

Population-Based Health Access Assessment for Syrian Refugees in Non-Camp Settings Throughout Jordan

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Presentation Overview



□ **Assessment Background**

- Repurposing Azraq resources
- Assessment rationale
- Goals – building an evidence base

□ **Study Design**

- Research question & objectives
- Design - cross-sectional, mixed method (primarily qualitative), 60 focus groups and 51 in-depth interviews
- Sampling – frame, stratification and weighting, methodology, randomly generated number selection, shopkeeper methodology

□ **Implementation**

- In the field – dates, teams, etc.
- Final numbers, etc.

□ **Findings**

Assessment Background



Rationale:

- Refugee population in Jordan becoming increasingly urban*
- Of ~580,000 (registered) Syrian refugees, approx. 5/6 living in host communities throughout Jordan
- Weak evidence-base re: health access for urban refugees
- Little information available on chronic disease management in emergencies
- November 2013: 45 staff originally hired for Azraq clinical operations in camp to be repurposed to alternative assignments

*2014 Syria Response Plan (UNHCR)

Research Goals and Objectives

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RESEARCH QUESTION:

Which health conditions are most heavily impacting Syrian refugees currently residing in non-camp settings throughout Jordan, how does this population perceive its ability to manage these conditions, and what are considered the primary barriers preventing them from accessing the necessary health services?

OVERALL PROGRAM OBJECTIVE:

- *To conduct a population-based qualitative assessment using focus groups and in-depth interviews with Syrian refugees living in a non-camp setting in Jordan in order to better understand the current disease profile of the population, identify major barriers preventing them from accessing existing services, and determine any significant gaps in these services.*

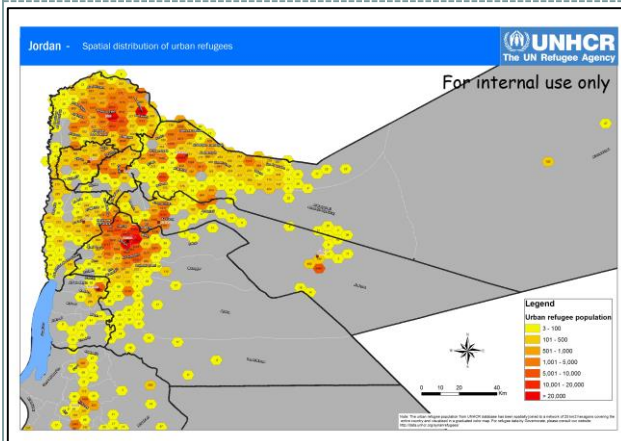
Activity Objectives:

- *By December 31st, 2013, the IMC assessment teams will have conducted 60 focus groups with Syrian refugees (aged 18 and up) residing in 30 (non-camp) cluster sites across Jordan.*
- *By December 31st, 2013, the IMC assessment teams will have conducted 20 in-depth interviews with Syrian refugees residing in 10 (non-camp) cluster sites across Jordan and suffering from NCDs.*

Output Objective:

- *By January 15th, 2014, the IMC assessment teams will use the analysis of the data collected from these focus groups and in-depth interviews to inform recommendations for IMC's MMU program, as well as other health/refugee relief organizations, in order to mitigate the barriers to care brought to light by assessment activities.*

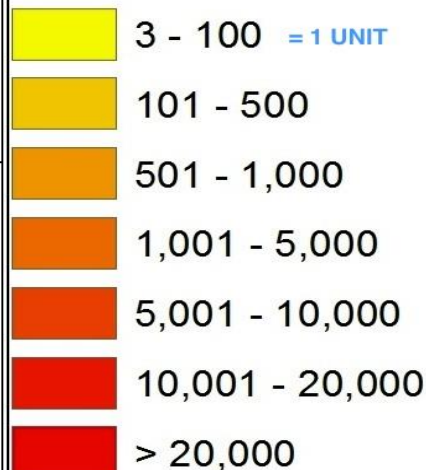
Study Design and Methodology



UNHCR Spatial Distribution of Syrian Refugees in Jordan

Legend

Urban refugee population



Weighted by refugee population density

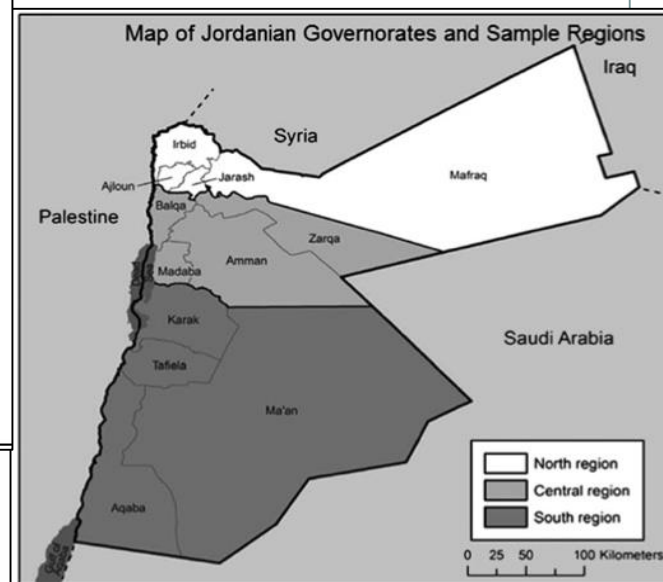


Figure 2. Map of Jordanian governorates and sample regions

Stratified by regional proportionality

Sample Size per Activity

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Focus groups

- **60** focus groups, segmented by gender
- comprised of **6-10** individuals per focus group
- Conducted in **30** cluster sites

Target: **600** focus group respondents

(Actual: 554)

In-depth interviews

- **1** respondent per focus group
- Selected among chronic disease patients in **60** focus groups
- Conducted in **30** cluster sites

Target: **60** chronic disease patients

(Actual: 51)

Public vs. Private (Optional Supplement)

- **0-10** respondent(s) per focus group
- Participation (optional) requested following **60** focus groups
- Offered in **30** cluster sites

Target: **150** respondents (1/4 of total)

(Actual: 188)

Research Tools: Demographic Pre-Questionnaire

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1. Sex
2. Age
3. Nationality
4. Hometown in Syria
5. Level of education
6. Marital status
7. Family size
8. Registration status
9. Governorate of residence (Jordan)
10. Accommodations (Jordan)
11. Chronic disease status

Research Tools:

1. Focus Group Topic Guide

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KEY DISCUSSION QUESTIONS

1. INTRODUCTORY QUESTION:

NOW WE WOULD LIKE TO TALK ABOUT ACCESS TO CARE DURING YOUR TIME IN JORDAN. FROM YOUR OWN EXPERIENCE OF FRIENDS AND FAMILY WHO ARE HERE WITH YOU, CAN YOU TELL US ABOUT THE MOST PROMINENT HEALTH CONCERNS IN THE REFUGEE COMMUNITY?

