HEALTH ACCESS AND UTILISATION SURVEY AMONG NON-CAMP SYRIAN REFUGEES

JORDAN, MARCH 2014

Photo credit: Kohler/UNHCR

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Executive summary

Approximately 75% of the more than 587,000 refugees in Jordan 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. Compared to camp refugees, reliable data on the health service needs of non-camp refugees is more difficult to collect on a routine basis. In an effort to develop a cost-effective and efficient mechanism for regularly monitoring the health access and utilisation of non-camp refugees, UNHCR in collaboration with Jordan Health Aid Society have 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. We interviewed 491 households over 6 days.

The proportion of households with a Ministry of Interior service (MOI) cards needed to access health services at government facilities was 98.0%. 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.

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.

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, not knowing where to go, and not having 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%). Only 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%.

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%).

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 expenditure on health care among those who needed care in the previous month was US dollars 32.

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.

Introduction

Since the onset of the Syria civil conflict, almost 2.6 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 75% of these refugees live in major urban centres including Amman as non-camp refugees. 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 services needs of non-camp refugees is not consistently available. 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 among registered Syrian refugees in Jordan. 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 visits and household-level direct observation. The primary purpose is to provide programmatic support and develop an additional easily replicable tool for monitoring implementation of key activities. The goal for UNHCR is to carryout repeat surveys (about three times a year) and use the data to monitor the health needs of non-camp refugees.

We present findings from the first survey.

Households were interviewed over the phone and data was captured directly on an android tablet.

Photo credit: Jamal/UNHCR

Context

The Jordanian Ministry of Interior (MOI) requires each Syrian refugee living outside of the designated camps approach the police station closest to place of residence and receive a service card. Free healthcare services are available to eligible Syrian refugees in centres run by the MOH. For a Syrian refugee to be eligible to receive free health services at a government primary health care (PHC) centre, they must present with a valid MOI service card from the same governorate and proof of UNHCR registration.

PHC centres are spread widely across the Kingdom and are easily accessible to the majority of the residents. Refugees may however face a few obstacles regarding healthcare access including the inability to obtain a service card, expiration of the UNHCR registration and change of place of residence. In such situations, Syrians can access health services at UNHCR partner clinics until their UNHCR registration is renewed or until their service card issue is resolved. UNHCR partner clinics provide health services for Syrians living outside camps through clinics in the northern governorates of Amman, Zarqa, Mafraq, Ramtha and Irbid; one mobile clinic serves refugees living in the south of Jordan.

Childhood Vaccinations – The Jordanian MOH provides vaccinations to children of all nationalities through PHC centres across the Kingdom. All vaccinations are free of charge. Syrians can approach any centre and open a vaccination file for their children. Using a set immunisation schedule, children up to 18 months old are vaccinated. If a child has never been vaccinated or has started their routine vaccination elsewhere but has missed some vaccinations, a schedule tailored to the child requirements (and adopted from the routine immunisation schedule) is used to cover the missing vaccine doses up to the age of 5 years.

Chronic Diseases –Currently, Syrians with non-communicable diseases including diabetes, ischemic heart disease, hypertension, asthma and kidney disease can receive treatment free of charge at PHC centres as long as they approach the facility serving the area of residence indicated on their service card. If unable to gain access (e.g. due to not having the required documents) care may temporarily be sought from UNHCR partner.

Reproductive Health Services – Reproductive health care services including antenatal care and family planning are available for Syrian women free of charge as long as they have a valid UNHCR certificate and a service card issued in the area of residence. UNHCR partner clinics in collaboration with UNFPA provide services for Syrian refugees who are unable to access care. For delivery care, services are available free of charge at government hospitals. Women who are not eligible may still utilise the hospital to deliver, however, in such cases, costs are covered by UNHCR.

Methods

The survey was carried out between March 3 and March 10, 2014. We targeted all refugees of Syrian nationality, registered outside officially recognised refugee camps in Jordan, with a telephone number in the database (99% had a phone number on 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).

In identifying a suitable sample size, our intention was to achieve confidence levels of at least ±5% for measures at the household level and at least ±10% for key outcomes in sub-populations. We planned to contact up to 500 households with a goal of successfully enrolling at least 480 households. From a sample frame of 130,629 registered households, using a simple random sampling strategy with the household as the primary sampling unit, 500 households were selected for interview.

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. A list of randomly selected replacement households was prepared and made available to a Survey Coordinator. The Survey Coordinator was responsible for providing replacement household after criteria for replacement were met. 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. In obtaining the final estimates and the confidence intervals, analysis took into account sampling error and within household clustering.

Weighted proportions and 95% confidence intervals were obtained for measured parameters. Inverse probability and post-stratification weights were used to correct for non-response and ensure the final sample closely resembles source population in terms of region of residence and household size. Survey data was weighted using household residence data from the "Home visit data findings, 2013" for refugees living outside camps and the UNHCR registration database.

Findings

Demographics characteristics

We enrolled 491 households including 412 (83.9%) primary households (selected in the initial sampling) and 79 (16.1%) replacement households. The dates of arrival in Jordan varied from March 2010 to January 2014 with 22.9% arriving before October 2012, 19.6% between October and December 2012, 42.8% between January and March 2013, and 14.8% after March 2013 (Figure 1). The distribution by governorate of residence was Amman 178 (36%), Irbid 157 (32%), Zarqa 52 (10%), Mafraq 50 (10%), and other governorates 54 (11%) (Table 1). A total of 3,463 household members were recruited. The majority of household members were female (54.7%). The distribution by age was children <5 years (17.1%), 5 to 14 years (28.2%), 15 to 59 (49.4%), and 60 years or older 5.3% (Figure 2). The average reported size of household was 7. In the households surveyed, the average age of the head of the household was 41 years and the majority were male (65%). The languages spoken by the head of the household included Arabic (100%), English (3%), and Russian (0.2%). At least 91.1% of heads of household were literate; 36% completed primary school, 19% completed secondary school, and 12% had a technical college diploma or a university degree (Figure 3).

