



At a glance Health access and utilisation survey among non-camp refugees

Jordan, March 2014

Photo credit: Kohler/UNHCR

Introduction

Since the onset of the Syria civil conflict, almost 2.8 million Syrians have fled and sought asylum in neighbouring countries. In Jordan, as of March 2014, there are more than 587,000 Syrian refugees in the country. Approximately 70% of these refugees live in major urban centres including Amman in non-camp settings. More and more, UNHCR and partners recognise the link between robust support of non-camp refugees and local host communities, and the preservation of existing protection space in countries affected by the Syrian crisis.

Compared to camp refugees, reliable data on the health service needs of non-camp refugees is difficult to collect on a routine basis. Ad hoc reports from agencies providing services paint an inconsistent picture. In an effort to develop a cost-effective and efficient mechanism for regular monitoring of the health access and utilisation of non-camp refugees, UNHCR in collaboration with Jordan Health Aid Society (JHAS) has carried out a household telephone survey. The main objectives of the survey were: 1) evaluate access to and utilisation of key health services by registered non-camp Syrian refugees; and 2) evaluate challenges, if any, faced by non-camp refugees in accessing health care services in Jordan. This work is not a substitute for more rigorous surveys that include household-level observation. The primary purpose is to provide programmatic support and develop a replicable tool for monitoring implementation of key activities. We present key results from the first survey in Jordan.

Methods

The survey was carried out between March 3 and March 10, 2014. The target group was all refugees of Syrian nationality, registered outside officially recognised refugee camps in Jordan, with a telephone number in the database, and living in Jordan. Unregistered refugees, refugees who moved outside Jordan or into official refugee camps inside Jordan, and refugee households with no telephone numbers were not eligible and were excluded. Approval for this survey was obtained from the Jordanian Ministry of Health (MOH). Households were contacted and interviewed over the phone by eight trained JHAS outreach workers. Each eligible household was called at least three times (each subsequent call at least two hours apart) before a replacement household was selected. During the interview all persons living within the same location, sharing the same kitchen and eating from same pot were considered household members and enrolled. Households were administered an extended questionnaire that collected basic demographic information and assessed at household level some aspects of shelter, water, sanitation, and level of knowledge about available services. Depending on age and sex of household members, access to or utilisation of childhood vaccination services (children <5 years), reproductive health (females between 15 and 54 years), and chronic conditions (men and women ≥18 years) was assessed. All household members were also asked about their access to or utilisation of health services in the preceding month. Informed verbal consent was sought at the beginning of the interview and only consenting households were interviewed. Any non-consenting households were excluded. Data was entered directly into android-based tablets on the Open Data Kit system. All analyses were conducted using STATA 12 for Windows. For more details regarding methods please refer to the full report.

Key findings

Demographics - Total households enrolled was 491. Reported arrival dates varied from March 2010 to January 2014 with 77% arriving after October 2012. A total of 3,463 household members were recruited; the majority were female (55%). The average reported household size was 7. The average age of the head of household was 41 years. The proportion of households with a Ministry of Interior service (MOI) cards needed to access health services at government facilities was 98.0% but 91.1% had service cards issued by the governorate of current residence.

Knowledge - Nearly all households (91.7%) knew refugee children younger than 5 years have free access to vaccination, and 96.3% knew that all UNHCR registered refugees have free access to governmental services at primary health centres and hospitals. Only 65.8% were aware that refugees who can't access governmental health services could seek services at UNHCR-supported health facilities.

Childhood vaccination - Among children younger than 5 years, 55.8% were reported to have a child immunisation card, and 86.6% had received at least one measles containing vaccine. Among those children who received a vaccine of any sort, 90.1% were vaccinated at a Jordanian MoH primary health care facility. Only in 0.6% of children did the parent or guardian face difficulty obtaining a vaccine. The difficulties reported include not knowing where to go, not having appropriate documents and difficulty in getting transport to the health facility.

Reproductive health - Among women and girls between 14 and 54 years, 16.6% were pregnant at least once in the past 2 years while in Jordan and an estimated 86.4% attended at least one antenatal care clinic. Only 4.1% of those seeking care reported having any difficulty in getting care. The difficulties reported include long wait at the clinic, inability to pay fees, inability to get transport to a facility, didn't know where to go, and didn't have needed identification documents. Deliveries occurred in a government hospital (53.7%), any private health facility (30.2%), at a government facility other than a hospital (13.0%), at home and without a skilled birth attendant (1.6%) or at home with skilled birth attendant (1.5%). Approx. a quarter (24.9%) of women who delivered were reported to have paid directly for some or all of the cost of their deliveries. The average reported amount in US dollars paid was 286. The proportion of children born who received a birth certificate was 93.7%.

Chronic condition - The proportion with a chronic condition varied by age. While only 6.3% of adults 18 to 29 year olds were reported to have at least one chronic condition, that proportion increased by age group to 17.0% for 30 to 44 years, 37.7% for 45 to 59 years and 53.9% for household members who were 60 years or older. The main reported chronic conditions were hypertension (39.5%), diabetes (25.8%), ischaemic heart disease and other cardiovascular diseases (20.3%) and lung diseases (7.9%). Almost a quarter (23.9%) of household members with chronic diseases reported difficulty accessing medicine or other health services. The main reasons mentioned for inability to get care were costs (44.7%), long wait at the clinic (16.3%), and not knowing where to go (14.7%).

