Health access and utilization survey among refugees in Lebanon - 2022

UNHCR, June 2023

Background

The Government of Lebanon estimates that the country currently hosts approximately 1.5 million refugees from Syria, including 815,000 registered with UNHCR by the end of 2022[1]. There are also approximately 12,000 refugees and asylum-seekers from countries other than Syria who are registered with UNHCR. These populations live across all governorates in Lebanon in urban centers and informal settlements. UNHCR is providing assistance and support to refugees through a variety of programs covering basic assistance, protection, shelter, WASH, education and health. UNHCR plays a role both in provision of health care services and institutional support through implementing partners, third party administrator (TPA) and in coordination of the response together with the Lebanese Ministry of Public Health (MOPH), the World Health Organization (WHO), and other UN agencies. The UNHCR public health programme aims to ensure equitable refugee access to comprehensive health services within Lebanon including primary health- and hospital care. Primary health care (PHC) is the core of all health interventions and in total, there are 158 primary health care facilities[2] countrywide in which subsidized care is available for refugees. UNHCR supports through international and national partners some of these facilities that either are situated in areas which have sizeable refugee populations or providing services that are generally not available in the Lebanese system (e.g., Mental Health care services). Hospital care is an essential component of access to comprehensive health services for refugees. UNHCR supports deliveries and life-saving emergency care by paying a part of hospital fees depending on the cost of the admission. In this process, UNHCR works with a Third-Party Administrator (TPA) that verifies eligibility of cases, audits bills and effectuates the transfer of money to the health care providers. The programme is based on cost-sharing mechanism where a patient shares a certain proportion of the total cost of the admission.

It is challenging to collect reliable routine data on the health service needs of urban/non-camp refugees when compared to those residing in formal camps. For this reason, Household Access and Utilization Surveys (HAUS) was conducted to allow UNHCR to monitor trends in how refugees access and utilize health services over time. Since 2014, UNHCR Lebanon has conducted annual HAUS by telephone (the proportion of Syrian refugee households known to UNHCR with telephone numbers in Lebanon is 98%) which has provided information on the challenges faced by refugees in accessing health care services. The survey results guide program delivery by providing regular information in a cost-efficient manner on key variables relating to access and utilization.

Objective

To monitor refugee access to and utilization of available health care services. The survey also provides an analysis in trends with previous years, notably 2021.

[1] https://reporting.unhcr.org/operational/operations/lebanon

[2] In this report primary health care facilities refers to MOPH Primary Health Care Centers (PHCCs), dispensaries, Social Development Centers (SDCs) and UNRWA clinics.

Methods

- The survey was conducted through telephone interviews during the period: 30 September to 19 October 2022.
- The survey was conducted by operators in a call-center who have conducted similar surveys for UNHCR in the previous months. A complete training was provided to all callers engaged in the current survey to ensure similar level of skills for all callers engaged in the survey.
- Survey households were selected using random sampling from the UNHCR database in Lebanon as of September 2022, with a valid telephone number in the database.
- The sample size was calculated by the 'HAUS sample size calculator' which follows the principles of the 'WHO STEPS' sample size calculator to obtain a representative sample for the indicators of interest[3].
- Sample size was determined based on a desired confidence level of 95% for key indicators, design effect of 1, and accounted for a non-response rate of 50% (i.e., number of responders double as many as non-respondents)
- Selected HHs were contacted and interviewed over the phone by the interviewers.
- Participation was fully voluntary, and everyone was assured confidentiality. Everyone was informed that their decision to participate in the survey would not have any consequences regarding UNHCR support and assistance to the respective household.
- The head of household, or an adult (aged ≥18) who could respond on behalf of the household, was interviewed.
- The specific inclusion and exclusion criteria for individuals within a selected household were as follows:

  Inclusion
  - Head of household
  - Person $\geq$ 18 years of age who can provide response on behalf of the household.

  Exclusion
  - Not providing informed consent
  - Under 18 years of age
  - Not known to UNHCR in the database
- Data was entered in real time on call-center desktops using the software which was developed by UNHCR Lebanon. The software has standard data protection measures in place and the desktops were password protected and could be logged-in by the respective enumerators only. Data was analyzed using STATA 2021 (StataCorp. 2021. *Stata Statistical Software: Release 17*. College Station, TX: StataCorp LLC)[4].

[3] WHO |STEPS Sample Size Calculator and Sampling Spreadsheet; https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwi86ei5z-j_AhVVYKQEHbz_BF0QFnoECA4QAQ&url=https%3A%2F%2Fcdn.who.int%2Fmedia%2Fdocs%2Fdefault-source%2Fncds%2Fncd-surveillance%2Fsteps%2Fsample-size-calculator.xls%3Fsfvrsn%3Dee1f4ae8_2&usg=AOvVaw0FXBROD6VkM8r0dbV0WFdW&opi=89978449

[4] https://www.stata.com

Key findings

A. Baseline characteristics of sample

- A total of 2,739 households were selected to be called by the enumerator to reach the needed sample size of 1,452 households.
- 1,531 (55.9%) households were interviewed. The most common reason for non-response was either that no-one responded to the call or that the number was not functioning.
- Participating households had a total of 7,445 members, which means that surveyed households had an average number of 5.7 individuals (Range: 1 - 12).
- 51% of surveyed household members were female and 13% were less than 5 years old.
- The distribution of the respondents per region was: 24% in the North, 37% in the Bekaa, 26% in the Beirut and Mount Lebanon region and 12% in the South. The corresponding figures for the year 2021 were 28% in the North, 31% in the Bekaa, 28% in the Beirut and Mount Lebanon region and 13% in the South.

B. Knowledge about available services and health care expenditure

- 1,447 households answered on questions about knowledge on available assistance.
- 67% of interviewed households knew that refugees have access to subsidized services at primary health care facilities for between 3,000 and 5,000 LL. Corresponding figures from 2021 was 65%.
- 82% of households knew that UNHCR supported life-saving hospital care and care for deliveries. Corresponding figure from 2021 was 86%.
- 71% knew that vaccination for children <12 years is free at primary health care facilities. Figure in 2021 was 68%.
- 27% of respondents were aware of services for survivors of domestic abuse or sexual violence. Figure in 2021 was 32%.
- 37% of respondents knew that drugs for acute conditions could be obtained for free at primary health care facilities. Figure in 2021 was 38%.
- 73% of households reported spending money on health care the previous calendar month. The figure from 2021 was 67%.
- The households who had spent money on health care the previous month spent on average LBP 3,261,741 (Median: LBP 1,300,000; Range: 30,000 – 300,000,000). The averages from 2021, 2020 and 2019 were LBP 1,119,800, LBP 269,103 and LBP 196,500 respectively. This constitutes a dramatic increase that mirrors the devaluation of the LBP and the increasing cost of services due to removal of subsidizes.

C. Sexual and reproductive health

(i) Antenatal care services

- 562 women reported having been pregnant during the 2 years preceding the survey. 76% (415) delivered during the same period.

- 88% (496) of the women who had delivered had received antenatal care (ANC) services. Corresponding figure from 2021 was 70%.
- Out of the 496 women who had delivered and attended ANC, 61% went for 4 visits or more (70% in 2021).
- Most common reasons for not accessing ANC services were, not thinking it was necessary (29.3%) followed by not being able to pay for clinic fees (27.6%). This is similar to the year 2021 where 'not thinking it was necessary' was also the most common reason.
- 475 women answered the question about where they had received ANC care. 306 (62%) had gone to a primary health care facility and 169 (34%) had gone to a private clinic. This constitutes a change from 2021 during which 68% went to a primary health care facility and 30% went to a private clinic.
- 23% of women had received ANC at more than one facility.
- 72% (357) reported having paid for ANC visits while 24% (120) got ANC for free. Median cost for an ANC-visit at a primary health care facility (for those who paid and could recall the amount) was LBP 400,000 (LBP 15,000 in 2021). This is due to devaluation of the Lebanese Pound and the consequential increase in the cost of services.

