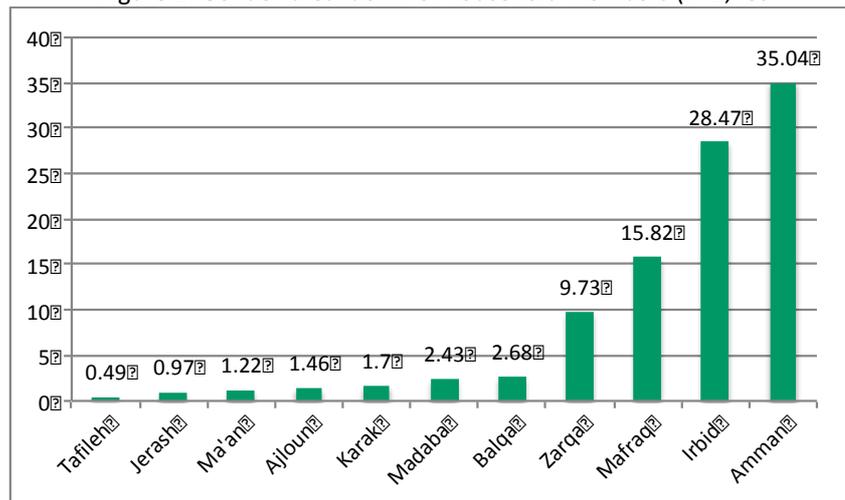
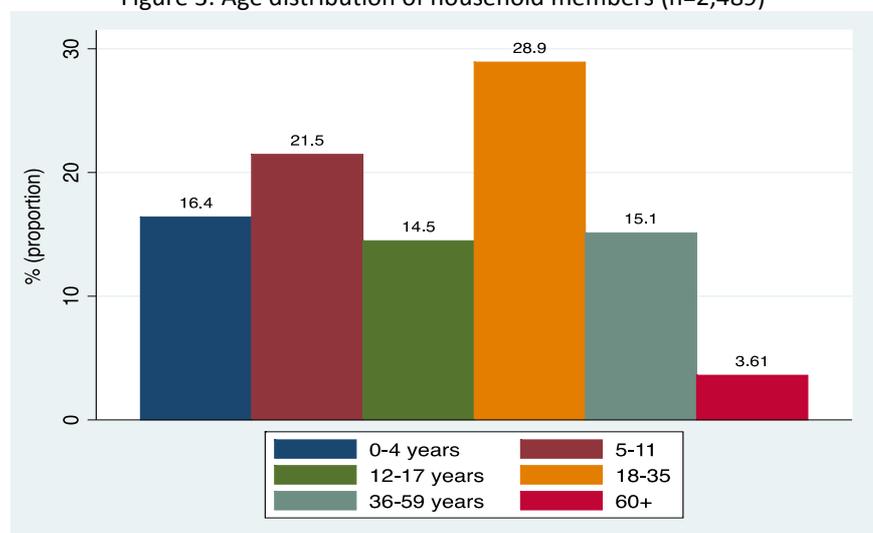


Figure 3: Age distribution of household members (n=2,489)



## 2. Knowledge of health services and acquisition of service card

2.1 Knowledge
64 % Proportion of households that knew refugees have subsidized access to governmental health services
82 % Proportion of households that knew <5s refugee children have free vaccination access

2.2 Security card
94 % Proportion of households that had a security card
26 Number of households that did not obtain a security card

2.2.1 Reasons for not obtaining a security card (n=26)

15.0 % Lack of ID documents
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8 % each
-Unable to find Jordanian bailer
-Lack of bail out document
-Cost of disease free certificate
-Changed area of residency

Figure 4: Knowledge of available health services (n=411)

