

# HEALTH ACCESS AND UTILIZATION SURVEY

ACCESS TO HEALTH SERVICES IN JORDAN AMONG  
REFUGEES FROM OTHER NATIONALITIES

Baseline Survey

December 2016

FOR:

United Nations High Commissioner for Refugees



**UNHCR**  
The UN Refugee Agency

BY:

nielsen  
.....

# DOCUMENT CONTENTS



BACKGROUND, OBJECTIVES & DESIGN



FAMILY COMPOSITION



HEALTH SERVICES AWARENESS



CHILD VACCINATION



ANTENATAL CARE



CHRONIC DISEASE



DISABILITY & IMPAIRMENT



MONTHLY HEALTH ACCESS ASSESMENT

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# Executive summary

Approximately 80% of the more than 727,000 refugees in Jordan live in major urban centres. More and more, UNHCR and partners recognize 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 utilization of non-camp refugees, UNHCR in collaboration with Nielsen have carried out a household telephone survey. The main objectives of the survey were to evaluate access to and utilization of key health services and challenges faced by registered non-camp refugees.

The health access & utilization survey is a tool used by UNHCR on annual basis to monitor non-camp refugees' access and utilization behaviors over time and it assess each of the following attributes:

## Sample structure

- ❖ Other nationalities refugees living in non-camp settings are predominantly concentrated in Amman (84%).
- ❖ Among the 306 interviewed households, 1074 members were reported living within these households given an average of four members per household.
- ❖ An average of 2 children were reported living among the 306 interviewed households

## Health services access & awareness

- ❖ 3 in 10 of the respondents lack awareness of free access to health services in UNHCR facilities
- ❖ 42% of the respondents lacked awareness on the location of the nearest clinic

## Childhood vaccination

- ❖ 74% of the households who had children less than 5 years old have been aware of the free access to the child vaccination care while 80% obtained the child vaccination card.
- ❖ From the households who had children less than 5 years old, 83% of them had their children vaccinated for MMR & 86% had them vaccinated for Polio where governmental facilities were the main source of vaccination.

## Antenatal care

- ❖ From those who needed antenatal care (28%), 14% of them did not receive the needed care.
- ❖ Governmental hospitals were predominantly the main place of delivery among the interviewed households.
- ❖ Most of the deliveries were free of charge (64%) as a result that the majority took place in a governmental facility.

### Chronic diseases

- ❖ Diabetes and Hypertension were the most reported diseases among the interviewed households scoring 26% and 22% respectively.
- ❖ 45% and 38% were unable to access medicine and health services respectively. Inability to afford user fees was the most reported reason for not accessing medicine and health services scoring 57% for both.

### Disability & impairment

- ❖ 4 in 10 of the impaired/disabled households reported that violence/war was the cause of their disability
- ❖ Surgical (39%) and Rehabilitation (37%) treatments were the main types of treatment received by the disabled/impaired household members.
- ❖ Inability to afford user fees (53%) is predominantly the main barrier to proper care followed by the respondent's personal sentiment that the treatment is unnecessary (19%)

### Monthly health access assessment

- ❖ 3 in 10 household members sought health care during the last month of the interview
- ❖ JHAS clinic along with Private hospitals, clinics & pharmacies were the first sought facilities scoring 30% and 28% respectively.
- ❖ 44% of the interviewed households spent an average of 116.9 JDs on health care during the last month of the interview although their combined monthly income is 273.4 JDs



# 1. INTRODUCTION

## 1.1 Background & Objective

The increase in the number of refugees from the Syrian Arab Republic (Syria) across the region in 2016 continued and the need remains for a large-scale response to address the needs of both refugees already present in the host community and those who arrived recently. As of end of 2016, 655,455 Syrian refugees were registered with UNHCR, including refugees hosted in Za'atari, Azraq camps, Cyber City and King Abdullah Park.

Additionally, the continuous violence and insecurity in Iraq, after the 2003 military intervention, led to the displacement of Iraqis to the neighboring countries. The Jordanian government estimates that there are some 450,000 to 500,000 Iraqis hosted in Jordan. At the end of December 2016 60,875 Iraqis are registered with UNHCR in Jordan. Due to the escalating violence in Iraq, it is expected to see an increase the number of Iraqis seeking asylum. Until the security situation in Iraq improves, and/or durable solutions are found, these Iraqi refugees require protection and assistance including the provision of essential and life-saving health services.

Apart from the Iraqi refugees, UNHCR also assists refugees of other nationalities including Sudanese, Somalis, Yemenis and others and had registered 10,889 non-Iraqi non-Syrian refugees by the end of December 2016.

## 1.2 Overview of Health Services Available to UNHCR PoCs in Jordan

In 2016 UNHCR will continue supporting the provision of health service to its PoCs through implementing partners and affiliated hospitals and other partners if needed. UNHCR will work to encourage Iraqis and Syrian refugees to increasingly utilize the governmental health services especially at the Primary Health Care level.

### 1.3 Research context

All non-Syrian, non-Iraqi refugees pay the foreigners rate when accessing any level of Ministry of Health Services. This rate considered high and not affordable for refugees

### 1.4 Research design & methodology

#### 1.4.1 Methodology

Quantitative Interviews were carried out among target respondents through telephonic Interviews. Representativeness was ensured throughout the interviewing process beginning with the starting points which were chosen randomly from the provided database by UNHCR, in case more than one respondent was eligible for answering any part of the questionnaire, the classification grid/random function concept was applied to select who will continue answering the interview.

#### 1.4.2 Target respondents

- Other nationalities refugees who live in non-camp settings.
- The study will be carried out with one adult household member (18 years or more)

#### 1.4.3 Data analysis

Data was collected using CATI (Computer Aided Telephonic Interviews) through QPSMR Software. This approach was selected to eliminate errors while completing the questionnaire and allow exporting of the data immediately for further analysis, thus cutting down on time required for data editing, punching and cleaning. Data analysis and significance testing (t-test with two tails) was conducted through Quantum IBM software, a highly sophisticated and very flexible computer language designed to simplify the process of obtaining useful information from a set of questionnaires. Quantum is also used for checking, validating, editing and correcting data.

#### 1.4.4 Survey tools and guidelines

Draft questionnaires were developed for respective categories of respondents in consultation with partners. Previous questionnaires were reviewed to develop the draft questionnaires. These were sent to partners for comment. After finalization, the questionnaire (available in both English/Arabic); the questionnaires were pretested by a team of expert researchers and finalized in consultation with partners.

Pretesting plan and finalization of questionnaires:

Process testing

During pre-testing, process testing of cluster identification/mapping, sampling frame preparation, household identification, sampling technique, CATI process, and so on was also piloted for better understanding of the sampling procedure.

### **1.5.5 Training**

Formal training of survey teams was arranged for proper understanding of all the survey tools and survey procedures. All investigators and supervisors were trained and provided with a detailed field instruction manual.

The training included both classroom session as well as field practice; it consisted of sessions on interviewing techniques and rapport building with respondents; how to identify selected households; a thorough explanation of all questions; how to fill the questionnaires; how to handle non-response; how to check questionnaires for errors; and how to handle their daily schedules.

### **1.6.6 Fieldwork**

The validity and quality of the data collected was ensured via committing to the following responsibilities:

- Study Manager: oversaw and documented all required quality checks. Furthermore the study manager verified that the supervisor did validate and verify the data.
- Supervisor participated and assisted the interviewers where needed moreover the supervisor verified data entries and attended a sample of the interviews for each the interviewers.
- Interviewers with the assistance of their supervisor's ensured consistency of the data collected and corrected any skip patterns.

### **1.6.7 Quality Assurance**

Quality assurance was assiduously sought, and as a guiding principle, 'Quality Control at all levels' is the basic policy of the survey company (Nielsen). Especially at the stage of research designing, data collection and analysis, the uppermost quality at all levels was maintained. The ESOMAR (Europe) code of conduct is used as a basic guideline in all the aspects of marketing and social research. Only employing interviewers with adequate experience is one of the norms of the operational policy. Adequate records were kept in a computerized database about each individual to track him or her for maintaining field management standards. Moreover, checking procedure was even more rigid.

### **Team selection and mobilization:**

As for the selection and recruitment of supervisors and interviewers; it was carefully done by the field manager. The recruitment was made from the existing panel of field supervisors and interviewers, where all supervisors must have a minimum qualifications of graduation and fluent in both English and Arabic. Interviewers had previous experience on similar projects where final selection was based on interviewer's performance during the pre-training sessions.

**Execution phase:**

Pretesting: The questionnaire was pre-tested before conducting the pilot interviews and fieldwork for flow of questions, clarity and translation errors if any. The pre-testing was conducted in an area similar in demographics to the original area of the survey. One team of four interviewers accompanied with one supervisor conducted the pre-test.

**Pilot phase:**

Following the training, all trained interviewers participated in the pilot. They were organized in teams and accompanied with 1 supervisor

**Quality control:**

The diagram below illustrates the total quality management (TQM) control process that was in place for this survey.



Quality control measures were taken during each step of the project. The pre-field control was explained in pre-testing section, during field and post field are explained in the next section.

**Data cleaning:**

Using CATI technology for data entry, a set of quality checks was ensured that does not accept any illogical answers. Accordingly, the data entered to the system were cleaned automatically, as the entry program shows a warning message in case there is something wrong with the data entered or contradiction between any answers. After completing the data collection, an extra validation check was done through Error Check Report to identify any further errors that might be missed during the punching stage.

## 1.5 Research limitations

The study aims to evaluate the access of Syrian and non-Syrian refugees to health services & utilization in Jordan; although the study achieved its goals it had various limitations in which were inevitable.

First of all the study was absolutely dependent on the respondent to disclose the requested information on every household individual which in this case is combined with the second limitation of this study that is the respondents ability to recall the requested information.

Inadequacy to recall the information on the household members leaves a possibility to favoritism and preference to bias the information disclosed by the respondent regardless of all assorted preventative measures applied.