Health access in previous month - An estimated 10.5% of refugees needed health care services in the one month before the interview and the majority (95.6%) were able to access care. The main health problems reported by those who sought care in the preceding month were acute illness (60.1%) especially acute respiratory illnesses (18.9%) and diarrhoea (2.6%). Other health problems for which care was sought were chronic conditions (27.9%), reproductive health conditions (7.1%) and dental care (4.9%). In seeking care, refugees went to government or NGO-operated primary health care centres (46.6%), government hospitals (28.6%) or private facilities (20.5%). An estimated 90.9% of those seeking care were able to get the care they needed. Average direct expenditure on health care among those who paid for at least part of the services was US dollars 72. Average direct expenditure overall among those who sought care was US dollars 32.

In summary, findings show that the Government of Jordan, UNHCR and partners have been very successful at ensuring non-camp refugees have access to and utilise health care services. A high proportion of refugees access health care services through Ministry of Health (MOH) facilities. Refugee populations are concentrated in a few governorates and possibly within a few districts in these governorates. Continuous support should be given to the MOH so that the additional burden on the health system especially in districts with substantial new refugee populations does not lead to difficulties for both the refugees and the host community. Refugees need more information on how to access services especially if they are not eligible for MOH services.

Baseline characteristics of population and sample

130,629

total number of households registered with UNHCR at time of sampling

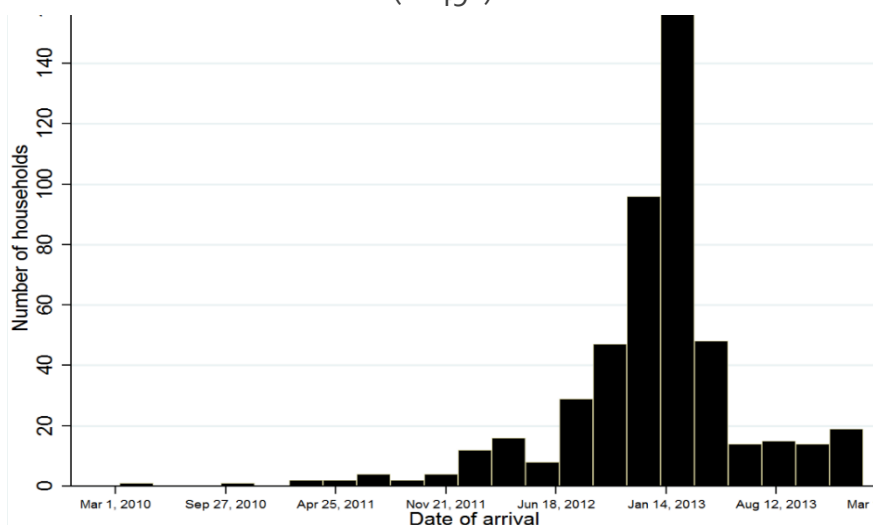
99.4%

estimated proportion with phone number in database

491

number of households interviewed during the survey

Dates of arrival reported by households
(n=491)



1.1 Household members

3,463

total members of household enrolled

7.1

average number of household members reported during the survey

54.7%

of household members are female

21.2

Average age in years of household members

17.1%

of household members are younger than 5 years old

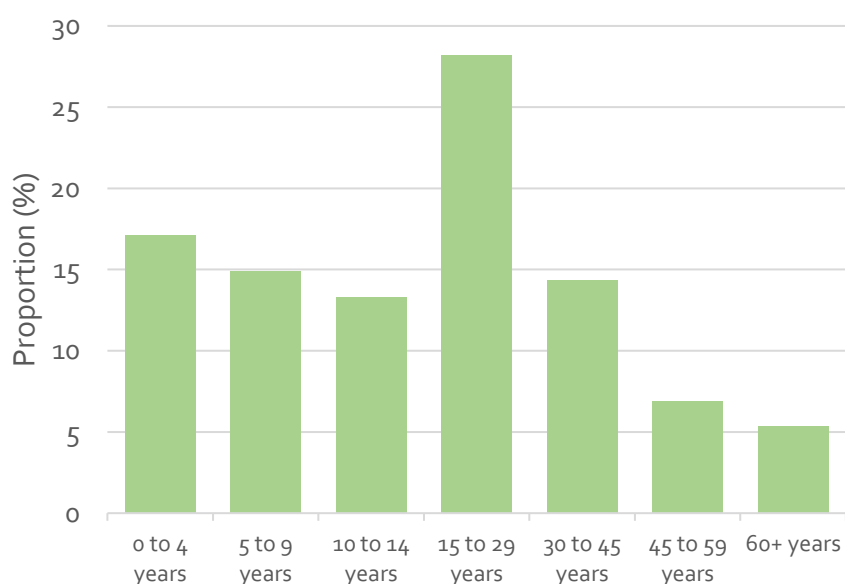
45.3%

of household members are younger than 15 years

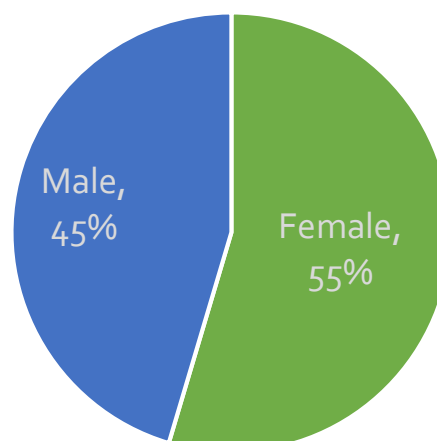
6.9%

of household members are 60 years or older

Age distribution of household members
(n=3,463)



Gender distribution of household members
(n=3,463)