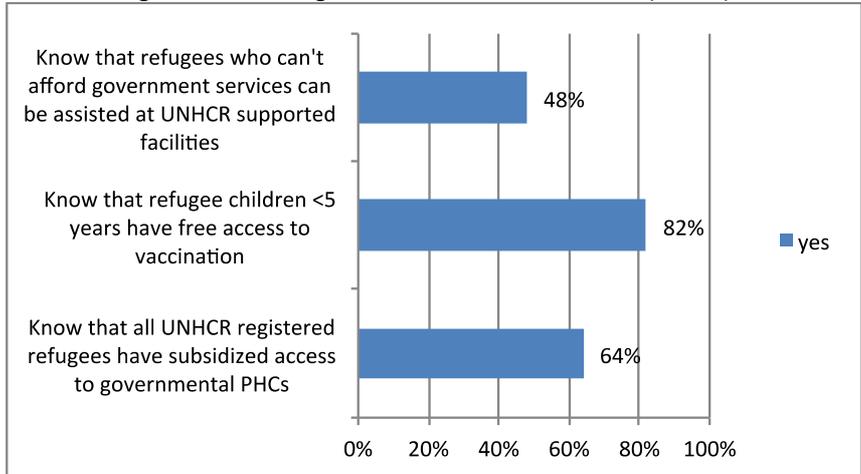


Figure 5: Obtaining a security card (n=411)

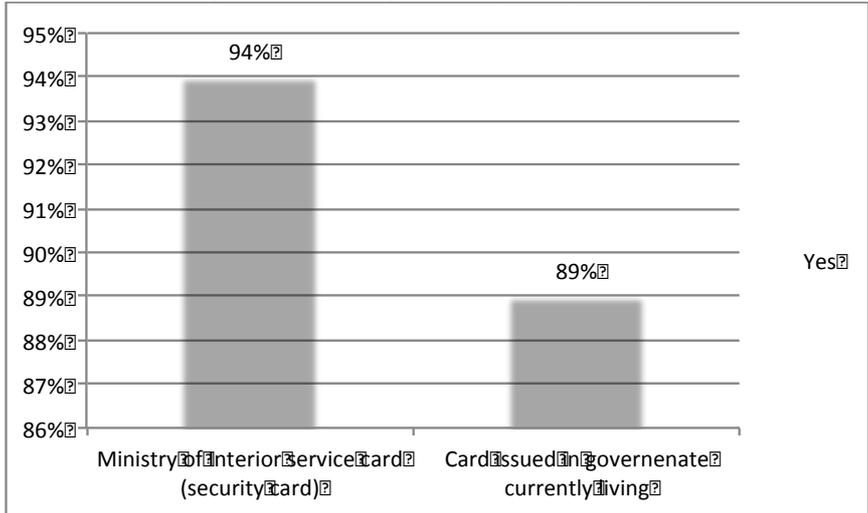
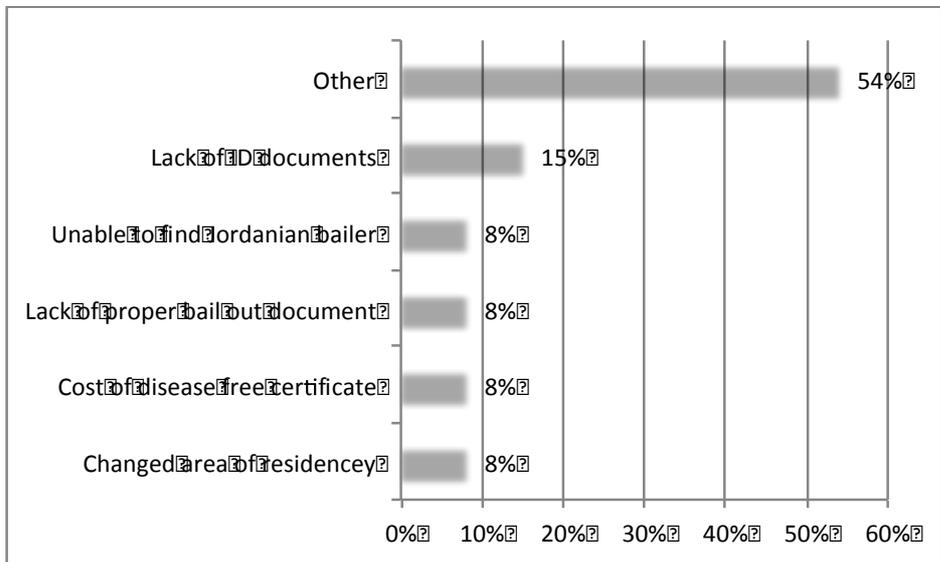


Figure 6: Reasons couldn't obtain a security card (n=26)





### 3. Chronic conditions (adults ≥ 18 years)

45.7%  
(n=411)  
Proportion of households with at least one adult with a chronic condition

Adults with chronic conditions (n=275)

50.9%  
Proportion of adults with chronic conditions who report having hypertension only as well as in combination with other conditions

30.9%  
Proportion of adults with chronic conditions who report having diabetes only or in combination with other conditions