In addition, 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 lot of the contacts sampled (43%) had invalid phone numbers or could not be reached. However, if excluded non-camp refugees are systemically different from those we interviewed, then findings may not be generalizable to the excluded population.

## 2. SAMPLE STRUCTURE

### 2.1 Other nationalities refugees profile

**Arrival of the first refugee in Jordan** - The very first arrival of a family member to Jordan has been reported to be more than 2 years by (75%) of the respondents

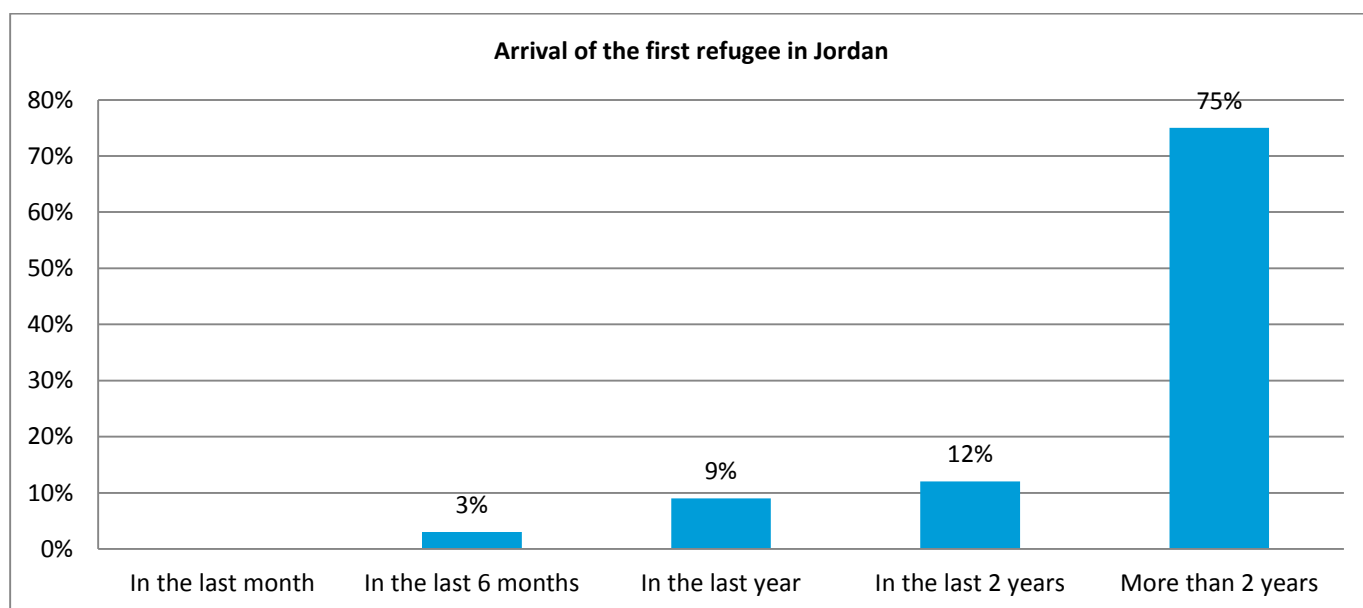


Figure 1: Arrival of the first refugee – All respondents (n=306)

**Residing governorate** – Presently other nationalities refugees host communities are highly concentrated in Amman (84%) where 8 out of 10 of interviewed households live there

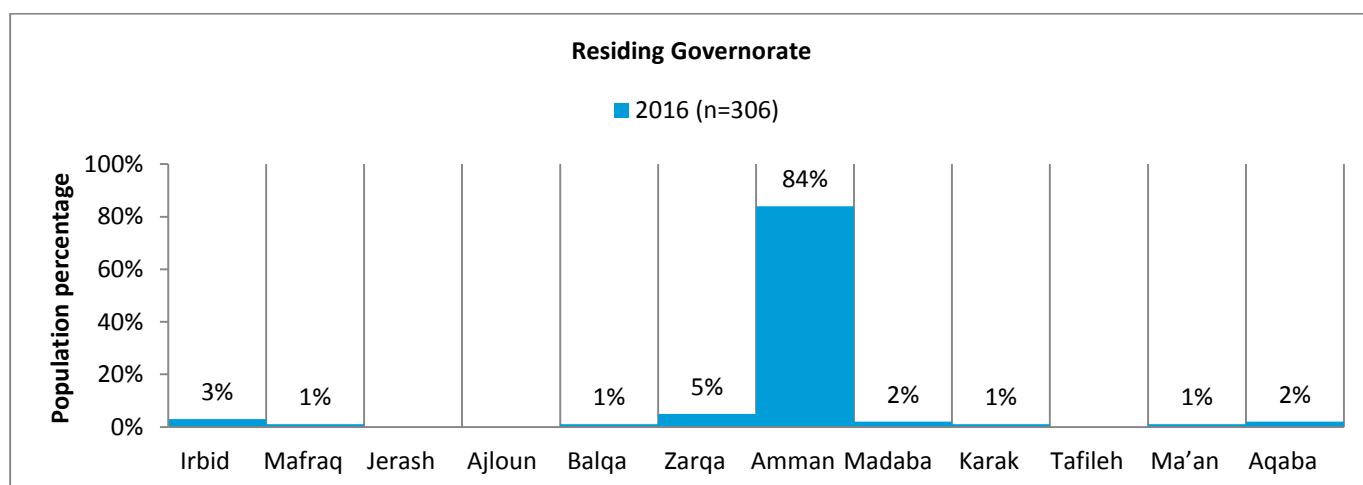


Figure 2: Residing governorate – All respondents (n=306)

**Place of birth for other nationalities** – Sudan is the highest reported place of birth for interviewed respondents from other nationalities

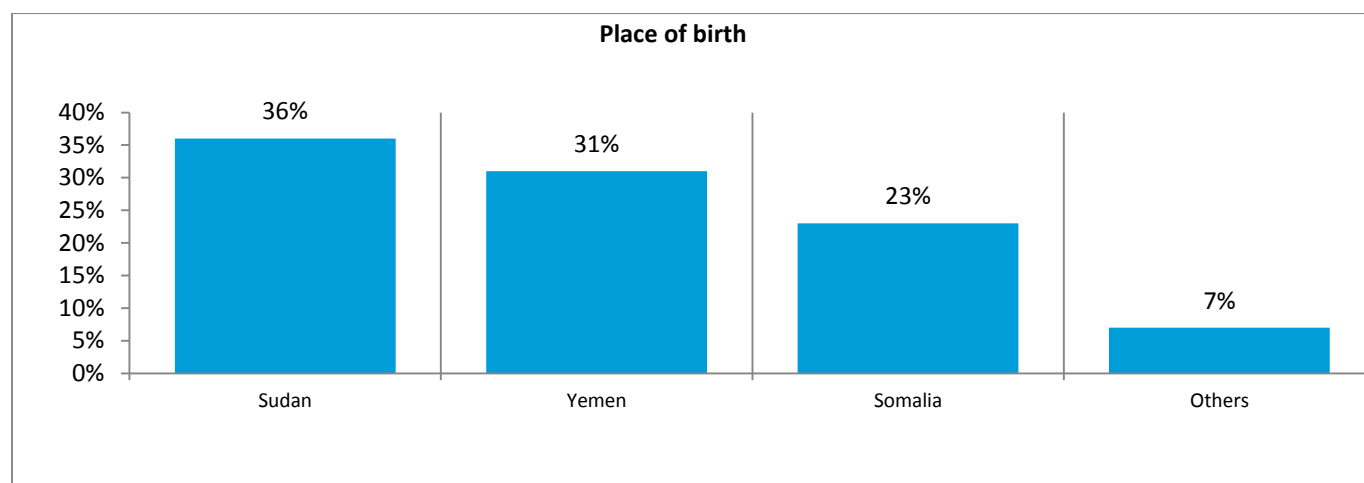


Figure 3: Place of birth – All respondents (n=306)

## 2.2 Household head profile

- **Household head profile:** On the base of 55 (18%) who were the head of households yet were not interviewed by themselves (62%) of them were males as compared to (38%) females. The majority fell into the age group of 18-35 years old by (49%) and (47%) reported that they have abandoned Secondary schooling however only (7%) of them were illiterate. Arabic and Somali are the most commonly used languages among other nationalities respondents scoring 76% and 38% respectively

Household head profile	2016 (n=306)
% of Household head	82%
Gender	
Male	62
Female	38
Age	
Less than 18 years	0
18-35 years	49

36-55 years	45
More than 55 years	5
<b>Education</b>	
Knows how to read and write	16
Primary School	11
Intermediate/complementary school	20
Secondary school	20
2 years Diploma	2
University	24
None	7
<b>Language spoken</b>	
Arabic	76
Kurdish	0
Turkish	0
English	15
French	0
Somali	38
Other	6

All Figures are in % except n



## 2.3 Household Profile

### Disability & Impairment

For all household members who are 1074 member (4%) of them has been recorded as disabled and needed the assistance of others to perform daily activities.

### Gender

The % of males among other nationalities respondents are more dominant than females scoring 62% of household members

### Pregnant women who needed antenatal care

Among females who are at reproductive age, 28% were pregnant in Jordan during the last 2 years and needed antenatal/maternal care

### Mean of household members

1074 household members has been reported to be living under the same roof and eating from the same pot in 306 households where the mean number of the members has been reported to be 4 members per household

### Age groups

From all household members (82%) of them were youth less than the age of 35 where (23%) of them where less than the age of 18.