(ii) Delivery services

- 402 out of the 415 women who delivered answered the question about where they had delivered. 88% (352) had delivered in a hospital (84% in 2021) and 3% (11) had delivered at home (3% in 2021). 9% (35) had delivered in medical facilities other than hospitals (11% in 2021). 3 of the 11 women who had delivered at home were assisted by a trained birth attendant (TBA), 7 by untrained attendants and 1 by a family member.
- Reasons for delivering at home included hospital costs and difficulties in finding transportation.
- The proportion of women who reported delivering via caesarean section was 37% (30% in 2021).
- 76% (307) of the women who had delivered reported having received financial assistance from UNHCR for their delivery (68% in 2021). 15% (59) did not pay anything for their delivery (14% in 2021).
- 150 respondents reported to have had a normal vaginal delivery (NVD). The median cost reported was LBP 400,000. The corresponding figure from 2021 was LBP 260,000, year 2020 was LBP 300,000 and the year 2019 was LBP 244,500.
- 254 respondents reported to have had a C-section. The median cost was LBP 1,000,000 (LBP 400,000 in 2021). The corresponding figure from 2020 was LBP 425,000 and the year 2019 was LBP 375,000.
- Median cost for assisted home-delivery was LBP 400,000 (LBP 362,500 in 2021 and LBP 340,000 in 2020).

(iii) Post-natal care services

- Only 32% (127) of the 403 women who had delivered and answered the question had sought post-natal care (PNC) services. The corresponding figure in 2021 was 32%.
- Of the ones not seeking PNC 75% thought that the services were not necessary (64% in 2021), and 12% could not afford the clinic fees (22% in 2021).

(iv) Family planning

- 1,171 households were willing to answer questions about family planning. (This constitutes 76.5% of all households which is lesser than that in 2021 (86%).
- Of these, 53% (617) reported using some method of family planning (63% in 2021).
- 41.8% of respondents used traditional methods only (withdrawal, calendar etc.) 20.6% used contraceptive pills, 25.9% used IUDs and 5.9% used condoms. Similar proportions were seen in 2020. This is different from the year 2021 where 31% of respondents used traditional methods only (withdrawal, calendar etc.) 28% used contraceptive pills, 24% used IUDs and 13% used condoms.
- Most common reasons for not using family planning included spouse being away/divorced or dead (22%), planning for pregnancy (21%), one of the spouses incapable of childbearing due to age (21%) and one of the spouses incapable of childbearing due to health reasons/sterility (11%). The same top four reasons were reported in 2021.

D. Childhood vaccinations

- Questions about vaccinations were asked to about 1120 households with children < 5 years old. 89% (998) had received a vaccination booklet.
- 76% of children had received oral polio vaccination, and 89% had received injectable vaccines. The corresponding figures from the year 2021 were 72% and 86% and for the year 2020 were 83% and 87%. The corresponding figures from the year 2019 were 81% and 84% respectively.
- 4% (33) of 827 children that had received injectable vaccines were vaccinated before arriving in Lebanon which is a major decrease from 11% in 2021, 22% in 2020 and 11% in 2019.
- 87% of the children who had received injectable vaccines in Lebanon got at least one of their vaccinations in a primary health care facility, 3.7% in a UNHCR reception center and 3.7% in a mobile clinic.
- 25% (99) of refugees that had received injectable vaccines in Lebanon had to pay for the vaccination (43% in 2021).
- Refugees paid a median cost of LBP 82,500 for vaccination services (for those who reported paying). Corresponding figure 2021 was LBP 15,000.
- Reasons given by the 59 respondents whose children had not been vaccinated included child ill at time of vaccination (17%), did not think it was necessary (14%), fees too high (15%), couldn't afford transportation (7%) and didn't know where to go (2%).36% reported "other" reasons which included child too young to get immunized and various COVID-19 related reasons.

E. Chronic conditions

- 49.8% (762) of 1531 households responding to the question reported at least one member with a chronic condition (47% in 2021).
- 21% (1578 of the 7,445 household members, reported to have a chronic medical condition. (16% in 2021) This constitutes an increase but may be an effect of how respondents define a chronic condition. Despite using the same phrasing in the questionnaire this figure has fluctuated significantly over the years in a way that cannot be a result of changing prevalence of chronic disorders. Looking at prevalence of the most common disorders (hypertension, asthma, and diabetes) prevalence remain quite stable. What fluctuates is the size of the large group of "other" disorders (see below).

- Most common conditions among those reporting one or more chronic conditions were: asthma/pulmonary disease (16%; 19% in 2021), hypertension (17%; 16% in 2021), diabetes (12%; 10% in 2021), heart disease (11%; 8% in 2021), physical disability – such as cerebral palsy or paralysis after stroke 4%; (6% in 2021), thyroid disorders 5%; (5% in 2021) and kidney disease 3%; (4% in 2021).
- 61% (963) of the 1575 individuals that had reported having a chronic condition and had responded to the question had accessed medical care and/or medicines for their condition(s) during the last 3 months. A considerable increase compared with 46% in 2021 but closer to the 2020 values of 68%.
- 960 individuals amongst the 963 individuals who had accessed medical care and/or medicine for their condition during the last 3 months could recall the facilities where they sought care. Of these 960 individuals 44% (426) had gone to a primary health care facility, 34% (326) to a pharmacy and 15% (144) to a private clinic. This is similar to the previous year where 44% (155) had gone to a primary health care facility, 33% (115) to a pharmacy, and 15% (53) to a private clinic.
- 72% of those who sought care had to pay for the services (80% in 2021). 25% of those who went to primary health care facilities received services for free (30% in 2021).
- Of those who did have to pay, the median cost, not considering health care outlet, was LBP 360,000 while it was LBP 122,500 in 2021.
- The main barrier to accessing care for chronic conditions was the inability to pay clinic fees (39%; 50% in 2021 and 50% in 2020) or drugs (24%; 33% in 2021 and 28% in 2020). Another important observation was that 10% could not access the services as they were not provided by the health center.

F. Acute conditions

- 37.6% (2801) of the 7,445 household members amongst the households who responded to the question reported to have had an acute condition during the month preceding the survey (13% in 2021). The most common symptoms reported were upper respiratory tract symptoms (runny nose, sore throat) (32%; 28% in 2021), cough/asthma (11%; 21% in 2021), fever (13%; 15% in 2021), headache (4%; 14% in 2021), joint and back-pain (8%; 11% in 2021), diarrhoea/vomiting (6%; 11% in 2021) and stomach pain (4%; 12% in 2021)
- Among the ones reporting being acutely ill, 24% (679) did not seek health care (33% in 2021). The reasons reported were: could not afford clinic fees (56%; 68% in 2021) and thinking it was not necessary (2%; 16% in 2021), long distance to travel (15%; 1% in 2021) and not affording transport (13%; 13% in 2021).
- Out of the 2110 that sought health care and answered the question, 39% (819) went to a pharmacy, 39% (825) to a primary health care facility, 13% (283) to a private clinic and 6% (126) to a hospital. In the year 2021, 29% (123) went to a pharmacy, 40% (167) to a primary health care facility, 16% (68) to a private clinic and 13% (53) to a hospital.
- 91% (1917) of the 2104 who sought care and responded to the question got health care at the first facility they went to. The corresponding figure from 2021 was 89%.
- Respondents who could recall the amount they had paid for care reported the following median costs: Overall LBP 900,000 (LBP 150,000 2021), primary health care facilities LBP 200,000 (LBP 30,000 in

2021), pharmacies LBP 120,000 (LBP 150,000 in 2021), and hospitals LBP 1,217,500 (LBP 500,000 LBP in 2021).

- Reasons for not receiving services despite seeking them includes: couldn't afford the fees (56%; 43% in 2021); long way to travel (15%; only 1% in 2021) and could not afford transport (13%; 13% in 2021).

G. COVID-19: Knowledge and vaccination

- This section was newly introduced in the HAUS 2022 and hence comparison with previous years is not available.
- Regarding methods for protecting households against COVID-19, most respondents reported methods such as wearing mask in public places (28%), using hand sanitizer (19%), physical distancing (17%), washing hands with soap and water (16%), staying at home (11%) and not touching face (4%).
- 81% (n=2578) of the respondents reported that they would seek care if anyone in their household had COVID-19 disease.
- Regarding places that respondents would seek care for COVID-19, most mentioned were NGO facility (38%), UNHCR contracted hospitals (30%), pharmacy (10%), private clinic or hospitals (7%). However, 6% of the respondents did not know where to seek care.
- 63% (n=1991) of the respondents knew that UNHCR subsidizes the cost for care COVID-19 disease.
- All population residing in Lebanon aged 12 years and above were eligible to receive COVID-19 vaccination. Amongst the eligible participants 41% (n=1537) were reported to have received any vaccination against COVID-19. 25% of the eligible participants (n=951) were reported to have received at least two doses of the vaccine.
- 75% (n=1157) of the respondents who received the COVID-19 vaccine had received it at the National Vaccination Centre (MOPH). 18% (n=282) of the respondents that received COVID-19 vaccine, reported to have received it at the UNHCR mobile vaccination unit.
- The main reason for vaccination hesitancy was limited trust in the vaccine (46%), family member or a friend advised against it (8%), limited knowledge about where to get it (1.6%), transportation challenge to the vaccination center (1.4%).

