Health access and utilization survey among Syrian refugees in Lebanon

UNHCR, March 2022

Background

The Government of Lebanon estimates that the country currently hosts 1.5 million Syrians who have fled the conflict in Syria, including 844,056 registered as refugees. These populations live across all governorates in Lebanon in urban centers and informal settlements. UNHCR is providing assistance and support to refugees through a variety of programs covering basic assistance, protection, shelter, WASH, education and health. The public health unit of UNHCR plays a role both in provision of health care services and institutional support through implementing partners and in coordination of the response together with the Lebanese Ministry of Public Health (MOPH), the World Health Organization (WHO) and the Inter-Agency coordination unit at UNHCR. The UNHCR public health programme aims to ensure equitable refugee access to comprehensive health services within Lebanon including primary health- and hospital care. Primary health care (PHC) is the core of all health interventions and in total, there are 158 primary health care facilities[1] countrywide in which subsidized care is available for refugees. UNHCR supports through international and national partners some of these facilities that either are situated in areas which have sizeable refugee populations or providing services that are generally lacking in the Lebanese system (e.g. Mental Health care services). Hospital care is an essential component of access to comprehensive health services for refugees. UNHCR supports deliveries and life-saving emergency care by paying a part of hospital fees depending on the cost of the admission. To facilitate the administration of hospital care support, UNHCR contracts a Third-Party Administrator (TPA) and since January 2017 this is NEXtCARE. The programme is based on cost-sharing in which the patient share on average constitutes one third of the total cost of the admission. The scheme is designed so that beneficiaries pay a higher proportion of low-cost admissions (between 50-25%) and a lower proportion of high-cost admissions (around 5%).

It is challenging to collect reliable routine data on the health service needs of urban/non-camp refugees when compared to those residing in traditional camps. For this reason, Household Access and Utilization Surveys (HAUS) allow UNHCR to monitor trends in how refugees access and utilize health services over time. Since 2014, UNHCR Lebanon has conducted annual HAUS per telephone (the proportion of registered Syrian refugee households with telephone numbers in Lebanon is 98%) which has provided important information on the challenges faced by refugees in accessing health care services. The survey results guide program delivery by providing timely and regular information in a cost-efficient manner on key variables relating to access and utilization.

Objective

To monitor refugee access to and utilization of available health care services. The survey aims to assess whether significant changes, if any, occurred since the last survey, which was conducted in 2020.

Methods

- The survey was conducted through telephone interviews during two periods: between 11 and 16 September the sections on sexual and reproductive health as well as overall expenditure and

[1] In this report primary health care facilities refers to MOPH Primary Health Care Centers (PHCCs), dispensaries, Social Development Centers (SDCs) and UNRWA clinics.

knowledge about health care were conducted. Between 29 September and 13 October the sections on chronic and acute conditions as well as vaccinations were conducted.

- The survey was conducted by operators in a call-center who have conducted the same survey previous years.
- Survey households were selected using random sampling, from a master list provided by UNHCR registration unit containing all registered refugees in Lebanon (as of September 2021), with a valid telephone number in the database.
- The WHO STEP sample size calculator was used to obtain a representative sample[2].
- Sample size was determined based on a desired confidence level of 5% for key indicators, design effect of 1, and accounted for a non-response rate of 50% (i.e. number of responders double as many as non-respondents)
- Selected HHs were contacted and interviewed over the phone by the interviewers.
- Participation was fully voluntary, and everyone was informed that participating or not would not have any consequences in regard to UNHCR support and assistance to the household.
- The head of household, or an adult (aged ≥18) who could respond on his/her behalf, was interviewed.
- The specific inclusion and exclusion criteria for individuals within a selected household were as follows:

  Inclusion
    - Head of household
    - Person ≥ 18 years of age who can provide response on behalf of the household

  Exclusion
    - Not providing informed consent
    - Under 18 years of age
    - Not registered in the database
- Costs were asked for in Lebanese Pounds. Due to the fluctuating exchange rate, costs have not been converted into USD. When comparisons are made with costs from previous years, amounts in USD has been converted to LBP according to the rate 1 USD=1500 LBP.
- Data was entered in real time on call-center desktops using the software Project X developed by UNHCR Lebanon. Data was analyzed using Microsoft Excel 2011.

Key findings

A. Baseline characteristics of population

- At the time of the survey, the population of registered Syrian refugees in Lebanon numbered 844,056 individuals, living in 199,776 households (4.4 individuals per household). There were also 16,631 registered refugees of other nationalities living in 6,918 households.
- 48% of the Syrian refugees were male and 52% female.

[2]WHO | STEPS Sample Size Calculator and Sampling Spreadsheet; http://www.who.int/chp/steps/resources/sampling/en/

B. Baseline characteristics of sample

- A total of 2798 households were selected to be called by the enumerator. The needed sample size was 999 households.
- 1012 (36%) households were interviewed. The most common reason for non-response was either that no-one responded to the call or that the number was not functioning.
- Participating households had a total of 4,932 members, which means that surveyed households had an average number of 4.9 individuals.
- 50% of surveyed household members were female and 14% were less than 5 years old.

C. Knowledge about available services and health care expenditure

- 991 households answered on questions about knowledge on available assistance
- 65% of interviewed households knew that refugees have access to subsidized services at primary health care facilities for between 3,000 and 5,000 LL. Corresponding figure from 2020 was 68%.
- 86% of households knew that UNHCR supported life-saving hospital care and care for deliveries. Corresponding figure from 2020 was 87%.
- 68% knew that vaccination for children <12 years is free at primary health care facilities. Figure in 2020 was 67%.
- 32% of respondents were aware of services for survivors of domestic abuse or sexual violence. Figure in 2020 was 31%.
- 38% of respondents knew that drugs for acute conditions could be obtained for free at primary health care facilities. Figure in 2020 was 42%.
- 67% of households reported spending money on health care the previous calendar month. The figure from 2020 was 65%.
- The households who had spent money on health care the previous month spent on average LBP 1,119,800 (median: LBP 500,000). The averages from 2020, 2019, 2018, 2017, 2016 and 2015 were LBP 269,103 LBP 196,500, LBP 235,500, LBP 231,000, LBP 222,000 and LBP 204,000 respectively. This constitutes a dramatic increase that mirrors the devaluation of the LBP.