DISABILITY & IMPAIRMENT

4%

Figure 4: Disability & impairment - All household members (n=1074)

Gender



62% 38%

Figure 5: Household gender - All household members (n=1074)



PREGNANT FEMALES

28%

Figure 6: Pregnant women in Jordan during the last 2 years - Females at reproductive age (n=137)



AVERAGE # OF HOUSEHOLD MEMBERS

4

Figure 7: Average # of household members - All household members (n=1074)

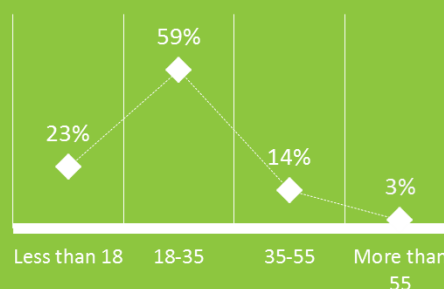


Figure 8: Age of household members - All household members (n=1074)

**Chronic condition**

30% of the interviewed households reported that they have at least one member suffering from a chronic disease

**Marital status**

Most of the household members were single (66%) mainly as a result that (82%) of them were less than the age of 35

**Mean number of children <5 years**

Each interviewed household had a mean score of 2 children that is in the age of 12 to 59 months



CHRONIC DISEASE

Figure 9: Household chronic conditions - All respondents (n=306)

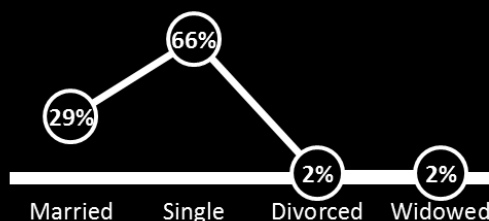


Figure 10: Marital status - All household members (n=1074)

AVERAGE # OF  
CHILDREN  
ELIGIBLE FOR  
VACCINATION

2



Figure 11: Children <5 years - All household members (n=1074)

## 2.4 Sample structure summary

**Sample structure summary** – From 306 interviewed households; an average of four members lived in the same household (1,073 member). 38% of the household members were females and most of them were youth less than 35 years (82%).

2016 (n=306)	
# of household members	1,074
Average # of household members	4
% of female household members	38%
% of household members less than 18 years	23%

### 3. HEALTH SERVICES AWARENESS

#### Awareness of health services provided by Ministry of health and UNHCR

Awareness among other nationalities scored (69%) on the fact that they have free access to UNHCR facilities. Although 69% of them were aware of the free access only 58% knew the location of the nearest clinic

#### Nearest reported clinic

Among the (58%) of refugees who are aware of the nearest clinic, Amman scored the highest by (90%) as a result of 84% of other nationalities refugees being centralized in Amman

#### Knowledge of available health services

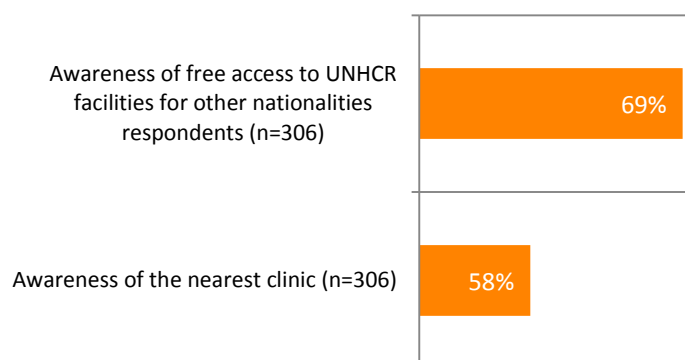


Figure 12: Knowledge of available health services - All respondents (n=306)

#### Top 3 locations of the nearest clinic mentioned

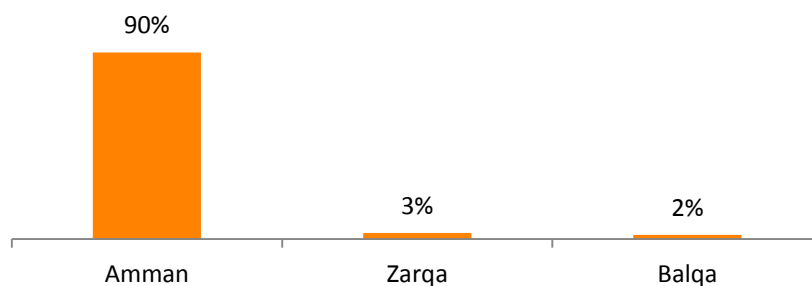


Figure 13: Awareness of the nearest clinic - Those who know the location of the nearest clinic (n=179)

### 3.1 Health services awareness summary

**Health services awareness summary** – Awareness on vaccination access scores the highest among attributes related to overall awareness of Ministry of Health provided services (69%)

	2016 (n=306)
% of households who were aware of free access to UNHCR facilities	69%
% of households who knew the location of the nearest clinic	58%
% of households that knew children <5 years have free vaccination access	74%

## 4. CHILD VACCINATION

### Awareness and access to vaccination card

Although 80% of the households that had children less than 5 years obtained a child vaccination card, few of them reported the lack of knowledge on free access to vaccination at Ministry of Health facilities

### Access to MMR and Polio Vaccination

8 out of 10 children in the age of 12 to 59 months had MMR and Polio vaccination

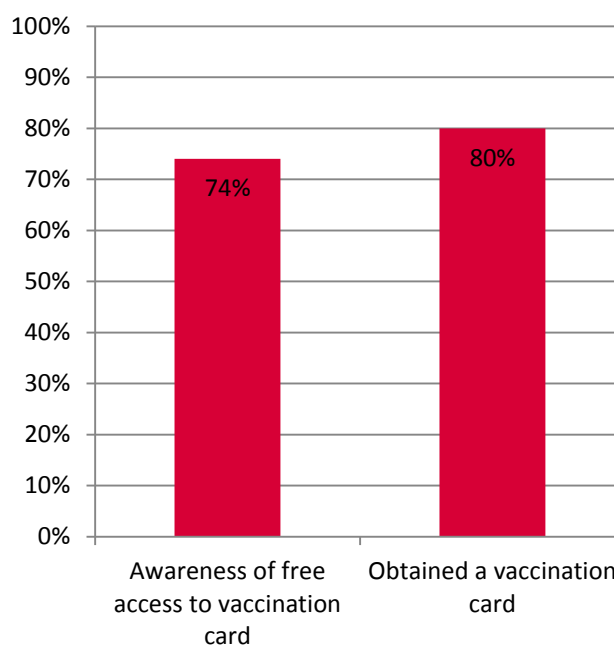


Figure 14: Awareness and possession of free access vaccination card - Households that have children <5 years (n=35)

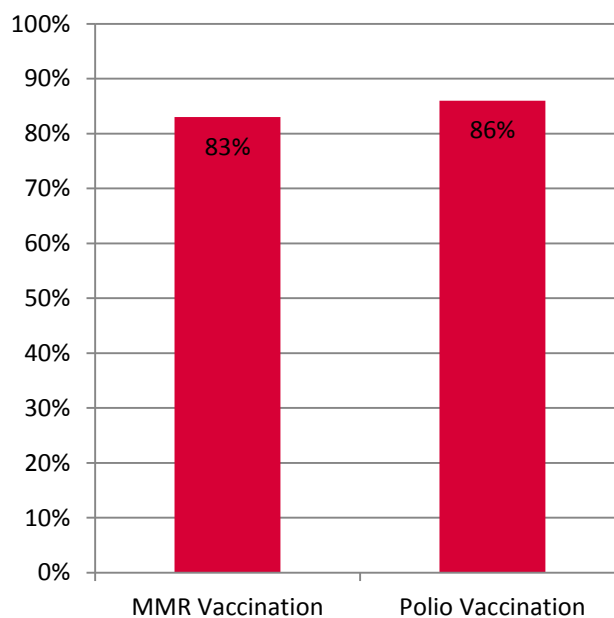


Figure 15: Access to vaccination - Households that have children <5 years (n=35)

### Difficulties to obtain vaccination

An average of 3% of the interviewed households had a difficulty to obtain either MMR or Polio vaccination for their children

### Vaccination Facility

Around 9/10 from those who obtained vaccination had it in the governmental health center in Jordan. On the other hand around 1/10 reported that they have been vaccinated before arriving to Jordan