H. Infant and young child feeding (IYCF) and Nutrition:

- This section was newly introduced in the HAUS 2022 and hence comparison with previous years is not available. These set of questions were posed to all households that had a child less than 23 months of age.
- 76% (n=227) of respondents whose household had a child less than 23 months old, reported that the infant in the household has never been breastfed. 50% (n=143) of respondents reported that the infant in the household has been breastfed one day before the interview. 70% of respondents reported that the infant in the household ate solid/semi-solid food one day before the interview.
- Regarding initiation of breastfeeding, only 23% were initiated for breastfeeding within the first 1 hour, and 55% after one hour.
- 20% (54) of respondents that noticed growth and feeding difficulties for their child sought care. However, amongst these 46% were not enrolled into any nutrition programme. Amongst the one which were enrolled in any nutrition programme, 37% were enrolled as outpatients while 15% were enrolled as inpatients.

I. Third-party administrator (TPA) for UNHCR referral health care services:

- 18% (260) of the respondents were aware of the third-party administrator that UNHCR has contracted to support in provisioning referral health care services to the refugees.
- The methods cited by the refugees for reaching out to TPA includes, 'by telephone' (54%), 'going to TPA office in the hospital' (11%), 'going to the emergency room and the hospital will refer them to the TPA office in the hospital (2%).'

J. Health communication:

- This section was newly introduced in the HAUS 2022 and hence comparison with previous years is not available.
- 93% of respondents preferred some form of phone communication (Phone call, Text message or WhatsApp message regarding communication relating to health.
- The most preferred mode for receiving health care is text messages / SMS (58.6%, followed by phone call (18%), WhatsApp communications (16%), community health volunteers (2.8%), and the internet (1.7%).

Limitations

- Survey was limited to refugees in Lebanon known to UNHCR with a telephone number. In order to ensure the representative nature of the survey, the sample size has been calculated considering the non-response rate and other statistical parameters for adequate representation. Furthermore, the response rate improved to 56% as compared to 36% for the year 2021.
- Interviews were held with only one key informant from each household and answers are self-reported. Lack of information by the informant or poor recollection available to the household respondent might have affected the quality of response and led to bias.
- HAUS is conducted using phone calls and due to the nature of this modality, visual verification is not possible if required.
- Despite training of surveyors and phrasing questions in an explanatory way, concepts such as chronic and acute illness, primary health care centers, private clinics and hospitals might not be clearly understood by the respondents which in turn will affect their answers.
    - Due to the COVID-19 related public health restrictions some of the statistics from the year 2022 are not directly comparable with the year 2021. Therefore, wherever required, the findings from 2020 are also shared in the report.
    - Fluctuation of the national currency, the Lebanese Pound has posed challenges during interview as well as during analysis and interpretation. To maintain uniformity, questions about costs were asked for in Lebanese Pounds and presented accordingly. Where required for comparison, costs have been converted into USD using an average exchange rate of 30,000 because in January 2022 it was 20,000 and in December it was 40,000.
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Conclusions

The access-to and utilization of health care showed mixed findings in comparison to findings from 2021 and 2022.

- There was an increase in the access to ANC (88 % Vs 70% in 2021 and 86% in 2020) and the completion of the recommended 4 visits (61% VS 49% in 2021 and 61% in 2020);
- Of pregnant women going for ANC, 62% went to public PHC facilities compared to 68% in 2021 and 59% in 2020;
- The usage of family planning measures has declined as compared to the year 2021 (53% versus 63%). Of these, 2/5th of the households were only using traditional methods for family planning.
- The percentage of children below 23 months of age who had never been breastfed was low (76%). Amongst those who were breastfed, less than a quarter were initiated breastfeeding within the first 1 hour.
- Access to medications for chronic disorders stayed low and decreased as compared to the year 2020 (61% compared to 46% in 2021 and to 68% in 2020).
- Less than half of the chronically ill persons (44%) continued to seek care in public PHCs similarly to 2021 (44%). It was 39% in 2020.
- More persons with acute disorders decided to seek health care compared to 2021. However, the percentage was same as what was seen in 2020 (76% compared to 67% in 2021 and to 77% in 2020).
- Only 39% of the acutely ill persons sought care in public PHC facilities compared to 40% in 2021 and 31% in 2020.
- There has been a decline in number of children who have received the oral polio vaccine and an injectable vaccine in the year 2022 as compared to 2020. The low values in the year 2021 could be attributed to the COVID-19 related public health restrictions whereby vaccination coverage was declining (76% of children had received oral polio vaccination and 89% had received injectable vaccines in 2022; Corresponding figures for the year 2021 were 72% and 86% respectively and for the year 2020, the figures are 83% and 87% respectively).
- Higher percentage of households knew that that refugees have access to subsidized services at primary health care facilities as compared to the year 2021 (67% versus 65%). However, there was a decline in the number of households who knew that UNHCR supported life-saving hospital care and care for deliveries (82% versus 86%).
- Almost all respondents preferred phone communication (Phone call, Text message or WhatsApp message) to receive information related to health and health services.
- There is an increase in the household expenditure on health services and reflects the devaluation of the Lebanese pound and the removal of subsidies on medicines. Albeit the quantification of this increase is limited by the fluctuation of the currency over the year.

Discussion:

The ongoing socio-economic crises with concurrent emergencies and disasters in Lebanon have had an impact on the health expenditures of the refugee population residing in Lebanon. The average household has, during 2022, seen its purchasing power reduced significantly since prices of non-subsidized products

are increasing a lot faster than salaries. According to the 2022 vulnerability assessment for Syrian refugees (VASyR), only 6% of the households had no debt as compared to 8% in the year 2021. Furthermore, medicine and health were amongst the top five reasons for a family to resort to debt[5]. This is however not always clearly reflected in the survey responses and is a limitation, especially in phone surveys. For example, the most reported reason for not attending PNC was "not thinking it was necessary" rather than not affording the fees. It should be considered that there can be an overlap between "not affording" and "not needing" since in the face of scarcity, certain needs are not prioritized.
During the year, drugs were often much harder to purchase and the third most common reason for not accessing chronic care was that "drugs were not available" irrespective as to whether they could be afforded or not.

Another worrying observation is the low vaccination coverage among children, with those reporting having received oral vaccination (76% compared with 72% in 2021 and 83% in 2020) despite mobile medical units were deployed in the low coverage areas. For injectable vaccines, the values were 89% compared to 86% in 2021 and 87% in 2020. Vaccination is provided free-of-charge at the PHCs, all LRC mobile medical units and the UNHCR reception centers. Therefore, cost should not be the major factor contributing to decline – but disruptions in access due to COVID-19 restrictions, ongoing socio-economic crises and increased cost of transport could have played a role.

In many other areas, no big differences have been observed compared to the year 2021:

- There was no difference in proportion of women delivering at home.
- Increase in the proportion of women accessing ANC care.
- Knowledge about available services remained at similar levels which is low.
- There is a drop in the usage of modern contraceptive methods while the usage of traditional methods has increased.
- No change in proportion of women going for PNC which continues to stay low.

Recommendations

Recommendations based on the results of the 2022 HAUS findings are:

- In the current financial situation, it is important that essential health services continue to be available at subsidized prices as the survey indicates that the clinic fees have been a barrier to access care for both chronic and acute medical conditions. This requires increased monitoring on cost-sharing mechanism to promote standardization of cost of services.
- Efforts need to be continued to spread awareness about the importance of ante-natal care mostly post-natal care. Additional thrust is required to emphasize the importance of family planning, child immunization, and IYCF. Further to increase uptake of family planning (FP) services, counselling and commodities related to FP could be provided in post-delivery.

[5] https://ialebanon.unhcr.org/vasyr/#/

- To further increase awareness and dissemination of information about GBV services and coverage.
- Stress on the importance of initiating breastfeeding, particularly within the first hour after delivery in hospital to promote breastfeeding and prevent malnutrition.
- The reduction in the number of under-fives having received oral polio vaccination needs to be followed up. Routine immunization activities need to be strengthened and set as priority for awareness on vaccine preventable diseases.
- Increased communication regarding access to health services and the knowledge on the UNHCR TPA for lifesaving conditions should be promoted and revamped.