Demographic characteristics of head of household

Gender, Age, Nationality

34.7%

of heads of households were female

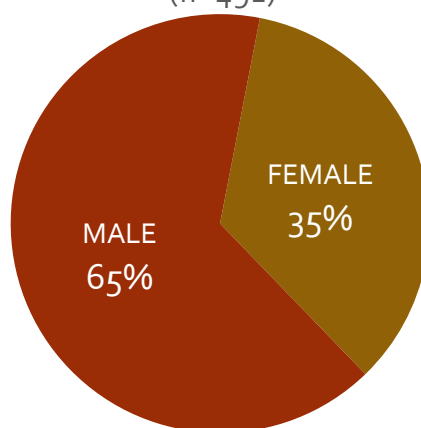
41.0

average age of head of household

100%

of heads of household are said they were Syrian nationals

Gender distribution of heads of household
(n=491)



Languages spoken

100%

could speak Arabic

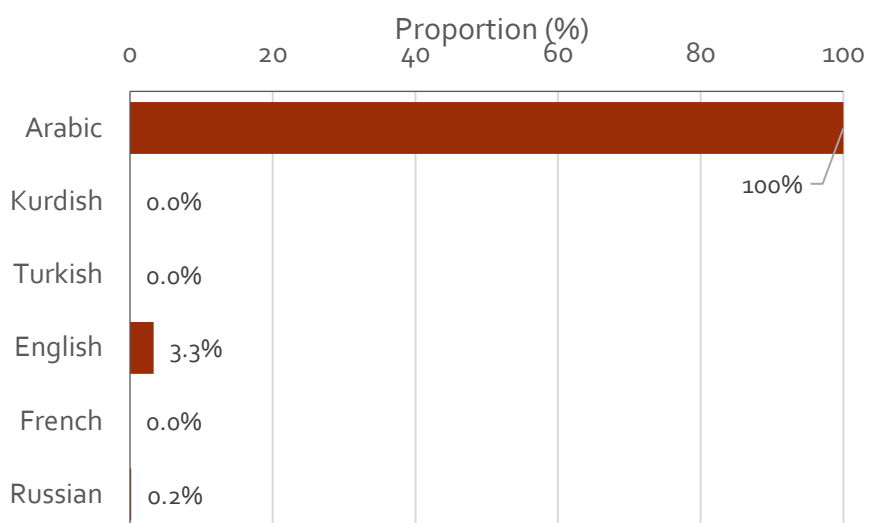
3.3%

could speak English

0.2%

could speak Russian

Languages spoken by head (n=491)



Education level

10.8%

of heads of household had no formal education

89.2%

of heads of household completed at least primary school

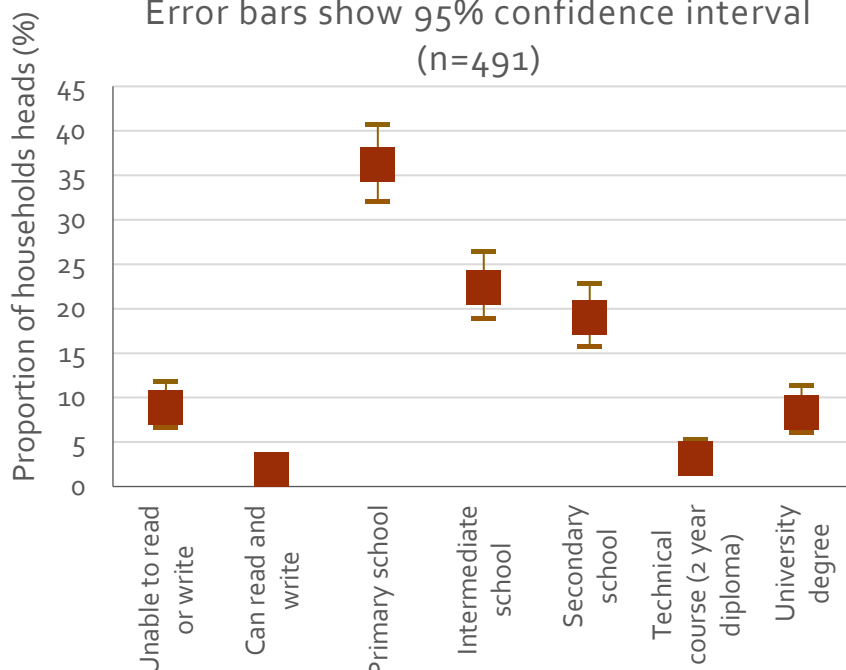
30.6%

of heads of household completed at least secondary school

11.5%

of heads of household have had some post-secondary education

Education level of head of households.
Error bars show 95% confidence interval
(n=491)