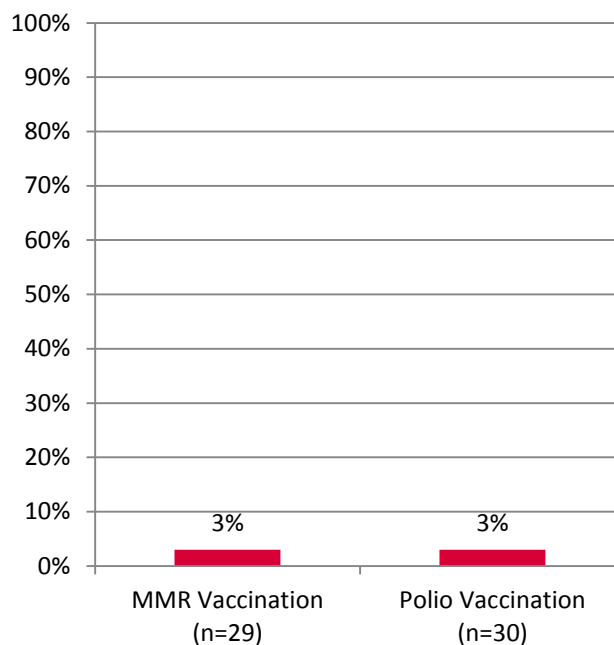


Figure 16: Difficulties to obtain vaccination - Those who obtained vaccination

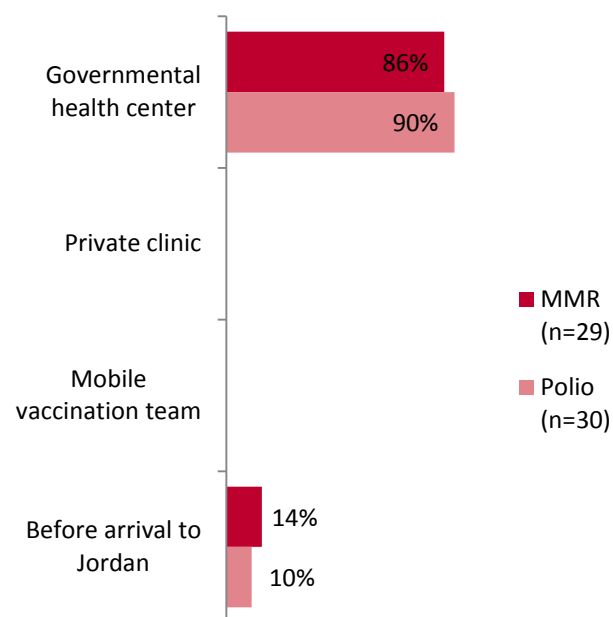
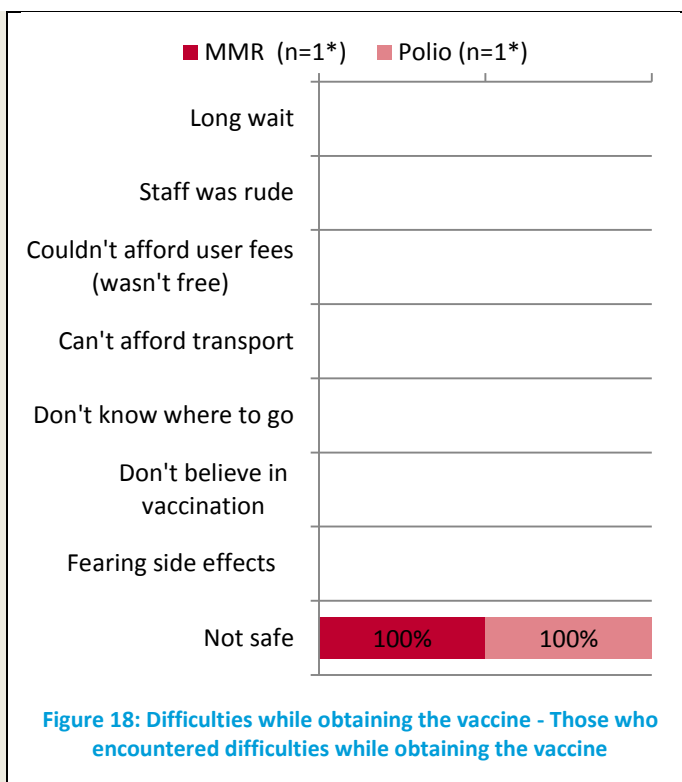


Figure 17: Vaccination facility - Those who obtained vaccination

### Encountered difficulties

Among those who had children in the vaccination age group only 1 household had a difficulty to obtain the access where 'Not Safe' is the reported reason yet the base is insufficient for analysis

(\*) = Insufficient base for analysis



## 4.1 Child vaccination summary

**Child vaccination summary** – Most of other nationalities children obtained Polio and MMR vaccination through a Jordanian governmental primary health care center

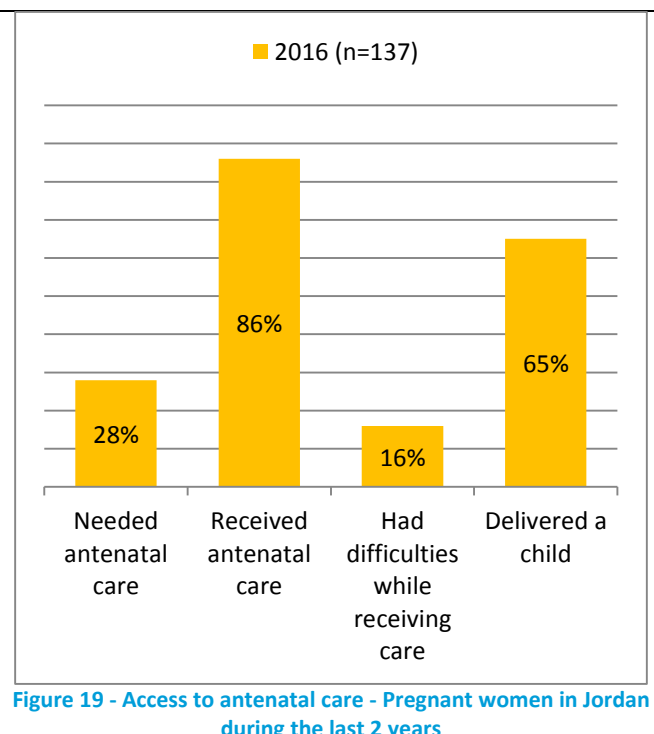
	2016 (n=35)
% that had an vaccination card	80%
% that had received a measles containing vaccine	83%
% that faced difficulties obtaining vaccine	3%
% that received vaccine at Jordanian government primary health care centre	88%
% that received vaccine before coming to Jordan	12%

## 5. Antenatal care

### 5.1 Access to antenatal care

#### Access to antenatal care

Among the 28% of females who needed antenatal care 86% received the care needed while 16% of those who had the care encountered difficulties while receiving it



86 % of Pregnant women had received antenatal care in 2016 with 72% of them had more than 4 visits to the clinic. 65% of them delivered a child mostly through normal vaginal delivery (68%) followed by Caesarian section (32%) as for the cost 64% of them had the delivery for free of cost, yet the majority of those who paid the cost of delivery was estimated to be in the range of 251~750 JDs

Child deliveries took place mainly in governmental hospitals (48%) and (20%) in a private clinic/hospital.



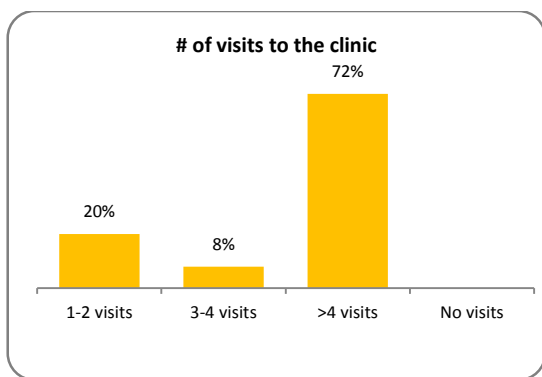


Figure 20: Number of visits to the clinic - Households that had females who received antenatal care (n=25)\*

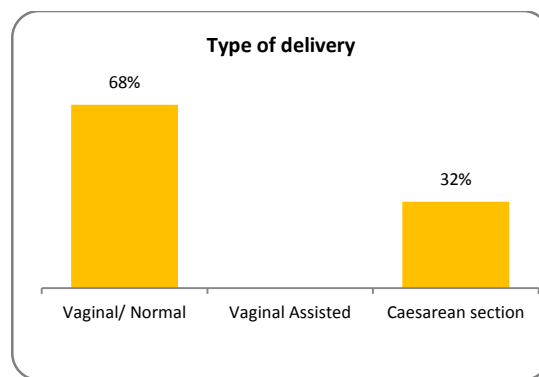


Figure 21: Type of delivery - Pregnant women in Jordan during the last 2 years (n=25)\*

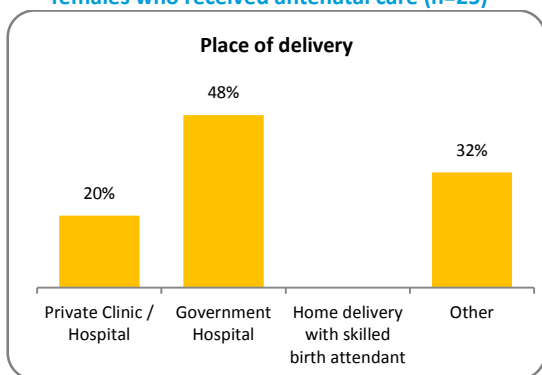


Figure 22: Place of delivery - Those who delivered a child (n=25)\*

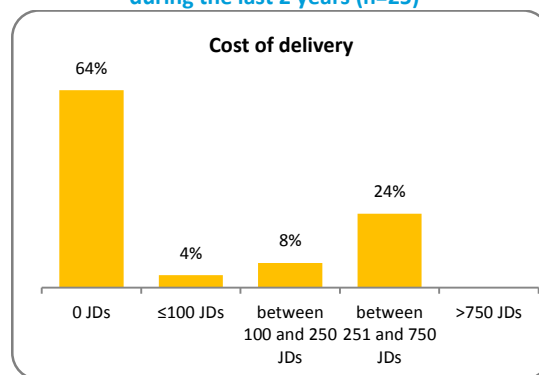


Figure 23: Cost of delivery - Those who delivered a child (n=25)\*

**Difficulties occurred while receiving care** - Long wait & inability to afford user fees are the main difficulties while receiving antenatal care scoring 40% each. *Insufficient base for analysis (\*)*

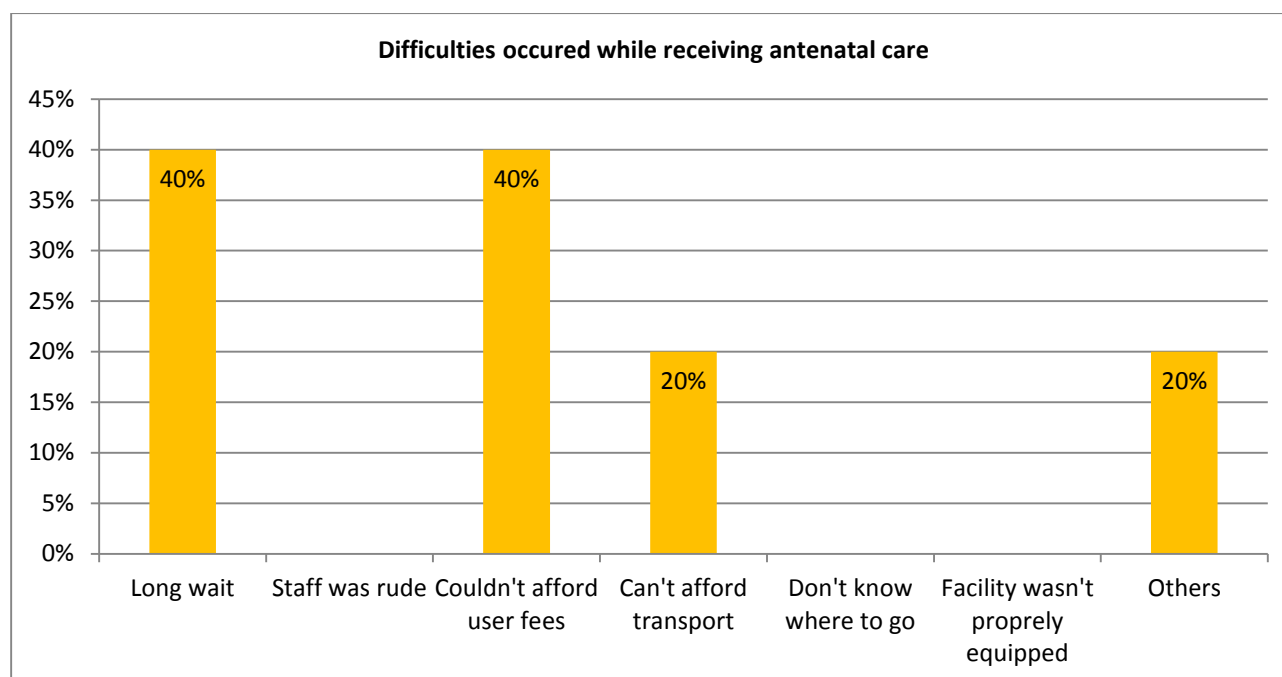


Figure 24: Difficulties occurred while receiving care - Those who encountered difficulties (n=5)\*