D. Sexual and reproductive health

(i) Antenatal care services

- 394 women reported having been pregnant during the 2 years preceding the survey. 73% (289) delivered during this period.
- 70% (200) of the women who had delivered had received antenatal care (ANC) services. Corresponding figure from 2020 was 86%.
- Out of the 200 women who had delivered and attended ANC 70% went for 4 visits or more (71% in 2020).
- Of all women that delivered, 49% went for 4 or more ANC visits - a significant decrease compared with 2020 when the figure was 61%.

- Most common reasons for not accessing ANC services was not thinking it was necessary (40%) followed by not being able to pay for clinic fees (33%). This is a change from 2020 when not affording fees was more common than not thinking it was necessary.
- 268 women answered the question about where they had received ANC care. 181 (68%) had gone to a primary health care facility and 81 (30%) had gone to a private clinic. This constitutes a change from 2020 during which 59% went to a primary health care facility and 39% went to a private clinic.
- 31% of women had received ANC at more than one facility.
- 71% (192) reported having paid for ANC visits while 28% (76) got ANC for free. Median cost for an ANC-visit at a primary health care facility (for those who paid and could recall the amount) was LBP 15,000 (LBP 10,000 in 2020). Corresponding cost at a private clinic was LBP 50,000 (LBP 35,000 in 2020).

(ii) Delivery services

- 286 out of the 289 women who delivered answered the question about where they had delivered. 84% (239) had delivered in a hospital (87% in 2020) and 3% (9) had delivered at home (3% in 2020). 11% (31) had delivered in medical facilities other than hospitals (8% in 2020). 6 of the 9 women who had delivered at home were assisted by a trained birth attendant (TBA), 2 by untrained attendants and 1 by a family member.
- Reasons for delivering at home included hospital costs and difficulties finding transportation.
- The proportion of women who reported delivering via caesarean section was 30% (31% in 2020).
- 68% (195) of the women who had delivered reported having received financial assistance from UNHCR for their delivery (76% in 2020). 14% (39) did not pay anything for their delivery (12% in 2020).
- 108 respondents reported to have had a UNHCR-supported normal vaginal delivery (NVD) and could estimate what they had paid. The median cost reported was LBP 260,000. The corresponding figure from 2020 was LBP 300,000.
- 64 respondents reported to have had a UNHCR supported C-section and could estimate what they had paid. The median cost was LBP 400,000 (LBP 425,000 in 2020).
- Average cost for assisted home-delivery was LBP 362,500 (340,000 2020).

(iii) Post-natal care services

- Only 32% (90) of the 289 women who had delivered and answered the question had sought post-natal care (PNC) services. The corresponding figure in 2020 was 29%.
- Of the ones not seeking PNC 64% thought that the services were not necessary (75% in 2020), and 22% could not afford the clinic fees (21% in 2020).

(iv) Family planning

- 874 households were willing to answer questions about family planning. (This constitutes 86% of all households which is close to 2020 (90%).
- Of these, 63% (547) reported using some method of family planning (61% in 2020).
- The proportion of total households reporting using some sort of contraceptive method is thus 54% (55% in 2020).

- 31% of respondents used traditional methods only (withdrawal, calendar etc.) 28% used contraceptive pills, 24% used IUDs and 13% used condoms. Similar proportions were seen in 2020.
- Most common reasons for not using family planning include planning for pregnancy (31%), spouse being away/divorced or dead (19%), one of the spouses incapable of childbearing due to age (13%) and one of spouses incapable of childbearing due to health reasons/sterility (11%). The same top four reasons were reported 2020.

E. Childhood vaccinations

- Questions about vaccinations were asked about 698 children < 5 years old. 88% (612) had received a vaccination booklet.
- 72% of children had received oral polio vaccination, and 86% had received injectable vaccines. The corresponding figures from 2020 were 83% and 87%.
- 11% (64) of 578 children that had received injectable vaccines were vaccinated before arriving in Lebanon which is a significant decrease from 22% in 2020 but a return to the figure from 2019 that also was 11%.
- 90% of the children who had received injectable vaccines in Lebanon got at least one of their vaccinations in a primary health care facility, 5% in a UNHCR reception center and 2% in a mobile clinic. For 3% the only provider used for injectable vaccines was a UNHCR reception center.
- 43% (214) of refugees that had received injectable vaccines in Lebanon had to pay for the vaccination (33% in 2020).
- Refugees paid a median cost of LBP 15,000 for vaccination services (for those who reported paying). Corresponding figure 2020 was LBP 10,000.
- Reasons given by the 49 respondents whose children had not been vaccinated included, did not think it was necessary (27%), didn't know where to go (8%), clinic fees too high (6%) and child ill at time of vaccination (2%). 51% reported "other" reasons which included child too young to get immunized and various COVID-19 related reasons.