Prevalent Conditions

2. KEY QUESTION:

TELL ME ABOUT HOW YOU HAVE OBTAINED INFORMATION ABOUT HEALTH SERVICES AVAILABLE TO HELP YOU ADDRESS THESE HEALTH CONCERNS. DO YOU FEEL LIKE YOU HAVE, OR COULD EASILY FIND OUT, ALL THE INFORMATION YOU NEED TO KEEP YOUR FAMILY HEALTHY?

Information Sources

3. TRANSITION:

Usage

MANY REFUGEES CHOOSE TO GO TO JORDANIAN MINISTRY OF HEALTH CLINICS AND HOSPITALS, SOME OPT FOR NGO SERVICES, AND OTHERS USE PRIVATE FACILITIES. WHEN YOU OR YOUR FAMILY HAS NEEDED MEDICAL ATTENTION, WHERE DID YOU GO?

4. FOLLOW-UP:

Medical Professionals

WHAT ABOUT WITHIN YOUR COMMUNITY? ARE THERE COMMUNITY CONSULTATION OR TREATMENT OPTIONS – SYRIAN DOCTORS, NURSES, OR OTHER MEDICAL PROFESSIONALS LIVING IN JORDAN – THAT PEOPLE USE EITHER IN ADDITION TO OR INSTEAD OF FACILITY-BASED CARE?

Research Tools:

1. Focus Group Topic Guide

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KEY DISCUSSION QUESTIONS

6. KEY QUESTION:

PARTICULAR GROUPS OF PEOPLE OFTEN NEED SPECIAL CARE. CAN YOU TELL ME A BIT ABOUT THE AVAILABILITY OF SUCH CARE, AND IF WOMEN IN YOUR COMMUNITY ARE USING THEM?

Women's Health Services

7. FOLLOW-UP:

WHAT ABOUT THEIR CHILDREN? IS EARLY CHILDHOOD CARE, INCLUDING ROUTINE VACCINATION, AVAILABLE IN YOUR COMMUNITY, AND ARE MOST PARENTS TAKING ADVANTAGE OF IT FOR THEIR CHILDREN?

Vaccine Availability

8. FOLLOW-UP:

MANY PEOPLE ARRIVED IN JORDAN WITH PHYSICAL DISABILITIES OR MENTAL DISORDERS. IN YOUR COMMUNITY, WHAT HEALTHCARE OPTIONS DO PEOPLE WHO SUFFER FROM THESE KINDS OF HANDICAPS HAVE, AND DO YOU FEEL LIKE THESE OPTIONS ARE RESPONDING APPROPRIATELY TO THEIR NEEDS?

Disability Services

9. KEY QUESTION:

Motivators for Seeking Care

ON THE OTHER HAND, HAVE ANY FAMILY MEMBER HAVE SOUGHT MEDICAL ATTENTION WHETHER FOR AN ACUTE ILLNESS, A CHRONIC CONDITION, OR SPECIAL CIRCUMSTANCES SUCH AS PREGNANCY - WHAT WAS IT THAT PROMPTED YOU TO SEEK CARE? (I.E. CONCERNING SYMPTOMS, LONG DURATION OF ILLNESS, NEED FOR MEDICATION,

Research Tools:

1. Focus Group Topic Guide

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KEY DISCUSSION QUESTIONS

10. TRANSITION:

WHAT ABOUT *WHERE* YOU SOUGHT FOR HEALTHCARE? **Preferences** YOU TELL ME ABOUT WHAT MADE YOU CHOOSE ONE HEALTHCARE FACILITY INSTEAD OF ANOTHER?

11. KEY QUESTION:

WHILE YOU WERE AT THIS HEALTHCARE FACILITY, WHAT DID YOU THINK WERE THE MOST POSITIVE PARTS OF THE EXPERIENCE? WHAT WERE THE MOST FRUSTRATING?

12. TRANSITION:

Positives and Negatives of Healthcare Experience

DO YOU THINK YOU WOULD RETURN TO THE SAME FACILITY NEXT TIME YOU NEED MEDICAL ASSISTANCE? WHAT WOULD MAKE YOU DECIDE TO LOOK FOR CARE ELSEWHERE?

13. KEY QUESTION:

SO YOU'VE TOLD ME A BIT ABOUT YOUR EXPERIENCES WITH HEALTHCARE SERVICES. NOW, CAN YOU TELL ME IF THERE HAS BEEN AN OCCASION ON WHICH YOU OR YOUR FAMILY NEEDED MEDICAL CARE BUT WERE NOT ABLE TO ACCESS THE SERVICES YOU NEEDED? IN YOUR OPINION, WHAT WERE THE MAIN REASONS THAT YOU WEREN'T ABLE TO GET HELP?

Barriers to Care

14. FOLLOW-UP:

CAN YOU DESCRIBE SOME OTHER MAJOR OBSTACLES THAT REFUGEES IN YOUR COMMUNITY HAVE EXPERIENCED WHEN TRYING TO ACCESS HEALTH SERVICES?

Research Tools:

2. In-Depth Interview Topic Guide

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IN-DEPTH INTERVIEW QUESTIONS (pre-conflict period)

1. WHAT CHRONIC CONDITIONS HAVE YOU BEEN DIAGNOSED WITH?

2. WHEN DID YOU BEGIN YOUR TREATMENT HISTORY FOR THIS/THESE CONDITION(S)?

3. HOW DID YOU MANAGE YOUR PRE-CONFLICT DISEASE MANAGEMENT FOR THIS/THESE CONDITION(S) BACK IN

4. WHAT DO YOU THINK WERE THE MAJOR CHALLENGES TO DISEASE MANAGEMENT PRE-CONFLICT FOR YOUR CONDITION(S) PRE-CONFLICT?

5. OVERALL, WOULD YOU HAVE CONSIDERED YOUR CONDITION(S) "UNDER CONTROL" PRE-CONFLICT? (BY "UNDER CONTROL", I MEAN YOU NO LONGER SUFFERED FROM MAJOR SYMPTOMS.)

