

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

May 2015



Introduction

- Since beginning of Syria crisis ~ 3.2 million have fled and sought asylum in neighbouring countries
- 629,000 in Jordan.
- 83% in Jordan live outside of camps, mostly in major urban centres.
- Reliable data on health service needs of non-camp refugees difficult and costly to collect on a routine basis.
- Baseline Health Access and Utilization Survey done in February 2014
- Follow-up survey conducted 2015

Goal and Objectives

Goal:

Provide ongoing programmatic support by assessing changes in key health related areas compared to baseline amongst Syrian refugees using an easily replicable tool

Primary Survey Objectives:

1. Assess access to and utilisation of key health services by registered non-camp Syrian refugees
2. Assess knowledge on the availability of key services
3. Assess challenges faced by non-camp refugees in accessing health care

Methodology



- Stratified systematic sampling (UNHCR Progress Database)
- Inclusion criteria:
 - Syrian nationality
 - Registered outside officially recognised refugee camps
 - Telephone number in the database
- Tool components:
 - Demographic information
 - Knowledge about available health services
 - Child immunization
 - Reproductive health
 - Chronic diseases
 - Disability and impairment
 - Utilization of health services in the preceding month

Methodology (2)

- Team of 10 interviewers underwent training for 2 days including piloting
- Households contacted by telephone - all interviews conducted with one adult household member.
- Data collection was 6 days
- Data entered directly into Android tablets using Open Data Kit (ODK) system
- Analysis using STATA 12 for Windows

Country Context

	Jordan 2014	Jordan 2015
Population	623,000	629,000
Location	84 % Urban	83 % Urban
Health related information	Not systematically available	Baseline available
When	March 2014	May 2015
Access to Health	Free	Subsidized

Main Findings

Demographic Characteristics

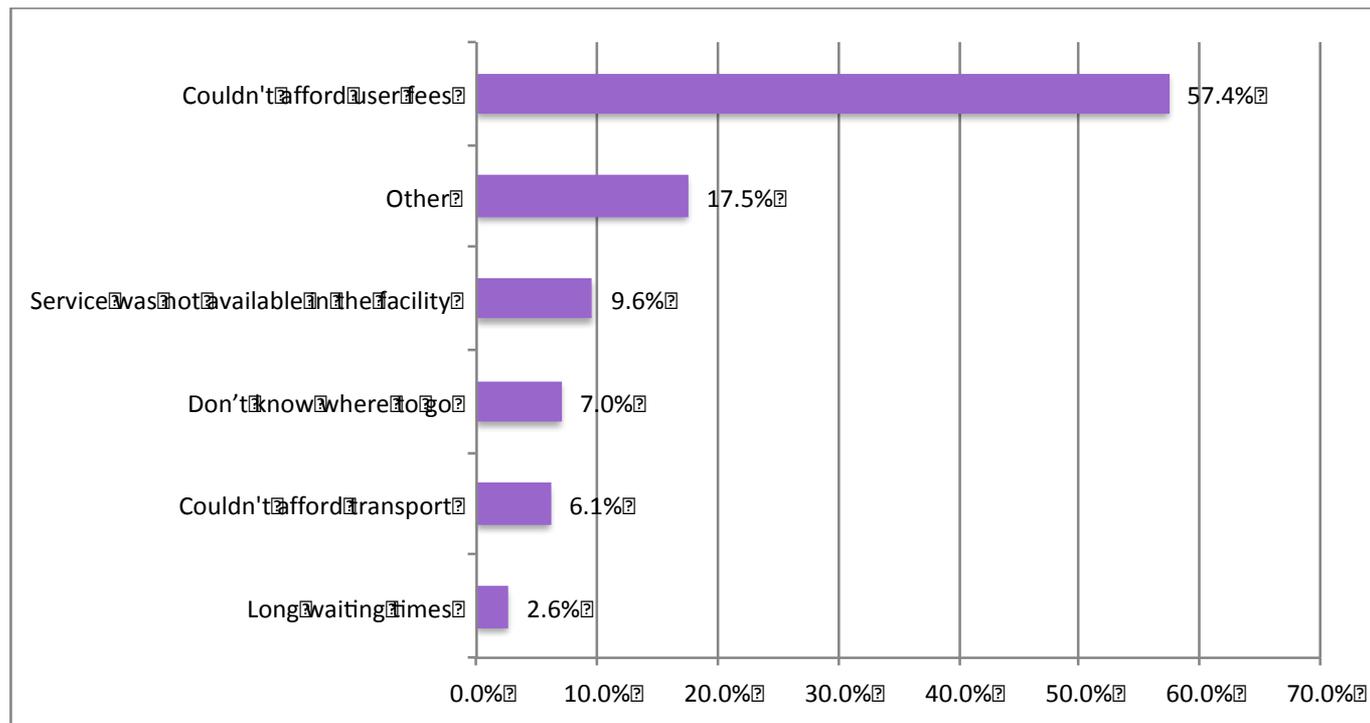
	2014	2015
Households enrolled	491 (3,463 individuals)	411 (2,489 individuals)
Average HH size	7.1	6.1
Date of Arrival	March 2010 to Jan 2014	Jan 2011 to Jan 2015
Gender	54.7% Female	50.5 % Female
Average Age	21.2 years	21.5
Under 5	17.1	16.4