Shelter, Water, Hygiene and Sanitation

Shelter

71.1%

households living in independent house/apartment

Water

76.6%

households have regular access to water

45.9%

main source of drinking water is municipal network/public standpipe

31%

main source of drinking water is vendor purchases

33.1%

households store water at home

Hygiene and Sanitation

92.5%

households have regular access to toilet or latrine

7.1

average number of persons using a latrine in households with access

96.2%

households 14 or less people utilise one latrine

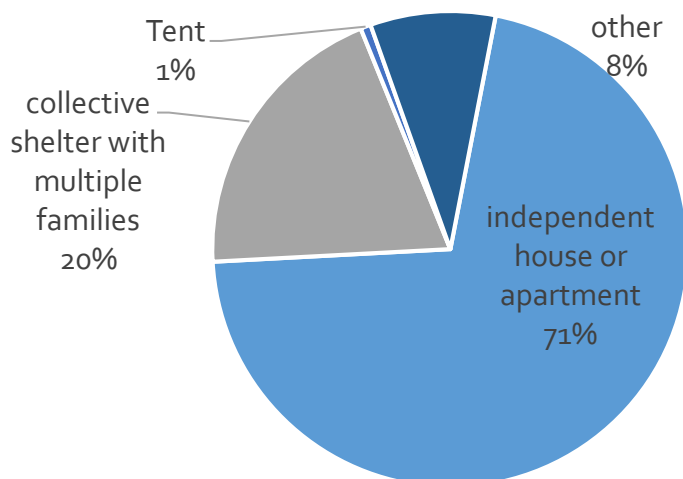
3.8%

households 15 or more people utilise one latrine

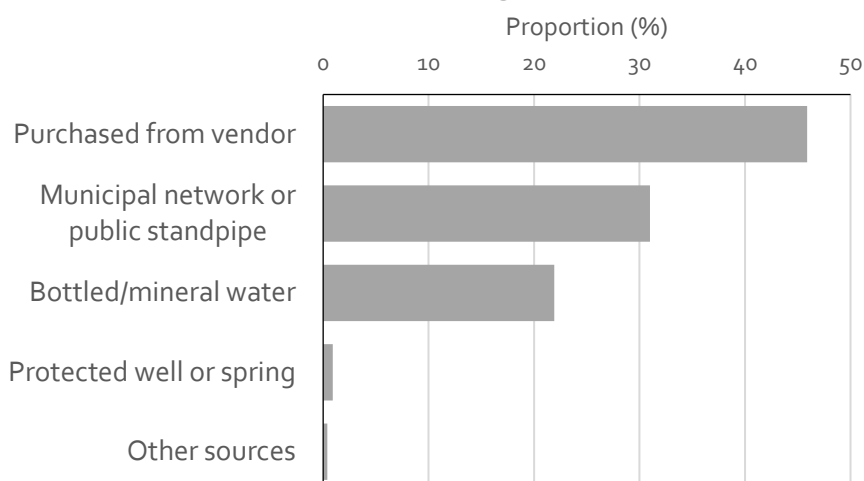
82.3%

households say they have sufficient soap at home

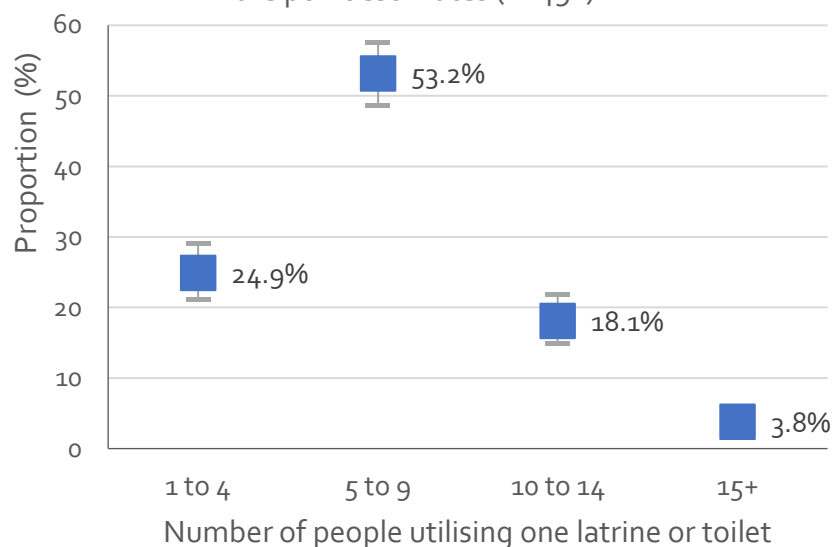
Shelter (n=491)



Main sources of drinking water (n=491)

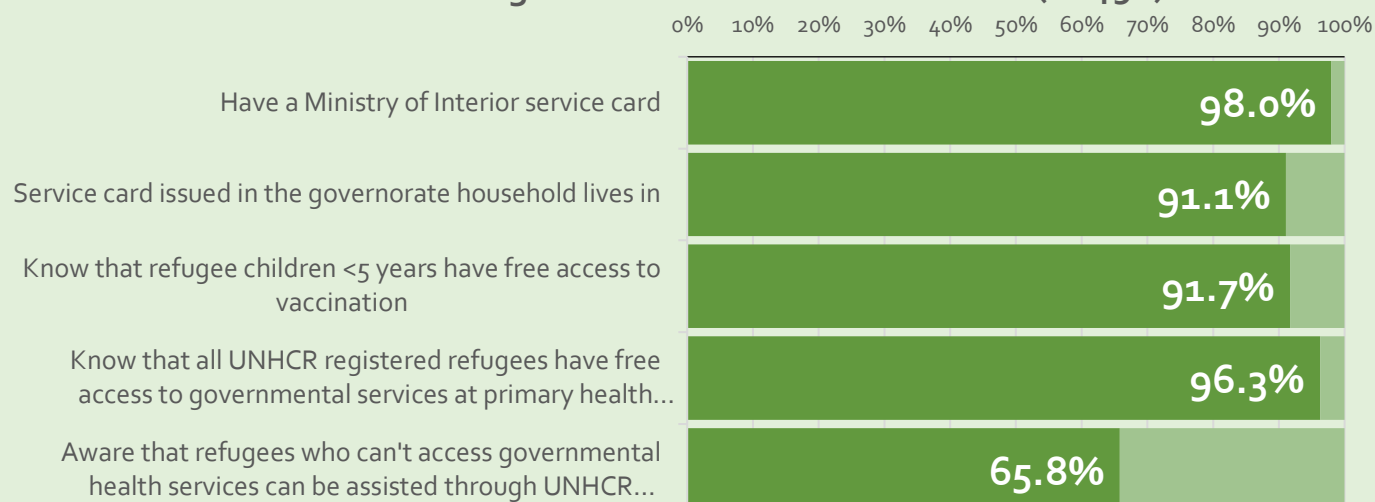


Proportion of households by number of persons utilising one latrine. Figures next to central marker are point estimates (n=491)