Research Tools:

2. In-Depth Interview Topic Guide

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IN-DEPTH INTERVIEW QUESTIONS (conflict period)

6. **Status of Disease Management as Refugee** "CONTROL" RIGHT NOW?
7. **Treatment Interruptions during Conflict** HAS YOUR TREATMENT BEEN INTERRUPTED DURING THE CONFLICT?
8. **Treatment in Jordan** SINCE YOU ARRIVED IN JORDAN, HAVE YOU CONTINUED THIS TREATMENT?
9. **Drug Regimen Changes** ARE YOU TAKING THE SAME DRUGS YOU WERE IN SYRIA? SAME DOSAGE?
10. **Cost of Drugs in Jordan** ARE THEY MORE/LESS EXPENSIVE THAN IN SYRIA?
11. **Drug Regimen Changes** IF YOUR OLD DRUGS ARE NOT AVAILABLE, HAVE YOU SWITCHED TO OTHER DRUGS? STOPPED ALL TOGETHER?
12. **Check-ups in Jordan** HOW OFTEN, IN JORDAN, HAVE YOU BEEN TO A HEALTH PROFESSIONAL FOR THIS/THESE CONDITION(S)?

Research Tools:

2. In-Depth Interview Topic Guide

13

IN-DEPTH INTERVIEW QUESTIONS (conflict period)

13. WHEN YOU HAVE GOTTEN WORSE, WHAT DIFFERENT AILMENT HERE IN JORDAN, DID YOUR DOCTOR OR NURSE TELL YOU ABOUT YOUR CONDITION(S)? WHEN I SAY "ADDRESS", I MEAN DOES HE/SHE TELL YOU WHERE TO GO ABOUT YOUR OTHER MEDICATIONS, EXAMINE YOU?

Quality of Care in Jordan

14. HOW OFTEN DO YOU MONITOR YOUR CONDITION(S)?

Condition Monitoring

15. IS THERE SOMEONE IN PARTICULAR WHO HELPS YOU WITH THE MANAGEMENT OF YOUR CONDITION(S), A FRIEND OR A FAMILY MEMBER?

Disease Management Support

16. IF YOUR CONDITION WORSENS DRAMATICALLY ALL OF A SUDDEN, DO YOU KNOW WHERE TO GO FOR HELP?

Emergency Access

Education

17. WHERE HAVE YOU RECEIVED EDUCATION ABOUT YOUR CONDITION(S)?

IMC/UNHCR Health Access Assessment, December 2013

Implementation

DECEMBER 1st – DECEMBER 12th, 2013

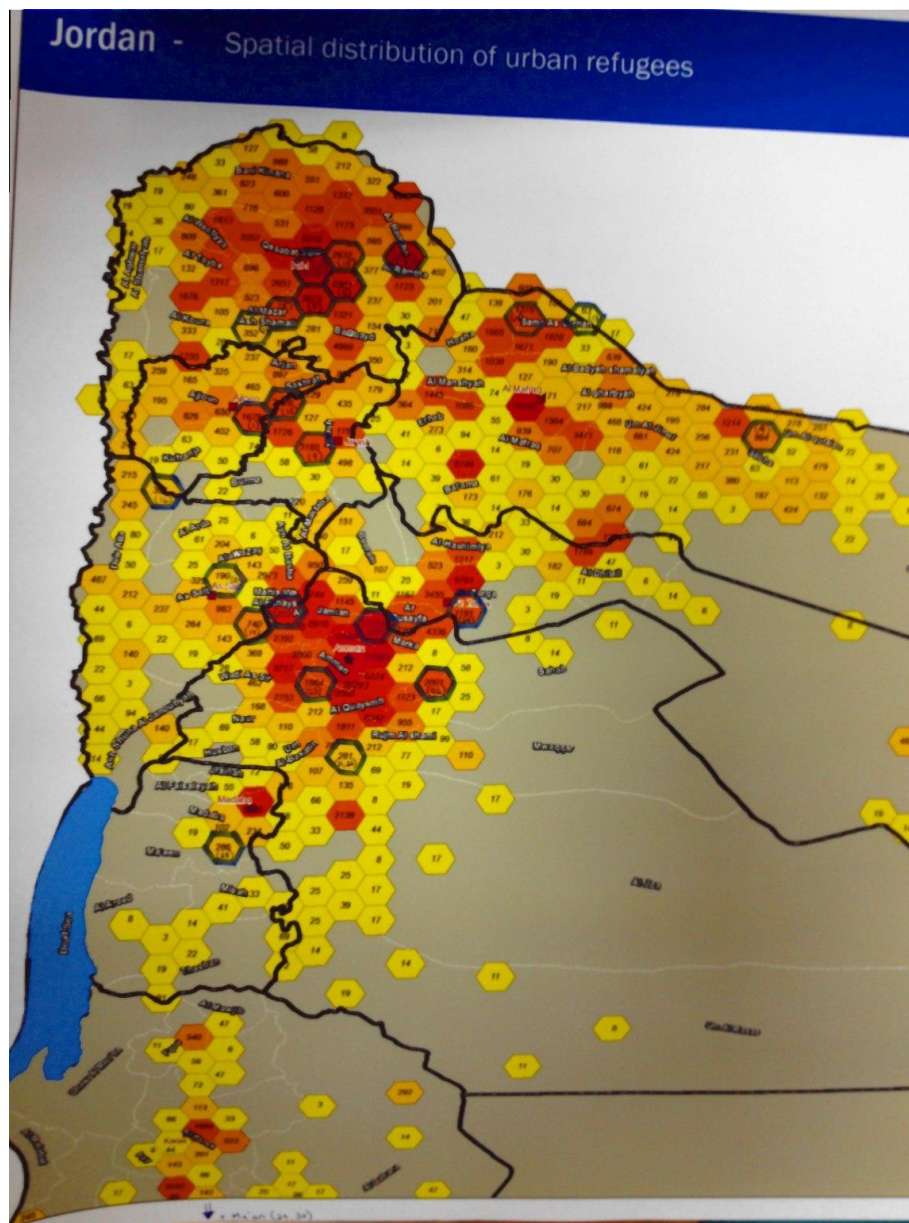
Governorate	Clusters Per Governorate	# Focus Groups	# Interviews
Irbid	9	18	16
Ajloun	2	4	4
Jarash	1	2	2
Mafraq	3	6	7
Zarqa	3	6	4
Madaba	1	2	1
Ma'an	2	4	2
Balqa	4	8	7
Amman	5	10	8
Totals:	30	60	51

30 randomly
selected clusters
(weighted for refugee density
and stratified by regional
distribution)

16/30 FGs
implemented in
selected cluster

8/14 FGs outside
selected cluster
implemented in
adjacent hexagon

all FGs
implemented
outside selected
cluster followed
field recruitment
protocols