F. Chronic conditions

- 47% (480) of 1012 households responding to the question reported at least one member with a chronic condition (41% in 2020).
- 16% (780) of the 4,929 household members answering, reported to have a chronic medical condition. (10% in 2020) This constitutes an increase but may be an effect of how respondents define a chronic condition. Despite using the same phrasing in the questionnaire this figure has fluctuated significantly over the years in a way that cannot be a result of changing prevalence of chronic disorders. Looking at prevalence of the most common disorders (hypertension, asthma and diabetes) prevalence remain quite stable. What fluctuates is the size of the large group of "other" disorders (see below).
- Most common conditions among those reporting one or more chronic conditions were: asthma/pulmonary disease (19%), hypertension (16%), diabetes (10%), heart disease (8%), physical disability – such as cerebral palsy or paralysis after stroke (6%), thyroid disorders (5%) and kidney disease (4%). 29% responded "others" and further examination of their answers revealed that the

most common among these conditions were hematological conditions (including iron deficiency anemia) and back pain.

- 15% reported to have more than one chronic disorder (23% in 2020).
- 46% (415) of the 776 individuals reporting having a chronic condition that responded to the question had accessed medical care and/or medicines for their condition during the last 3 months. A considerable decrease compared with 68% in 2020.
- Of the 337 individuals who could recall the facilities where they had sought care, 44% (155) had gone to a primary health care facility, 33% (115) to a pharmacy and 15% (53) to a private clinic. This is a change from 2020 when more people went to pharmacies than primary health care facilities (45% and 39% respectively).
- 80% of those who sought care had to pay for the services (78% in 2020). 30% of those who went to primary health care facilities received services for free (41% in 2020).
- Of those who did have to pay, the median cost, not considering health care outlet, was LBP 122,500. In a primary health care facility, the median cost was LBP 11,500 (LBP 10,000 2020). For those who went to a private clinic, the median cost was LBP 200,000 (LBP 100,000 in 2020), while for those who went to a pharmacy, the median cost was LBP 200,000 (LBP 50,000 in 2020).
- The main barrier to accessing care for chronic conditions was the inability to pay clinic fees (50%) or drugs (33%) (50% and 28% respectively in 2020). New on the list of reasons were not able to find medicine 13%.

G. Acute conditions

- 13% (641) of the 4,894 household members who responded to the question reported to have had an acute condition during the month preceding the survey (8% in 2020). The most common symptoms reported were: upper respiratory tract symptoms (runny nose, sore throat) (28%), cough/asthma (21%), fever (15%), headache (14%), joint and back-pain (11%) and stomach pain (12%)
- Among the ones reporting being acutely ill, 33% (213) did not seek health care (23% in 2020). The reasons reported were: could not afford clinic fees (68%) and thinking it was not necessary (16%) and not affording transport (13%).
- Out of the 289 that sought health care and answered the question, 29% (123) went to a pharmacy, 40% (167) to a primary health care facility, 16% (68) to a private clinic and 13% (53) to a hospital. As for chronic disorders fewer went to pharmacies compared to primary health care facilities than in 2020 (36% and 31% respectively in 2020)
- 89% (373) of the 417 who sought care and responded to the question got health care at the first facility they went to. The corresponding figure from 2020 was 93%.
- 92% (341) of the refugees that received care for acute conditions had to pay for the services (same as in 2020).
- Respondents who could recall the amount they had paid for care reported the following median costs: Overall LBP 150,000 (LBP 50,000 2020), primary health care facilities LBP 30,000 (LBP 18,000 2020), Private clinics LBP 300,000 (LBP 70,000), pharmacies LBP 150,000 (LBP 50,000), and hospitals LBP 500,000 (LBP 250,000 USD).

- Reasons for not receiving services despite seeking them include: couldn't afford the fees (43%) and the facility could not offer the needed services (33%).

Limitations

- Survey was limited to refugee households registered with UNHCR with a telephone number. This together with high proportion of non-respondents may contribute to making the sample not representative for the refugee population as a whole.
- Interviews were held with only one key informant from each household and answers are self-reported. Lack of information by the informant or poor recall available to the household respondent might have affected the quality of response and led to bias.
- Despite training of surveyors and phrasing questions in an explanatory way, concepts such as chronic and acute illness, primary health care centers, private cabinets and hospitals might not be clearly understood by the respondents which in turn will affect their answers.

Conclusions

In several areas access to health care seem to have reduced compared to 2020:

- Fewer pregnant women went for ANC (49% had 4 visits before delivery compared to 61% in 2020);
- Fewer persons with chronic disorders could access care and/or medications (46% compared to 68%);
- Fewer persons with acute disorders decided to seek health care (67% compared to 77%)

There was also a general shift towards seeking health care in public facilities rather than private:

- Of pregnant women going for ANC, 68% went to public PHC facilities compared to 59% in 2020;
- Of chronically ill persons 44% sought care in public PHCs compared to 39%;
- Of acutely ill persons 40% sought care in public PHC facilities compared to 31%;

The above is probably a result of private care becoming more expensive:

- Median of cost for an ANC visit in a private clinic went from 35,000 LBP in 2020 to 50,000 LBP
- Median cost for care for chronic disorders in private clinics went from 100,000 to 200,000 LBP
- Median cost for care for acute illnesses in private clinics went from 70,000 to 300,000 LBP

On the other hand, cost for care in public facilities and UNHCR supported care remained stable in general.

A contributing factor to the above changes is believed to be the deteriorating financial situation for the refugee population resulting from the compounded crises. The average household has during 2021 seen its purchasing power reduce significantly since prices of non-subsidized products are increasing a lot faster than salaries and according to the 2021 vulnerability assessment for Syrian refugees (VASyR), 9 households out of 10 are now living in extreme poverty. This is however not always clearly reflected in the survey responses. For example, the most reported reason for not attending ANC was "not thinking it was necessary" rather than not affording the fees. It should be considered that there can be an overlap between "not affording" and "not needing" since in the face of scarcity, certain needs are not prioritized.

During the year, drugs were often much harder to come by and the third most common reason for not accessing chronic care was that "drugs were not available" irrespective whether they could be afforded or not.

Another worrying observation is the reduction in children reporting having received oral vaccination (72% compared with 83% in 2020). Cost of care should not be a factor contributing to decline – but disruptions in access due to COVID-19 restrictions and increased cost of transport could have played a role.