Shelter, water and sanitation

Among households interviewed, 71.1% said they lived in an independent house or apartment, 19.7% shared shelter with multiple families, and 0.7% lived in tents (Table 2). Households with regular access to water were 74.1%. The main source of drinking water was water purchased from vendors (45.9%), municipal water network or public standpipe (31.0%), and bottled water (21.9%) (Table 2). An estimated 26.1% of households reported storing water in containers at home. Almost all households (94.8%) had regular access to a toilet or latrine (Table 2). The estimated average number of persons per latrine reported was 7.1. The proportion of households with persons to latrine ratio of 15 or more was only 3.8% (Figure 4). An estimated 80.2% of households reported having sufficient soap for handwashing at home (Table 2).

Figure 1 – Dates of arrival reported by interviewed households, Jordan, March 2014 (n=491)

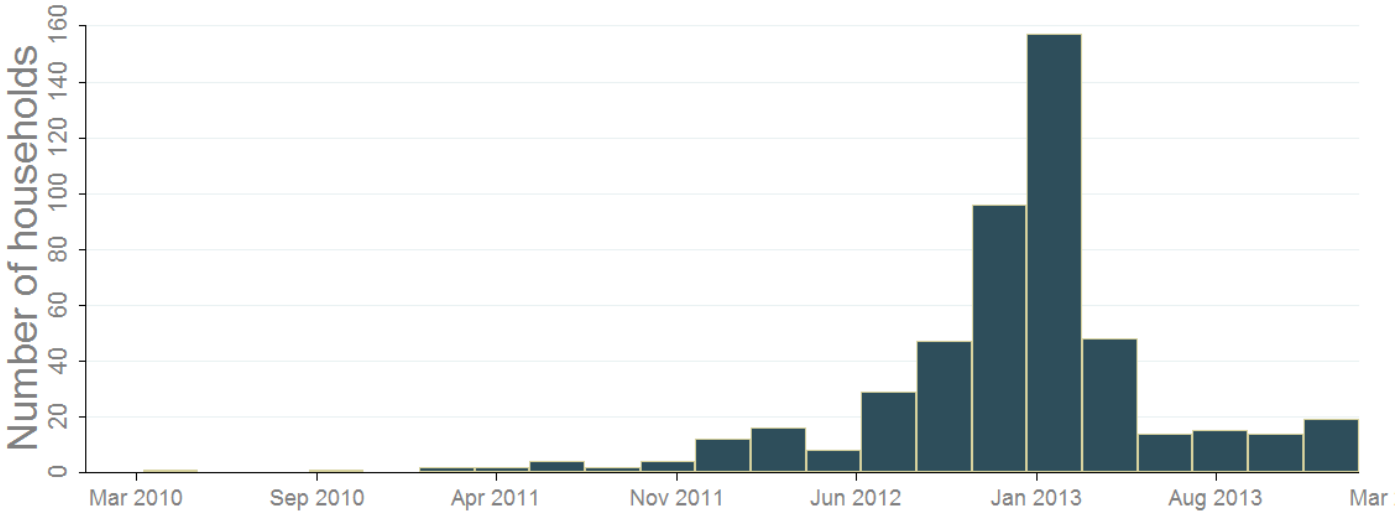


Figure 2 – Age distribution of recruited household members, Jordan, March 2014 (n=3,463)

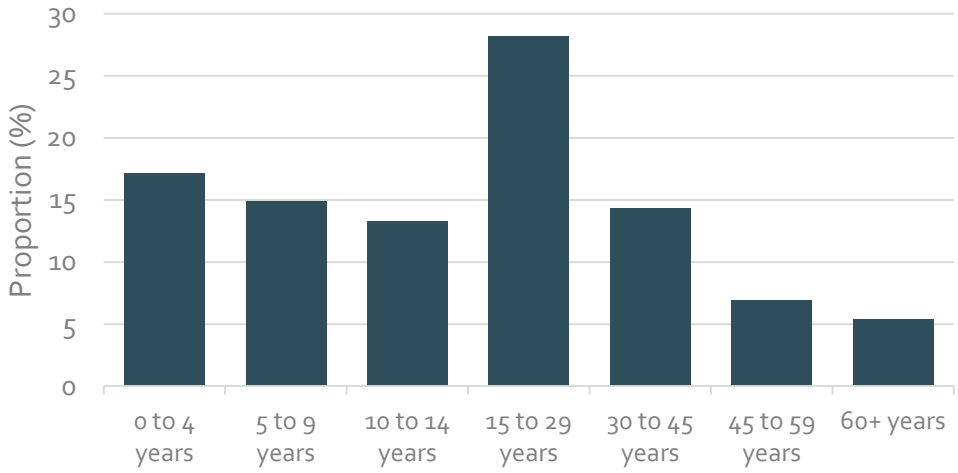


Figure 3 – Level of education of the head of the household, Jordan, March 2014 (n=491)

