

# At a glance

## Health access and utilization survey among non-camp refugees in Lebanon

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UNHCR  
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Photo credit: UNHCR

*We are grateful to the Syrian refugees who participated in this survey. We are also grateful to the Ministry of Public Health, and other local and international partners who have continuously provided healthcare services for refugees. The survey was conducted by UNHCR Public Health team in Lebanon with support from UNHCR Public Health Section in Geneva. Analysis of data and preparation of report was carried out by UNHCR Public Health Section, Geneva.*

# Summary

## Objective

- This assessment was conducted among non-camp based Syrian refugees living in Lebanon, to monitor access to and utilization of key health services.

## Methods

- Eight surveyors underwent two days of training, including field-testing of the survey tools.
- The survey was carried out between 31 August and 8 September 2015.
- 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 on key health access and utilization.
- Data were entered using mobile tablets and analyzed using STATA 13 software package.

## Key findings

### Baseline characteristics of population and sample

- At the time of the survey the population of registered non-camp Syrian refugees living in Lebanon numbered 1,13 M individuals in 273,938.
- 351 households with 1,975 residents were surveyed.
- 50% of household members were female and 19% were under 5 years of age.

### Health care access and utilization during the month preceding the interview

- 75% of households knew that refugees have subsidized access to PHCs. and that refugees only had to pay between 3000-5000 Lebanese Pounds for each consultation at a primary health care centre. Although not a direct comparison, this was higher than the 54% in 2014 and 40% in 2013.
- 77% of households knew that refugees with life threatening conditions had subsidized access to hospital care, as compared to 58.6% in 2014 and 54% in 2013.
- 62% of households had at least one member of the family requiring health care in the preceding month, as compared to 73.2% in 2014.
- 93% of households with at least one member requiring health care reported having to pay for all or part of the care.
- The average cost of health care paid per household in the preceding month increased to 136 USD compared to 90 USD in 2014.

### Childhood vaccinations

- 75% of households knew that children under 5 have free access to vaccination in 2015, an increase from 27.3% in 2013 to 72.4% in 2014.
- 81% of children under 5 were reported to have a vaccination card in 2015, compared to 80% in 2014.
- 6% of children under 5 faced difficulty accessing vaccination compared to 7% in 2014
- Self-reported measles immunization coverage in children under 5 was 80% in 2015 compared to 78% in 2014.

### Maternal health

- The proportion of pregnant women who had at least one ANC visit during their pregnancy increased from 73% in 2014 to 84% in 2015.
- 27% of pregnant reported facing difficulties in accessing ANC compared to 30.5% in 2014. The main barrier being inability to afford the fees. Among 80 women who had delivered in 2015, 31% had a Cesarean-section. This is comparable to 34% of deliveries by C-section 2014 and 30% in 2013.
- On average households contributed 152 USD out of pocket per delivery. This is in addition to the coverage that UNHCR contributes to delivery care i.e. 250 USD for normal delivery and 500 USD for Cesarean sections.

### Residency card

- 49% of households reported having residency cards and 84% were obtained in the governorate in which they live.
- Among households that could not obtain a residency card, 61% failed to do so due to inability to afford the fees associated with obtaining the card.

# Summary continued

## Limitations

- Survey findings may not be generalizable to refugee households without a registered telephone number, as they could not be interviewed for this survey.
  - It is reasonable however to assume that households with no phone access are likely to be more financially vulnerable and therefore at higher risk of not being able to access and utilize health services as needed.
- Poor recall or lack of information available to the head of household respondent may have affected the quality of the response.