Knowledge about health services

General knowledge of available health services (n=491)



Chronic conditions (adults ≥18 years)

39.8%

of adults ≥18 years have at least one chronic illness

39.5%

of those with chronic illness have hypertension

25.8%

of those with chronic illness have diabetes

23.9%

of those with chronic illness were UNABLE to access medicine or other health services at least once

44.7%

of those unable to access services for chronic illness could not afford fees

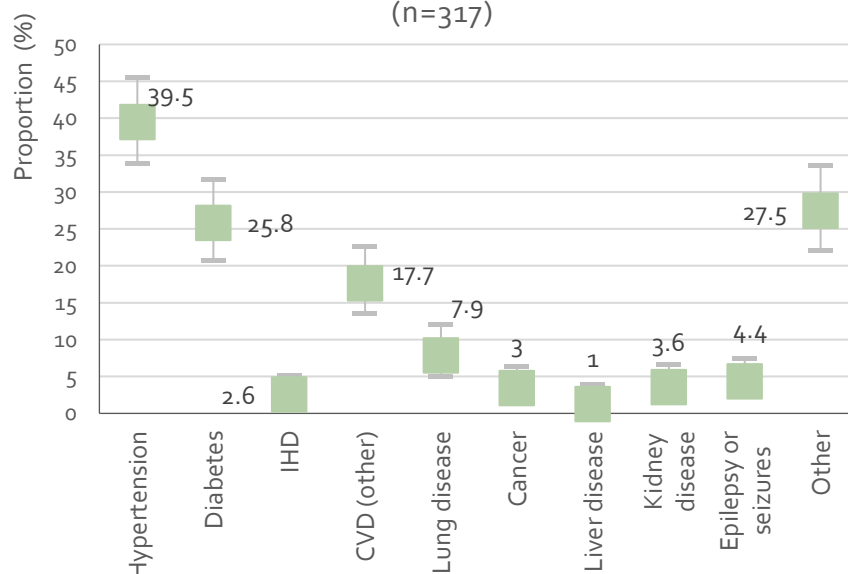
16.3%

of those unable to access services for chronic illness reported long waits

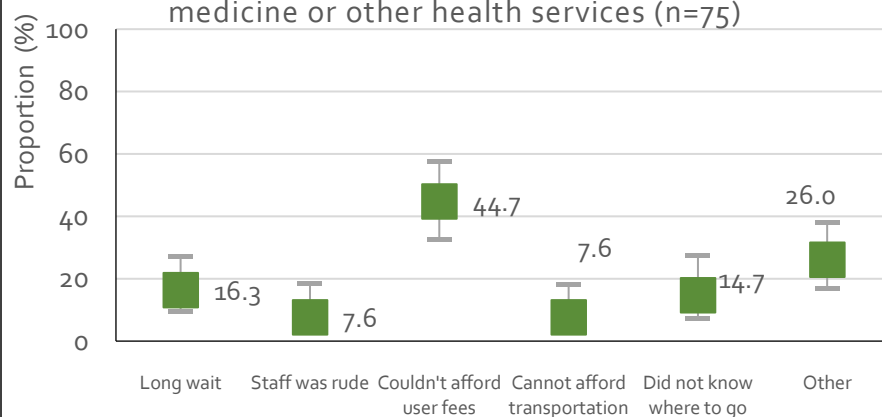
14.7%

of those unable to access services for chronic illness didn't know where to go

Reported chronic conditions in households with at least one member with chronic illness (n=317)



Reasons given for not being able to access medicine or other health services (n=75)



Childhood vaccinations

595

children younger than 5 years were enrolled

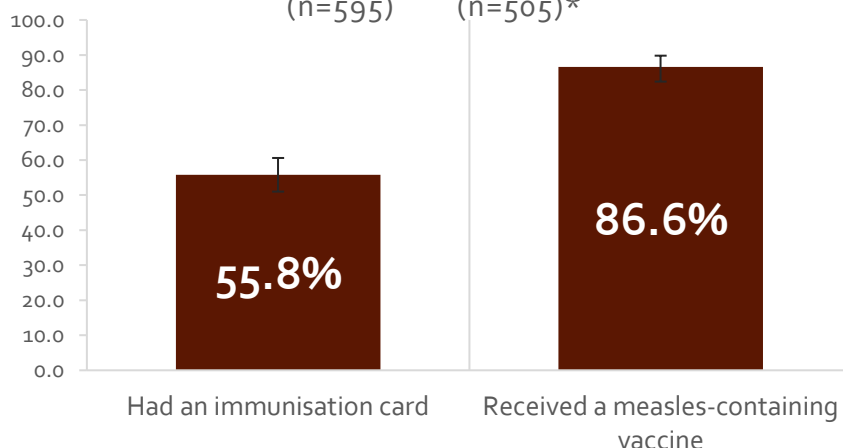
55.8%

had immunisation cards

86.6%

received at least one measles-containing vaccine

Proportion with immunisation card and proportion that received measles vaccine
(n=595) (n=505)*