In many other areas, no big differences has been observed compared to 2020:

- There was no difference in proportion of women delivering at home
- Knowledge about available services remained more or less the same
- No important difference in usage of contraceptive methods
- No change in proportion of women going for PNC (still low)
- No changes in proportion of children having received injectable vaccines

Recommendations

Recommendations based on the results of the 2021 HAUS findings are:

- In the current financial situation, it is more important than ever that essential health services continue to be available at subsidized prices.
- Efforts need to be renewed to spread awareness about the importance of ante-natal care services.
- Reduction in number of under fives having received oral polio vaccination needs to be followed up. Routine immunization activities need to be strengthened. During 2 years of COVID-19 response, risk that regular EPI program has fallen behind.
- Chronic drugs neither being available in PHC facilities nor in private pharmacies risk to lead to increased morbidity among refugees with chronic illnesses. Solutions to secure availability of medicines have to be found.

1)Baseline Characteristics of Population and Sample

1.1 Survey response

2,798
Number of households selected to participate in the study

64%
Proportion of households called but not responding (i.e. could not be interviewed due to invalid number, not answering the phone or declining to participate)

1.2 Sample population

1012
Number of households reached and agreed to participate in the study

4,932
Number of household members in surveyed households

4.9
Average number of household members in surveyed households, including the head of household

50%
Proportion of household members who are female (n=4,932)

14%
Proportion of household members who are <5 years old (n=4,932)

Figure 1: Distribution of households by governorate (n=1012)

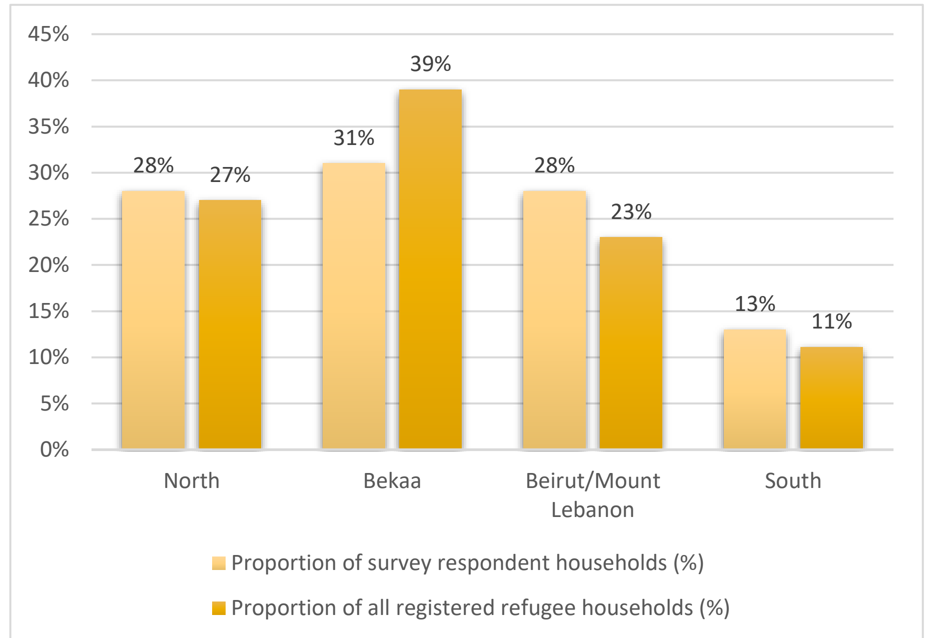
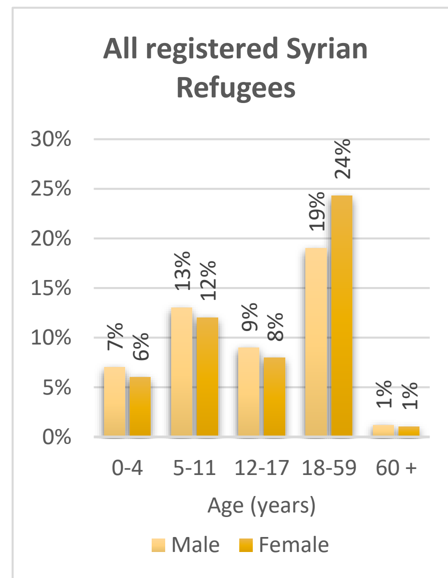
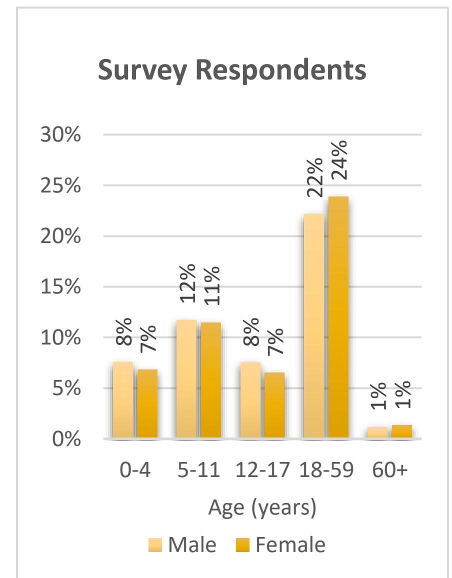


Figure 2: Age and sex distribution of household members (n=4,932)





2) Knowledge about available services and health care expenditure

2.1 Knowledge

65%
Proportion of households knowing that consultations in governmental PHCCs for between 3000 and 5000 LBP (n=995)

86%
Proportion of households knowing that UNHCR supports hospitalization for life threatening conditions and deliveries (n=995)

68%
Proportion of households knowing that vaccinations are free for children <12 years in government facilities (n=995)