## Conclusions

- There has been a progressive improvement in refugees knowledge about access to subsidized PHC and SHC has however 25% of refugees still report to be unaware of such services.
- Cost remains the main barrier to accessing health care. Household expenditure on health care is high and increasing coupled with increasing levels of poverty. 70 % of households are living under the poverty line (US\$3.84/ person/day), up from 50% in 2014 (VASyR 2015).
- Antenatal care (ANC) coverage of 4 or more visits remains low (47% compared to 49.5% in 2014). Cost of accessing services is the main barrier.
- The C-section rate of 31% is high but comparable to that for Lebanese and similar to previous years.
- The reported home delivery rate of 11% assisted by a trained attendant compared to 3.2% in 2014 requires further investigation.

## Recommendations

### **Improve refugee knowledge of available services**

- Continue awareness raising on cost and subsidies for health services through registration centres, community centres, municipalities and mass information campaigns using SMS and media.
- Focus on the importance of and availability of reproductive health services.

### **Address financial barriers to access**

- Continue supporting access to primary health care services through the expanded network of MoPH PHCs benefiting from a supply of free vaccines and essential medications. Advocacy to ensure that childhood vaccination is completely free of charge following the MoPH directive. There must be a particular focus on ensuring access to antenatal and postnatal care to remove financial barriers and increase uptake.
- At secondary care level, ongoing financial support is essential to ensure access to life saving and obstetric care with increased coverage for the most socioeconomically vulnerable. Standard fees for deliveries agreed with contracted hospitals must be enforced and closely monitored. The hospital C-section rate should be controlled by continuing to require an independent prior approval based on clear indications. Increased uptake of quality ANC services may contribute to reducing the rate of emergency C-sections.
- Investigate the reported increased number of home deliveries.

# 1. Baseline characteristics of population and sample

## 1.1 POPULATION

273,938

Total number of households registered with UNHCR at sampling

91.7%

Estimated proportion with a valid phone number among registered households

29 (8%)

n=380

Did not agree to participate in the study

## 1.2 SAMPLE

351

Number of households agreed to participate and surveyed in study

1,975

Number of household members in surveyed households

5.6

Average number of household members in surveyed households

50.2%

Proportion of female household members

19%

Proportion of household members < 5 years of age

Figure 1: Survey response

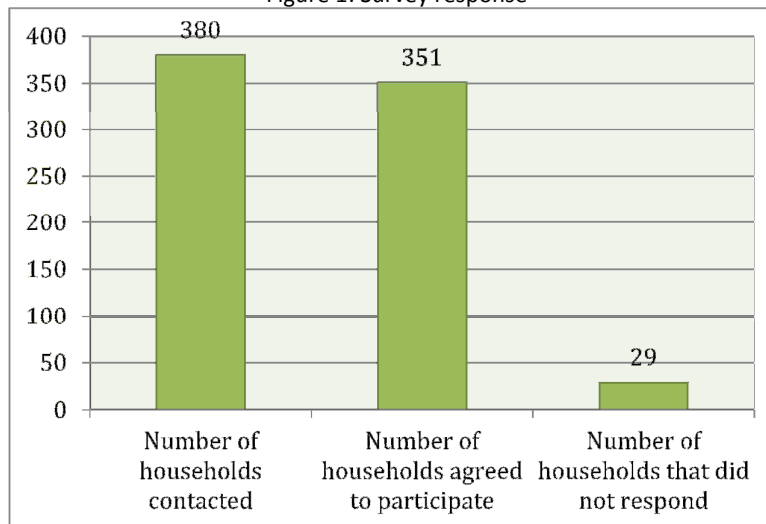


Figure 2: Gender distribution of household members (n=1,917)