58.3%  
Proportion of adults with chronic conditions who weren't able to access medicine or other health services

Barriers to accessing care for chronic conditions (n=114)

Figure 7: Proportion of households reporting at least one member with a chronic condition (n=275)

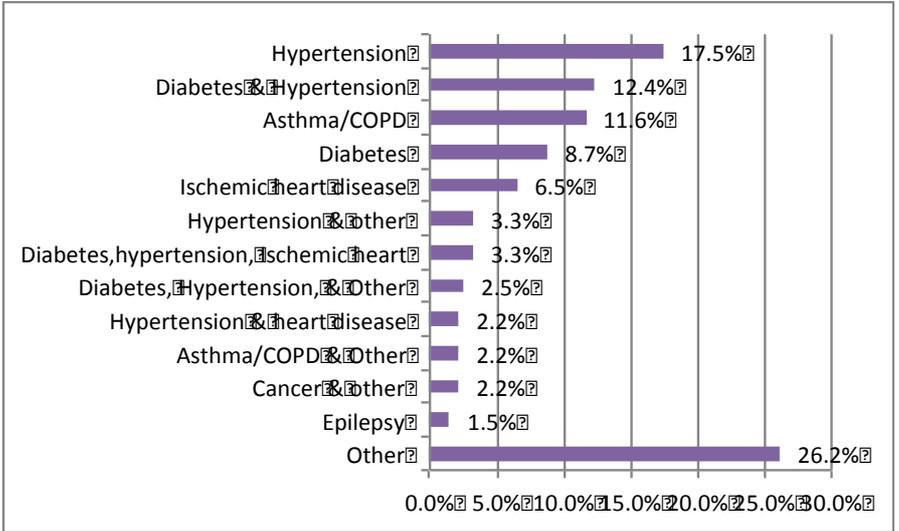


Figure 8: Ability to access services for chronic conditions (n=275)

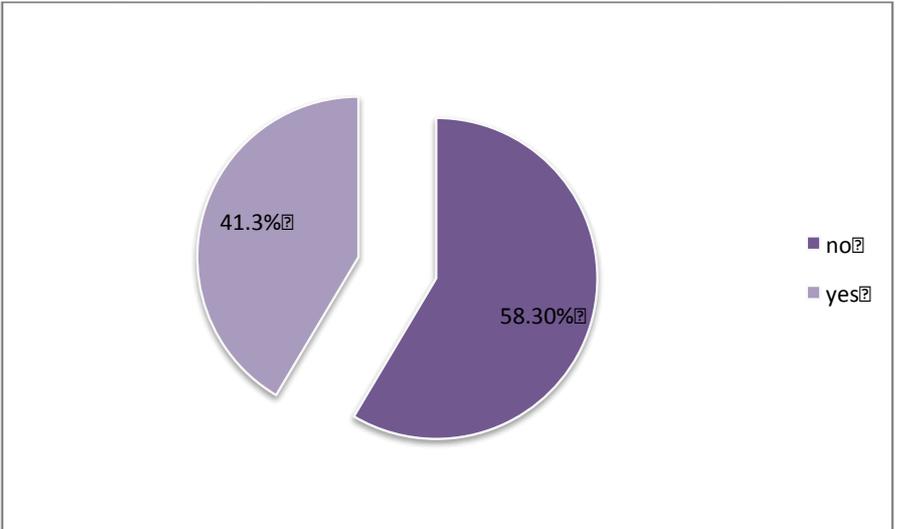
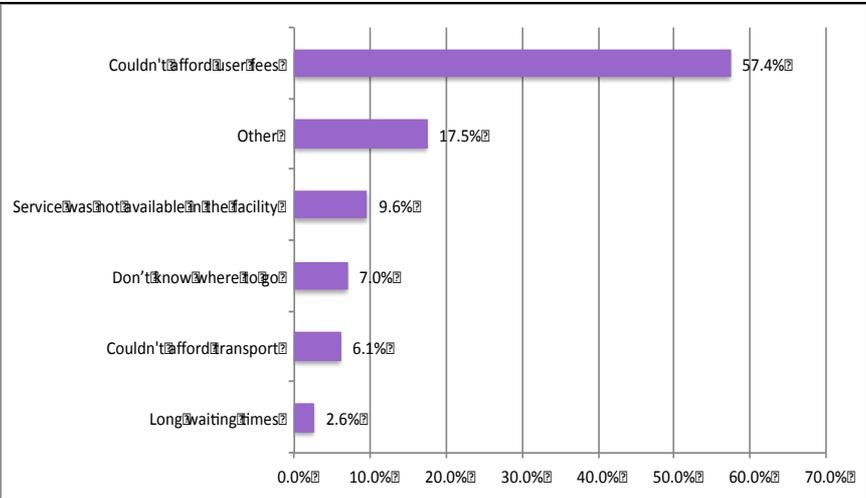