38%
Proportion of households knowing that drugs for acute conditions can be obtained for free in governmental PHCCs (n=897)

2.2 Health care expenditure

67%
Proportion of households spending money on health care the month preceding the survey (n=999)

500,000 LBP
Median amount spent by the households spending on health care the month preceding the survey (n=641)

Figure 3. Proportion of respondents answering yes (n=995)

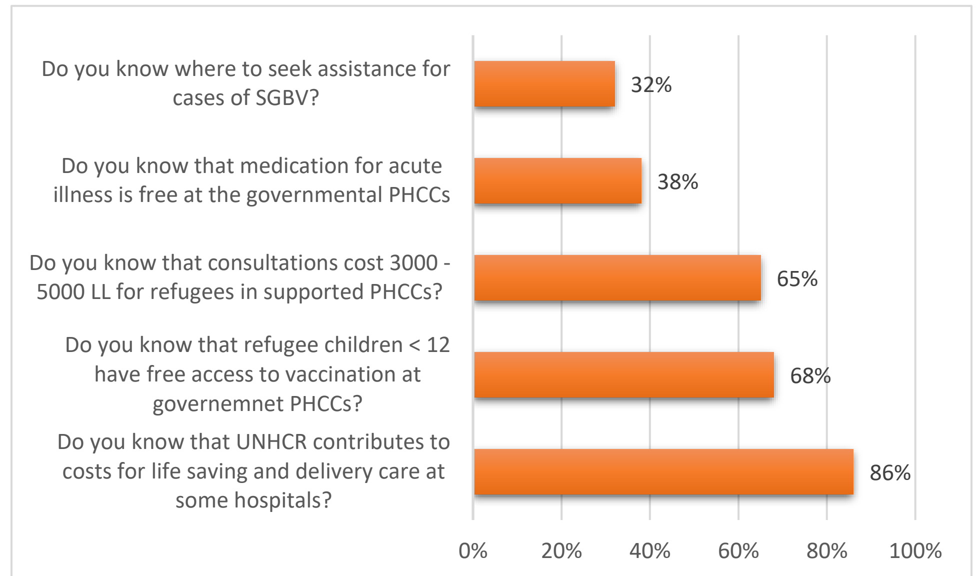
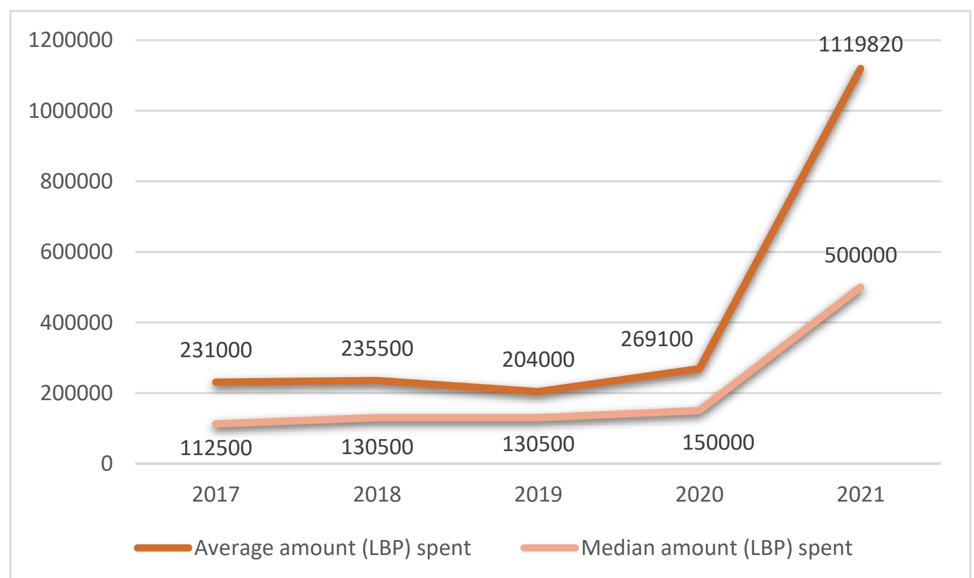


Figure 4. Average and median amounts spent by the household during month preceding the survey (of household that reported spending money on health) between 2017 and 2021



3)Antenatal Care and Deliveries

2.1 Antenatal care (ANC)

70%
Proportion of women who delivered who accessed ANC (n=286)

49%
Proportion of women who delivered who went for at least 4 ANC visits (n=286)

30%
Proportion of women who received ANC at more than one facility (n=266)

Figure 3: Number of ANC visits among women who delivered during past 2 years (n=286)

