

At a glance

Health access and utilization survey among African and Iraqi refugees in Egypt

October 2016



Summary

Objective

- ✓ This cross sectional survey was conducted to monitor access to and utilization of key health services among African and Iraqi refugees living in Egypt whom are all non-camp based

Methods

- ✓ **12** surveyors underwent one day of training, including role play to familiarize themselves using the tools.
- ✓ The survey was carried out over a period of 12 days between **28th August 2016** and **8th September, 2016**.
- ✓ Survey households were selected using stratified systematic sampling, from a register of non-camp based refugee households that had a listed telephone number.
- ✓ The head of household, or an adult who could respond on his or her behalf, was interviewed by telephone regarding key indicators of interest.
- ✓ Data were entered directly using Android based electronic tool on PC and analyzed using STATA 13.1.

Key findings

Survey response

- ✓ **63.3 %** of the **598** households contacted for the study did not participate.
- ✓ The main reason for non-response was that selected households did not answer the telephone number even after 3 separate contact attempts over the survey period. This non-response needs further investigation. Efforts to improve response should center primarily on data validation for African and Iraqis' contact information in UNHCR database. Additionally, better coordination of survey should be employed.

Sample characteristics

- ✓ At the time of the survey the population of African and Iraqi non-camp refugees living in Egypt numbered **71, 633** individuals in **40, 974** households.
- ✓ **219** households with **648** residents were surveyed.
- ✓ There was an average of 2.9 members per surveyed household.
- ✓ 50.1% of household members were female and 19.0% were under 5 years of age.
- ✓ The majority of refugees arrived between 2011-2015 with the highest proportion arriving in 2015 (23.7%)
- ✓ The majority of surveyed refugees were Sudanese (54%), followed by South Sudanese (10%), Somalis and Eritreans (9%, 9%), then Iraqis and Ethiopians (6% both).

Knowledge about rights to health care access and childhood vaccination coverage

- ✓ Slightly more than a third (37%) of households reported knowing they had the right to access free life-saving hospital care during a medical emergency, and nearly the same percentage (38.8%) reported knowing that refugee children had the right to free vaccination in government facilities. Only 23.7% reported knowing they could access Primary Healthcare (PHC) services at the same rate as Egyptians.
- ✓ A limited majority (58.5%) reported knowing that they can access chronic diseases care through UNHCR supported clinics.
- ✓ 79.5% of the surveyed household reported preferring the SMS as a means of communicating information. This was followed by 6.8% who preferred the internet and 4.1% who preferred leaflets and newsletters. Only 1.8% reported community health workers as the preferred channel of communication.

- ✓ Vaccination coverage among under 5 children in households sampled was 39% for polio and 48.1% for measles. While 11.7% and 9% of the households reported not knowing if their children received polio and measles respectively.
- ✓ The majority of **Ethiopians** surveyed did not immunize their children against polio and measles (88%, 88% not vaccinated against polio and measles respectively), followed by **Somalis** (60%, 80% not vaccinated against polio and measles), **South Sudanese** (54.5%, 54.5% not vaccinated against polio and measles) and Eritreans (50%, 33% not vaccinated against polio and measles). Notably, all the Ethiopians who did not immunize their children reside in Maadi.
- ✓ Only 41.6% of household having under 5 children reported having information about immunization schedule and the majority of them (65.6%) received these information from governmental facilities.

Health care access and utilization during the month preceding the interview

- ✓ 39.2% of households surveyed spent money on healthcare including consultations, investigations, medication and other medical supplies in the past month, with an average household cost of 373 EGP (42 USD).
- ✓ 20% of the 648 household members surveyed had sought care for health condition in the past month and among those who sought care 71.5% were able to obtain it at first point of care.
- ✓ Slightly more than half (52.6%) of those who sought care did so at a UNHCR supported facility while around quarter (24.7%) did so at a private facility.
- ✓ Among those who reported being unable to obtain healthcare despite at the first point of care, 54.1% reported that they could not afford user fees , 16.7% reported that the provider refused to provide services and equally, 16.7% reported that service was not available at the sought facility.
- ✓ Approximately 17% of those who sought care were referred to a second facility, where 72.7% of them were able to receive care.
- ✓ Similar to the barriers preventing receiving care in the first facility, those who were not able to receive care at the second facility cited inability to pay user fees, refusal of provider to provide the service and unavailability of service as the main barriers to receiving care (33.3%, 16.7%, 16.7% respectively)
- ✓ 68.8% of those who received referral services had to pay an average of 1151.3 EGP for services received (range: 25 EGP- 5,000 EGP, median: 200 EGP). 36.3% paid from their wages. 27.2% were able to pay through loans, and the same percentage paid through community participation. Only 9% paid from their savings.