Figure 9: Reasons for inability to access care (n=26)

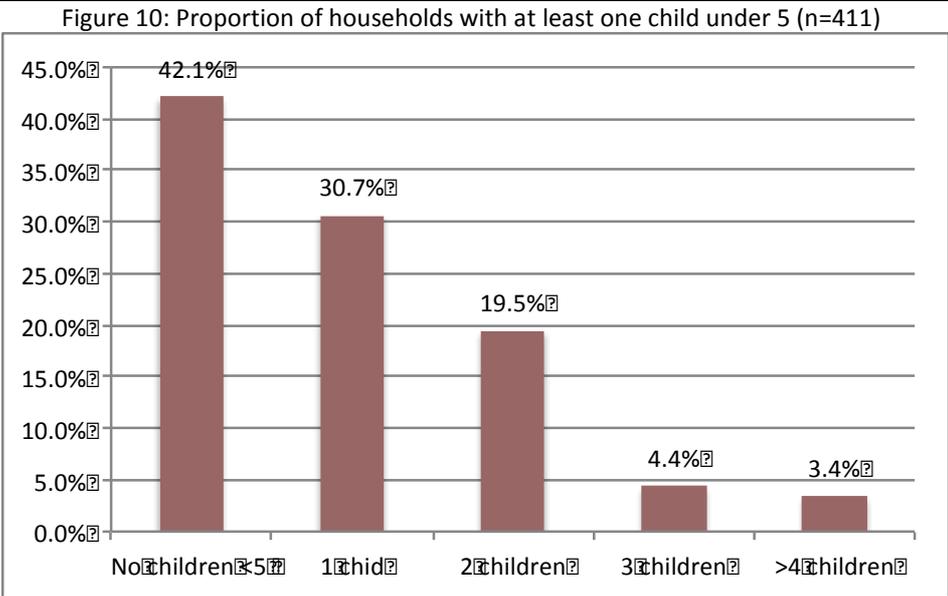
<p>57.4%</p> <p>Unable to afford fees</p>
<p>9.6%</p> <p>Service unavailable in local facility</p>
<p>7.0%</p> <p>Not knowing where to access care</p>



## 4. Childhood vaccinations

4.1 Access to vaccination services among households with children <5 (one eligible child surveyed per household) (n=238)

<p>76.1%</p> <p>Proportion that had an immunization card</p>
<p>81.9%</p> <p>Proportion that had received a measles-containing vaccine</p>
<p>7.6%</p> <p>Proportion that faced difficulties obtaining vaccine</p>



4.2 Among households with at least one child having received measles vaccines (n=195)

<p>87.7%</p> <p>Proportion that received vaccine at Jordanian government primary health care centre</p>
<p>8.7%</p>