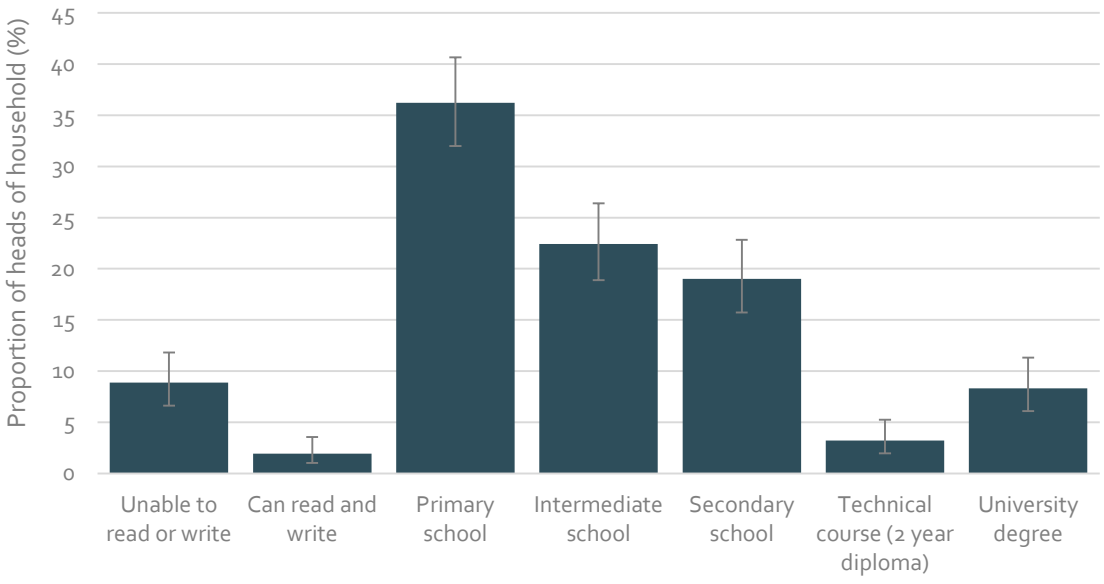


Table 1 – Demographic characteristics of survey respondents, Jordan, March 2014

	Total (n)	*Unweighted proportion or mean*, %*	*Weighted proportion or mean*, % (95% CI)*
Total number of households enrolled	491	-	-
Household members enrolled	3,463	-	-
Gender of household members (n=3463)			
Female	1,892	54.6	**54.7 (53.3 – 56.2)**
Male	1,571	45.4	**45.3 (43.8 – 46.7)**
Age distribution of household members (n=3463)			
Average age in years	3463	21.1	**21.2 (20.5 – 21.8)**
Age groups			
0 to 4 years	595	17.2	**17.1 (15.8 – 18.5)**
5 to 9 years	513	14.8	**14.9 (13.8 – 16.1)**
10 to 14 years	460	13.3	**13.3 (12.1 – 14.6)**
15 to 29 years	979	28.3	**28.2 (26.6 – 29.9)**
30 to 45 years	492	14.2	**14.3 (13.2 – 15.5)**
45 to 59 years	244	7.1	**6.9 (6.1 – 7.8)**
60+ years	180	5.2	**5.3 (4.6 – 6.3)**
Residence (n=491)*			
Amman	178	36.3	**32.0 (28.1 – 36.2)**
Irbid	157	32.0	**28.6 (24.9 – 32.7)**
Mafraq	50	10.1	**14.3 (11.1 – 18.3)**
Zarqa	52	10.6	**10.1 (7.8 – 13.0)**
Other	54	11.0	**15.0 (11.7 – 19.0)**
Date of arrival (n=491)			
Before October 2012	109	22.2	**22.9 (19.3 – 27.0)**
October to December 2012	96	19.6	**19.6 (16.2 – 23.4)**
January to March 2013	212	43.2	**42.8 (38.4 – 47.3)**
March 2013 and after	74	15.1	**14.8 (11.9 – 18.2)**
Average household size	491	7.2	**7.1 (6.8 – 7.4)**
Gender of household head (n=491)			
Female	174	35.4	**34.7 (30.6 – 39.1)**
Male	317	64.6	**65.3 (60.9 – 69.4)**
Average age in years of head of household	491	41.1	**41.0 (39.7 – 42.2)**
Language spoken by household head (n=491)*			
Arabic	491	100	**100 (-)**
Kurdish	0	0	**100 (-)**
Turkish	0	0	**0 (-)**
English	17	3.5	**3.3 (2.0 – 5.3)**
French	0	0	**0 (-)**
Russian	1	0.2	**0.2 (0.0 – 1.3)**
Education level of household head (n=491)			
No education	44	9.0	**8.9 (6.6 – 11.8)**
Literate	10	2.0	**1.9 (1.0 – 3.5)**
Primary school	179	36.5	**36.2 (32.0 – 40.1)**
Intermediate school	111	22.6	**22.4 (18.9 – 26.4)**
Secondary school	93	18.9	**19.0 (15.7 – 22.8)**
Technical college	16	3.3	**3.2 (2.0 – 5.2)**
University	38	7.7	**8.3 (6.0 – 11.3)**

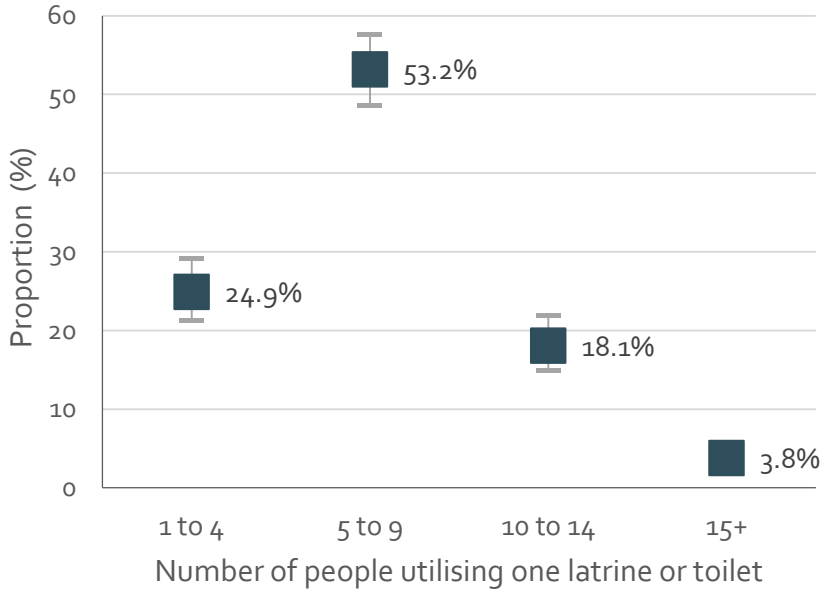
**see methods for weighting procedures*

Table 2 – Shelter, Water, Sanitation and Hygiene, Jordan, March 2014

	Total (n)	*Unweighted proportion or mean*, %*	*Weighted proportion or mean*, % (95% CI)*
Shelter			
Independent house or apartment	349	71.1	**71.1 (66.8 – 75.0)**
Collective shelter with multiple families	97	19.8	**19.7 (16.4 – 23.6)**
Tent	4	0.8	**0.7 (0.3 – 1.9)**
Other	41	8.4	**8.5 (6.3 – 11.4)**
Household has regular access to water	365	74.3	**74.1 (69.9 – 77.8)**
Main source of your drinking water			
Municipal water network/public standpipe	152	31.0	**31.0 (26.9 – 35.2)**
Purchased from a vendor	224	45.6	**45.9 (41.5 – 50.4)**
Protected well or spring	4	0.8	**0.9 (0.3 – 2.5)**
Bottled/mineral water	109	22.2	**21.9 (18.4 – 25.8)**
Other sources	2	0.4	**0.4 (0.1 – 1.4))**
Family stores water in containers at home	126	25.7	**26.1 (22.3 – 30.3)**
Household has regular access to a toilet or latrine	467	95.1	**94.8 (92.4 – 96.6)**
Average number of persons per toilet or latrine	491	7.1	**7.1 (6.7 – 7.4)**
Number of persons per toilet or latrine			
1 to 4	118	24.0	**24.9 (21.2 – 29.1)**
5 to 9	264	53.8	**53.2 (48.6 – 57.6)**
10 to 14	89	18.1	**18.1 (14.9 – 21.9)**
15+	20	4.1	**3.8 (2.4 – 5.8)**
Household has sufficient soap	393	80.0	**80.2 (76.3 – 83.5)**