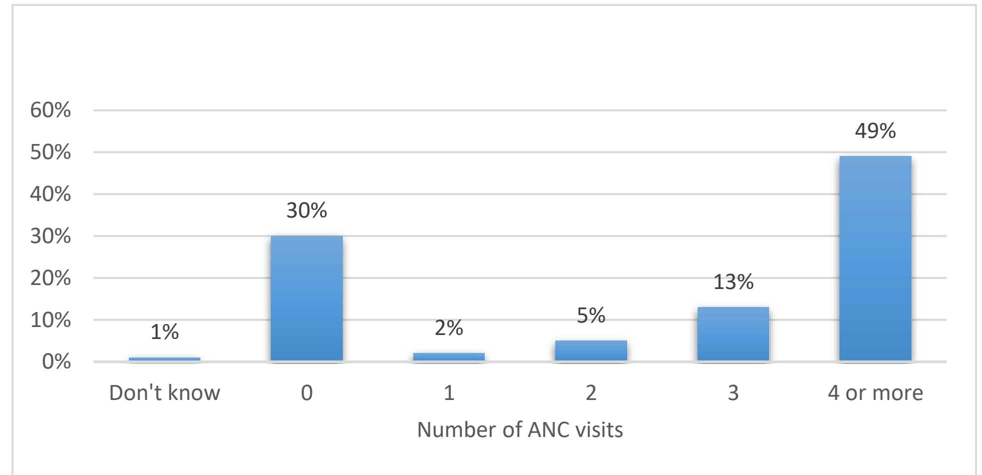
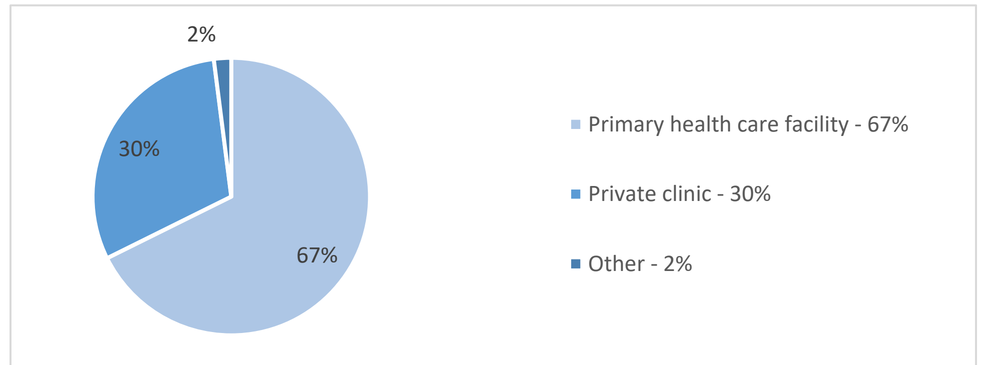


Figure 4: Place for last ANC visit (n=268)



2.2 Deliveries

3%
Proportion of deliveries at home (n=286)

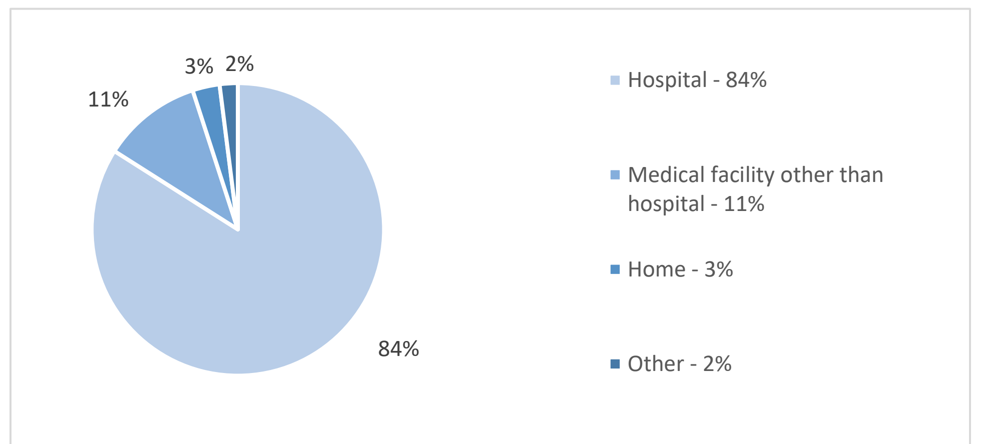
68%
Proportion of deliveries supported financially by UNHCR (n=286)

30%
Proportion of deliveries by C-section (n=286)

260,000 LBP
Median cost of vaginal delivery supported by UNHCR (n=108)

400,000 LBP
Median cost of C-section supported by UNHCR (n=61)

Figure 5: Place of delivery (n=286)



4)Postnatal Care, Family Planning and Child Care

3.1 Postnatal Care (PNC)

32%

Proportion of women who delivered who went for a postnatal care visit (n=286)

3.2 Family Planning

54%

Proportion of total households reporting using some kind of contraceptive method (n=1012)

3.3 Child Care

86%

Proportion of children <5 that had received injectable vaccines at any point (n=694)

86%

Proportion of children received injectable vaccine that got vaccinated in Lebanon (n=578)

55%

Proportion of children vaccinated in Lebanon that was vaccinated for free (n=493)

90%

Proportion of children vaccinated in a PHCC (n=494)

3%

Proportion of children that only had received vaccination in a UNHCR reception center (n=494)

Figure 6: Reasons for not going for PNC (n=185)

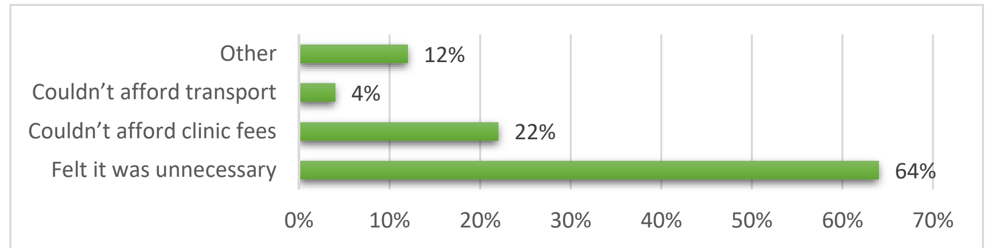


Figure 7: Reasons for not using family planning (n=314)