Faces from the Field

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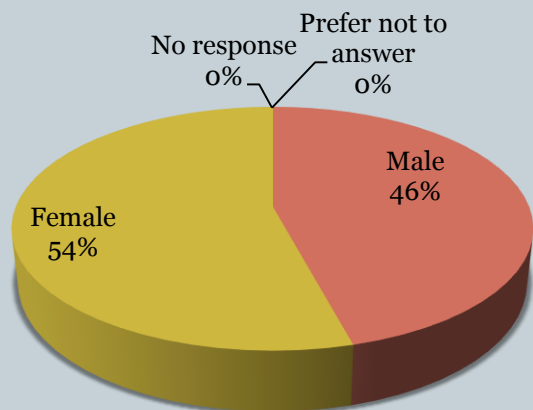
Participant Demographics

(from pre-discussion questionnaire)

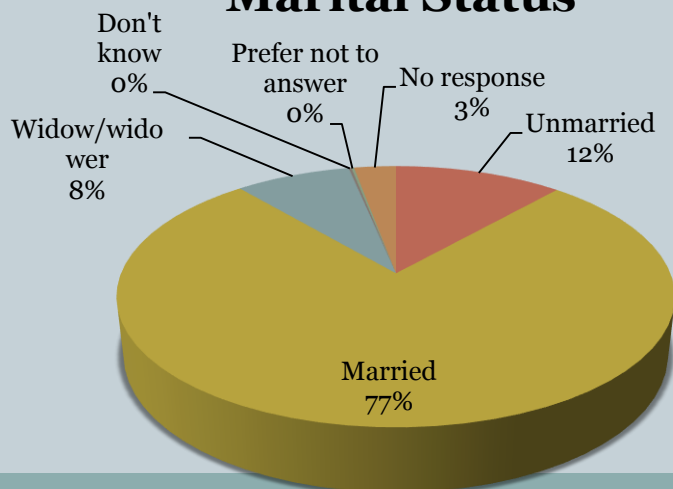
17

Total Number of Respondents = 554

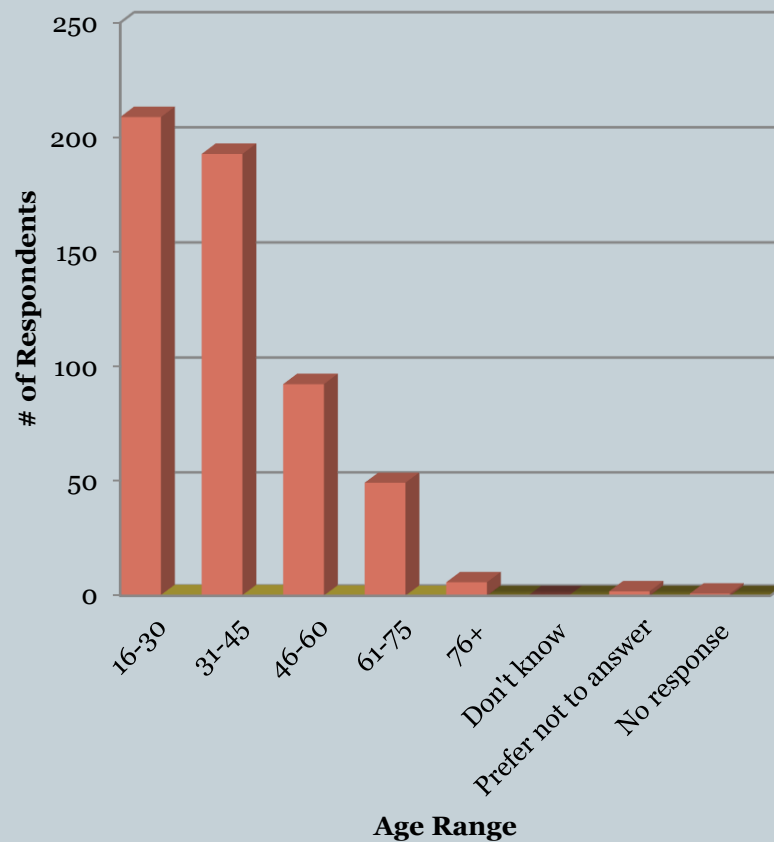
Gender Distribution



Marital Status



Age Distribution

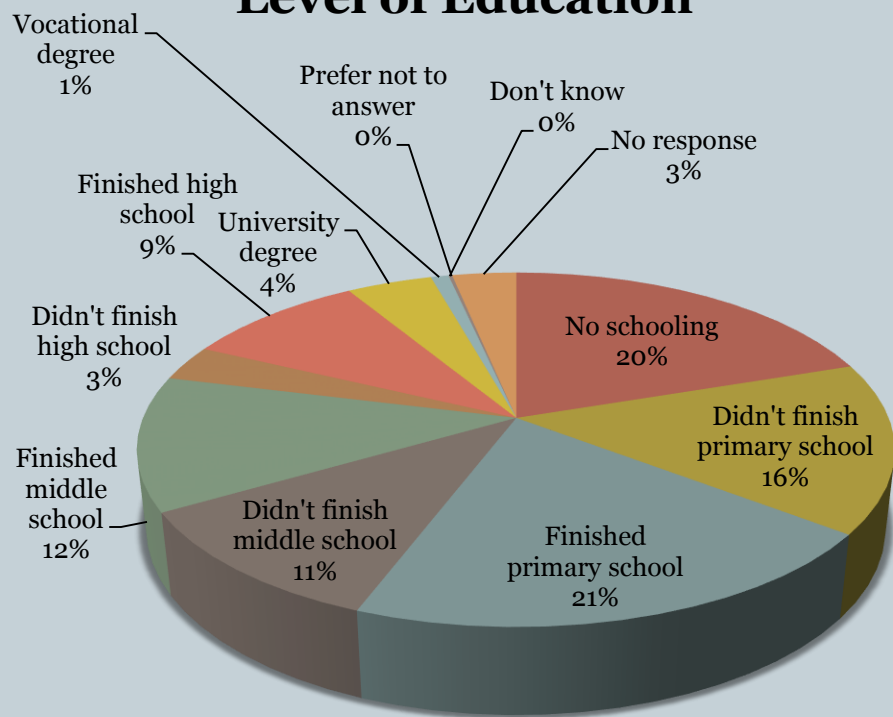


Participant Demographics

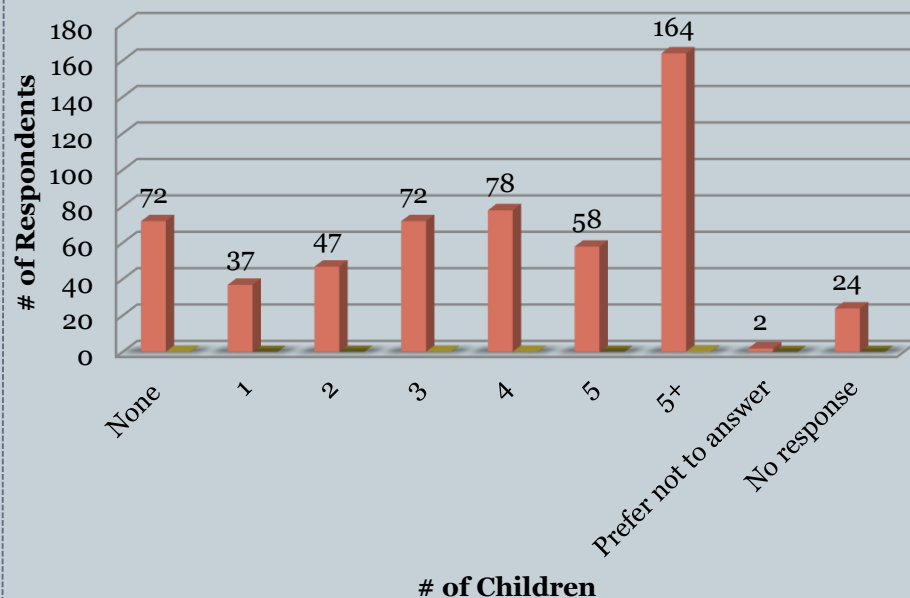
18

Total Number of Respondents = 554

Level of Education



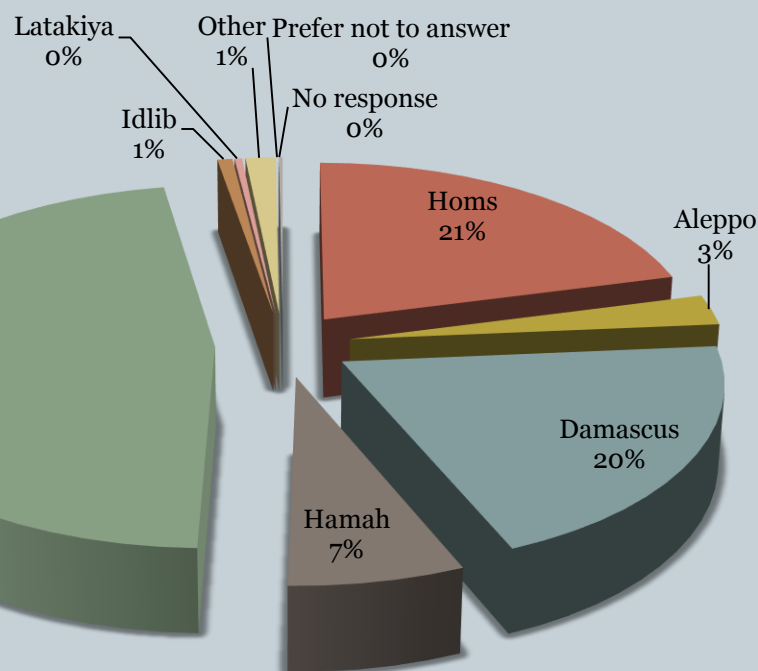
of Children



Participant Demographics

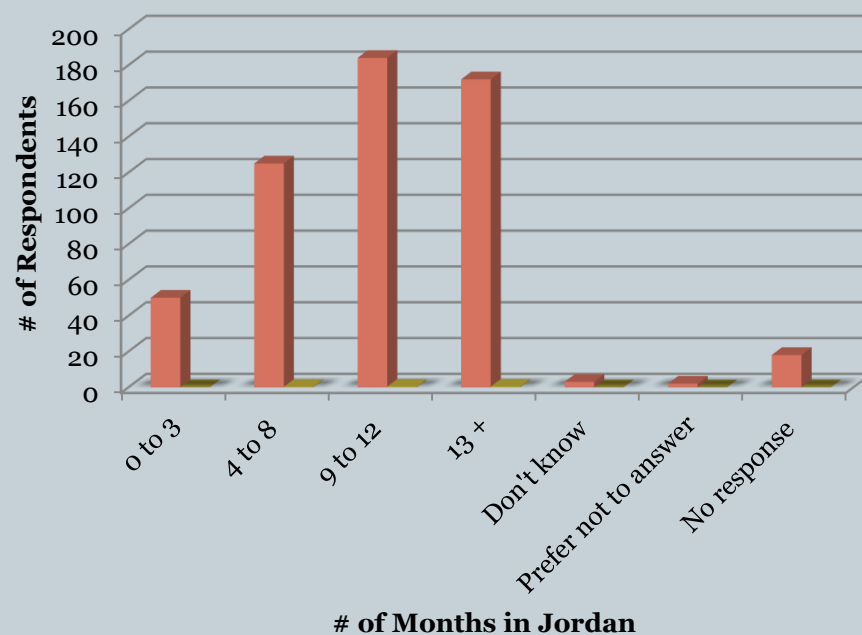
19

Total Number of Respondents = 554



Hometowns

Length of Stay in Jordan

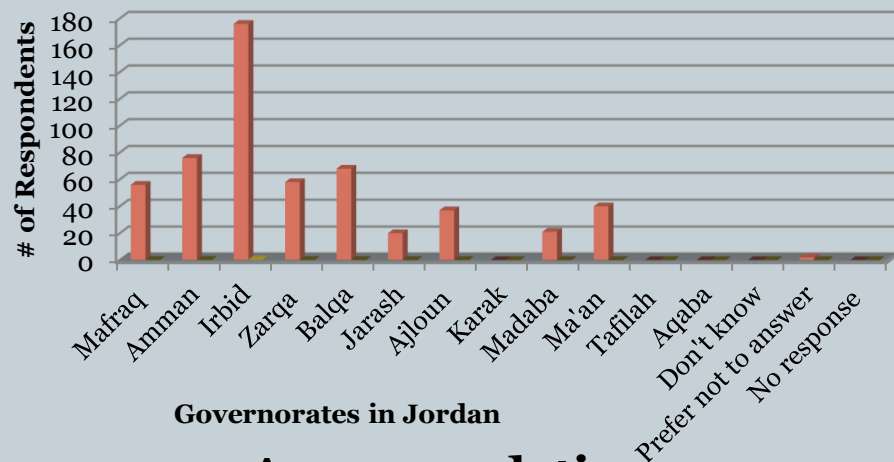


of Months in Jordan

Participant Demographics