**Reasons for a private facility** – The reasons behind accessing care in a private facility are lack of eligibility to access governmental facilities at a subsidized (60%) in addition to the personal preference of respondents (40%). *Insufficient base for analysis (\*)*

Reasons accessing care in a private hospital/clinic	2016 (n=5)*
Not eligible to access Ministry of Health facility at subsidized rate	60%
Eligible to access Ministry of Health facility at subsidized rate but could not access	0%
Prefer to go to a private facility	40%
Others	40%

## 5.2 Family planning

In all households who had a pregnant female eligible to antenatal care they were reporting that 33% of the households were aware of family planning and 42% acquired knowledge on family planning mainly through health care center staff (60%) as the main source of knowledge. *Insufficient base for analysis (\*)*

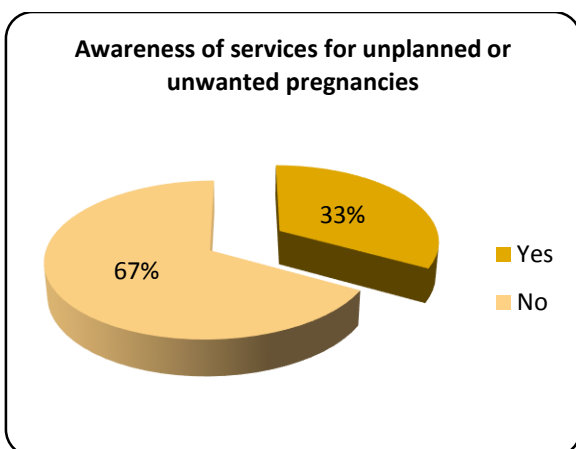


Figure 25: Awareness of services for unplanned pregnancies - Households that had pregnant women (n=24)\*

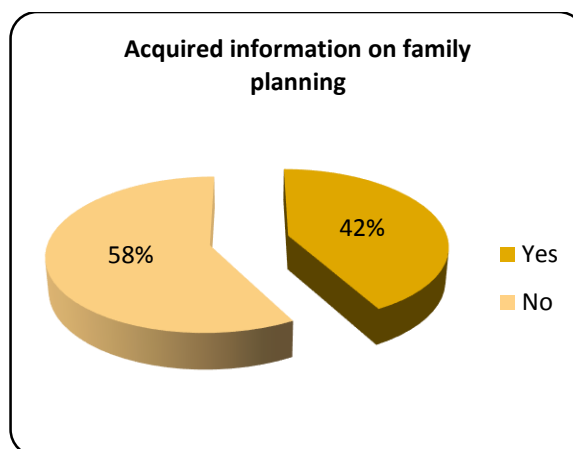


Figure 26: Acquired information on family planning - Households that had pregnant women (n=24)\*

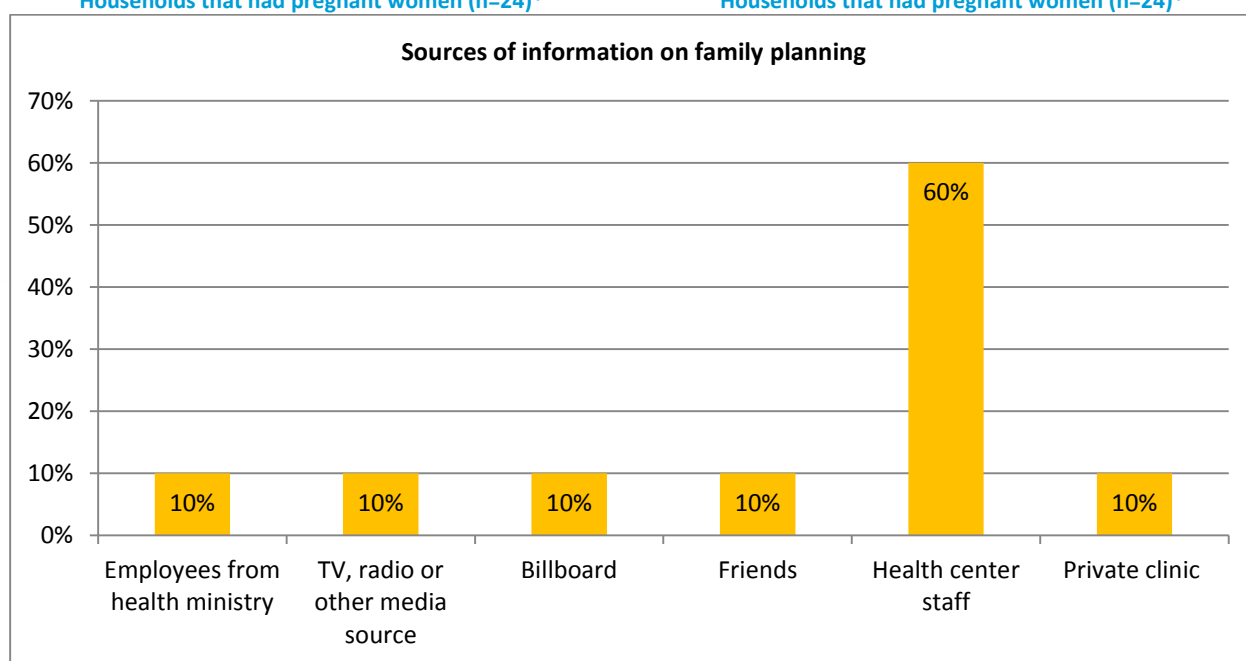


Figure 27: Sources of information on family planning - Households that had pregnant women (n=10)\*

### 5.3 Contraceptives

38% of households who had a female eligible to antenatal care had a household member who tried to obtain contraceptives where the main sought facility was Ministry of Health medical center (67%).

Insufficient base for analysis (\*)

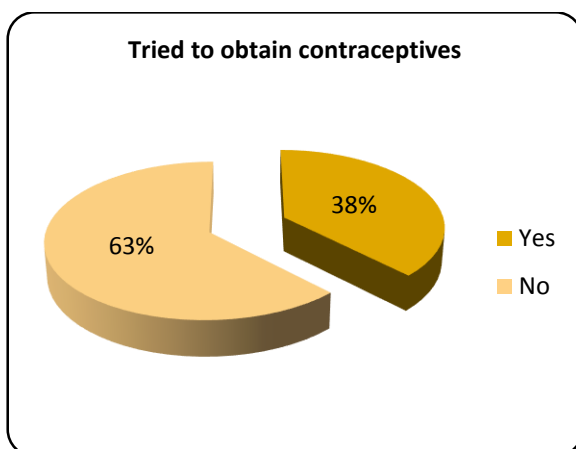


Figure 28: Trial to obtain contraceptives - Households that had pregnant women (n=24)\*

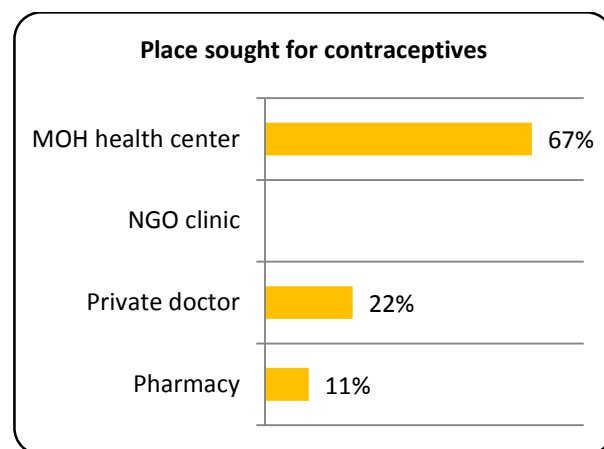


Figure 29: Place sought for contraceptives - Households that had pregnant women (n=9)\*

### 5.4 Antenatal care summary

Deliveries in a governmental hospital score the highest among all facilities and 20% more than deliveries in private facilities among other nationalities respondents, most of the deliveries were Vaginal/normal yet 32% of them were caesarian deliveries.