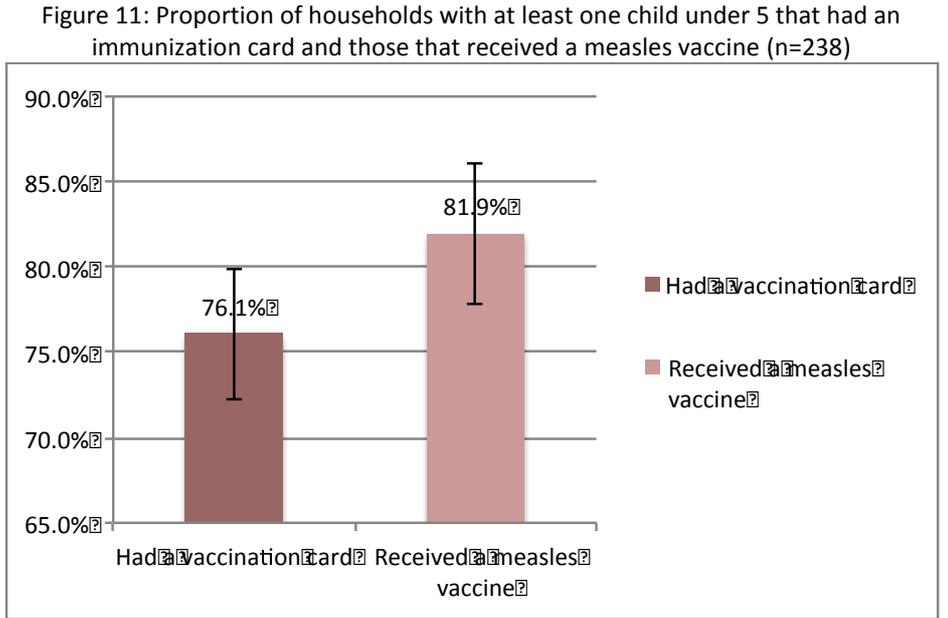


Figure 12: Place received measles vaccine (n=195)

Proportion that received vaccine before coming to Jordan (in Syria)

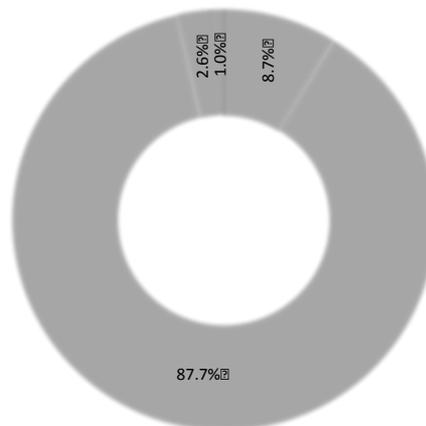
2.6%

Proportion that received vaccine at a mobile medical unit in Jordan

Among those who faced difficulty getting a vaccine (n=18)

22%

Long wait or staff was rude



Before arrival to Jordan  
Governmental health center  
Mobile vaccination team  
Private clinic

## 5. Antenatal and maternity care

5.1 Antenatal care (n=212 pregnant women)

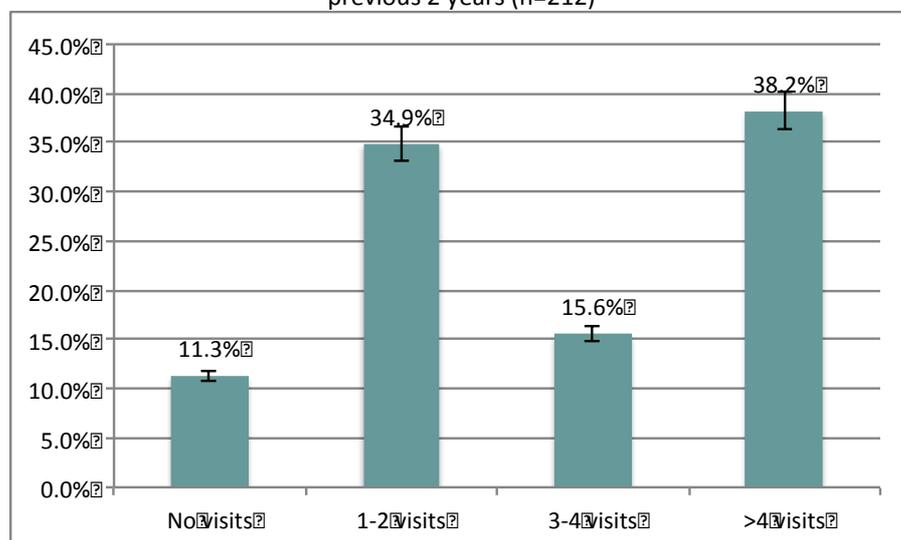
88.7%

Proportion of pregnant women who had at least one ANC visit

15.1%

Proportion of pregnant women who had difficulty accessing ANC

Figure 13: Antenatal care (ANC) attendance among women who have been pregnant in previous 2 years (n=212)