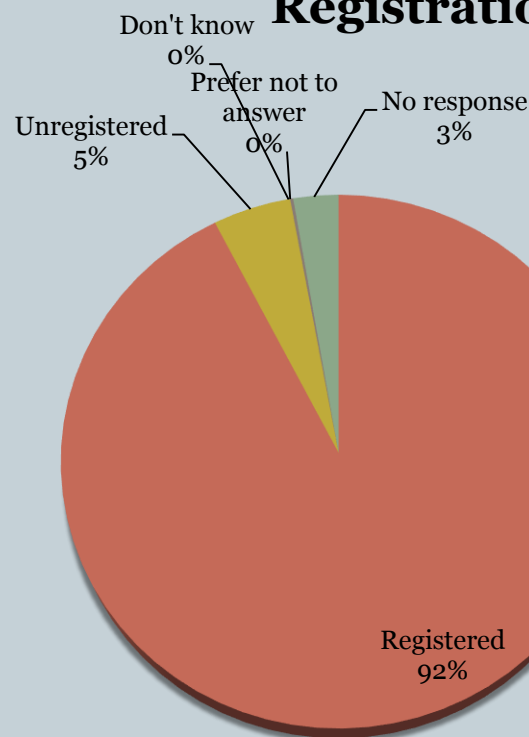
20

Current Location in Jordan

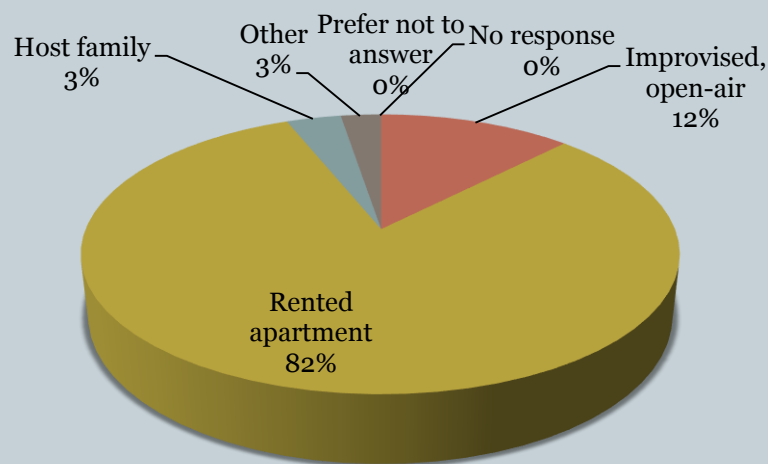


Total Number of Respondents = 554

Registration Status



Accommodations



COMMENTS:

Nearly 1/2 of respondents answered affirmatively when asked whether they suffered from chronic condition(s)

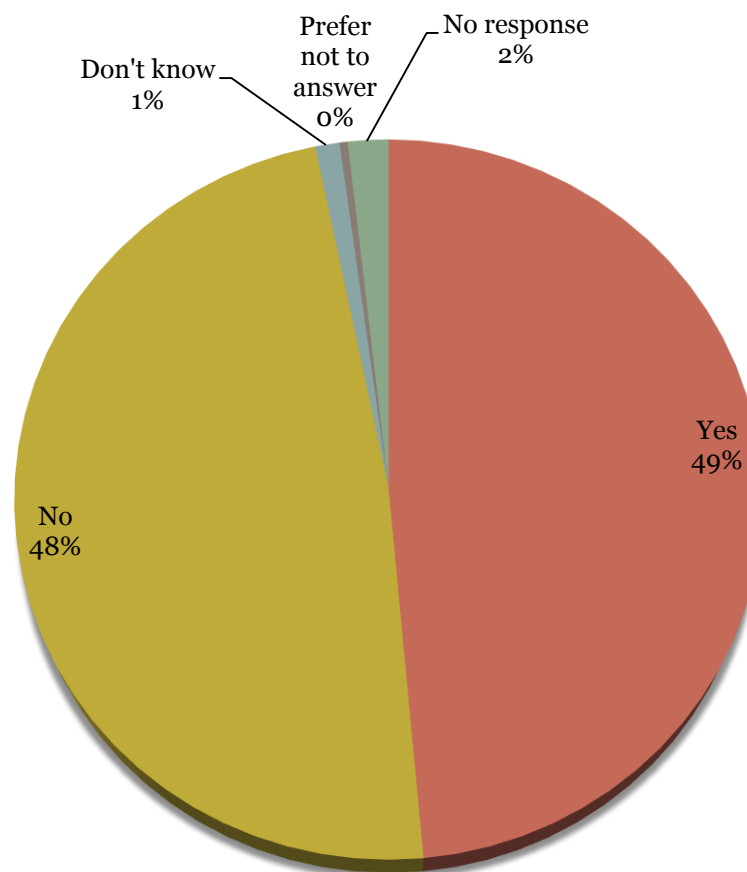
Rather higher than the normal chronic disease burden of middle-income countries (Syria 2010 DHS)

Either: conditions have significantly deteriorated since the onset of the crisis

Or: refugees interviewed require further education about what is considered a “chronic disease”

Chronic disease management as a refugee further explored in sub-analysis

Self-Reported Chronic Conditions



Qualitative Data Analysis

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In **60** focus group discussions, **554** Syrian refugees mentioned **167** distinct ideas (codes) regarding their current healthcare situation as refugees in Jordan.

OVERALL CODE FREQUENCIES		
Rank	Code	Frequency
1	Unavailability of medications	168
2	Lack of/insufficient OBGYN services	83
3	Lack of specialists	81
4	Lack of/insufficient Pediatric services	77
5	Poor staff attitude	67
6	Issues with documentation - Residency (Jordanian Security Card)	63
7	Reported using MoH clinics	58
8	Issues with documentation - Expiration (UNHCR)	57
9	High cost of transport	54
10	Far distance to health facilities	52

Note: Focus group transcript analyses supported CAQDAS software Atlas.ti

Qualitative Data Analysis

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These **167** codes can be grouped into the following **13** themes (code families):