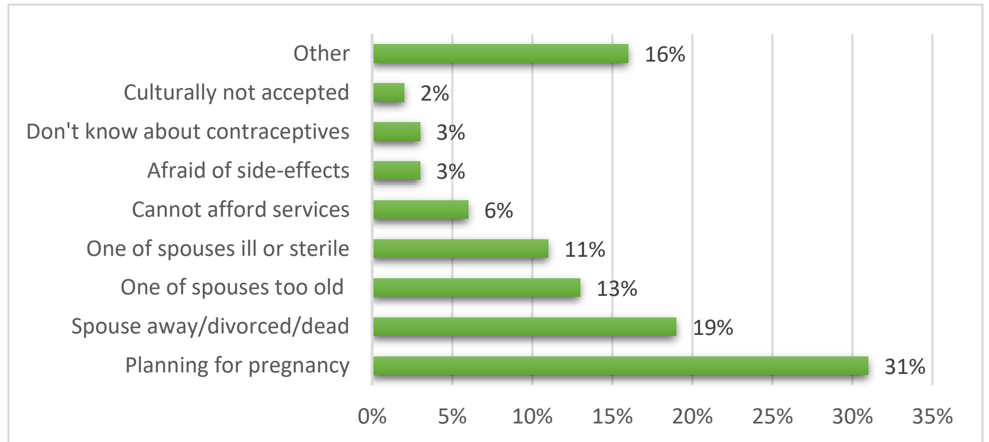


Figure 8: Choice of family planning methods (n=537)

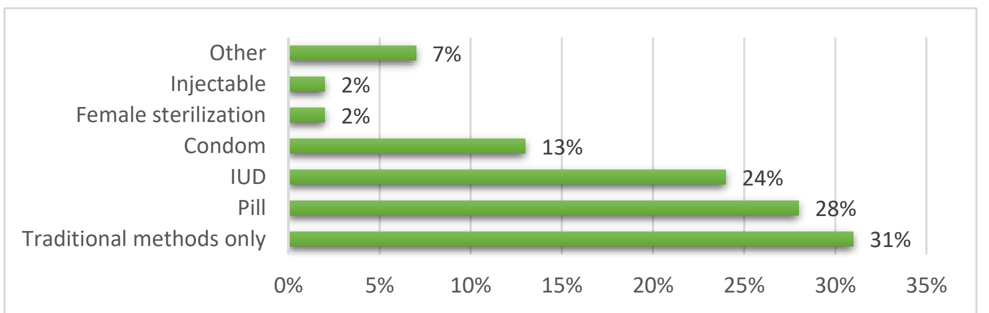
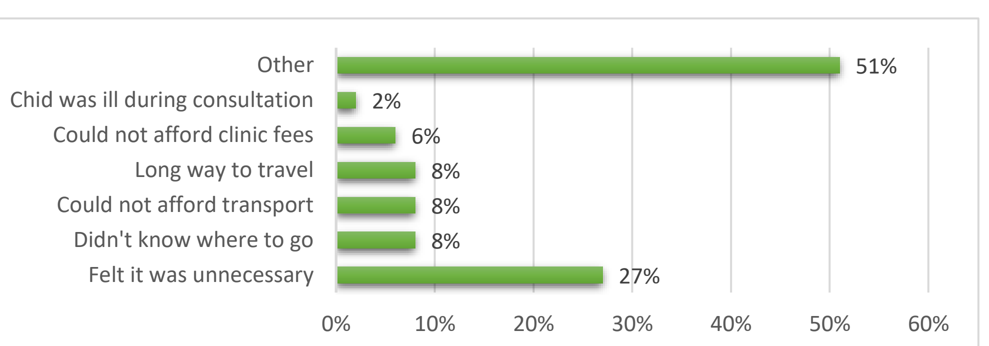


Figure 9: Reasons for child not being vaccinated (n=49)



5)Chronic Conditions

4.1 Prevalence

16%
Proportion of respondents who reported having a chronic condition (n=4929)

39%
Proportion of respondents 40 years or above who reported having a chronic condition (n=740)

47%
Proportion of households with at least one member having a chronic disorder (n=1012)

15%
Proportion of individuals that reported having more than one chronic condition (n=780)

4.2 Access

46%
Proportion of respondents who have accessed care/medication for their chronic condition during the last 3 months (n=776)

33%
Proportion of individuals that primarily sought care in pharmacies (n=352)

122,500 LBP
Median cost of care/medication for chronic disorders during the last 3 months (n=280)

Figure 10: Proportion of different chronic conditions reported (n=780)

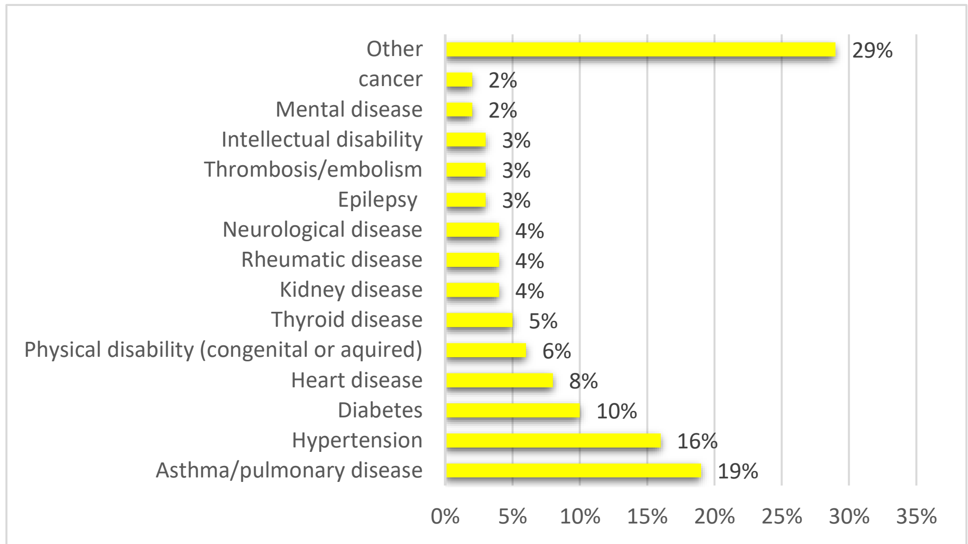


Figure 11: Reasons for not accessing chronic care (n=352)