1)Baseline Characteristics of Population and Sample

1.1 Survey response

2,739
Number of households selected to participate in the study

44.1%
Proportion of households called but not responding (i.e., could not be interviewed due to invalid number, not answering the phone, or declining to participate)

1.2 Sample population

1,531
Number of households reached and agreed to participate in the study

7,445
Number of household members in surveyed households

5.7
Average number of household members in surveyed households, including the head of household

51%
Proportion of household members who are female (n=3709/7340)

13%
Proportion of household members who are <5 years old (n=958/7340)

Figure 1: Distribution of households by governorate (n=1531)

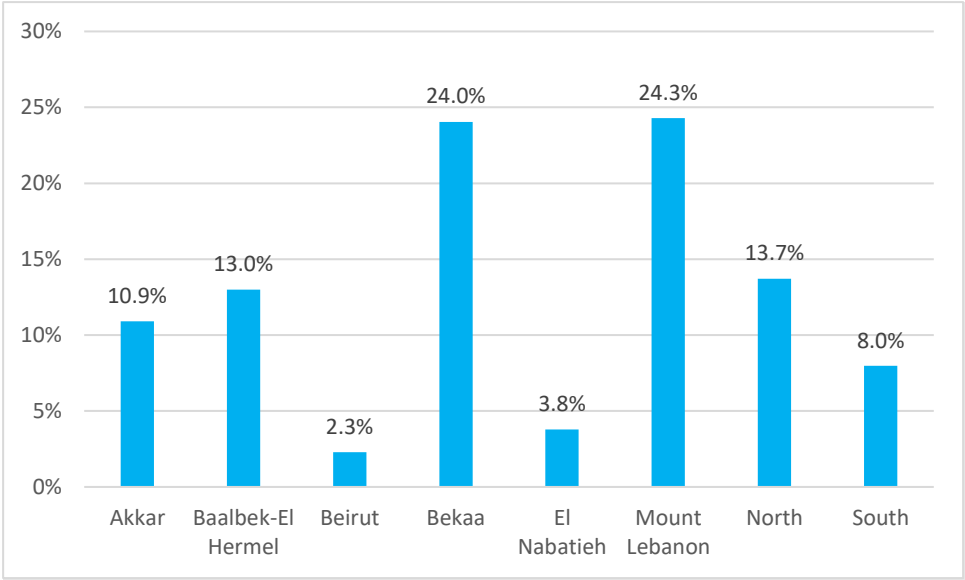
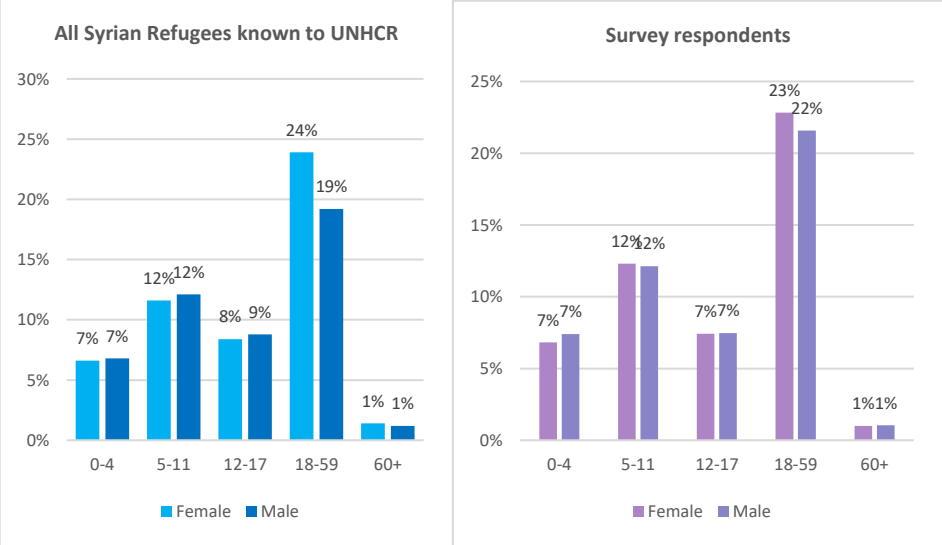


Figure 2: Age and sex distribution of household members (n=7,441)



2) Knowledge about available services and health care expenditure

2.1 Knowledge

67%

Proportion of households knowing that consultations in governmental PHCCs for between 3000 and 5000 LBP (n=990/1477)

82%

Proportion of households knowing that UNHCR supports hospitalization for life threatening conditions and deliveries (n=1209/1480)

71%

Proportion of households knowing that vaccinations are free for children <12 years in government facilities (n=1053/1480)

37%

Proportion of households knowing that drugs for acute conditions can be obtained for free in governmental PHCCs (n=546/1479)

2.2 Health care expenditure

73%

Proportion of households spending money on health care the month preceding the survey (n=1089/1490)

1,300,000 LBP

Median amount spent by the households spending on health care the month preceding the survey (n=1065)

Figure 3. Proportion of respondents answering yes (n=1460)

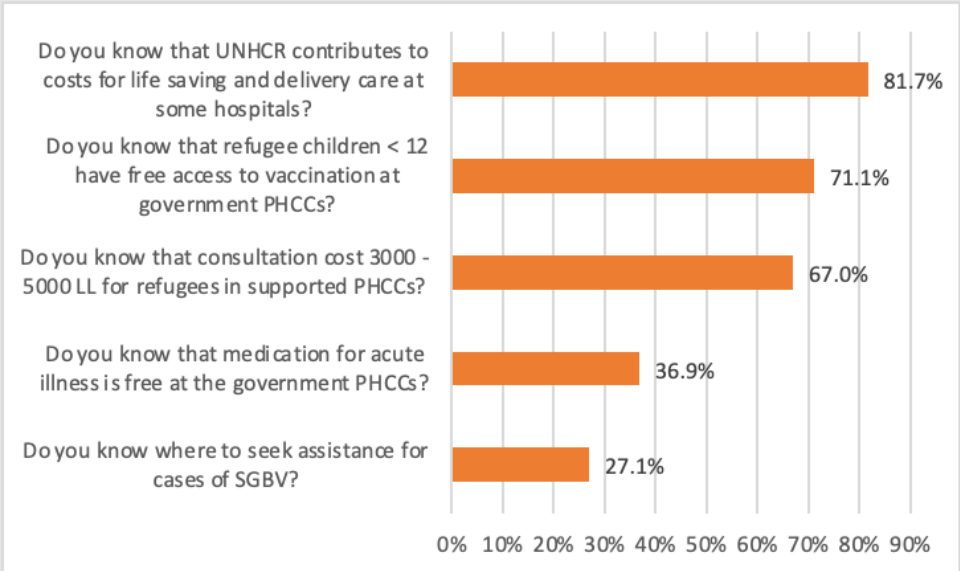
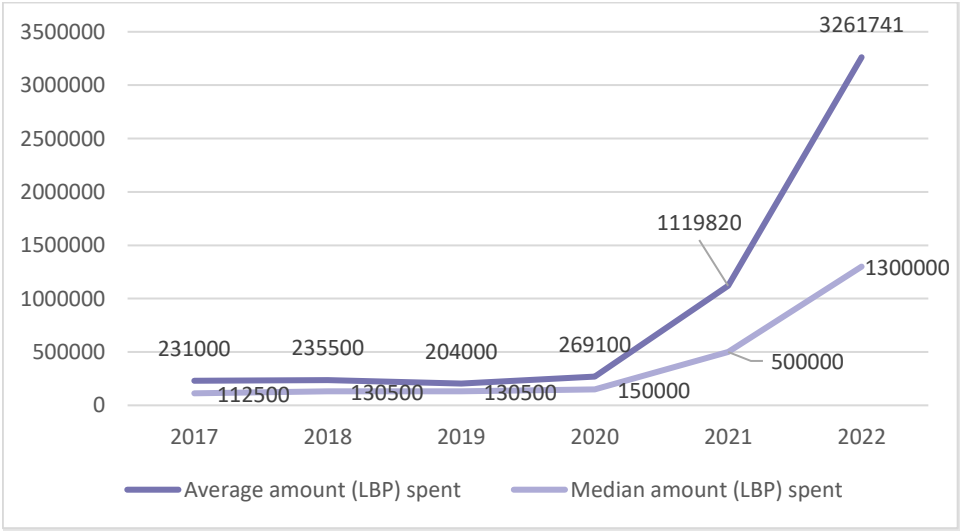


Figure 4. Average and median amounts spent by the household during month preceding the survey (of household that reported spending money on health) between 2017 and 2022



3)Antenatal Care and Deliveries

3.1 Antenatal care (ANC)

88%
Proportion of women who delivered who accessed ANC (n=496/562)