5.2 Barriers to ANC access (n=32)

50.0%

Couldn't afford fees or transport

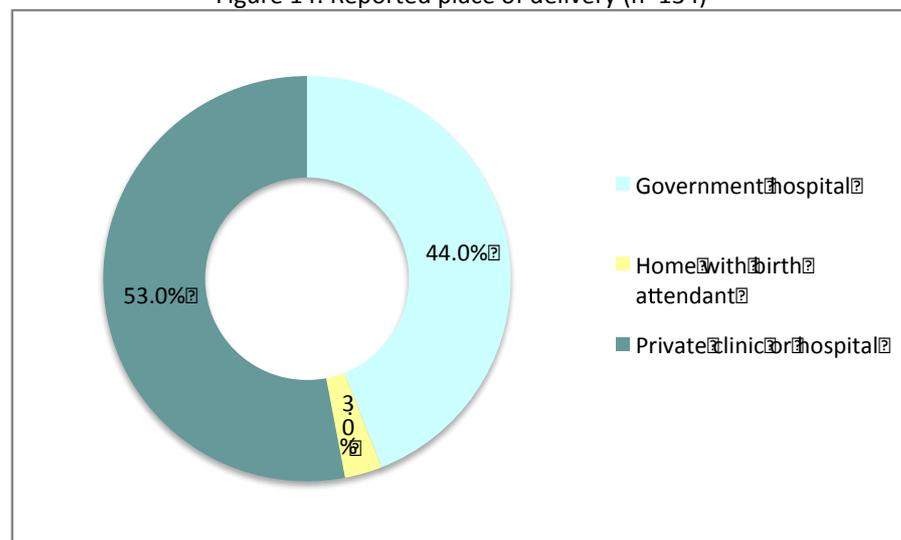
18.8%

Long wait &/or rude staff

6.3%

Didn't know where to go

Figure 14: Reported place of delivery (n=134)



Governmental hospital  
Home with birth attendant  
Private clinic or hospital

5.3 Delivery (n=134 women)

26.9%

Proportion of deliveries by caesarean section

53.0%

Proportion of deliveries in private facilities

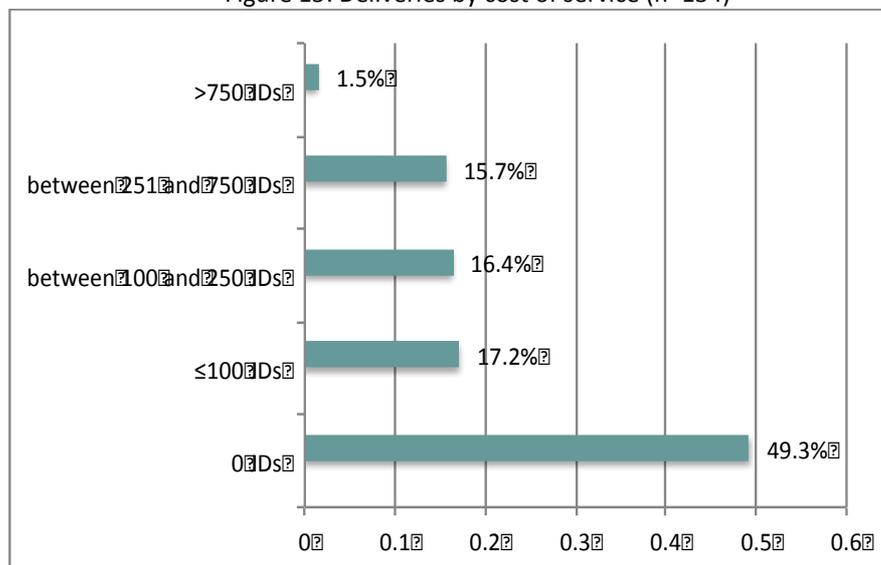
44.0%

Proportion of deliveries in government facilities

49.3%

Proportion of deliveries free of cost

Figure 15: Deliveries by cost of service (n=134)



## 6. Health care access and utilization during month preceding interview

31.7%

Proportion of surveyed household members who needed health care in preceding month (n=2,489)

86.6%

Proportion of surveyed household members who sought care among those who needed it (n=789)

Among those who sought care (n=683)

95.2%

Proportion able to receive care in first health facility

64.3%

Proportion seeking care in a private clinic or hospital

32.8 JD

Figure 16: First facility care was sought in previous month (n=683)