Antenatal (ANC), maternity, and neonatal care

- ✓ 87.5% of pregnant women reported that they received antenatal care during their pregnancy, and the majority (62.5%) reported receiving more than 4 antenatal care visits. Most of the women received ANC in a UNHCR supported facility (60.7%), followed by private facility (21.4%)
- ✓ Among those who accessed ANC (n=28), 64.3% had to pay for it an average of 600 EGP (68 USD)(range: 25-2000, median: 225 EGP (25.6 USD))

- ✓ Nearly one third (35.7%) of those receiving antenatal care reported facing difficulties in the form of high transportation fees (30%), too far facilities (20%), high cost of services (20%) and long waits (20%).
- ✓ Among the 18 pregnant women who had delivered, most (77.8%) had to pay for the service, and only four (22.2%) of those who delivered received financial assistance from UNHCR for the delivery.
- ✓ 63.1% of deliveries took place in a government facility while 26.3% took place in private facility. The average cost of delivery in government facility was 853 EGP (97 USD) (range: 60-3000 EGP, median: 300 EGP) while that in the private sector was 1575 EGP (179 USD).
- ✓ 27.8% of deliveries were by C-section and all took place in governmental facilities.
- ✓ Among the 18 delivering women, 5 women (27.8%) reported inability to issue birth certificate for the newborn.
- ✓ 3 or approximately 16.7% resulted in neonatal admissions and required the baby to remain in hospital for 2.3 days in average.

Chronic conditions among household members:

- ✓ 10.3% of adult household members reported having a chronic disease.
- ✓ The most common were hypertension and chronic respiratory conditions, diabetes, kidney diseases and heart diseases (25.4%, 25.4%, 20.9%, 16.4%, 13.4% respectively)
- ✓ 77.6% of household members with chronic conditions were able to receive chronic disease care. Among them, 69.2% received care from UNHCR supported clinics, 23.1% from private facilities and only 7.7% from governmental facility.
- ✓ 22.4% of household members with chronic conditions were unable to access medicines or health services needed. The main reason for being unable to access services was the inability to afford user fees.

Disability and impairment:

- ✓ 5.4% of household members reported having a disability.
- ✓ Among those with disabilities, 57.1% reported not receiving any treatment for their condition. . The main reason for not being able to access treatment was the inability to afford user fees (40%)

Limitations

- ✓ Survey findings may not be generalizable to refugee households without a registered telephone number, as they could not be interviewed for this survey.
- ✓ The low overall response rate (36.7%) and the consequent small sample size may affect the representativeness and generalizability of the results also it may constitute a source of bias as the characteristics of the non-responding households are unknown.
- ✓ Poor recall or lack of information available to the respondent may have affected the quality of the response.

1. Sample characteristics

1.1 Response

598

households contacted to participate in the study

63.3%

of households contacted did not participate in the study

49.8%

of households contacted did not answer phone after 3 contact attempts

8.5%

of households contacted had an invalid telephone number

1.2 Sample

219

households surveyed

648

household members in surveyed households

2.9

average number of household members per household

50.1%

household members are female

19.0%

household members aged <5 years

8.3

Mean years of education for head of household

Figure 1: Year of arrival to Egypt, by household (n=219)