61%
Proportion of women who delivered who went for at least 4 ANC visits (n=341/562)

23%
Proportion of women who received ANC at more than one facility (n=108/475)

3.2 Deliveries

2.7%
Proportion of deliveries at home (n=11/402)

76%
Proportion of deliveries supported financially by UNHCR (n=307/402)

37%
Proportion of deliveries by C-section (n=150/405)

400,000 LBP
Median cost of vaginal delivery supported by UNHCR (n=150)

1,000,000 LBP
Median cost of C-section supported by UNHCR (n=254)

Figure 3: Number of ANC visits among women who delivered during past 2 years (n=562)

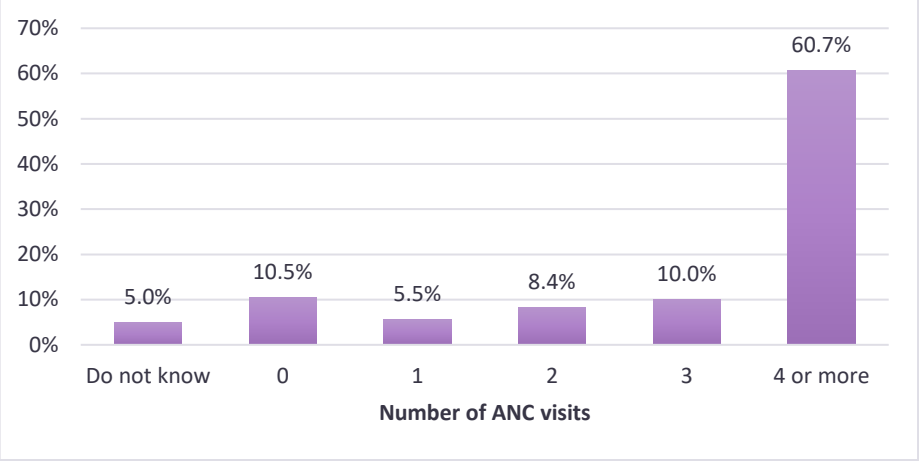


Figure 4: Place for last ANC visit (n=493)

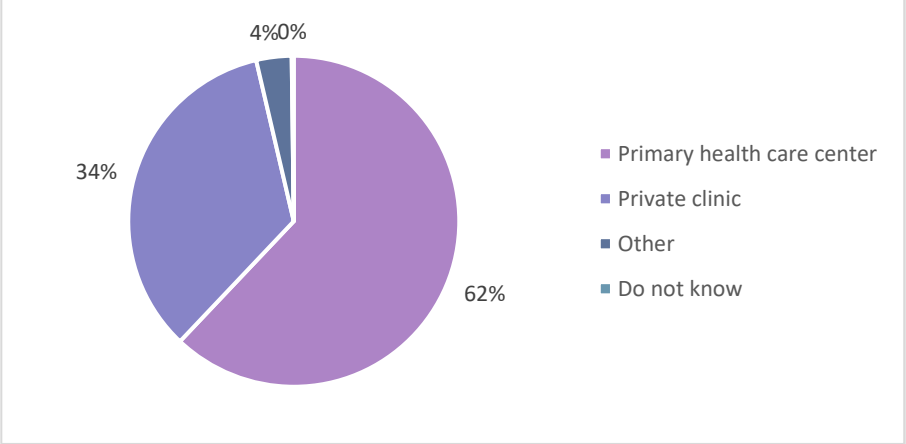
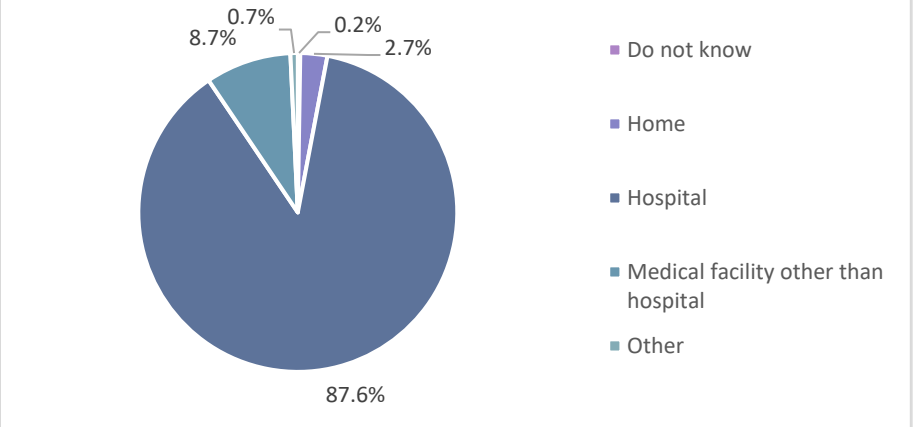


Figure 5: Place of delivery (n=402)



4)Postnatal Care, Family Planning and Child Care

4.1 Postnatal Care (PNC)

32%

Proportion of women who delivered who went for a postnatal care visit (n=286)

4.2 Family Planning

53%

Proportion of total households reporting using some kind of contraceptive method (n=617/1171)

4.3 Child Care

89%

Proportion of children <5 that had received injectable vaccines at any point (n=998/1120)

96%

Proportion of children received injectable vaccine that got vaccinated in Lebanon (n=794/827)

75%

Proportion of children vaccinated in Lebanon that was vaccinated for free (n=594/792)

87%

Proportion of children vaccinated in a PHCC (n=688/787)

3.7%

Proportion of children that only had received vaccination in a UNHCR reception center (n=29/787)

Figure 6: Reasons for not going for PNC (n=256)

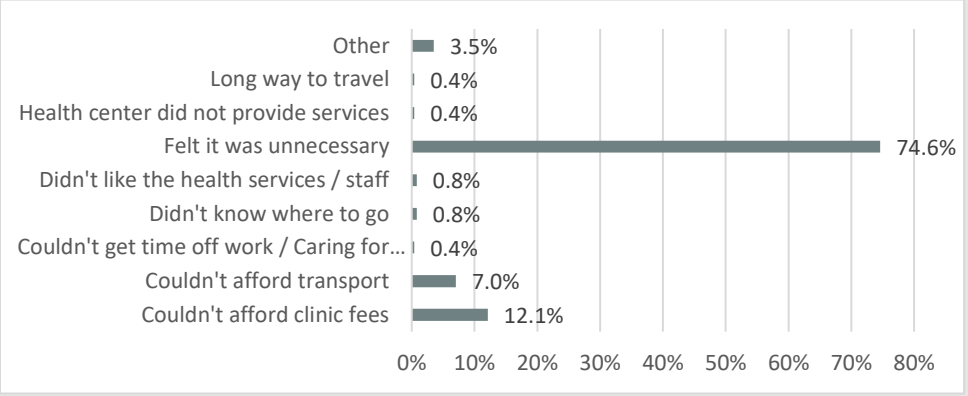


Figure 7: Reasons for not using family planning (n=537)

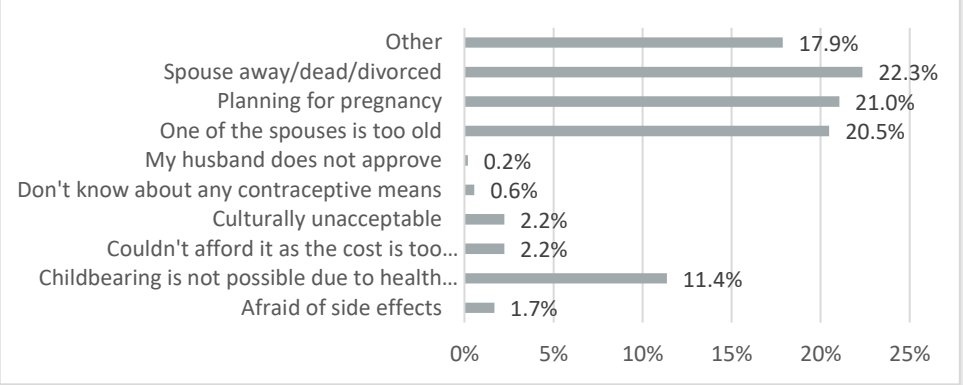


Figure 8: Choice of family planning methods (n=613)