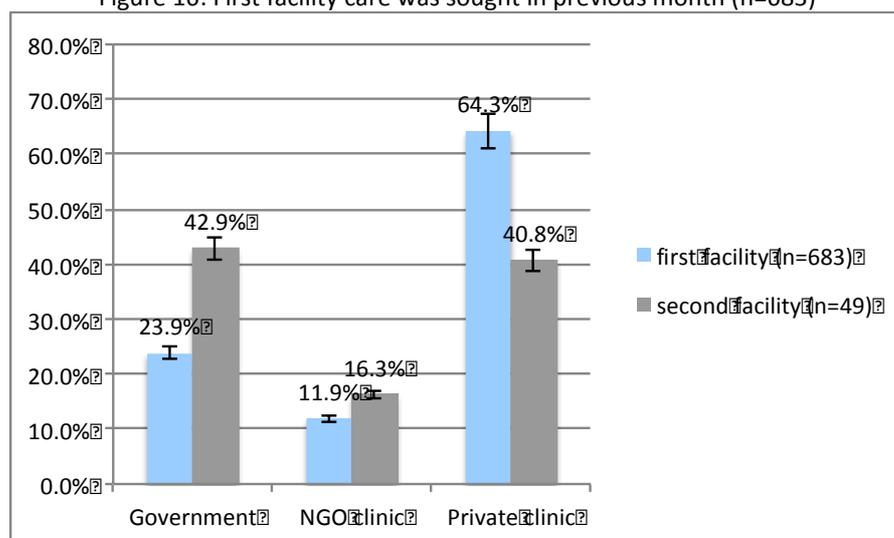


Figure 17: Mean cost of service in Jordanian Dinar (JD) in first and second facility

Average cost for care in first facility

Among those who sought care but didn't get it (n=33)

**33.3%**  
Proportion reported that cost of care was too expensive

**15.2%**  
Proportion perceived negative staff attitudes.

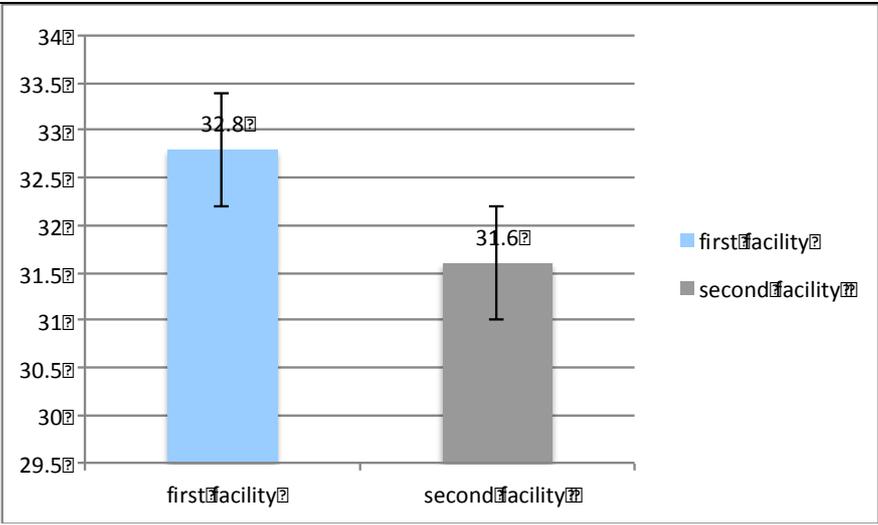
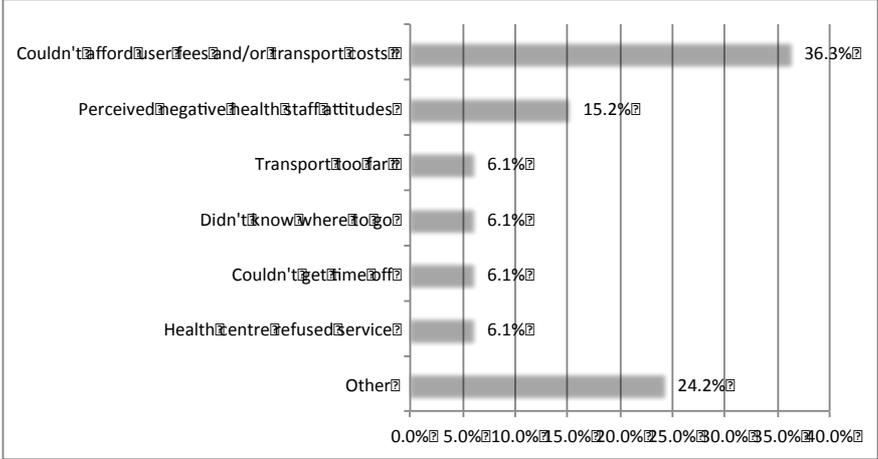


Figure 18: Reasons care was not obtained when sought (n=33)