2016 (n=137)	
% of pregnant women who had at least one ANC visit	86%
% of pregnant women who had difficulty accessing ANC	16%
% of those who couldn't afford fees or transport	60%
% of those who encountered Long wait &/or rude staff	40%
% of those who didn't know where to go	0%
% of deliveries by caesarean section	32%
% of deliveries in private facilities	20%
% of deliveries in government facilities	48%
% of deliveries free of cost	64%

## 6. CHRONIC DISEASE

### 6.1 Type of disease

From all household members who had a chronic condition, Diabetes is the most reported chronic disease (26%)

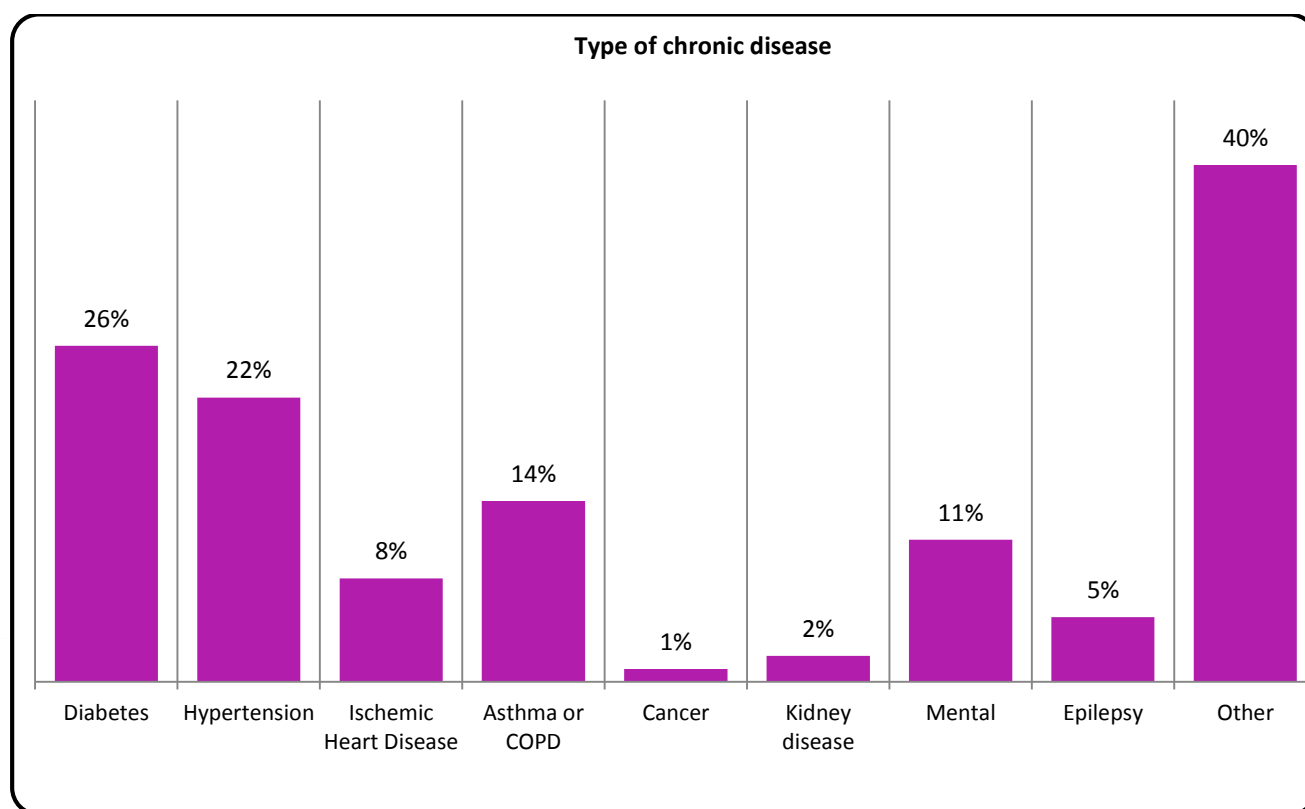


Figure 30: Type of chronic disease - Household members that have a chronic condition (n=131)

## 6.2 Access to medicine for chronic conditions

From those who needed medicine for their chronic condition, 45% of them were unable to access medicine mainly due to the cost of medicine (57%).

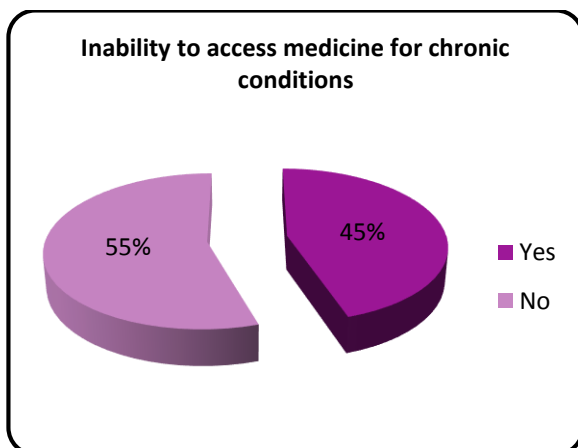


Figure 31: Inability to access medicine - households that have a member with chronic condition (n=92)

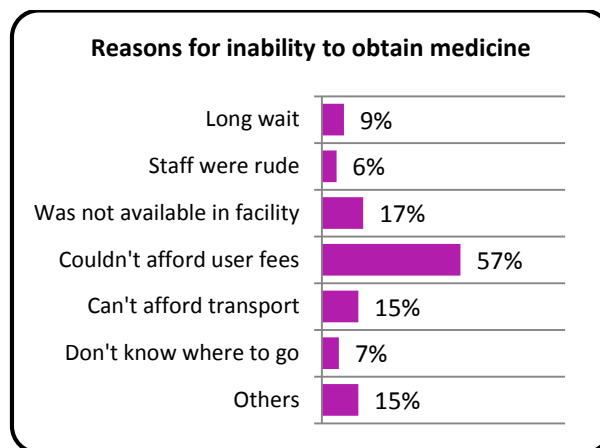


Figure 32: Reasons for inability to access medicine - Those who were unable to obtain medicine (n=54)

## 6.3 Access to medical services for chronic conditions

From those who needed to access medical services for their chronic condition, 38% of them were unable to access health services mainly due to the inability to afford the fees (57%).

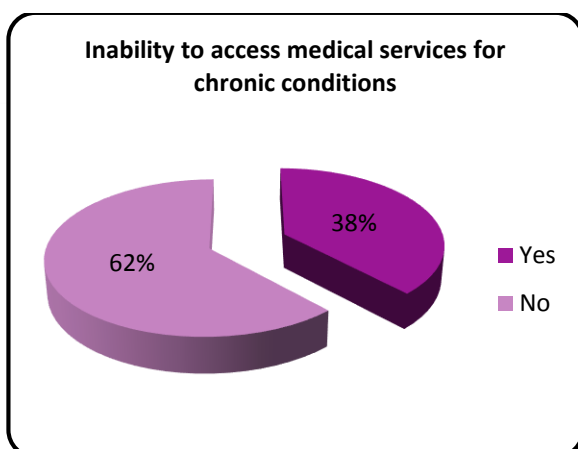


Figure 33: Inability to access health services - households that have a member with chronic condition (n=92)

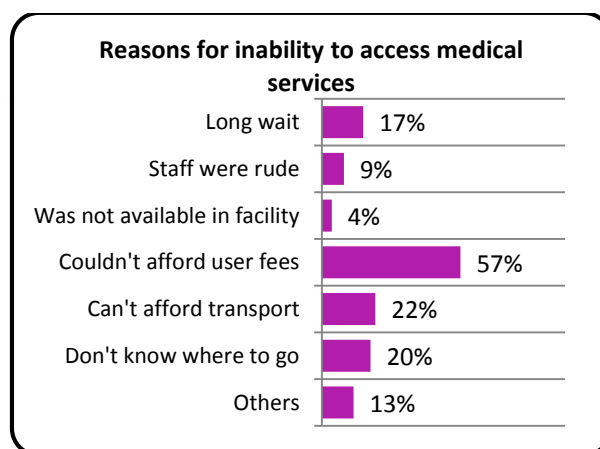


Figure 34: Reasons for inability to access health services - Those who were unable to access health services (n=46)

## 6.4 Chronic disease summary

12% of household members have a chronic condition where most of them suffer from Diabetes. Inability to afford user fees was the main reason for those who were not able to access either medicine or health services.

2016 (n=131)	
% of households with at least one adult with a chronic condition	30%
% of adults with chronic conditions who weren't able to access medicine or other health services	42%
% of those who couldn't afford fees	57%
% of service unavailable in local facility	11%
% of those who didn't know where to access care	14%

## 7. DISABILITY & IMPAIRMENT

### 7.1 Type of disability & impairment

Physical impairment scores the highest among types of disability/impairment (58%) followed by sensory (18%) and mental (11%) impairments.

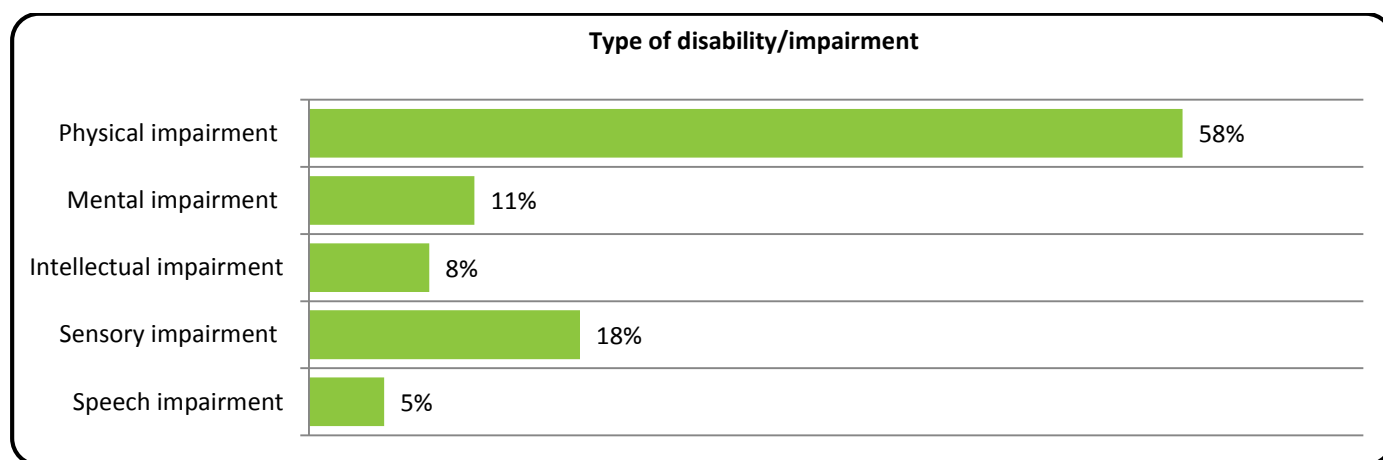


Figure 35: Type of disability/impairment - Household members who had a disability/impairment (n=38)