Chronic Condition

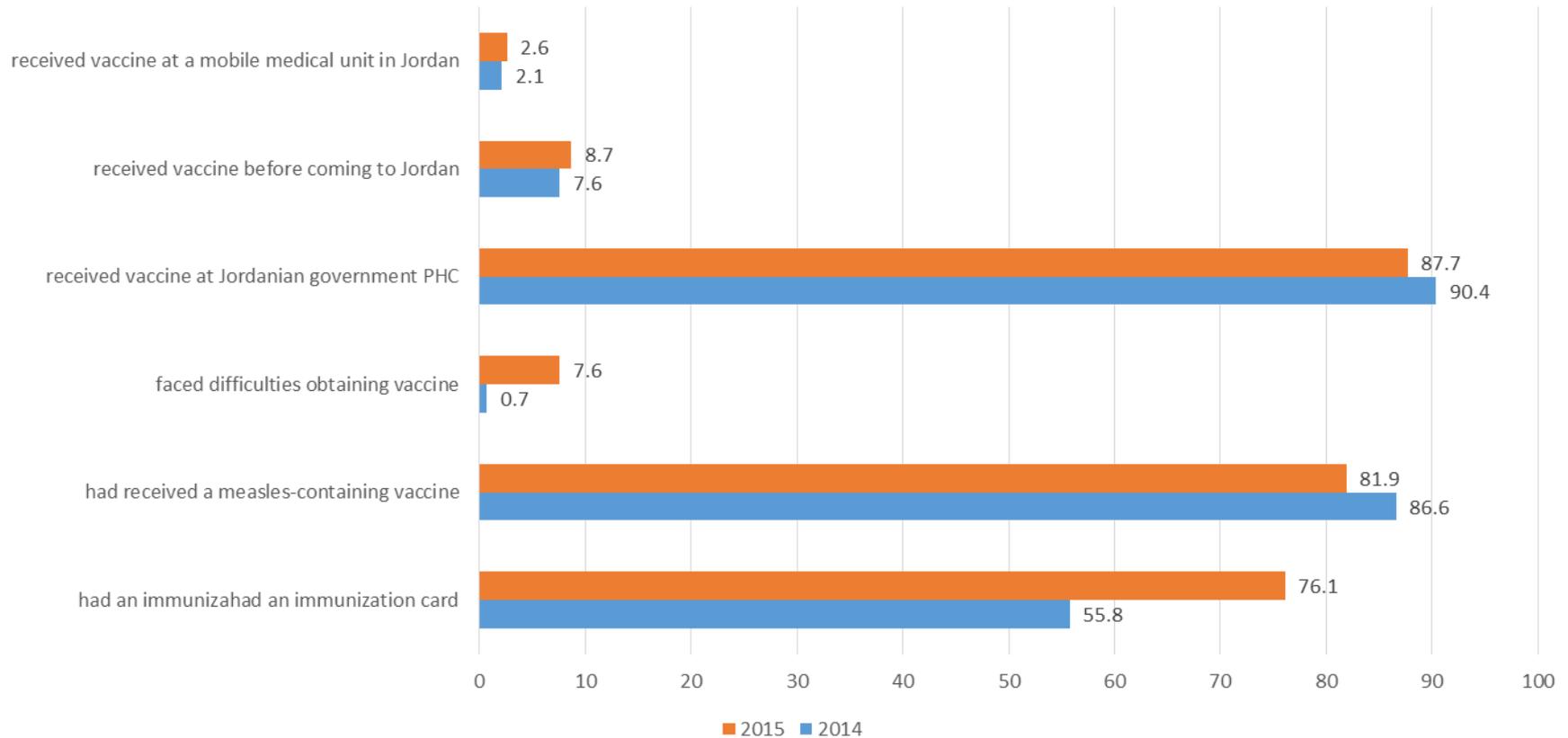
- 45.7% of households had at least one adult with a chronic condition
- Mostly hypertension (50.9%) or diabetes (30.9%)
- **58.3%** of adults with chronic conditions weren't able to access medicine or other health services as needed (cf. **23.7%** in 2014)