*measles coverage was limited to children between 9 months and <5 years

Among those who received vaccines

90.1%

received vaccine at Jordanian government primary health care centre

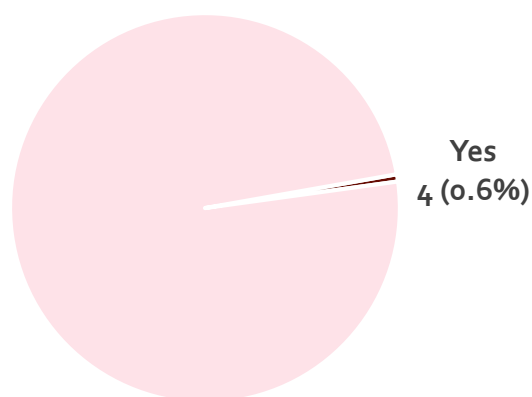
7.6%

received vaccine before coming to Jordan (in Syria)

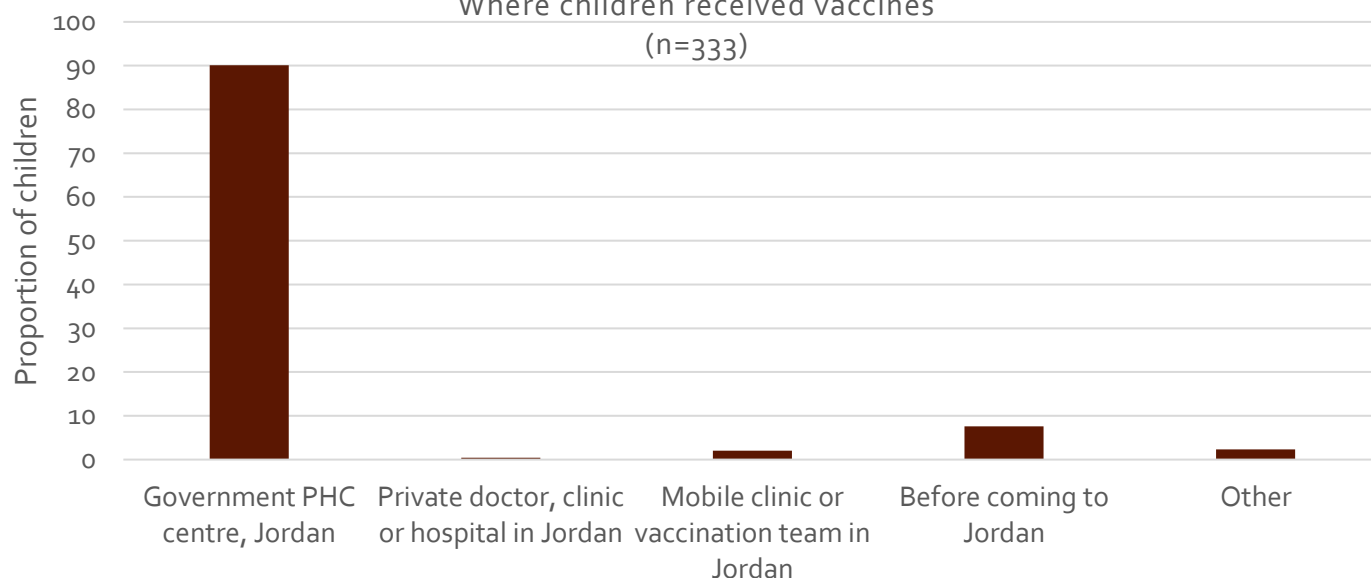
2.0%

received vaccine at a mobile medical unit in Jordan

Faced difficulties obtaining the vaccinations
(n=595)



Where children received vaccines
(n=333)



Reproductive health

1,029

girls or women of reproductive age were enrolled

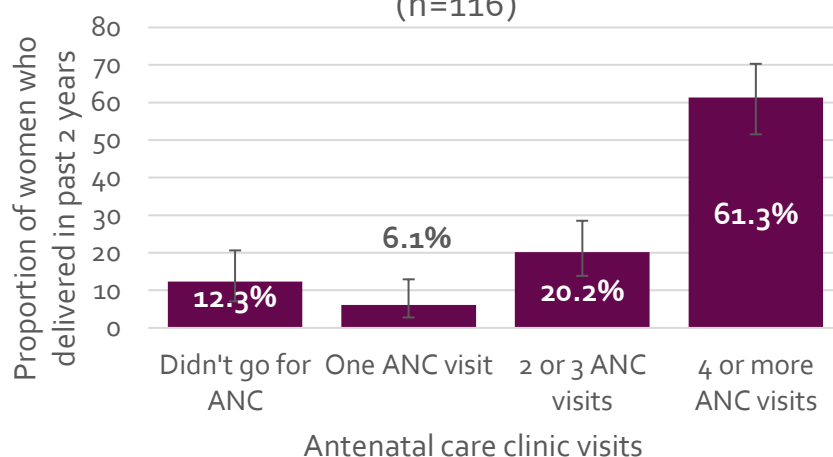
16.6%

were pregnant at least once since arriving from Syria

69.3%

of those pregnant had delivered by date of interview

Antenatal care attendance among women who delivered in previous 2 years (n=116)