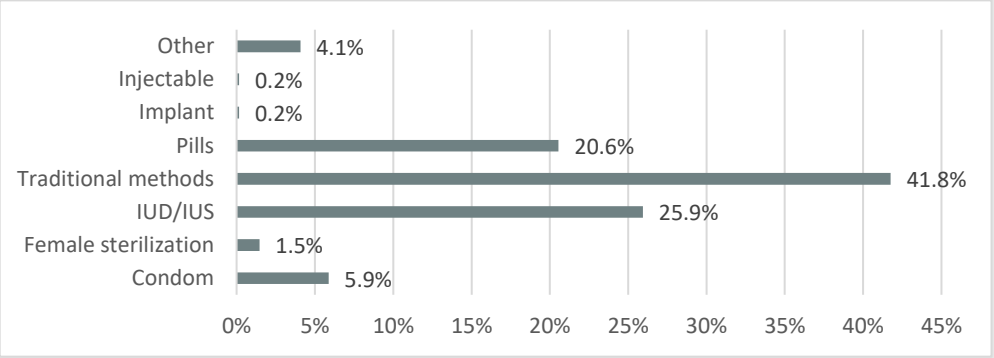
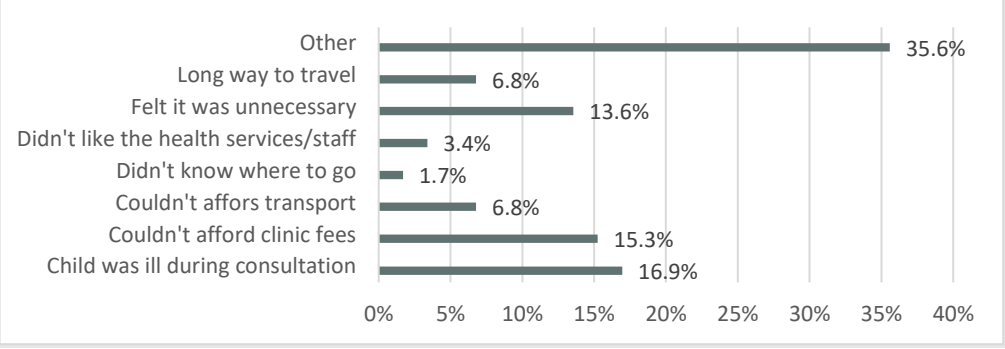


Figure 9: Reasons for child not being vaccinated (n=59)



5)Chronic Conditions (N=7445)

5.1 Prevalence

21%

Proportion of respondents who reported having a chronic condition (n=1578/7445)

25%

Proportion of respondents 40 years or above who reported having a chronic condition (n=1049)

49.8%

Proportion of households with at least one member having a chronic disorder (n=762/1531)

30%

Proportion of individuals that reported having more than one chronic condition (n=477/1578)

5.2 Access

61%

Proportion of respondents who have accessed care/medication for their chronic condition during the last 3 months (n=963/1575)

34%

Proportion of individuals that primarily sought care in pharmacies (n=326/960)

360,000 LBP

Median cost of care/medication for chronic disorders during the last 3 months (n=680)

Figure 10: Proportion of different chronic conditions reported (n=1540)

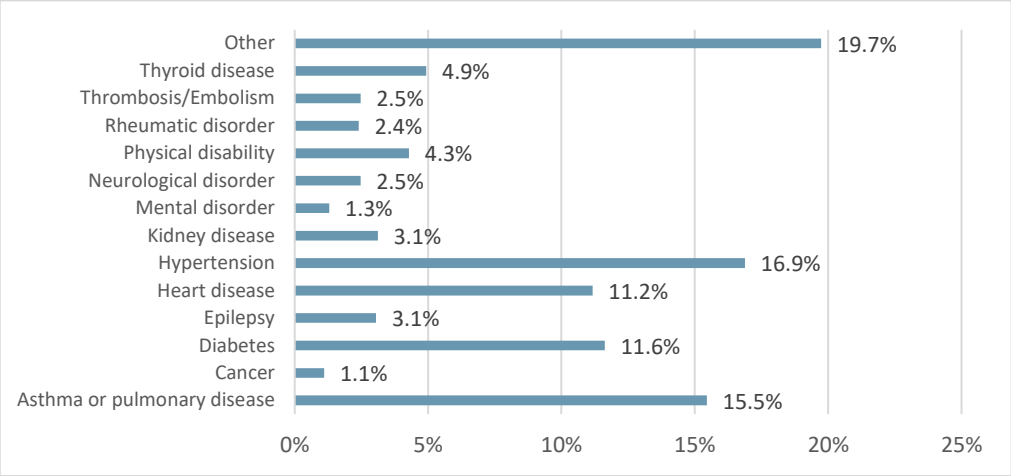


Figure 11: Reasons for not accessing chronic care (n=600)

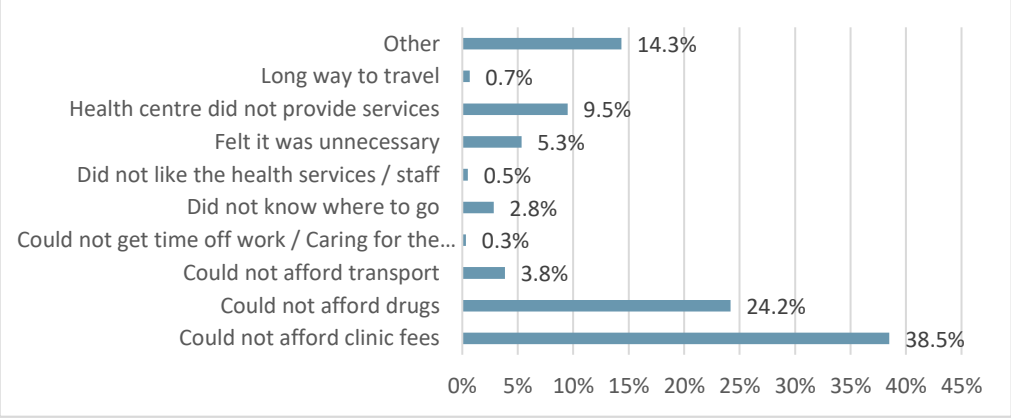
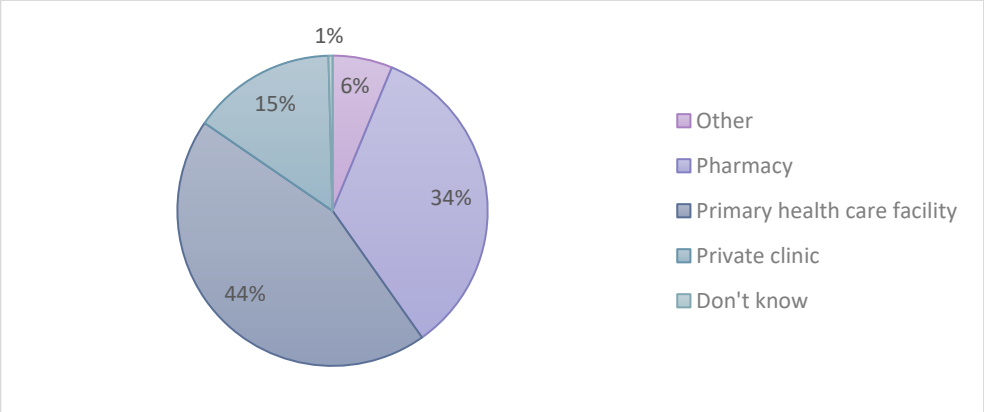


Figure 12: Where sought care for chronic disorder (n=960)



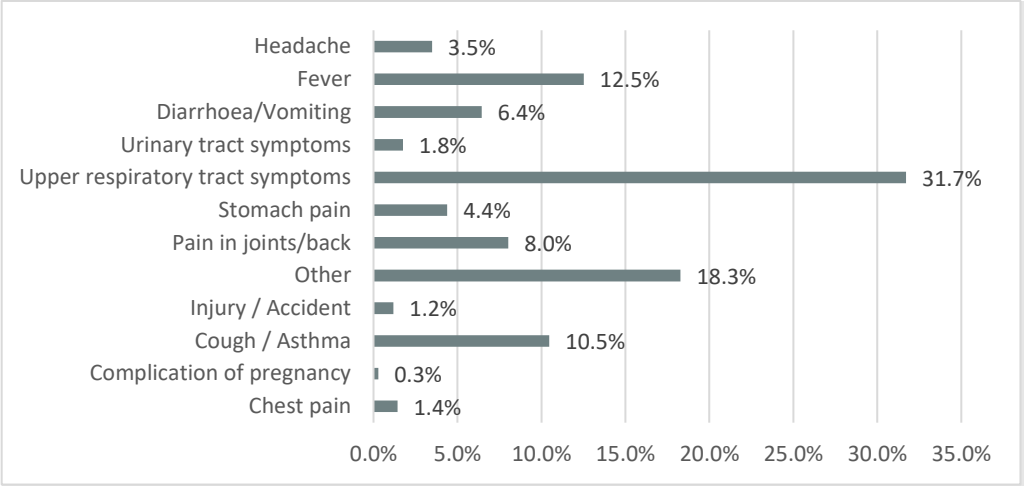
6) Acute Conditions (N=7445)