## 7. Disability and impairment

**3.7%**  
Proportion of all 2,489 surveyed participants who were reported to have a disability

7.1 Among those with a reported disability (n=91)

**27.5%**  
Proportion of impairments due to war related violence

**63.2%**  
Proportion that had received at least one of the following types of

Figure 19: Type of disability, among those with reported impairment (n=91)

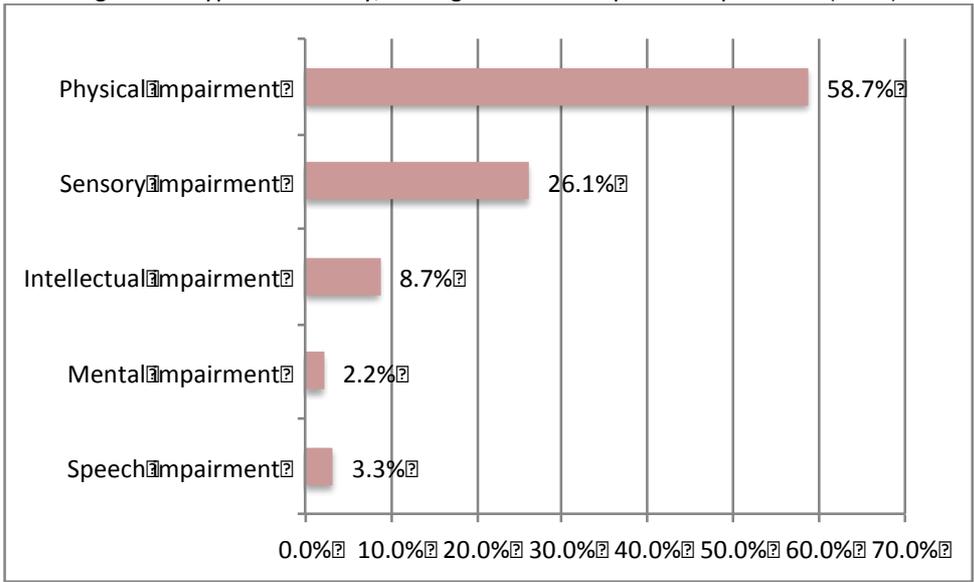


Figure 20: Type of treatment received (n=91)

treatments: surgical, rehabilitation, psychological, or assistive devices

7.2 Among those who received care (n=63)

7.6%

Received care in Jordan

76.2%

Received care in Syria

4.2 Reasons for not receiving care (n=15)

26.7%

Could not afford service fees and/or transport costs

20.0%

Did not know where to go

13.3%

Services unavailable

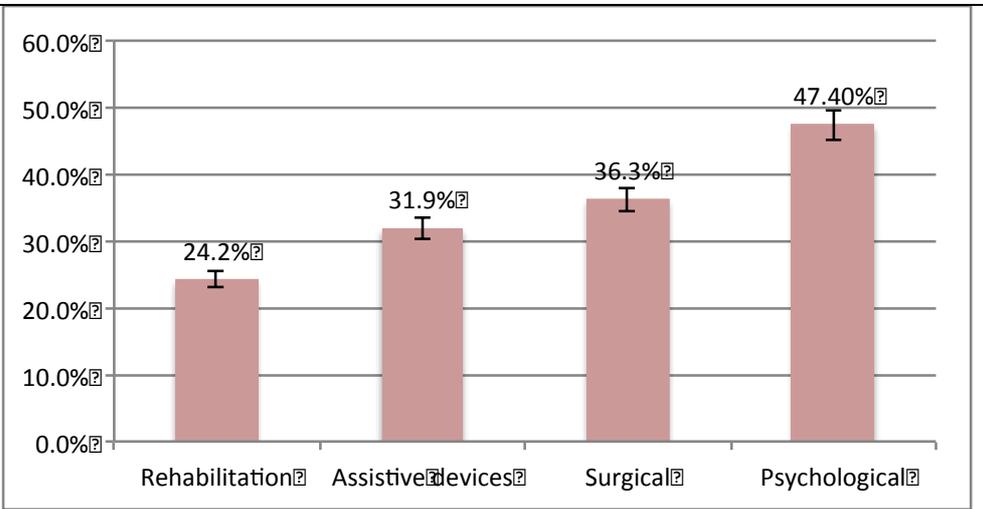


Figure 21: First Place of treatment, among those who received any type of care (n=63)