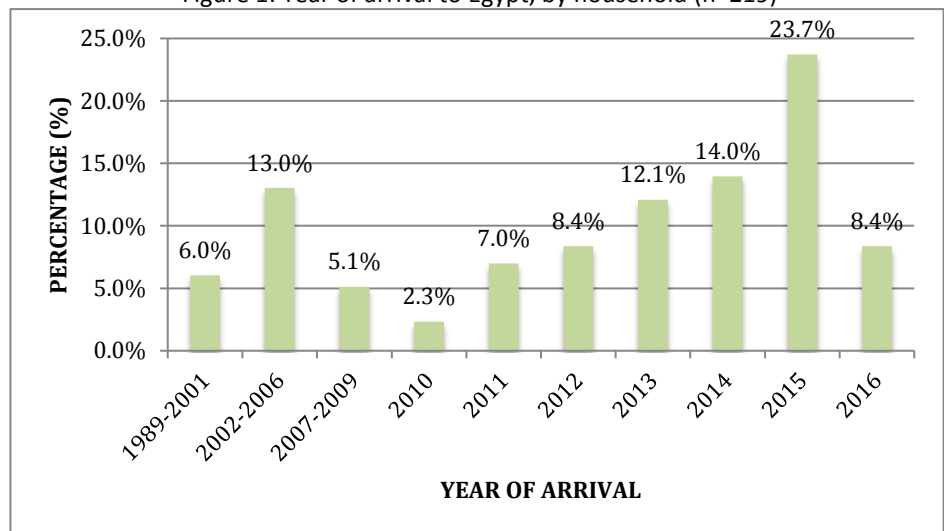


Figure 2: Distribution of households by Nationality (n=219)

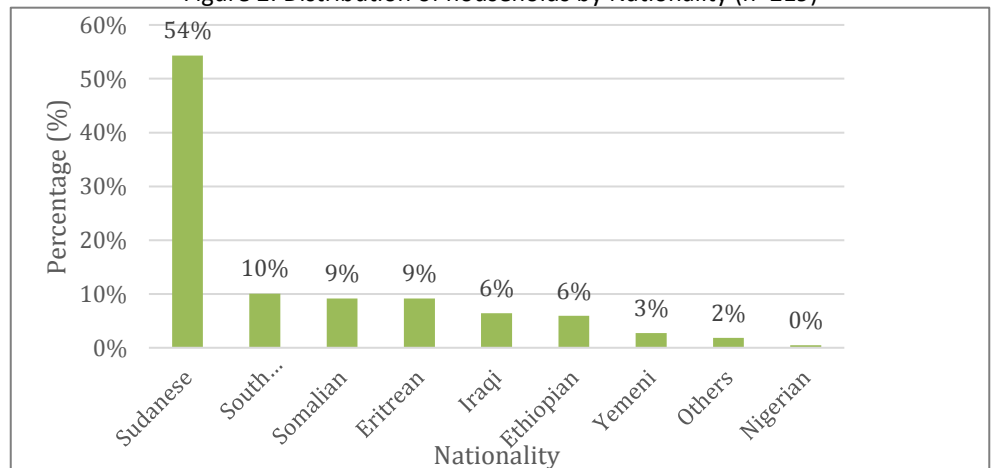
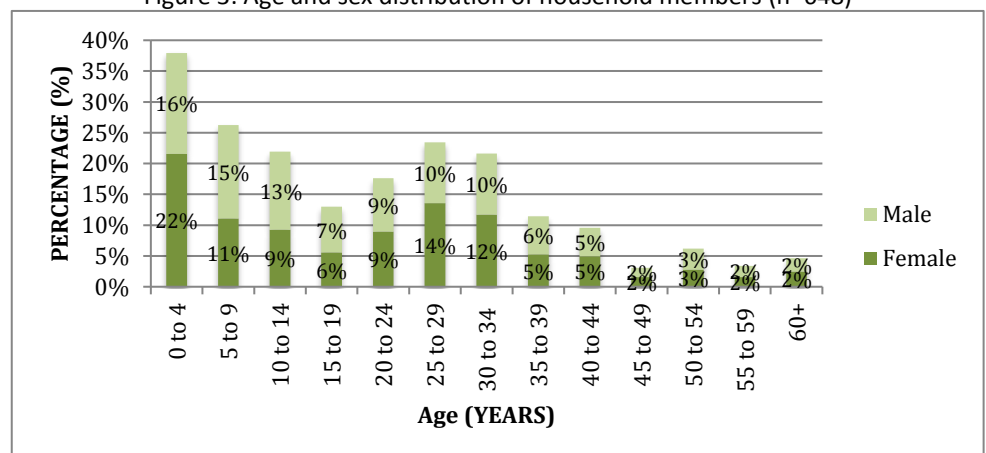