** see methods for weighting procedures*

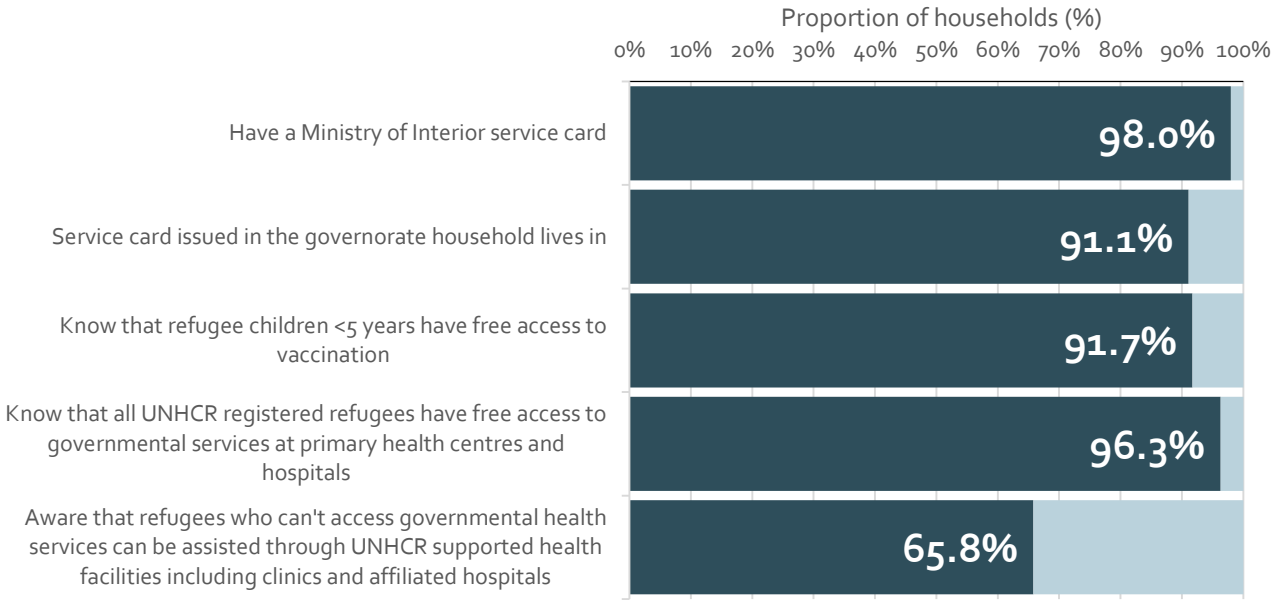
Figure 4 – Proportion of households by number of persons utilising one latrine or toilet, Jordan, March 2014 (n=491)



Knowledge about health services

The proportion of households with a Ministry of Interior service (MOI) cards needed to access health care services in government facilities was 98.0%; the proportion who obtained the service cards from governorate of current residence was 91.1% (Table 3). Figure 5 shows the household profile regarding knowledge of key health services. Nearly all households (91.7%) knew refugee children <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 (Table 3). Only 65.8% of households were aware that refugees who can't get access to governmental health services could be assisted through UNHCR supported health facilities (Figure 5).

Figure 5 – Knowledge about health services, and ownership of Ministry of Interior service card, Jordan, March 2014



Children blowing bubbles in Kharbat Al Souq tented settlement on the outskirts of Amman, Jordan.

Photo credit: Baldwin/UNHCR

Table 3 – Knowledge about health services, and ownership of Ministry of Interior service card, Jordan, March 2014

	Total (N=491)	*Unweighted proportion or mean*, %*	*Weighted proportion or mean*, % (95% CI)*
Have a Ministry of Interior service card from any governorate	482	98.2	**98.0 (96.1 – 99.0)**
Have a Ministry of Interior service card issued in governorate of residence	449	91.5	**91.1 (88.1 – 93.4)**
Know that refugee children <5 years have free access to vaccination	451	91.9	**91.7 (88.8 – 93.9)**
Know that all UNHCR registered refugees have free access to governmental services at primary health centres and hospitals	474	96.5	**96.3 (94.1 – 97.7)**
Aware that refugees who can't access governmental health services can be assisted through UNHCR supported health facilities including clinics and affiliated hospitals	323	65.8	**65.8 (61.4 – 69.9)**

** see methods for weighting procedures*

Childhood vaccinations

Among children younger than 5 years, 55.8% were reported to have a child immunisation card (Table 4). The proportion of children between 9 months and <5 year to have received at least one dose of a measles containing vaccine was reported at 86.6% (Table 4). Among those children who received a vaccine of any sort, 90.1% were vaccinated at a Jordanian MoH primary health care facility, 7.6% received their vaccine before coming to Jordan, and 0.4% received a vaccine at a private facility (Figure 6). 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.