Antenatal care

86.4%

of those who were pregnant made at least one antenatal care clinic visit

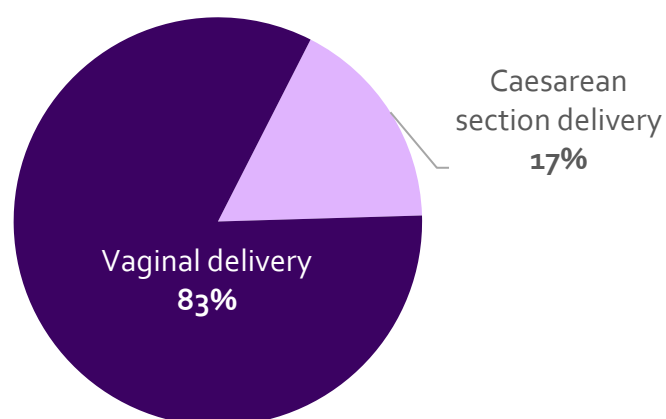
87.6%

of those who delivered made at least 1 antenatal care visit

61.3%

of those who delivered made 4 or more antenatal care visits

Mode of delivery (n=116)



Delivery

17.0%

of deliveries were by caesarean section

66.7%

of deliveries were in government facilities

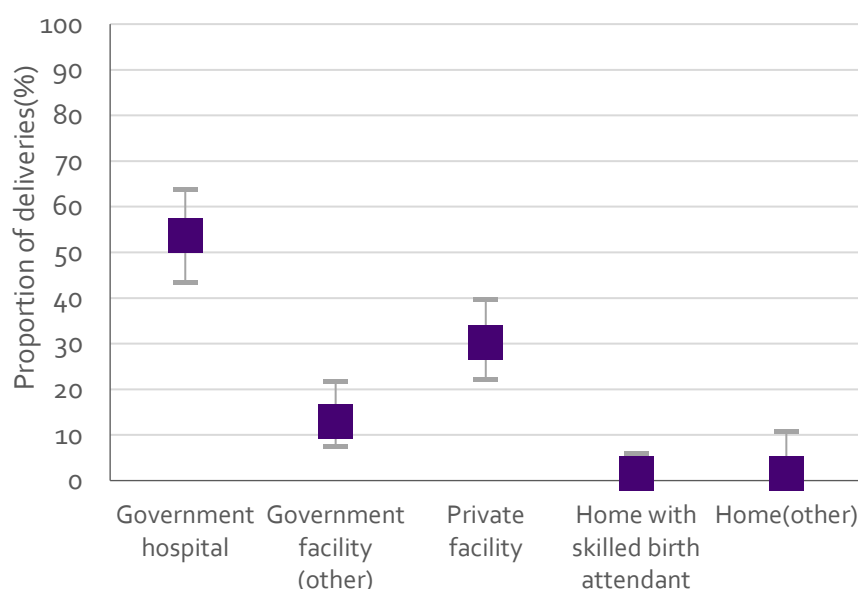
24.9%

paid some maternity cost

93.7%

of newborns were issued with birth certificates

Reported place of delivery. The point estimates (in boxes) and 95% confidence intervals are shown. (n=116)



Health care services access and utilisation during month preceeding interview

10.5%

of all household members needed health care in preceeding month

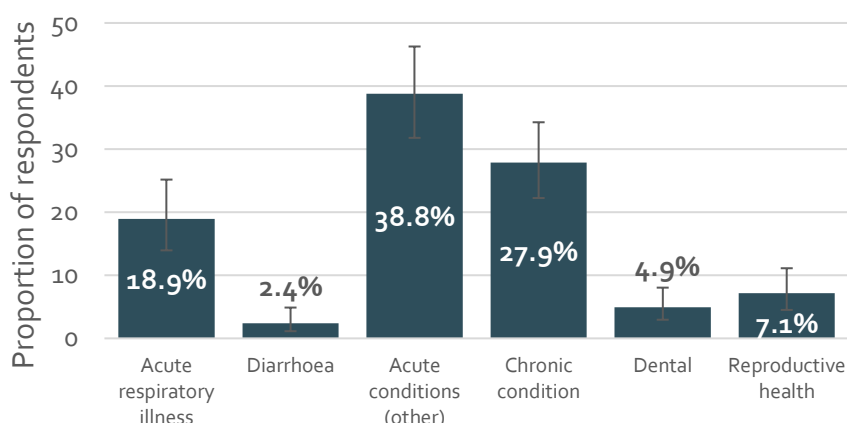
95.3%

of those who needed health care sought care

90.8%

of those who sought care were able to get care at first facility visited

Reported reasons for seeking health care in previous month (n=347)



Among those who sought care

60.1%

sought care for Acute illness

26.9%

sought care for Chronic diseases

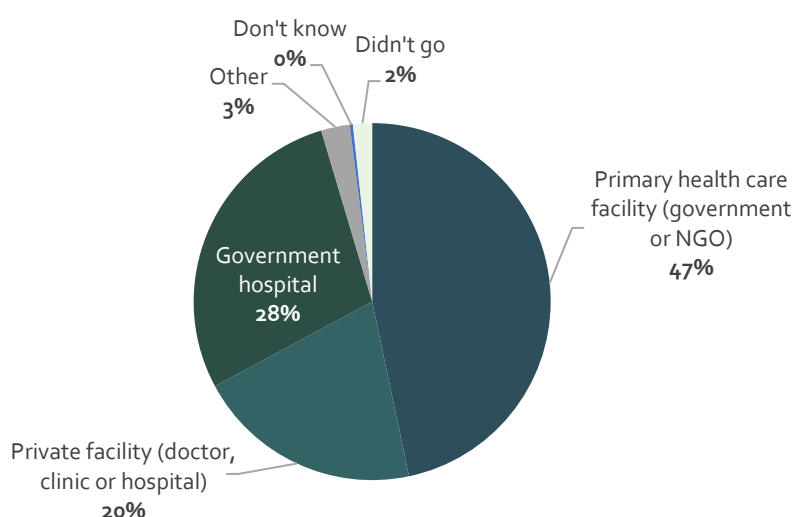
7.1%

sought care for Reproductive health

32

average amount in USD directly paid for health care by those seeking care

First facility care was sought (n=347)