6.1 Incidence

37.6%

Proportion of respondents who reported having an episode of acute illness during the last month (n=2801/7445)

Figure 13: Symptoms of reported acute illness during last month (n=2779)

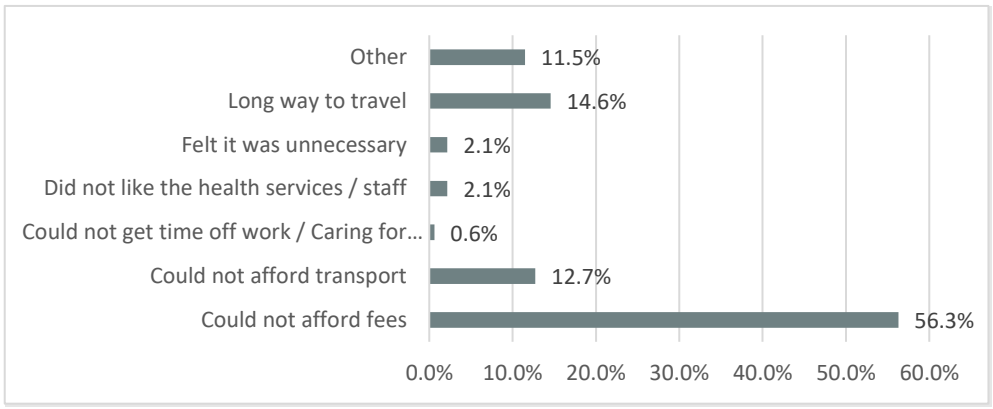


6.2 Access

75.7%

Proportion of respondents who sought health care for the episode of acute illness (n=2117/2796)

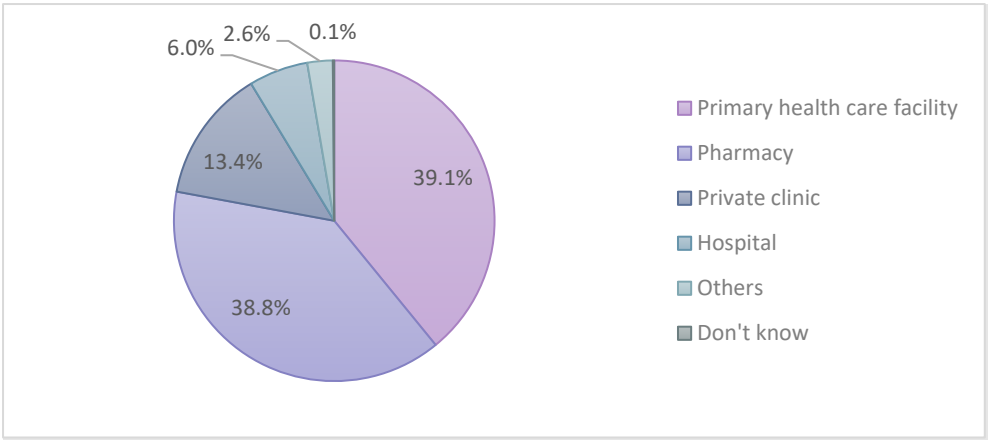
Figure 14: Reasons for not seeking care for acute illness (n=652)



91.1%

Proportion of individuals that sought health care for an acute illness that got it at first point of care (n=1917/2104)

Figure 16: where sought care for acute illness (n=2110)



38.8%

Proportion of individuals that sought health care primarily in pharmacies (n=819)

900,000 LBP

Median cost of care for episode of acute illness during the last month (n=51)

7) COVID-19 (N= 3784)

7.1 Knowledge

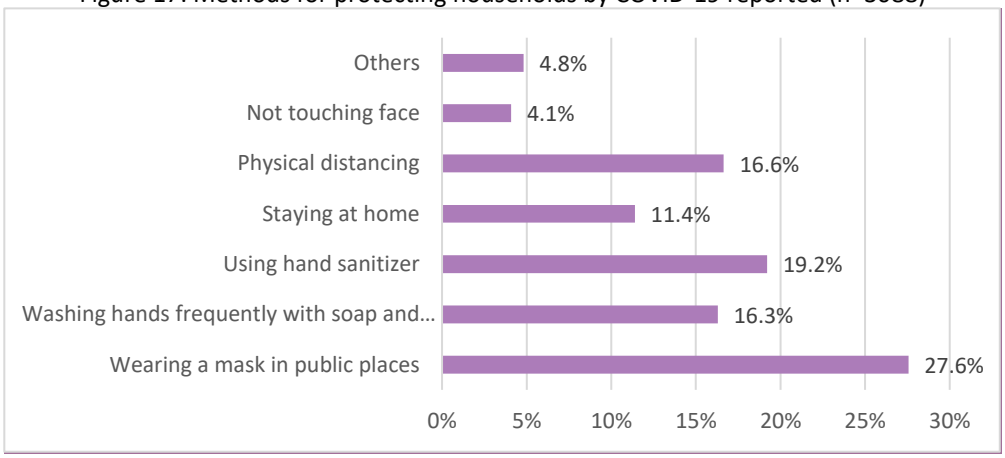
81%

Proportion of respondents reported that they would seek care if anyone in their household had COVID-19 (n=2578/3177)

63%

Proportion of respondents that knew that UNHCR subsidizes the cost for COVID-19 care (n=1991/3174)

Figure 17: Methods for protecting households by COVID-19 reported (n=3088)



7.2 Vaccine

41%

Proportion of respondents that reported having received any vaccination against COVID-19 (n=1537/3784)

25%

Proportion of respondents that reported to have received two doses of COVID-19 vaccine (n=951/3784)

75%

Proportion of respondents that received COVID-19 vaccine, reported to have received it at the National Vaccination Centre (MOPH) (n=1157/1534)

18%

Proportion of respondents that received COVID-19 vaccine, reported to have received it at the UNHCR mobile vaccination unit (n=282/1534)

Figure 18: Places that respondent would seek care for COVID-19 (n=3023)

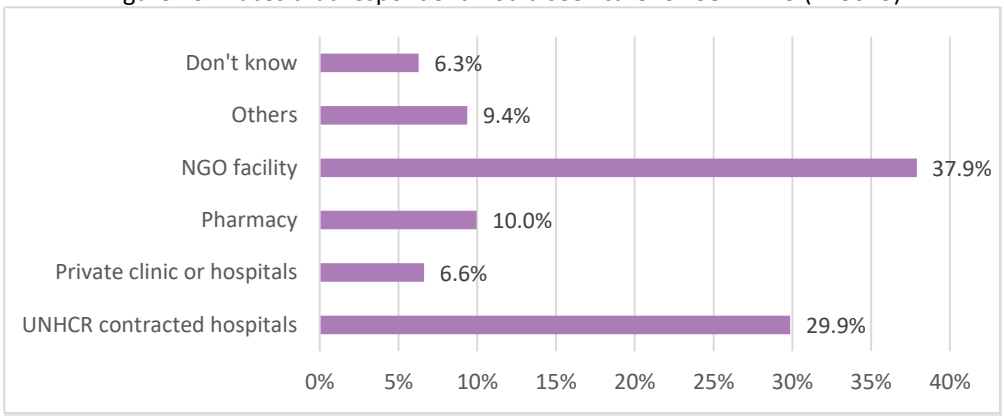
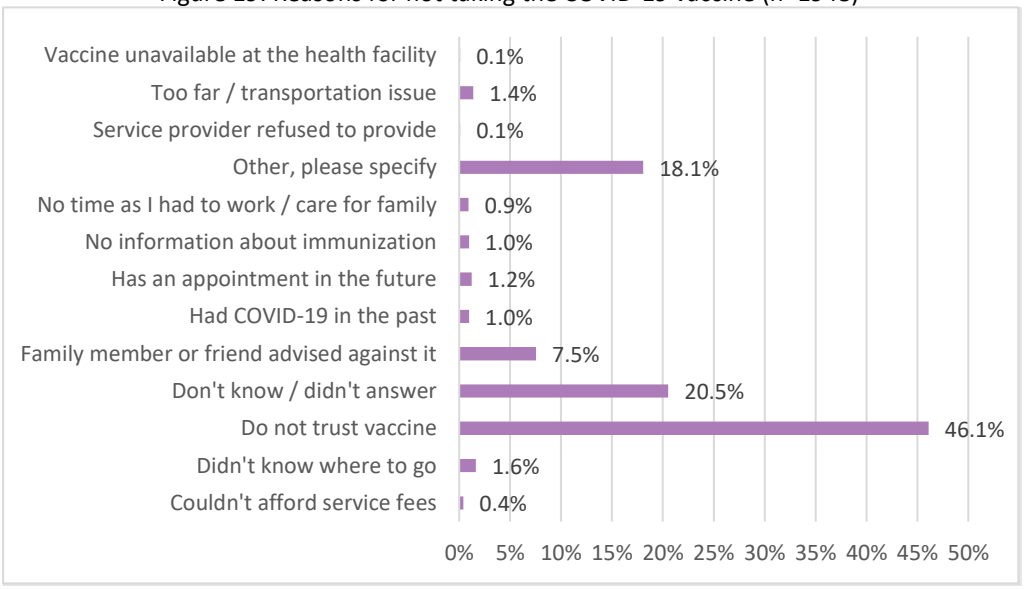