Figure 6 – Where children received their vaccines, Jordan, March 2014 (n=333)

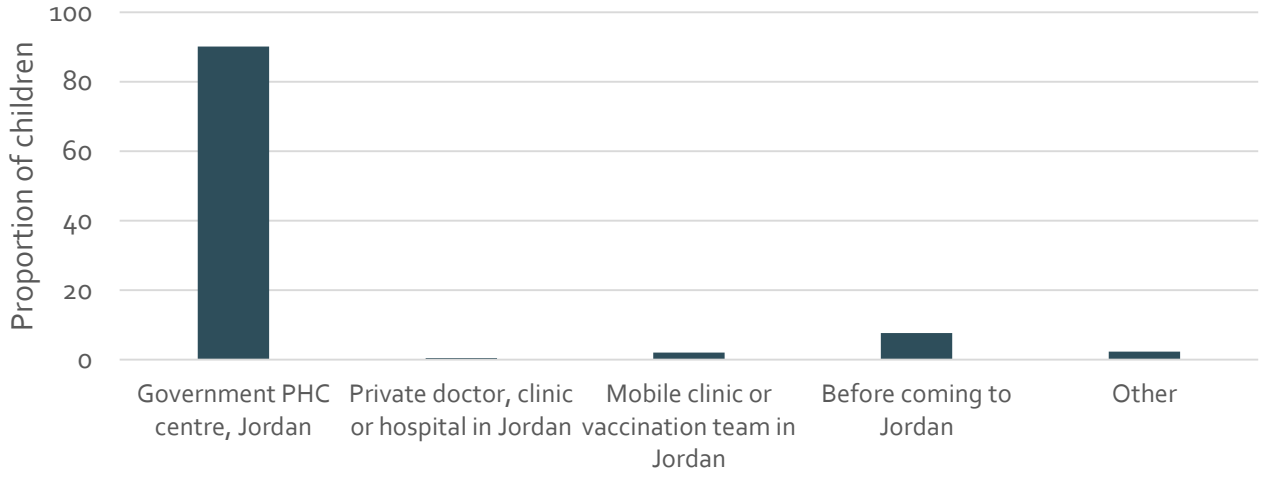


Table 4 – Childhood vaccinations, Jordan, March 2014

	Total	*Unweighted proportion or mean*, %*	*Weighted proportion or mean*, % (95% CI)*
Child had an immunisation card (n=595)	333	56.0	**55.8 (51.0 – 60.6)**
Where vaccinated if having a card (n=333)			
Government primary health care centre, Jordan	301	90.4	**90.1 (85.4 – 93.4)**
Private doctor, clinic or hospital in Jordan	1	0.3	**0.4 (0.1 – 3.0)**
Mobile clinic or vaccination team in Jordan	7	2.1	**2.0 (0.6 – 6.3)**
Before coming to Jordan	24	7.2	**7.6 (4.6 – 12.2)**
Other	7	2.1	**2.3 (0.9 – 5.7)**
Receiving a measles containing vaccine at least once (n=508)	441	86.8	**86.6 (82.4 – 89.8)**
Faced difficulties obtaining vaccinations (n=595)	4	0.7	**0.6 (0.1 – 2.8)**

* see methods for weighting procedures

Reproductive health

Among women and girls between 14 and 54 years who responded to reproductive health-related questions, 16.6% were pregnant at least once in the past 2 years while in Jordan (Table 5). An estimated 86.4% of pregnant women reported receiving care at an antenatal clinic during their pregnancy. For pregnant women who sought antenatal care, only 4.1% 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, not knowing where to go, and not having needed identification documents (Table 5). For pregnant women who did not seek antenatal care (13.6%), 36.4% felt it was unnecessary to seek care, 20.8% said it was too expensive, 20.6% did not know where to go, 18.4% didn't have the necessary documents, 6.1% had difficulty getting care at the facility and 4.3% had transport difficulties (Table 5).

Among women who were pregnant in the past 2 years, the majority (69.3%) had already delivered by the time of the interview, 30.4% were still pregnant at the time of interview and 0.6% reported having an early pregnancy miscarriage (Table 5). Among those who delivered, 83.0% had vaginal deliveries and 17.0% underwent caesarean section (Figure 8). Among those who had delivered by the time of the interview, the proportion that reported to have received antenatal care at least on four occasions was 61.3% (Figure 7). Deliveries occurred at a government hospital (53.7%), 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%) and at home with skilled birth attendant (1.5%) (Table 5).

Table 5 – Reproductive health

	Total (N=1029)	***Unweighted proportion or mean*, %***	***Weighted proportion or mean*, % (95% CI)***
Women pregnant since arriving in Jordan (n=1029)	168	16.3	**16.6 (14.2 – 19.3)**
Received some antenatal care at any time during pregnancy (n=168)	146	86.9	**86.4 (79.7 – 91.1)**
Had difficulty getting ANC care? (n=146)	6**	4.1	**3.9 (1.7 – 8.8)**
What prevented you from getting antenatal care during your pregnancy? (n=21)			
Felt it was unnecessary	8	38.1	**36.4 (18.0 – 59.9)**
Too expensive	5	23.8	**20.8 (8.5 – 42.4)**
Transport difficulties	1	4.8	**4.3 (0.6 – 25.4)**
Did not know where to go	4	19.1	**20.6 (7.7 – 44.6)**
Health facility refused to provide services	1	4.8	**6.1 (0.8 – 33.2)**
Didn't have necessary documents	4	19.1	**18.4 (6.8 – 41.2)**
Other	2	9.5	**12.4 (3.1 – 38.3)**
Pregnancy outcome (n=168)			
Delivered baby	116	69.1	**69.3 (61.7 – 76.0)**
Miscarriage	1	0.6	**0.8 (0.1 – 5.5)**
Still pregnant	51	30.4	**29.8 (23.1 – 37.6)**
Number of ANC visits attended by delivery (n=116)			
Did not attend ANC	14	12.1	**12.3 (7.1 – 20.6)**
1 visit	8	6.9	**6.1 (2.8 – 12.9)**
2 or 3 visits	25	21.6	**20.2 (13.9 – 28.5)**
4 or more visits	69	59.5	**61.3 (51.5 – 70.3)**
Where delivered (n=116)			
Government hospital	62	53.5	**53.7 (43.4 – 63.7)**
Government facility (other)	15	12.9	**13.0 (7.5 – 21.6)**
Private facility	35	30.2	**30.2 (22.2 – 39.6)**
Home with skilled birth attendant	2	1.7	**1.5 (0.4 – 5.9)**
Home (other)	2	1.7	**1.6 (0.2 – 10.7)**
Type of delivery (n=116)			
Caesarean section	20	17.2	**17.0 (10.5 – 26.4)**
Vaginal delivery	96	82.8	**83.0 (73.6 – 89.5)**
Paid for the delivery (n=116)	29	25.0	**24.9 (16.9 – 35.0)**
Approx. amount (in USD) paid (n=29) [mean, adjusted mean (95% CI)]	29	308	**286 (163 – 409)**
Baby got birth certificate (n=116)	109	94.0	**93.7 (87.0 – 97.1)**

** see methods for weighting procedures*

***difficulties reported were long wait at the clinic (1), inability to pay costs (2), inability to get transport to the facility (1), didn't know where to go (1), didn't have identification documents*

Approx. a quarter (24.9%) of women who delivered were reported to have paid directly for the cost of their deliveries. The average amount in US dollars paid was 286 (Table 5). The proportion of children born who received a birth certificate was 93.7% (Table 5).