Most of the disabilities occurred due to Violence/War related reasons among other nationalities respondents scoring 37% of all disabled/impaired household members

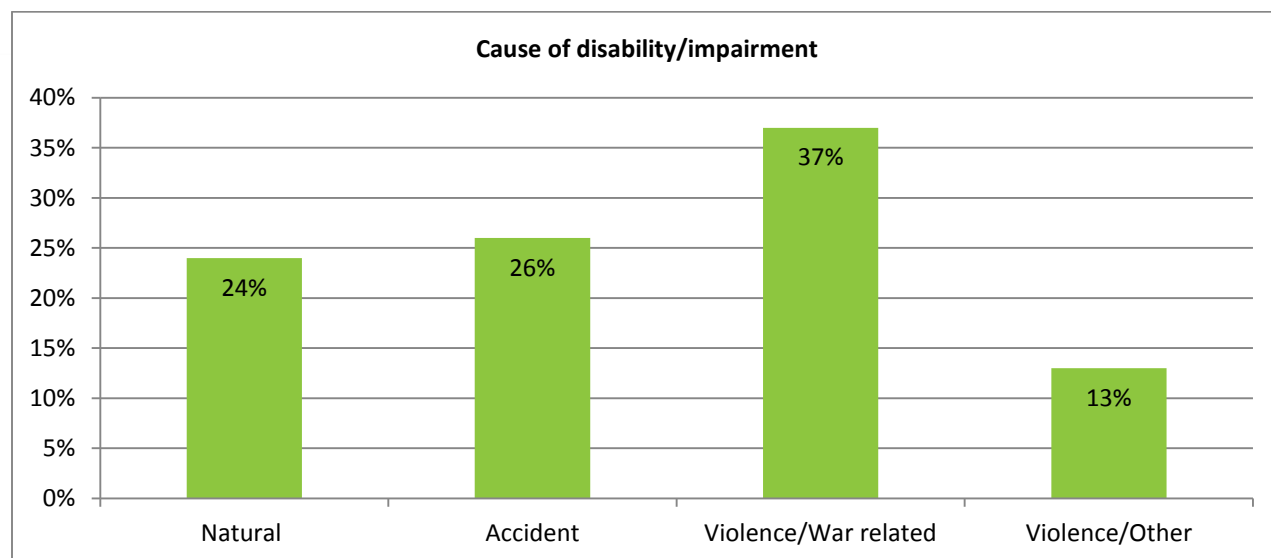


Figure 36: Cause of disability/impairment - Household members who are disabled/impaired (n=38)



## 7.2 Disability & impairment therapy

In 2016 most of the cases received their first treatment outside of country of origin. The treatment is mainly started in other countries than their country of origin (79%). Nonetheless, 21% of them received the first treatment in Jordan.

Lack of psychosocial treatment has been widely reported among those who needed that sort of treatment for their disability (8%) where most of those who had a treatment had either Surgical (39%) or Rehabilitation (37%) treatment.

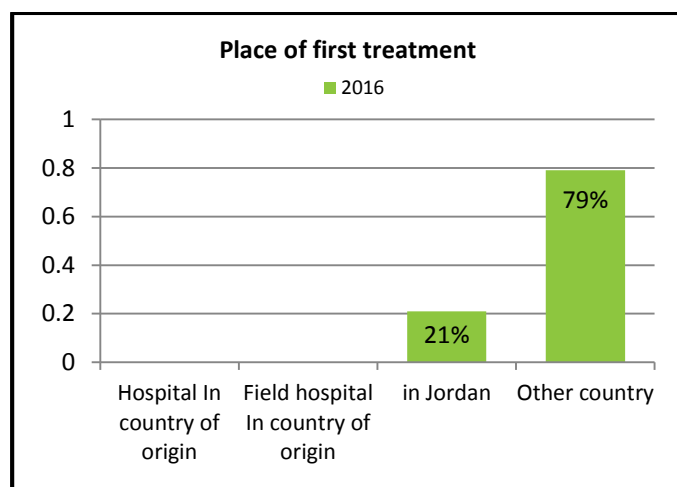


Figure 37: Place of first treatment - those who had a violence/war related disability/impairment (n=14)\*

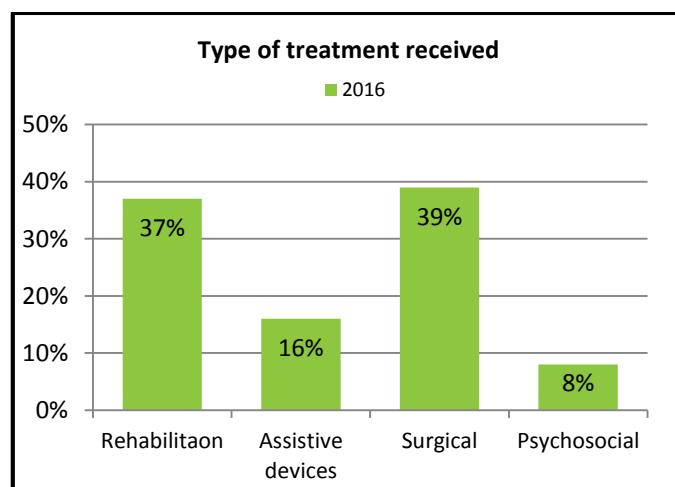


Figure 38: Type of treatment received - Household members who are disabled/impaird (n=38)

## 7.3 Barriers to proper care

Inability to afford user fees was the main barrier to proper care reported by 53% of households who had a disabled member

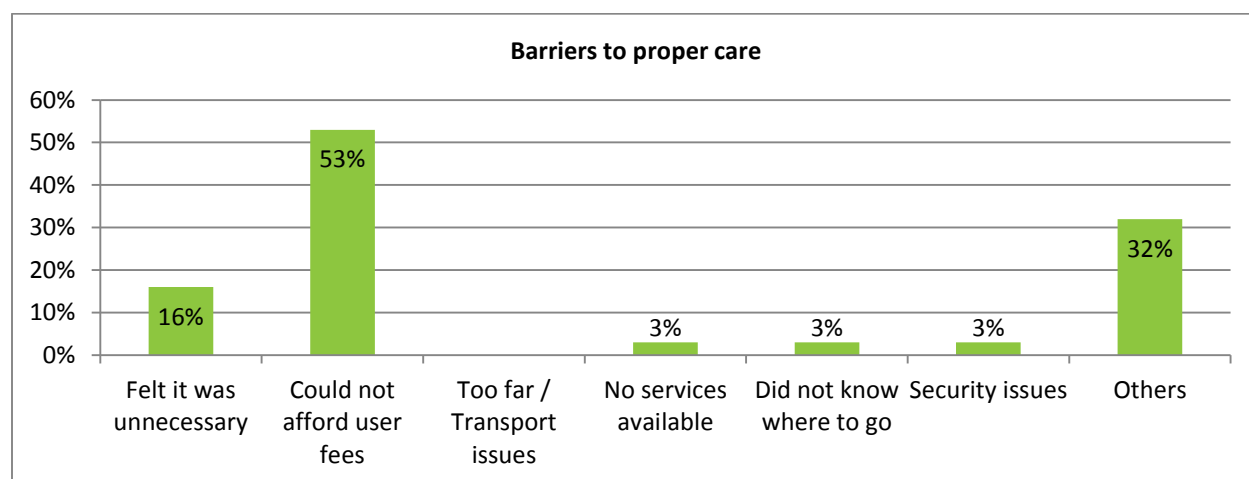


Figure 39: Barriers to proper care - Household members who are disabled / impaired (n=38)

## 7.4 Disability & impairment summary

Impairments due to violence and war were highly reported among other nationalities respondents (37%). Of all the disabled households members the inability to afford user fees was their main obstacle to have proper care for their disability.

	2016 (n=38)
% who were reported to have a disability	4%
% of impairments due to war related violence	37%
% of those who received care in Jordan	21%
% of those who received care in country of origin	0%
% of those could not afford service fees and/or transport costs	53%
% of who did not know where to go	3%

## 8. MONTHLY HEALTH ACCESS ASSESSMENT

### 8.1 First facility

Health care services were needed by 36% of household members in the last month however only 30% of them actively sought health services.

From those who sought the services the majority initially reached JHAS clinic (30%) followed by private clinic/hospital and private pharmacy scoring 28% each. An average amount of 42.8 JDs was paid in the first facility for those who sought care in the first facility.