Figure 19: Reasons for not taking the COVID-19 vaccine (n=1948)



8) Infant and young child feeding (IYCF)& Nutrition (N= 297)

8.1 IYCF

76%

Proportion of respondents reported that the infant in the household has ever been breastfed (n=227/297)

50%

Proportion of respondents reported that the infant in the household has been breastfed one day before the interview (n=143/288)

70%

Proportion of respondents reported that the infant in the household ate solid/semi-solid food one day before the interview (n=201/289)

Figure 20: Time when the initiation of breastfeeding took for the infant in the household (n=276)

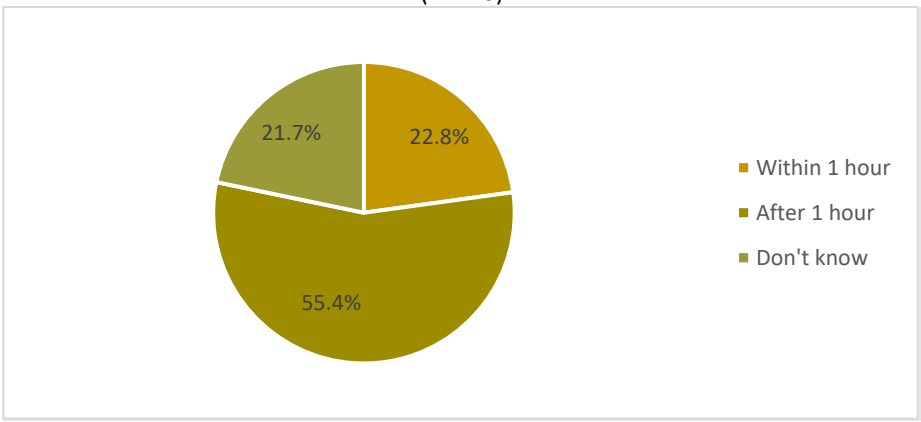
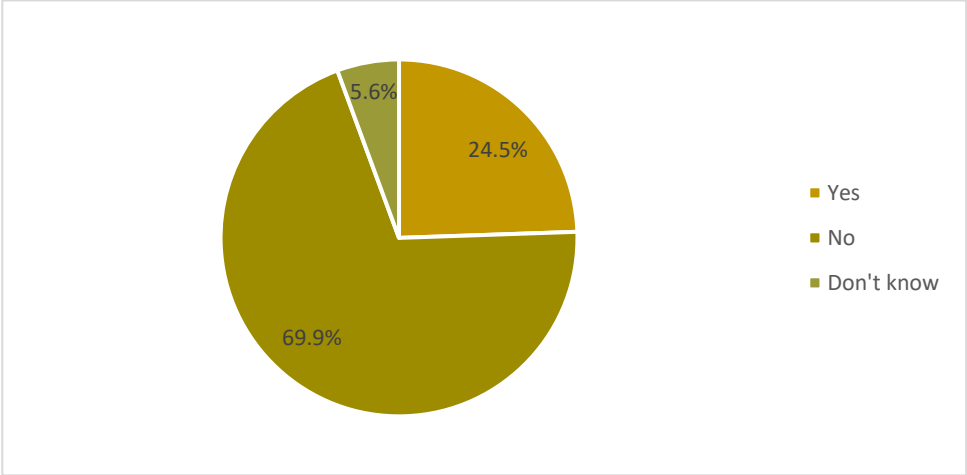


Figure 21: Respondents noticed any growth and feeding difficulties over the last months (n=1104)

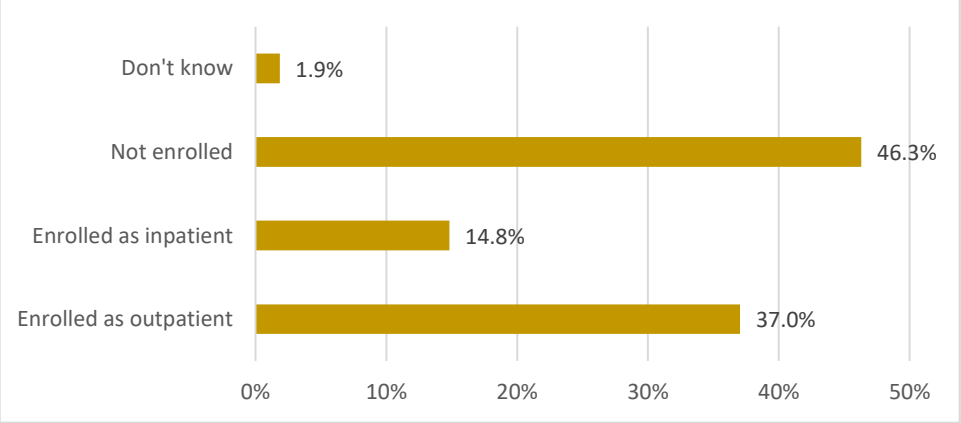


8.2 Nutrition

20%

Proportion of respondents that noticed growth and feeding difficulties for their child and seek care (n=54/269)

Figure 22: Is the child enrolled in any nutrition program (n=54)



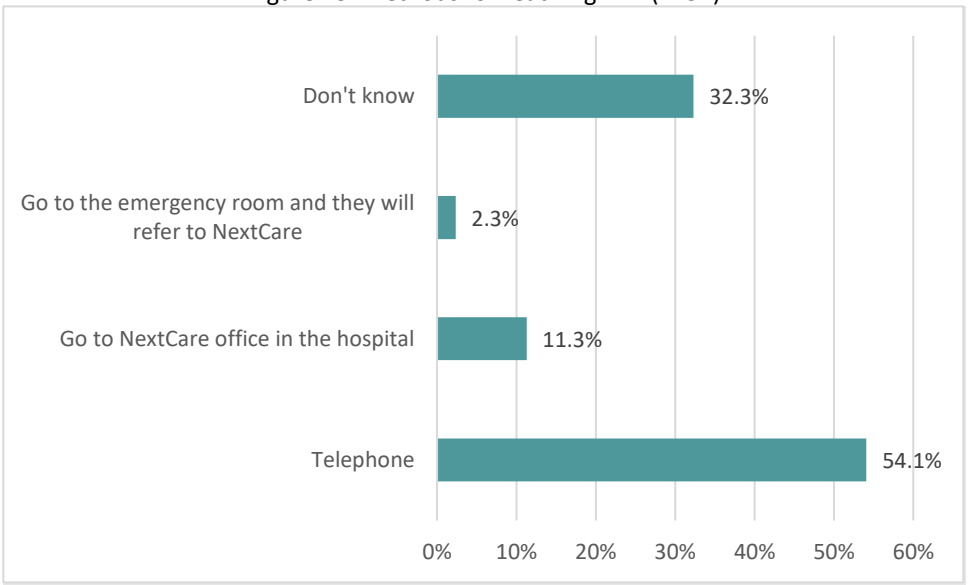
9) Third-party administrator – TPA (N= 257)

9.1 Knowledge

32%

Proportion of survey respondents who knew about the UNHCR TPA for referral health care programme, but did not know how to reach them (n=83/257)

Figure 23: Methods for reaching TPA (=257)



10) Health communication (N= 1464)

10.1 Health communication

93%

Proportion of respondents who preferred some form of phone communication (Phone call, Text message or WhatsApp message (n=1357/1464)

Figure 24: Preferred mode for receiving health information reported by the respondents (n=1464)