Figure 7 – Antenatal care clinic visits reported, Jordan, March 2014 (n=116)

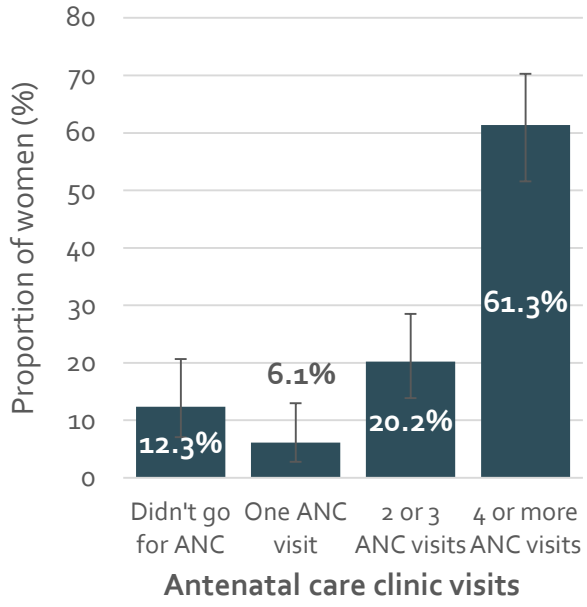
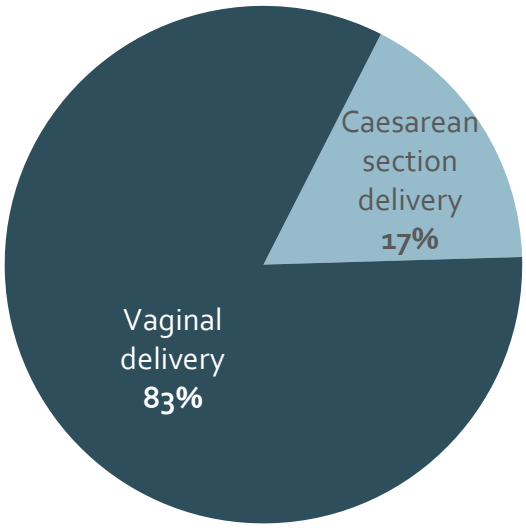


Figure 8 – Antenatal care clinic visits reported, Jordan, March 2014 (n=116)



A Syrian refugee family sits in an apartment in Ramtha, Jordan.

Photo credit: Kohler/UNHCR

Chronic diseases

Among household members who were ≥18 years, 39.8% were reported to have at least one chronic condition (Table 6). The proportion with chronic condition varied by age (Figure 9). While only 6.3% of 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 (Figure 9). 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%) (Table 6). Only 23.9% of household members with chronic diseases reported difficulty accessing medicine or other health services (Figure 10). The main reasons mention for inability to get care were inability to afford user fees (44.7%), long wait at the clinic (16.3%), and not knowing where to go (14.7%) (Table 6).

Table 6 – Chronic conditions, Jordan, March 2014

	Total (N=)	***Unweighted proportion or mean*, %***	***Weighted proportion or mean*, % (95% CI)***
Household members ≥ 18 years reporting at least one chronic condition	317	39.3	**39.8 (36.5 – 43.2)**
Reported chronic conditions by age group			
18 to 29 years (n=744)	44	5.9	**6.3 (4.6 – 8.6)**
30 to 44 years (n=492)	82	16.7	**17.0 (13.5 – 21.3)**
45 to 59 years (n=244)	93	38.1	**37.7 (31.4 – 44.4)**
60+ years (n=180)	98	54.4	**53.9 (45.6 – 61.9)**
Reported chronic conditions (n=317)			
Hypertension	124	39.1	**39.5 (33.8 – 45.5)**
Diabetes	83	26.2	**25.8 (20.7 – 31.7)**
Ischaemic heart disease	8	2.5	**2.6 (1.3 – 5.1)**
Cardiovascular disease (other)	56	17.7	**17.7 (13.6 – 22.6)**
Lung disease	23	7.3	**7.9 (5.0 – 12.1)**
Cancer	11	3.5	**3.4 (1.8 – 6.3)**
Liver disease	3	0.9	**1.3 (0.4 – 3.9)**
Kidney disease	11	3.5	**3.6 (1.9 – 6.6)**
Other	73	28.7	**27.5 (22.1 – 33.6)**
Household member with chronic illness UNABLE to access medicine or other health services (n=317))	75	23.7	**23.9 (18.6 – 30.2)**
Reason for inability to access medicine or other service (n=75)			
Long wait	13	17.3	**16.3 (9.3 – 27.0)**
Staff was rude	6	8.0	**7.6 (3.0 – 18.2)**
Couldn't afford user fees	33	44.0	**44.7 (32.5 – 57.6)**
Cannot afford transportation	6	8.0	**7.6 (3.0 – 17.9)**
Did not know where to go	10	13.3	**14.7 (7.3 – 27.5)**
*Other***	20	26.7	**26.0 (16.7 – 38.1)**

* see methods for weighting procedures

**medication not available, did not have an ID, no time to go, and didn't want to go

Figure 9 – Reported chronic conditions by age category, Jordan, March 2014

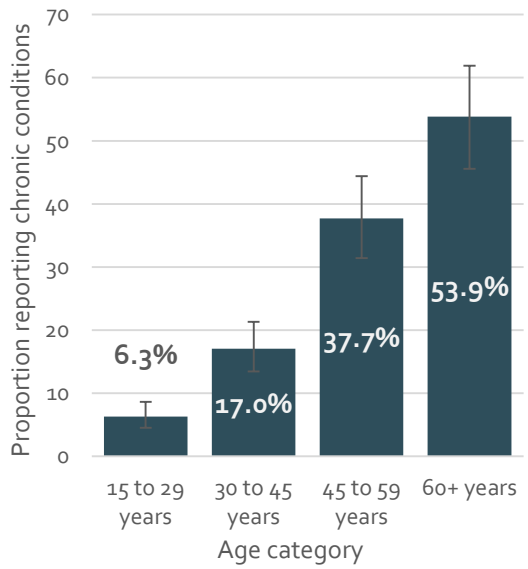
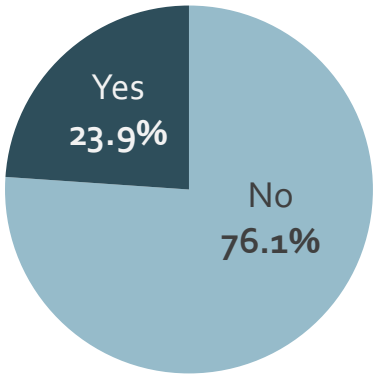