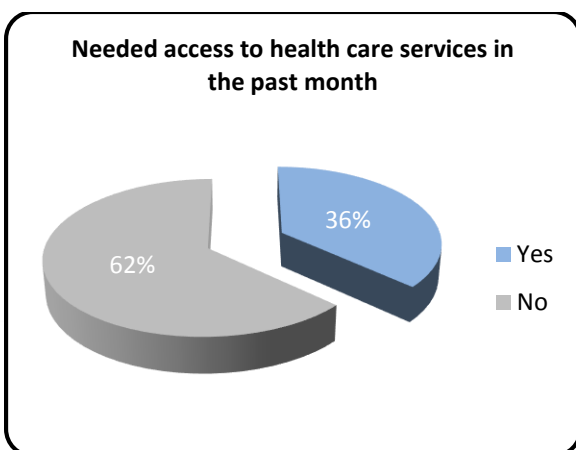


Figure 40: Need to access health care in the past month - All household members (n=1074)

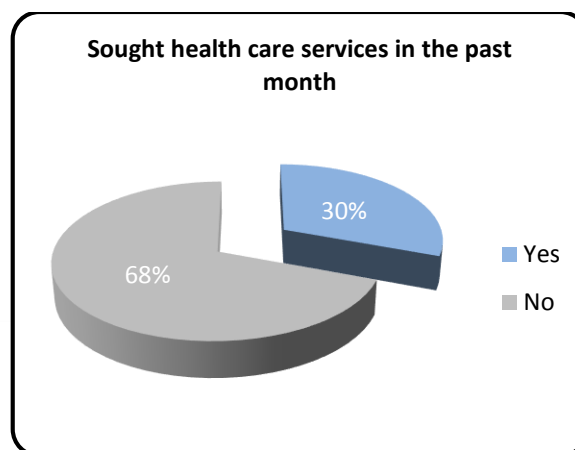


Figure 41: Sought health care services in the past month - All household members (n=1074)

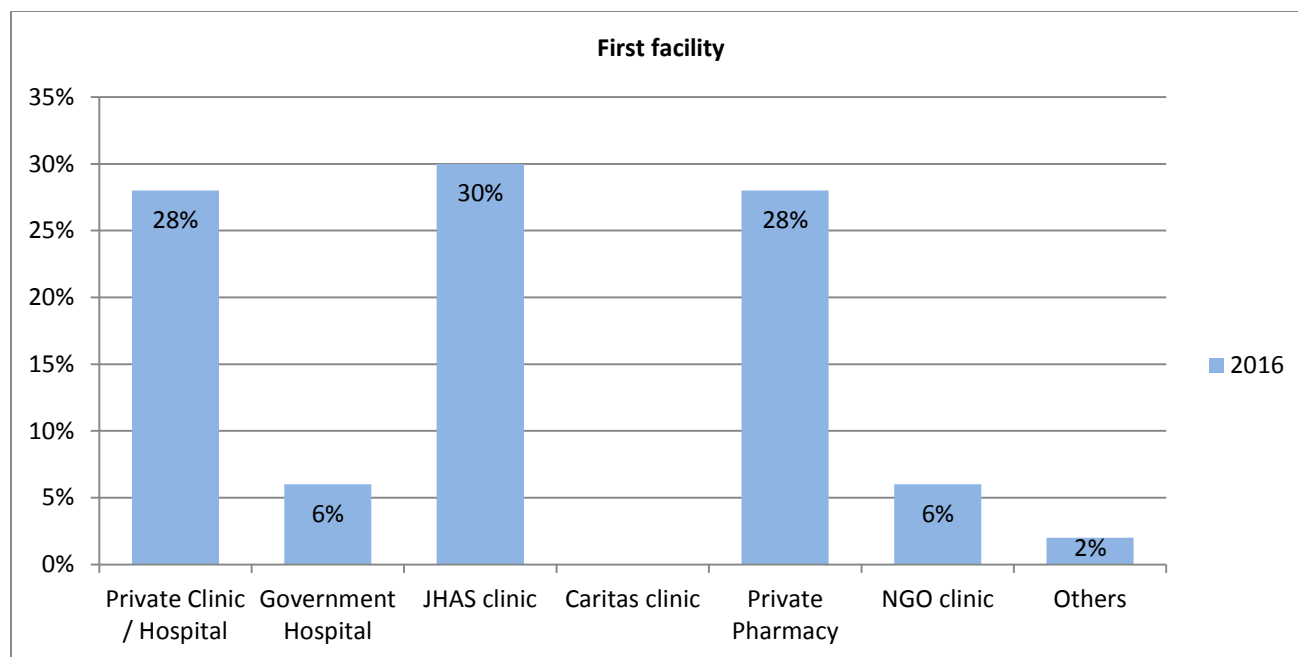


Figure 42: First facility - Those who sought health care services (n=325)

## 8.2 Second facility

Because of inability to be served in the first facility 19% of household members decided to seek an alternative facility.

From those who sought the second facility the majority reached either another private clinic/hospital (33%) or a governmental hospital (26%).

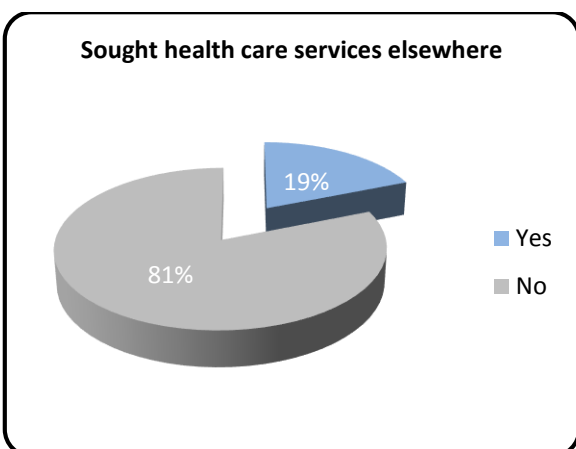


Figure 43: Sought healthcare elsewhere - Those who sought healthcare services (n=185)

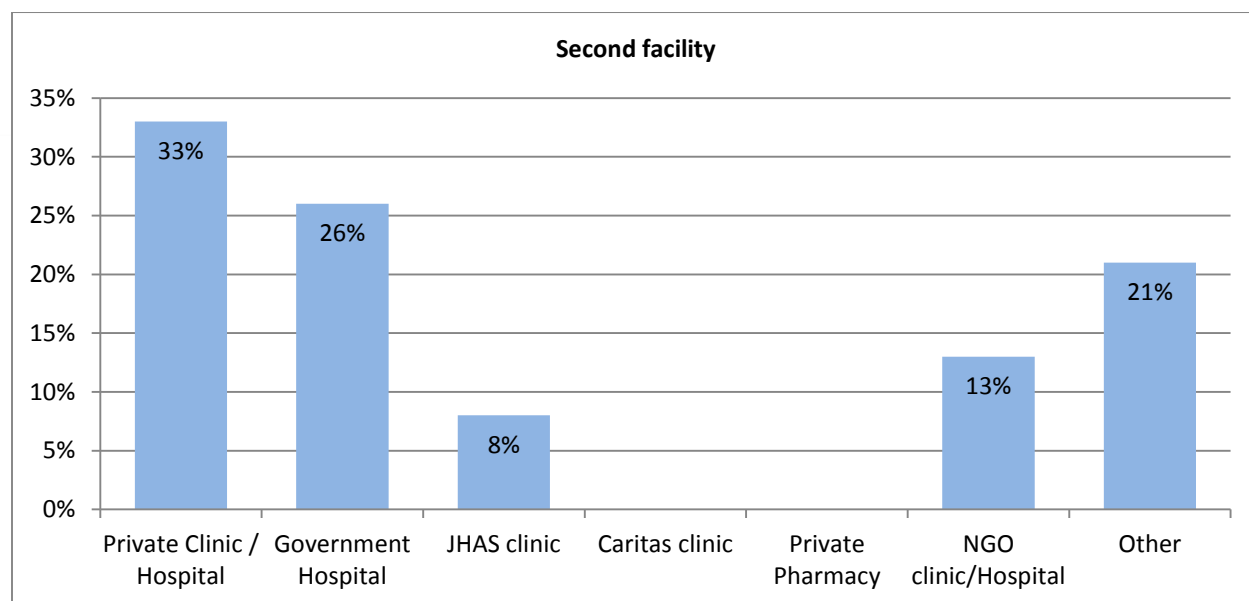


Figure 44: Second facility - Those who sought care elsewhere (n=39)

### 8.3 Household spending

In terms of household spending on health care 44% of interviewed households spent money on health care services during the last month, the mean of the combined income of interviewed households is 273.4 JDs where they spend an average of 116.9 JDs on health care which is 43% of their total income

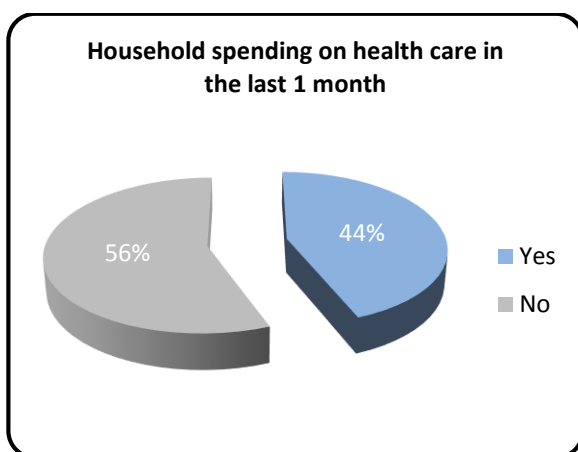


Figure 45: Household spending in the last month - All respondents (n=306)

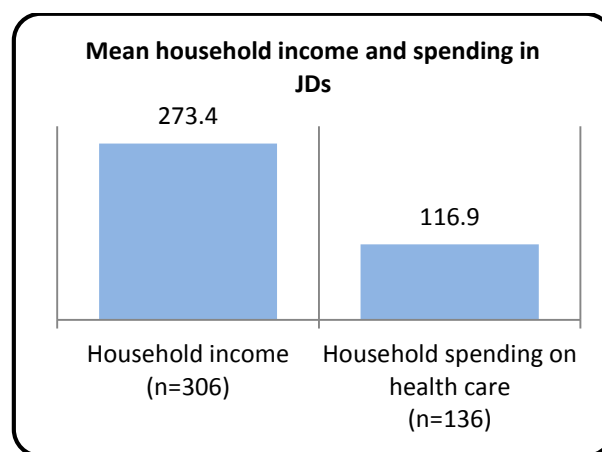


Figure 46: Mean household income & expenditure

### 8.4 Monthly household assesment summary

Evaluating the ability to access care in the first facility, 2016 scored 89%. Among those who sought health care in 2016 the % of private clinic/hospitals sought were recorded at a depreciation of 35%.

The mean cost of care is 180.8 as a result of 47% seeking a private clinic/hospital as their first facility.

2016 (n=306)	
% of surveyed household members who needed health care in preceding month	36%
% of those who were able to receive care in first health facility	86%
% of those initially seeking care in a private clinic or hospital	28%
Average cost for care in first facility	42.8 JDs