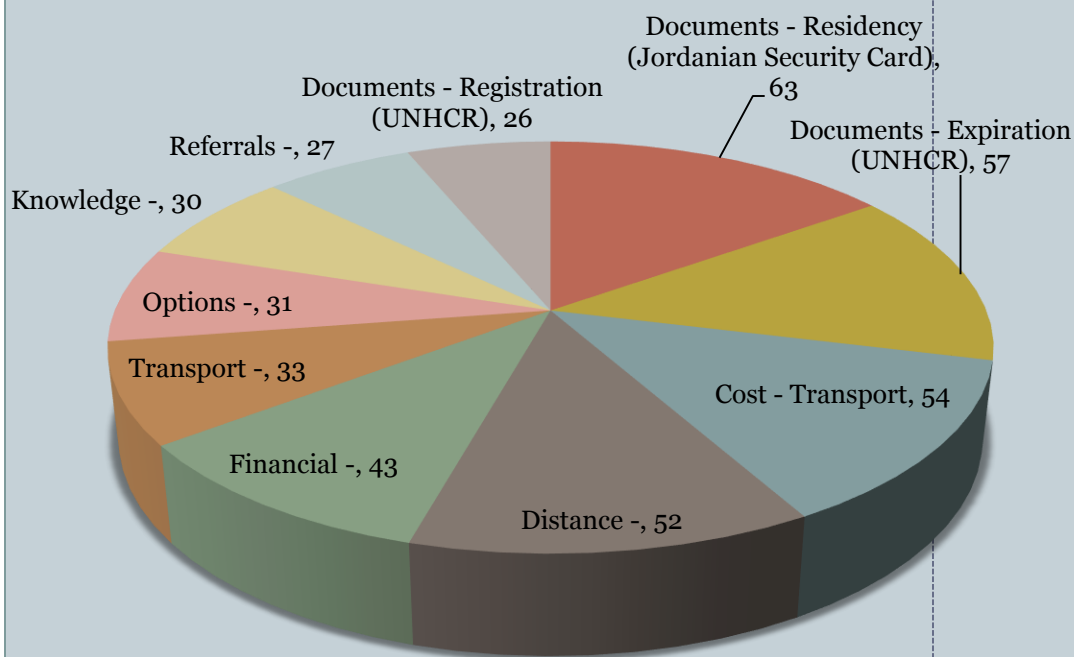
- | | |
|---|---|
| <ul style="list-style-type: none">□ Administration□ Barriers to Care□ Care-Seeking Decision-Making□ Health Conditions□ Facility Resources and Management□ Information Sources□ Overall Healthcare Status | <ul style="list-style-type: none">□ Positive Aspects□ Provider-Patient Relations□ Quality of Care□ Secondary Health Factors□ Service Availability□ Usage |
|---|---|

Results and Observations

(by Code Family)

24

Barriers to Care



BARRIERS TO CARE (FAMILY)

Rank	Code	Frequency
1	Issues with documentation - Residency (Jordanian Security Card)	63
2	Issues with documentation - Expiration (UNHCR)	57
3	High cost of transport	54
4	Far distance to health facilities	52
5	Financial hardship	43
6	Lack of transportation	33
7	Lack of/limited options	31
8	Lack of/limited knowledge of healthcare services	30
9	Issues with the referral system	27
10	Issues with documentation - Registration (UNHCR)	26

Results and Observations

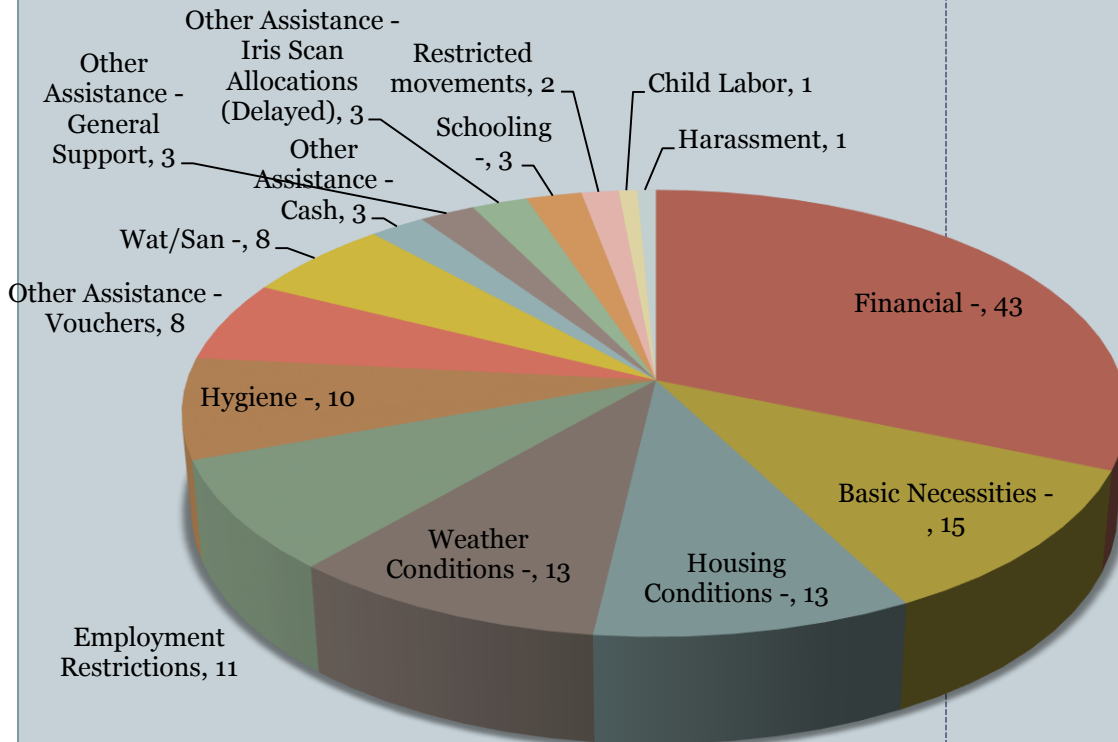
(by Code Family)

25

Secondary Health Factors

SECONDARY HEALTH FACTORS (FAMILY)

Rank	Code	Frequency
1	Financial Hardship	43
2	Lack of Basic Necessities -	15
3	Poor Housing Conditions	13
3	Poor Weather Conditions	13
4	Employment Restrictions	11
5	Lack of Hygiene Supplies	10
6	Other Assistance - Vouchers	8
6	Lack of Water/Sanitation	8
7	Other Assistance - Cash	3
7	Other Assistance - General Support	3
7	Other Assistance - Iris Scan Allocations (Delayed)	3
7	Lack of Schooling for Children	3
8	Restricted Movements	2
9	Child Labor	1
9	Harassment	1



Results and Observations

(Rank Comparison across Gender)

26

Disaggregating the data by gender within the Barriers to Care code family revealed that men and women are indeed facing different challenges in access healthcare services...