Figure 3: Age and sex distribution of household members (n=648)



Mean age (years):

Male – 21.2 [Range: 0 – 74]

Female – 20.9 [Range: 0 – 85]

2. Knowledge of health services and coverage of childhood vaccinations

2.1 Preferred channel of communication (n=219)

79.5%

of households preferred SMS

6.8%

of household preferred internet

4.1%

of household preferred leaflets and newsletters

2.2 Access to vaccination services among households with children <5 (one eligible child surveyed per household) (n=77)

49.4%

had an vaccination card

39.0%

children had received a polio vaccine

48.1%

children had received measles/MMR vaccine

41.6%

Households having children under 5 who know about immunization schedule

65.6%

Of households received information about immunization schedule from public facilities

Figure 4: Knowledge of available health services (n=219)

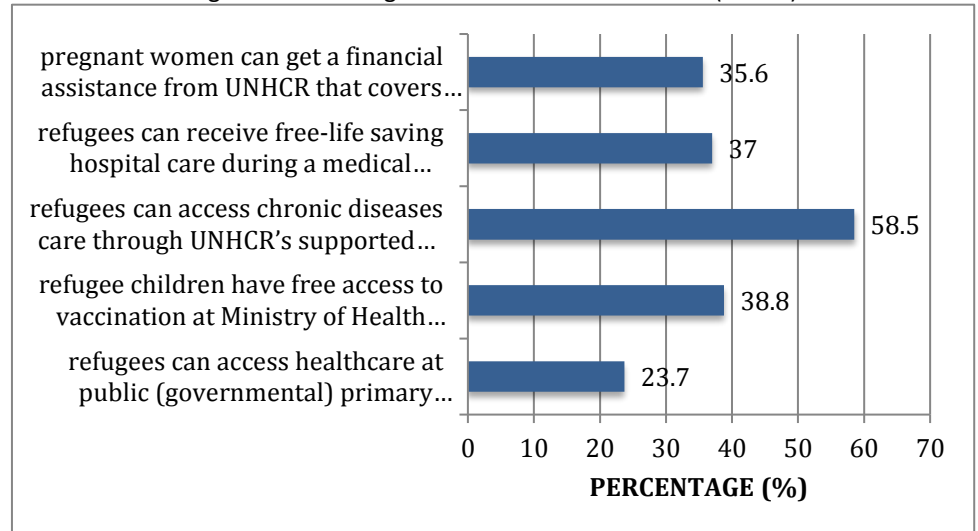
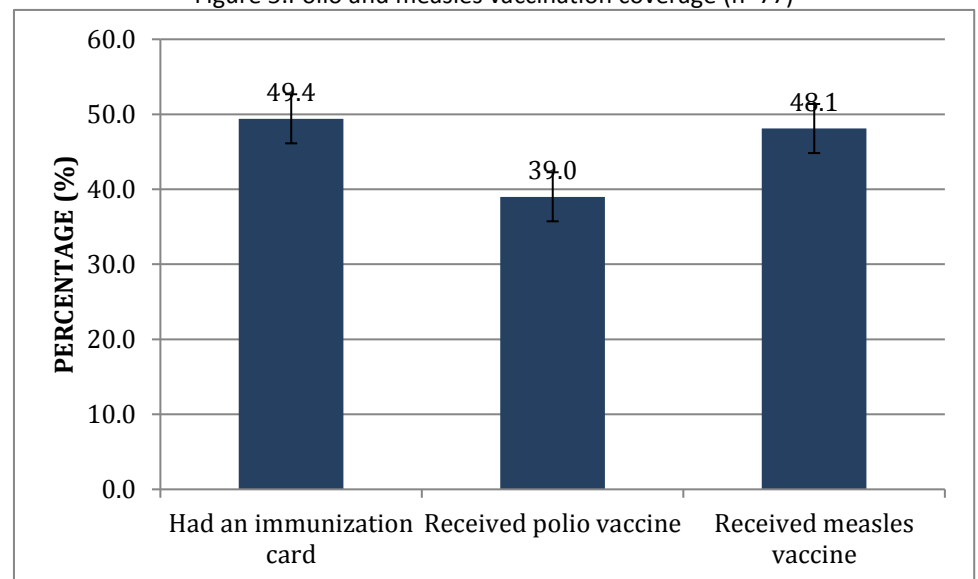