Chronic Condition Cont'd

Reasons for inability to access care (n=26)



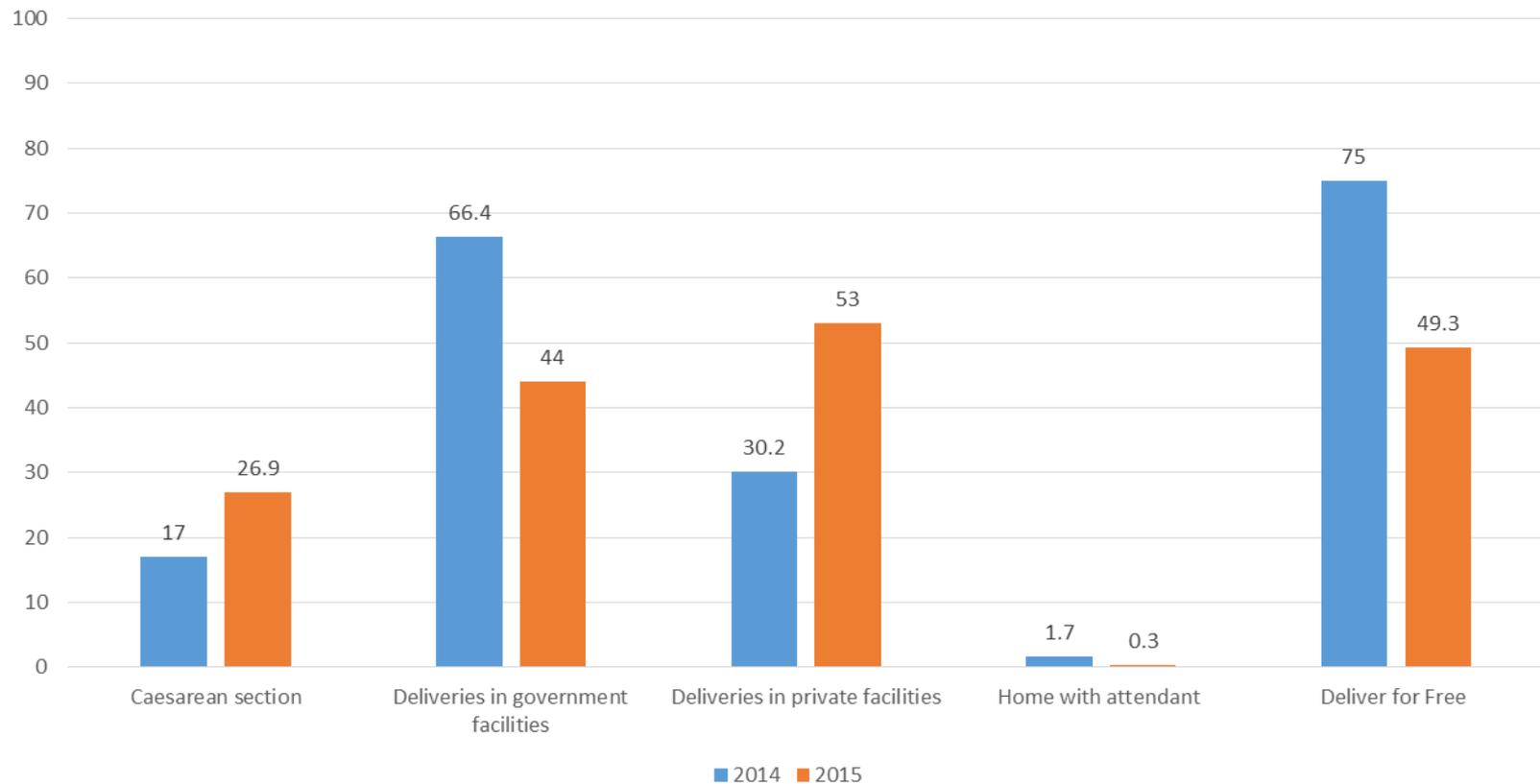
Childhood Vaccination



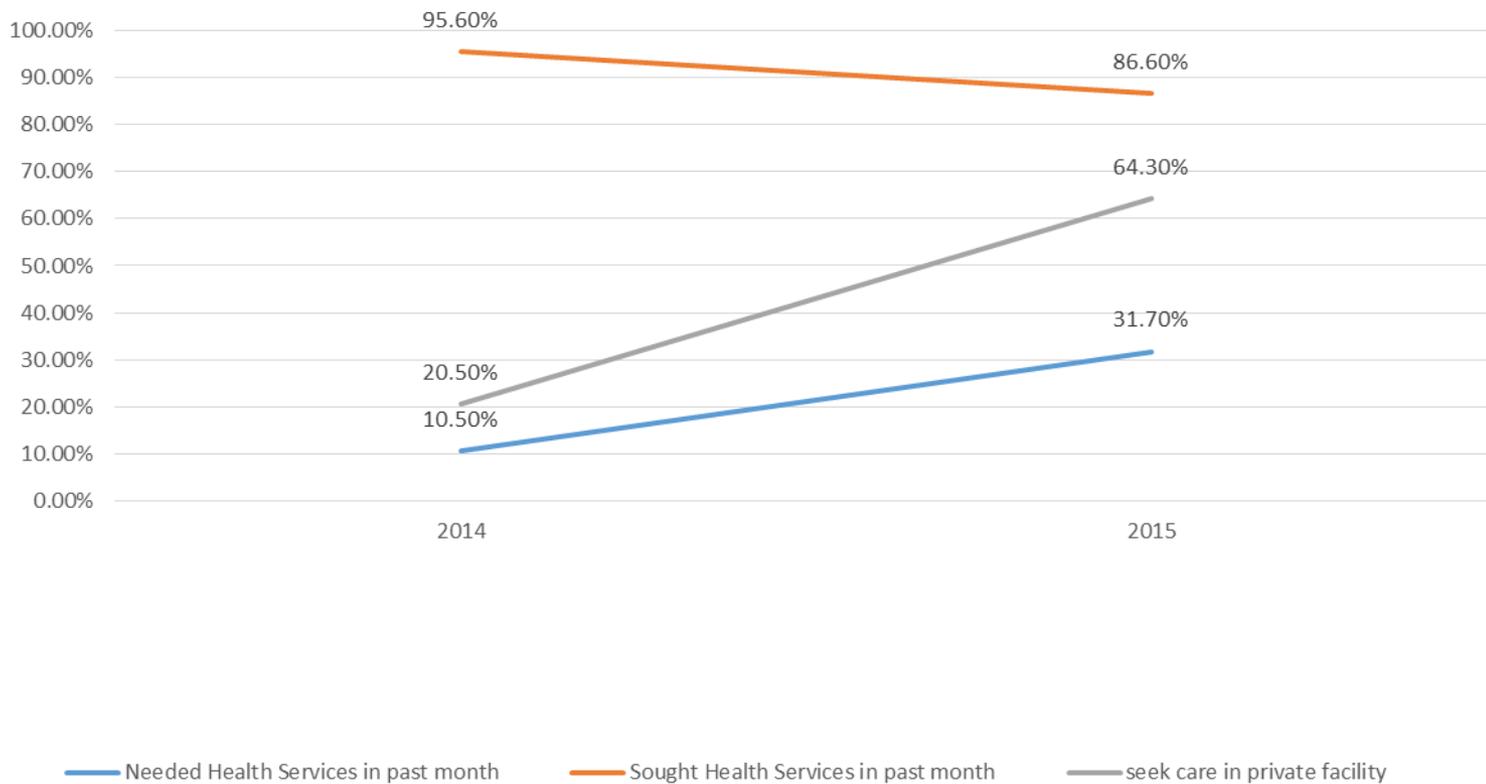
Antenatal Care

	2014	2015
Pregnant since arriving	16.6 %	28.3 %
Received => 1 ANC visit	86.4 %	88.7 %
Difficulties in getting care	3.9 %	15.1%
Reasons preventing access	Felt unnecessary (36.4%) Cost (20.8 %) Didn't know where to go (20.6%)	Cost (50%) Long wait or staff were rude (18.8 %) Didn't know where to go (6.6%)

Delivery Services



Health services in preceding month



Health Expenditure

- The average cost of care paid by the refugee in the first facility was 46 USD compared to 32 USD in 2014.

Disability and Impairments

- 3.7% were reported to have a disability
- 27.5% of impairments due to war-related violence
- 63.2% received at least surgical, rehabilitation, psychological, or assistive devices
- 20.0% reported did not know where to go
- 13.3% reported services were unavailable

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 by the head of household respondent may have affected the quality of the response.

Conclusion

- The policy change from free to subsidized care was associated with a reported decrease in access to curative and preventative health care
- Main barrier to seeking care when needed was inability to pay; high use of private facilities may indicate a misperception of the cost of accessing Ministry of Health services.
- Financially vulnerable families may elect to forgo health care services deemed less necessary or urgent in the short term

Recommendations

- **Address financial and health systems barriers to access** (cash for health, strengthen links between agencies providing cash assistance for transport support, advocate with MoH for same waivers as Jordanians)
- **Improve refugee knowledge of available services** (awareness raising on health policy and access, develop standard messages, promote utilization of MoH facilities)
- (Strengthen NCDs management process,

Recommendations cont'd

- **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.
- Map post-injury services and identify service gaps

Questions?