Figure 10 – Had difficulty getting care or accessing medicine for chronic condition? Jordan, March 2014 (n=317)



Access to and utilisation of health care services in preceding month

An estimated 10.5% of refugees needed health care services in the preceding month and the majority (95.6%) were able to access care (Table 7). 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%) (Figure 11). The main health problems reported by those who sought care were acute illness (60.1%) especially acute respiratory illnesses (18.9%) and diarrhoea (2.6%) (Figure 12). Other health problems for which care was sought were chronic conditions (27.9%), reproductive health conditions (7.1%) and dental care (4.9%) (Figure 12). An estimated 90.9% of those seeking were able to get the care they needed. Among the remaining 9.1% who were unable to get care, the main reasons reported were inability to afford fees (too expensive) (18.4%), health facility declining to offer services (17.3%), not liking the services at the facilities visited (17.1%), not having necessary documents (9.9%) and not feeling the need to go (unnecessary) (9.8%) (Table 7). An estimated 5.6% of those who sought care and got care also reported difficulties getting care. The difficulties listed included were affordability of services (46.5%), getting transport to facility (20.2%), difficult staff (5.1%) and long wait at the facilities (5.0%) (Table 7). Average expenditure on health care among those who sought care the previous month was US dollars 32.

Figure 11 – First facility care was sought, Jordan, March 2014 (n=347)

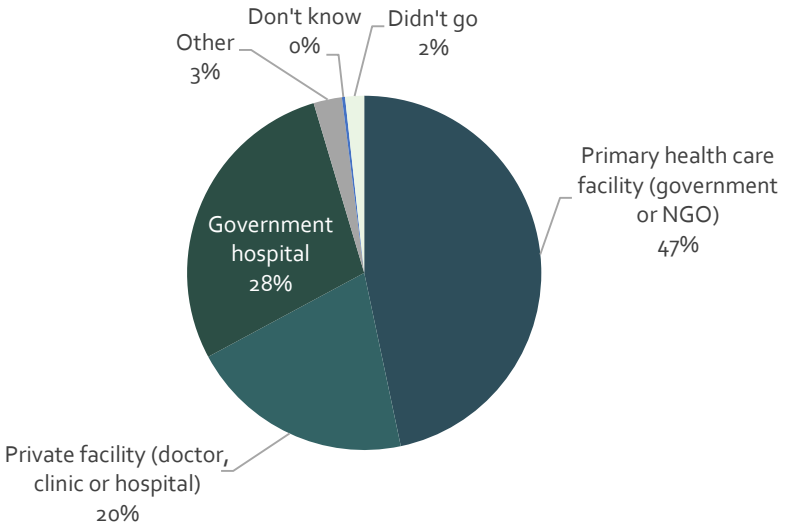


Figure 12 – Reported reasons for seeking care in previous month, Jordan, March 2014 (n=347)

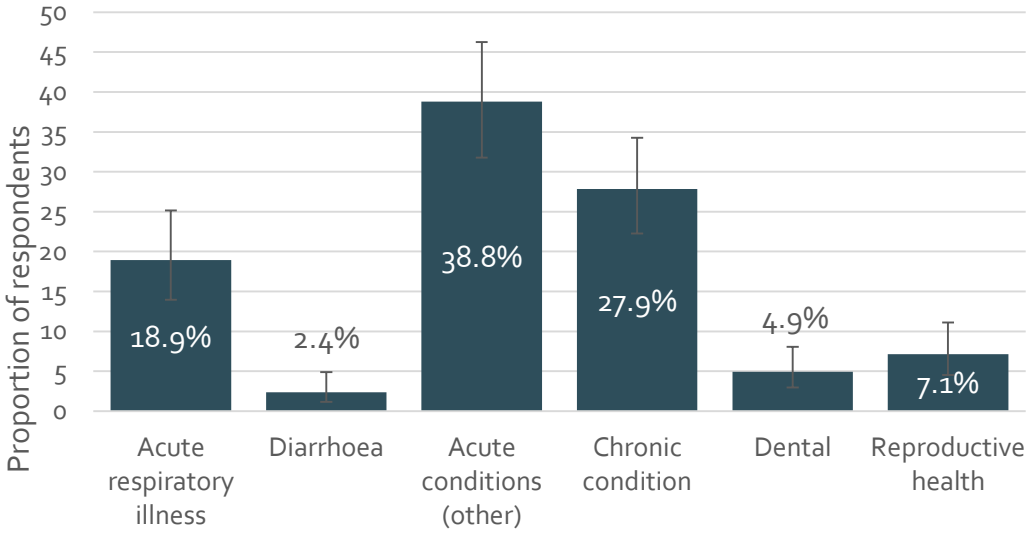


Figure 13 – Reasons given for not seeking care, Jordan, March 2014 (n=48)