Figure 5: Polio and measles vaccination coverage (n=77)



3. Antenatal, delivery, and neonatal care

3.1 Antenatal care (ANC) coverage

19.2%

proportion of 15-49 year old females pregnant in the past 2 years (n=167)

87.5%

proportion of pregnant women who accessed ANC while pregnant (n=32)

3.2 Delivery type pregnant women who already delivered (n=18)

27.8%

proportion of pregnant women who delivered by C-section

63.1%, 26.3%

proportion of pregnant women who delivered in a public and private facility, respectively

77.8%

proportion of women who paid for delivery services

72.8%

proportion of women who received birth certificates

3.3 Neonatal care (n=18)

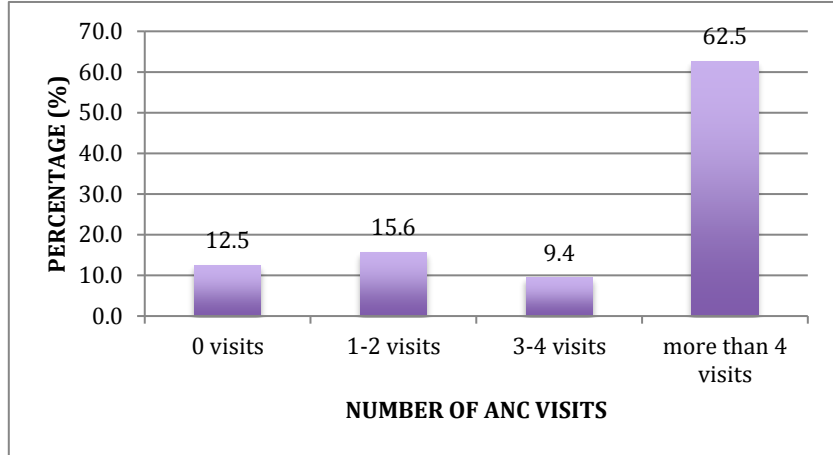
16.7%

proportion of deliveries where the baby needed hospital admission

2.3

average number of days baby spent in hospital

Figure 6: ANC coverage among pregnant women aged 15-49 years old (n=32)



*The primary difficulties with ANC access were being unable to afford the service or the facility being too far.

Figure 7: Type of ANC facility (n=32)

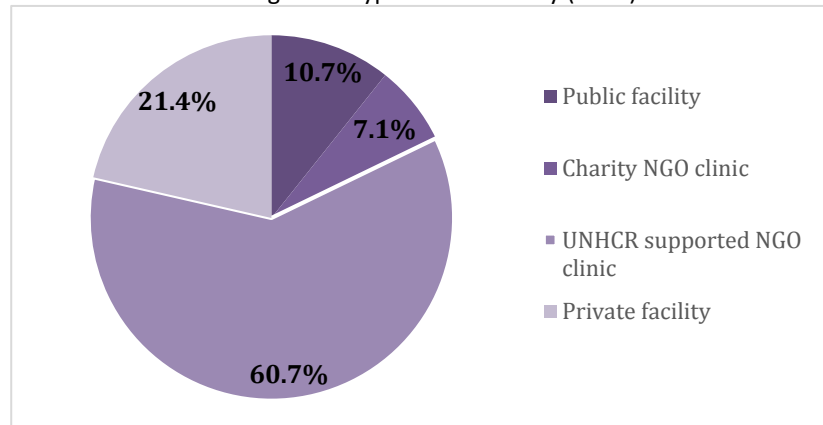
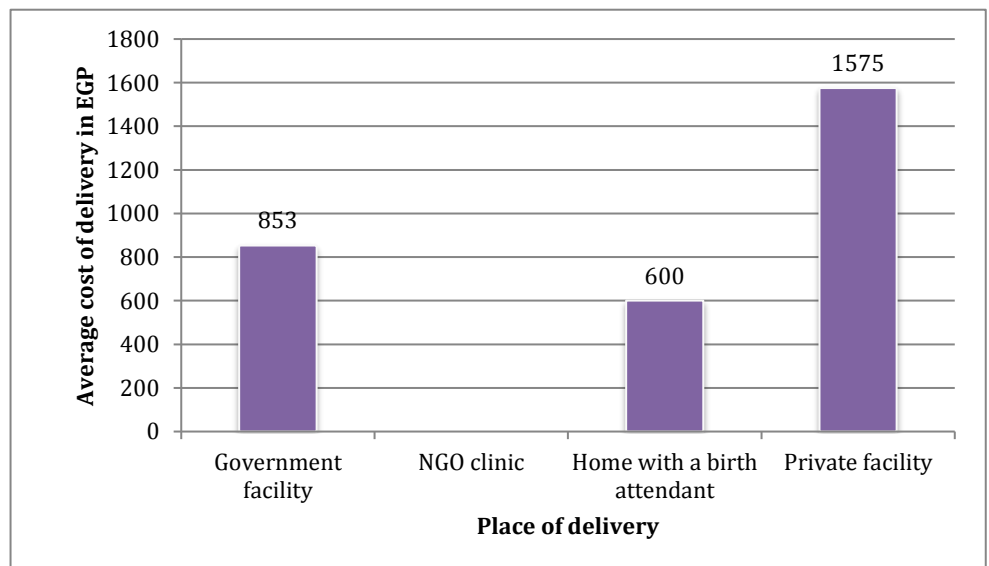