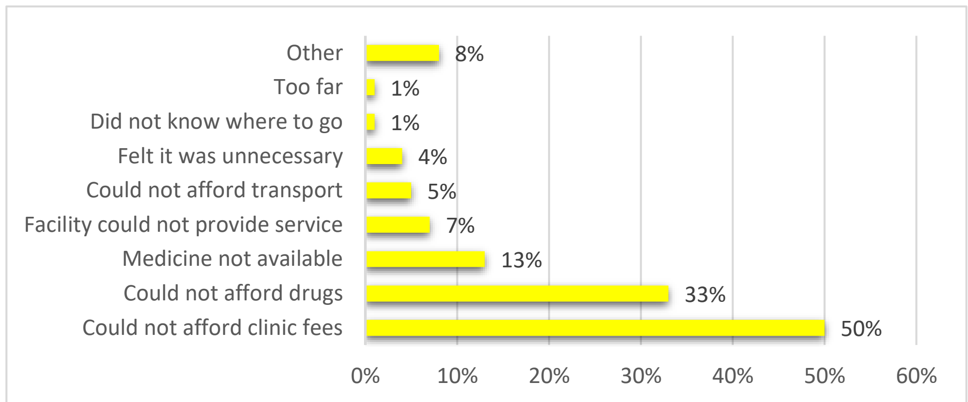
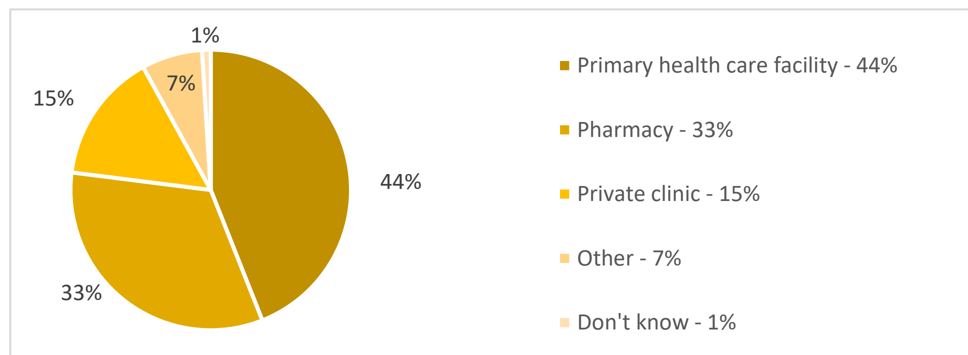


Figure 12: Where sought care for chronic disorder (n=406)



6) Acute Conditions

5.1 Incidence

13%

Proportion of respondents who reported having an episode of acute illness during the last month (n=4894)

5.2 Access

66%

Proportion of respondents who sought health care for the episode of acute illness (n=639)

89%

Proportion of individuals that sought health care for an acute illness that got it at first point of care (n=417)

29%

Proportion of individuals that sought health care primarily in pharmacies (n=289)

150,000 LBP

Median cost of care for episode of acute illness during the last month (n=331)

Figure 13: Symptoms of reported acute illness during last month (n=625)

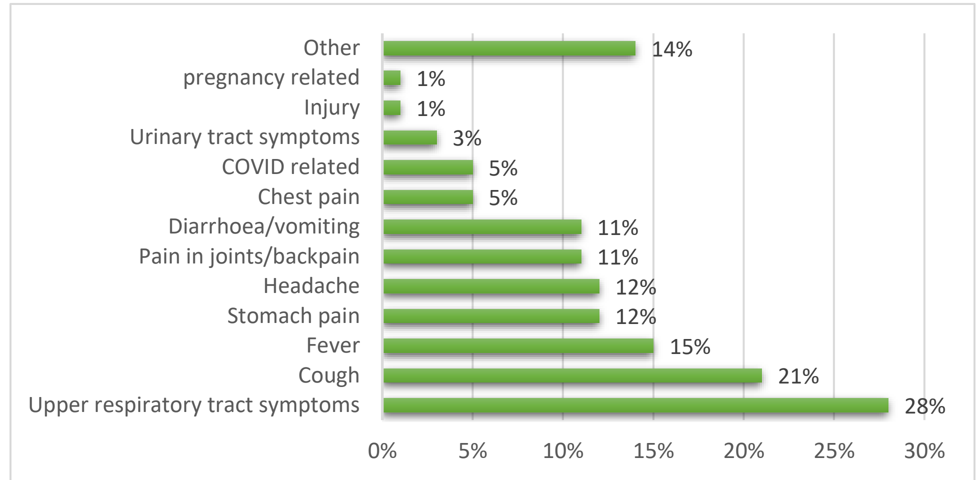


Figure 14: Reasons for not seeking care for acute illness (n=212)

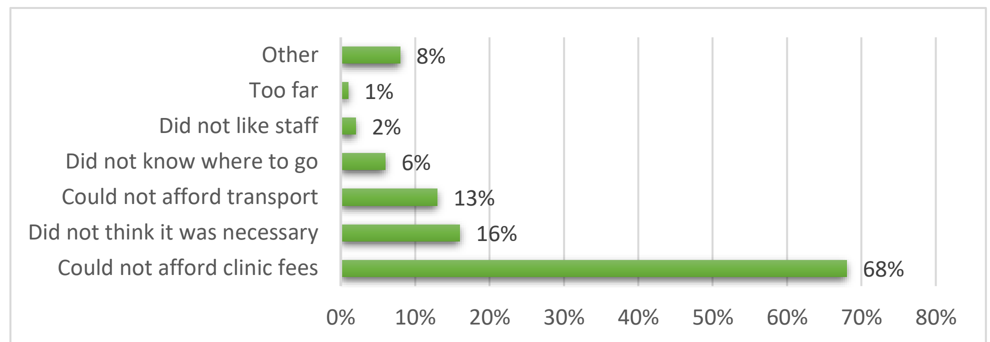


Figure 16: where sought care for acute illness (n=289)