Among those who unable to get care or didn't seek care

18.4%

said care was too expensive

17.3%

said first facility declined to give services

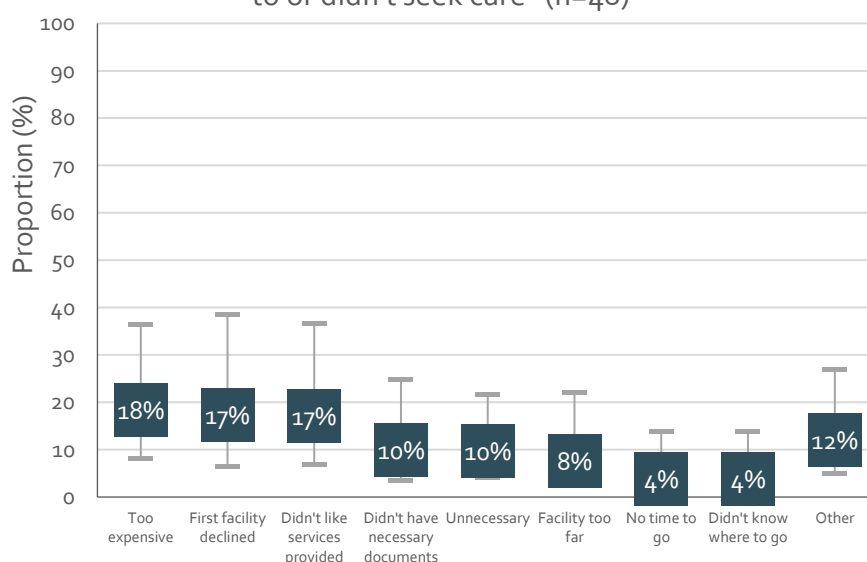
9.9%

didn't have necessary documents

9.8%

felt care was not necessary

Reasons given for not getting care by those unable to or didn't seek care (n=48)



Recommendations

- A high proportion of refugees access health care services through MOH facilities. Refugee populations are concentrated in a few governorates and possibly within a few districts in these governorates. Continuous support should be given to the MOH so that the additional burden on the health system especially in districts with substantial new refugee populations does not lead to difficulties for both the refugees and the host community. Without adequate planning and adequate support, difficulties such as inadequate hospital bed space, high rates of consultations per clinician resulting in long wait times, and even rupture of essential drug supply may arise and lead to conflicts between refugees and local population.
- Very few had difficulties getting vaccinated at least once (1%), or accessing reproductive health (4%), however, almost 25% of those with chronic illness were unable to access medicine or health services. In order to further decrease the proportion of refugees with chronic illness having difficulties accessing care, additional communication efforts targeting this sub-group is needed. In a related assessment on polio vaccination uptake that was simultaneously carried out with this survey, direct messaging using short messaging services (SMS) was found to be effective. SMS messages especially to households with members with chronic illnesses may be a means of reaching these households. Further work may also be needed to understand the obstacles faced by these refugees.
- More than 85% of children younger than 5 years were reported to have received at least one measles vaccine. This proportion may partly be an under estimate because it was based only on the recall of reporting household member. However, considering that an effective coverage of approximately 95% is needed to prevent sustained outbreaks, additional assessments are needed to verify vaccination coverage and if consistent with these findings, additional rounds of vaccination might be needed to reach those not yet reached.
- Only 56% of children were reported to have an immunisation card. Considering the many types of vaccines and varying number of vaccine doses needed to ensure infants and young children are fully immunised, it is important that all children have an immunisation card or booklet that is constantly updated by health care providers. Achieving this goal can be priority objective for 2014. Such an endeavour will ensure vaccination coverage can be assessed using the most reliable of measurements – immunisation card record. It will also be easier to track whether children receive all the necessary and recommended vaccines.
- A significant proportion of women (33%) delivered either at a private facility or at home. On average, these women reported paying ~USD 286 for deliveries (see main report for details). It is important to understand the various reasons for choosing place of delivery and the breakdown of incurred cost (i.e consultation, admission, medicine, transport etc). Reported complete ANC coverage was about 60%. This is far below the UNHCR and MOH goal of 90%. Reasons for the low reported coverage require further investigation. Additional messaging and outreach may be needed to encourage women to regularly attend antenatal care clinics.
- About a quarter of households said they stored water at home. Storing water for consumption can introduce new risks in terms of infectious disease transmission. Ensuring water is stored in good clean containers and are adequately treated is important. Our telephone survey could not have an observation component and we were unable to gauge the quality of water stored at home. Additional assessments regarding household-level water quality may be needed.
- Almost all children (94%) who were born were reported to have obtained a birth certificate by the time of interview. Considering the importance of birth certificate for purposes of maintaining protection, efforts

For more details regarding methods used or findings, please refer to the full report. We are grateful to the Syrian refugees who participated in this survey. We are also grateful to the Jordanian Ministry of Health, and other local and international partners who have continuously provided healthcare services for refugees. The survey was conducted jointly by UNHCR Jordan and JHAS. Analysis of data and preparation of information sheets was carried out by UNHCR Public Health Section, Geneva.