Figure 8: Average cost of delivery by place of delivery (n=63)



4. Chronic conditions

4.1 Household Prevalence

10.3%

Proportion of adult household members with a chronic condition (n=648)

Prevalence of key chronic conditions among adult household members (n=67)

25.4%, 25.4%

Hypertension, Asthma/COPD

20.9%

Diabetes Mellitus

16.4%, 13.4%

Kidney Disease, Heart Diseases

Access to service for chronic conditions

77.6%

Household members with chronic conditions who were able to access medicine or other health services (n=67)

Place received chronic disease treatment (n=52)

69.2%

UNHCR supported NGO clinic

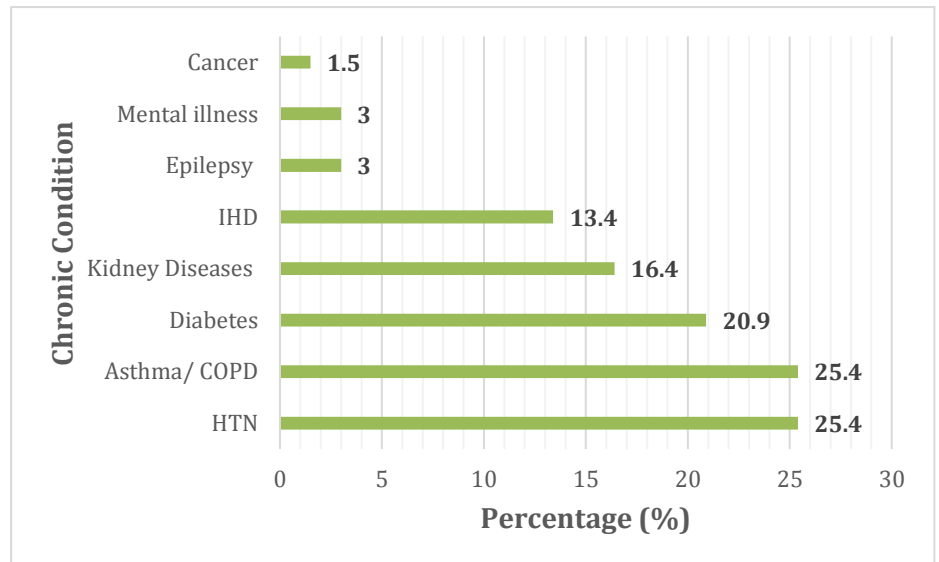
23.1%

Private facility

7.7%

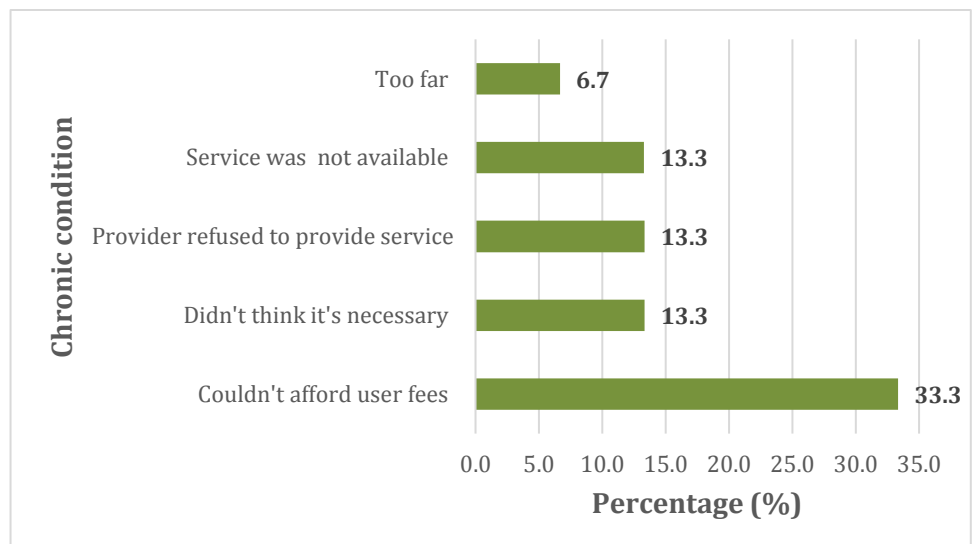
Governmental facility

Figure 9: Type of chronic disease among chronically ill adult household members (n=67)