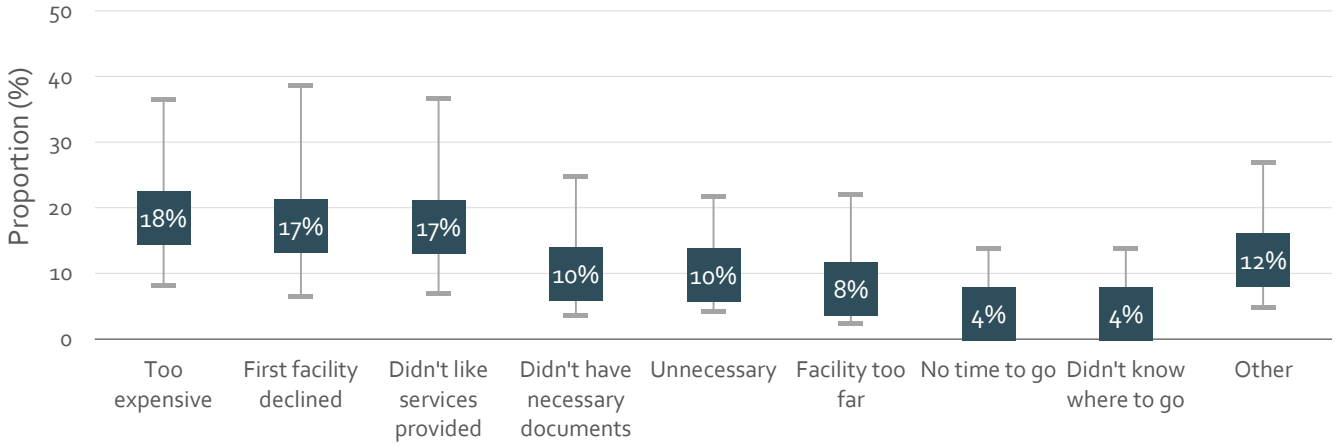


Table 7 – *Access to and utilisation of health care services in preceding month, Jordan, March 2014*

	Total (N=3,463)	***Unweighted proportion or mean*, %***	***Weighted proportion or mean*, % (95% CI)***
Needed health care services in past month	364	10.5	**10.5 (8.9 – 12.3)**
Sought health care services in the past month (n=364)	347	95.3	**95.6 (91.6 – 97.7)**
Specific health problem for which care was sought (n=342)			
Acute respiratory illness	67	19.6	**18.9 (14.0 – 25.2)**
Diarrhoea	9	2.6	**2.4 (1.1 – 4.9)**
Acute illness (other)	134	39.2	**38.8 (31.8 – 46.3)**
Dental care	17	5.0	**4.9 (3.0 – 8.0)**
Chronic disease	92	26.9	**27.9 (22.3 – 34.3)**
Reproductive health	23	6.7	**7.1 (4.5 – 11.1)**
FIRST place person went for care (n=347)			
Primary health care facility (govt or NGO)	162	46.7	**46.6 (38.9 – 54.6)**
Private facility (doctor, clinic or hospital)	71	20.5	**20.5 (15.3 – 27.0)**
Government hospital	98	28.2	**28.6 (22.2 – 36.0)**
Other	9	2.6	**2.4 (1.0 – 5.7)**
Don't know	1	0.3	**0.3 (0.0 – 1.8)**
Didn't go	6	1.7	**1.5 (0.6 – 3.8)**
Able to get health care at first facility (n=347)	315	90.8	**90.9 (86.7 – 93.9)**
For those unable to get care or didn't seek care, reasons given for not getting care (n=48)			
Didn't like the services provided	9	18.8	**17.1 (6.9 – 36.6)**
Too expensive	9	18.8	**18.4 (8.1 – 36.5)**
Health facility declined to give services	8	16.7	**17.3 (6.5 – 38.6)**
Unnecessary	5	10.4	**9.8 (4.1 – 21.7)**
Didn't have necessary documents	4	8.3	**9.9 (3.6 – 24.8)**
Distance to facility was too far	4	8.3	**7.7 (2.4 – 22.1)**
Didn't have time to go	2	4.2	**3.8 (1.0 – 13.9)**
Didn't know where to go	2	4.2	**3.8 (1.0 – 13.9)**
Other	5	10.4	**12.1 (4.9 – 27.0)**
Got care but had difficulties getting care at first facility (n=315)	18	5.7	**5.6 (3.2 – 9.6)**
For those who got care but had difficulties getting care at first facility Reasons given for difficulties (n=18)			
Too expensive	8	44.4	**46.5 (25.2 – 69.1)**
Transport to facility was a problem	4	22.2	**20.2 (8.1 – 42.1)**
Long wait at the facility	1	5.6	**5.0 (0.7 – 27.0)**
Difficulty with staff	1	5.6	**5.1 (0.7 – 29.5)**
Other	4	22.2	**23.3 (8.3 – 50.5)**
Average amount in US dollars paid by those who spent money on health on care in the previous month (n=154)	154	71.4	**72.2 (40.0 – 104.4))**
Average amount in USD directly paid for health care by any person needing care in the previous month (n=352)	352	31.3	**31.9 (16.5 – 47.4)**

Conclusions

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. Only about 20% of those seeking health care services in the preceding month went to private facilities showing how much the government, non-governmental organizations and UN agencies have successfully ensured needed health care is accessed through public or not-for-profit facilities free of charge. The Government of Jordan has especially been at the forefront of providing services to non-camp refugees. Almost all households surveyed (98%) had received an MOI service card, more than 90% of children who received vaccination were reported to have received their vaccines at a Ministry of Health primary health care centre, and 67% of deliveries occurred at a government facility.

Almost 90% of households knew about the free availability of critical health services including vaccinations for children <5 years. Among those who needed care in the previous months, more than 95% sought care and approximately 91% were able to get care. While acute health conditions were the main reason for seeking care, almost 30% of care sought in the preceding month was for chronic illness highlighting the importance that the health working group must put on maintaining access to essential treatment for chronic diseases.

The government, UN agencies and NGOs have come a long way in meeting the health care needs of refugees living in non-camp settings. Considering, how dispersed this population is and the difficulties associated with reaching non-camp refugees, this is a major achievement.

Living as a refugee on the hills overlooking Amman, Jordan

Photo credit: Kohler/UNHCR

Limitations

While we adhered to a rigorous sampling and interview process, interviews were held with one key informant from each household. Lack of information by the informant or poor recall may lead to bias. The Survey was also limited to only refugees who are have registered with UNHCR and have a telephone number on the database. Even though almost all registered refugees (99%) had a phone number on the database, a few of the contacts sampled (4%) had invalid phone numbers and an additional 12% could not be reached. We endeavoured to correct for non-response during the analysis stage by utilising post-stratification weighting. However, if excluded non-camp refugees are systemically different from those we interviewed, then findings may not be generalisible to the excluded population.

Recommendation

- 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 my 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. It is important to understand the various reasons for choosing place of delivery. 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 are 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 should be made to identify and target the few households who for one reason or another were unable to or didn't obtain a valid birth certificate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