Most Frequently Mentioned Barriers to Care (Top-10)

Issues with Documentation – Expiration (UNHCR)

Issues with Documentation – Residency (Jordanian Security Card)

Financial Hardship

Lack of/limited knowledge of healthcare services

Lack of/limited healthcare options

Issues with referral system

Lack of transportation

Issues with Documentation – Quantity/Complexity

Lack of Facility Capacity –

Issues with Documentation – Registration (UNHCR)

Lack of Staff Availability

Limited Facility Hours

Inclement Weather Conditions

Gender Issues

Refusal to Treat (unspecified)

Men

#2

#1

#3

#8

#4

Not in Top-10

#5

#10

#6

#7

#9

#8

Not in Top-10

Not in Top-10

Not in Top-10

Women

#1

#2

#3

#4

#8

#5

#5

#6

#8

#7

#7

Not in Top-10

#8

#9

#10

Results and Observations

(Rank Comparison between Governorate)

27

Most Frequently Mentioned Secondary Health Factors, Per Governorate (Top-3)

	<u>Ajloun</u>	<u>Amman</u>	<u>Balqa</u>	<u>Irbid</u>	<u>Jarash</u>	<u>Ma'an</u>	<u>Madaba</u>	<u>Mafraq</u>	<u>Zarqa</u>
• Financial Hardship	#1	n/a	#1	#1	#1	#1	n/a	#1	#1
• Lack of/Insufficient Water/Sanitation	#2	n/a	n/a	n/a	n/a	n/a	n/a	#2	#3
• Lack of/Insufficient Basic Necessities	#2	#2	#2	n/a	#2	n/a	#1	#2	n/a
• Lack of Hygiene Supplies	#2	n/a	n/a	#3	n/a	#2	n/a	#3	#3
• Poor Weather Conditions	n/a	#1	#3	n/a	n/a	#2	n/a	#2	n/a
• Employment Restrictions	n/a	#2	n/a	#2	n/a	n/a	n/a	n/a	#2
• Harassment	n/a	#2	n/a	n/a	n/a	n/a	n/a	n/a	n/a
• Poor Housing Conditions	n/a	#3	n/a	#3	n/a	n/a	n/a	#3	#2
• Other Assistance – Vouchers	n/a	#3	n/a	n/a	#2	#2	#1	n/a	n/a
• Lack of Schooling for Children	n/a	n/a	n/a	n/a	#2	n/a	n/a	n/a	#3
• Other Assistance – General	n/a	n/a	n/a	n/a	n/a	n/a	#1	n/a	n/a

Results and Observations

(Rank Comparison across Accommodation Categories)

28

A rank comparison across accommodation categories reveals that the two refugee situations pose different challenges in accessing healthcare...

Example: Barriers to Care

Most Frequently Mentioned Barriers to Care (Top 10)

Documents – Expiration (UNHCR)

Far Distance

Lack of transport

Discrimination

Lack of knowledge about medical services

Documents – Registration (UNHCR)

Refusal to treat

Houses

#1

#4

#7

#9

#9

#10

Not in Top-10

Tents

Not in Top-10

#1

#3

#6

#2

#4

#7

Results and Observations

(Rank Comparison between Registration Status)

29

A rank comparison between registered and unregistered groups (see thresholds) highlights that the healthcare access for these groups are not necessarily the same...

Example: Barriers to Care

REGISTERED: BARRIERS TO CARE

NOTE: > 75% CLUSTER RESPONDENTS REPORTED BEING REGISTERED WITH UNHCR

Rank	Code	Frequency
1	Issues with Documentation - Residency (Jordanian Security Card)	60
2	Issues with Documentation - Expiration (UNHCR)	57
3	High Cost of Transport	53

UNREGISTERED: BARRIERS TO CARE

NOTE: > 25% CLUSTER RESPONDENTS REPORTED BEING UNREGISTERED WITH UNHCR

Rank	Code	Frequency
1	Lack of Knowledge of Health Services	5
2	Financial Hardship	4
3	Issues with Documentation - Residency (Jordanian Security Card)	3

Results and Observations

(Rank Comparison between Registration Status)

30

A rank comparison between registered and unregistered groups (see thresholds) highlights that the healthcare access for these groups are not necessarily the same...

Example: Usage

REGISTERED: USAGE		
NTE: > 75% CLUSTER RESPONDENTS REPORTED BEING REGISTERED WITH UNHCR		
Rank	Code	Frequency
1	Using MoH Clinics	58
2	Using Private	48
3	Using Pharmacy (only)	27
4	Using NGO	20
5	Using Hospitals (directly)	15
6	Using Home Treatments	6
7	Using No Formal Health Services	0

UNREGISTERED: USAGE		
NOTE: > 25% CLUSTER RESPONDENTS REPORTED BEING UNREGISTERED WITH UNHCR		
Rank	Code	Frequency
1	Using Pharmacy (only)	3
2	Using No Formal Health Services	2
3	Using Hospitals (directly)	1
4	Using Home Treatments	0
5	Using MoH Clinics	0
6	Using NGO	0
7	Using Private	0

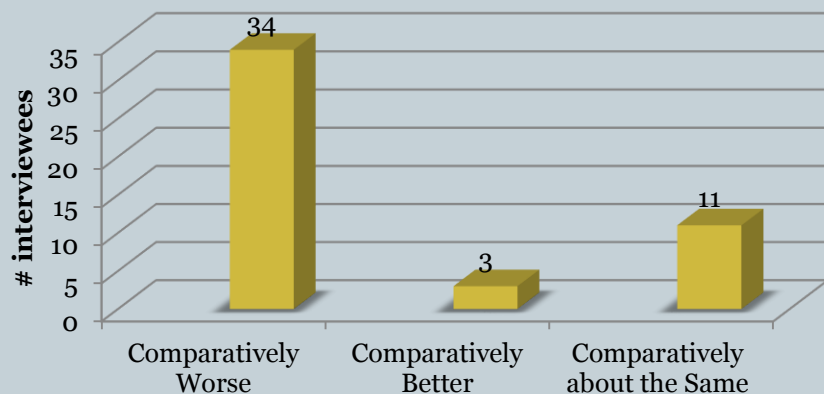
Chronic Disease Management In-Depth Interview Sub-Analysis

31

When NCD patients were asked about managing their condition as a refugee in Jordan, the majority indicated that their health has declined since fleeing Syria...

41/51 interviewees considered their condition “completely controlled” before their arrival in Jordan...

Status of Disease Management (Comparative)



- **14/51 interviewed cited COST as a major barrier to care in Jordan**
(36/51 indicated that medication in Jordan is more expensive than in Syria)
- **10/51 said MEDICATION AVAILABILITY negatively impacted their ability to manage their condition**
- **33/51 reported following up less frequently with a healthcare provider since arrival in Jordan**
- **36/51 had received no education about their health condition since arrival**
- **The most common “effect of conflict on condition”: addition of psychological trauma to physical symptoms**

Discussion Section

Questions?

Additional
axes of
analysis?

Application
of findings:

- consult on future programming
- MMU program support



What's Next...

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- Complete formal report and/or article (expected April 2014)
- Disseminate report both internally at IMC and among other health organizations as a resource for future programming
- ◆ To suggest additional analyses that would be useful for a particular program/sector/etc. or to request more detailed information about the findings of the assessment, please contact:

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