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Figure 10: Barriers to accessing services for chronic conditions (n=14)



5. Disability and impairment

5.4%

Proportion of household members with a disability

7.1 Among household members with a disability or impairment (n=35)

37.1%

household members with impairments were due to war-related violence

57.1%

Proportion of household members who did not receive any treatment

7.2 Among household members with a disability who received treatment (n=15)

60%

Received treatment from UNHCR supported facility

20%

Received treatment from private facility

Figure 11: Type of disability, among impaired household members (n=35)

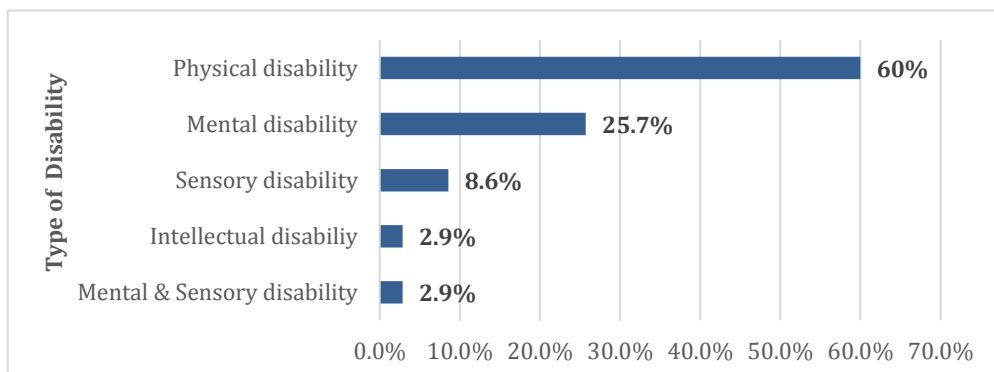


Figure 4: Cause of disability (n=35)

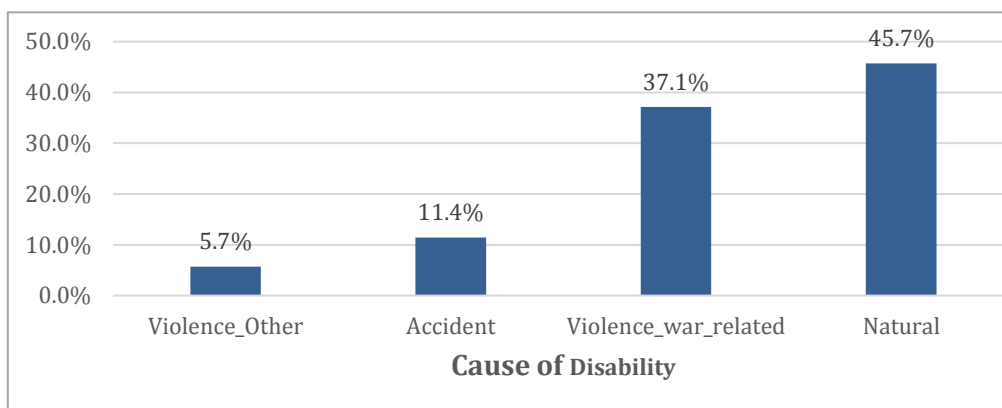
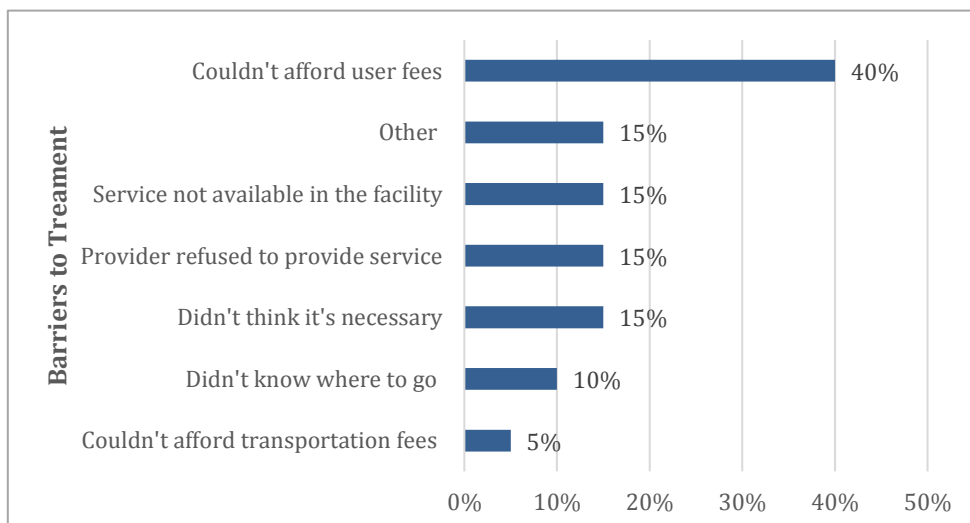


Figure 5: Barriers to accessing care (n=20)



6. Health care access and utilization during month preceding interview

Household expenditure

39.2%

Proportion of households that spent money on health care in the past month

373 EGP

Average household expenditure on health care services in the past month

First point of care

20.0%

proportion of household members who sought care at a health facility in the past month (n=648)

71.5%

proportion who received care, among those who sought it (n=130)

52.6%

proportion who received care at UNHCR supported clinic among those receiving care (n=93)

Second Point of care

16.9%

Proportion who were referred to a second facility among those who sought care

68.8%

proportion who had to pay for the care, among those who received care in the second facility (n=16)

1151.3 EGP

Average cost paid by patient for last hospitalization/ therapeutic interventions

Figure 6: Place received first point of care (n=93) and referral care (n=16)

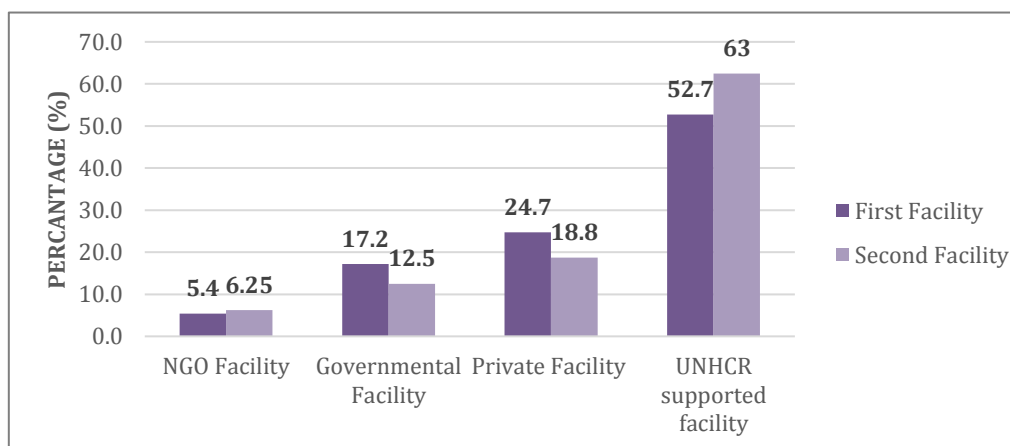


Figure 5: Barriers to accessing services