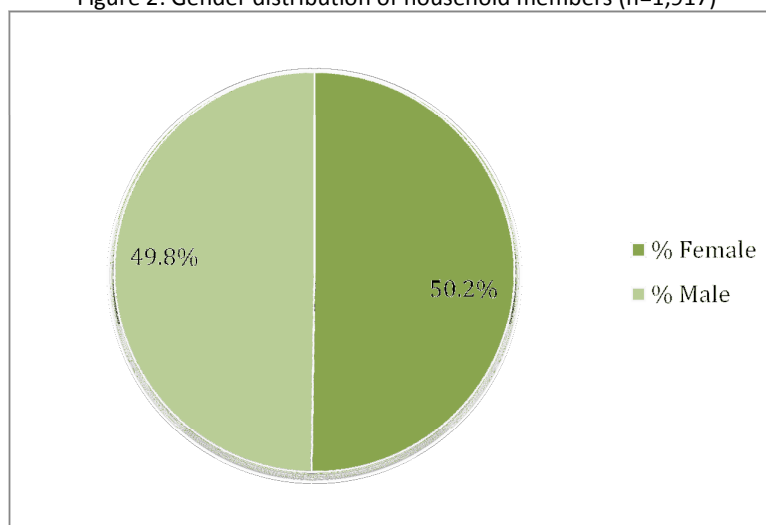
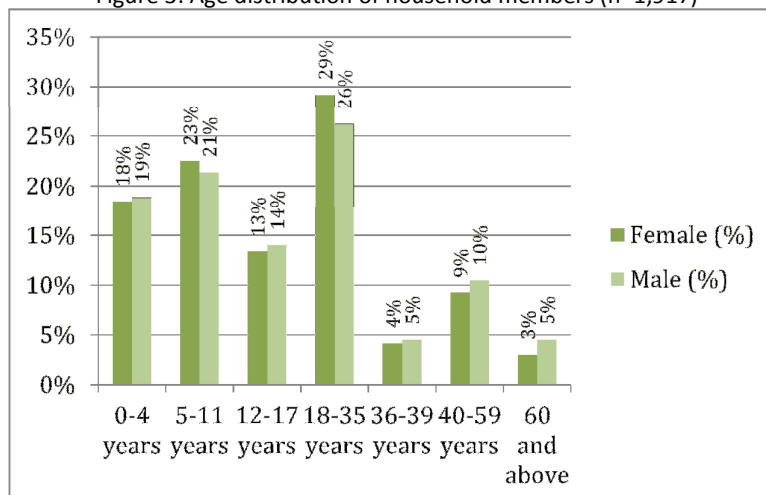


Figure 3: Age distribution of household members (n=1,917)



## 2. Knowledge of health services and acquisition of residency

### 2.1 KNOWLEDGE

75%

Proportion of households that knew refugees have subsidized access to primary health care services

75%

Proportion of households that knew refugee children <5 have free access to vaccination

### 2.2 RESIDENCY

CARD

49%

Proportion of households that had a residency card

84%

Proportion of households that obtained a residency card in the governorate in which they live (n=177)

61%

Did not obtain a residency card because could not afford the cost (n=26)

Figure 4: Knowledge of available health services

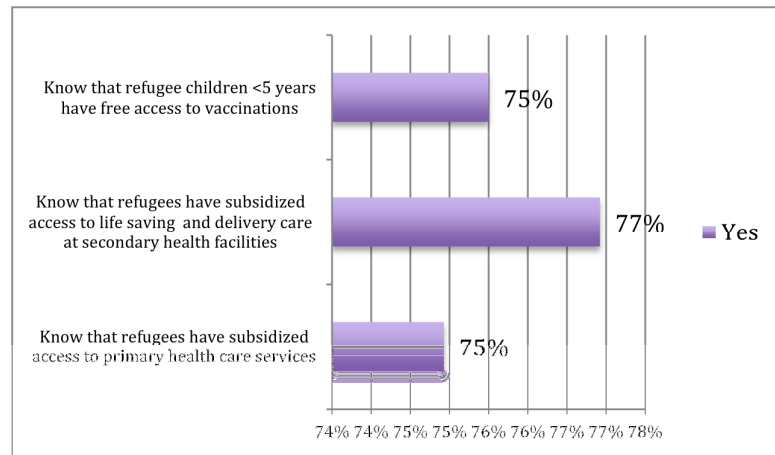


Figure 5: Obtaining a residency card (n=351)

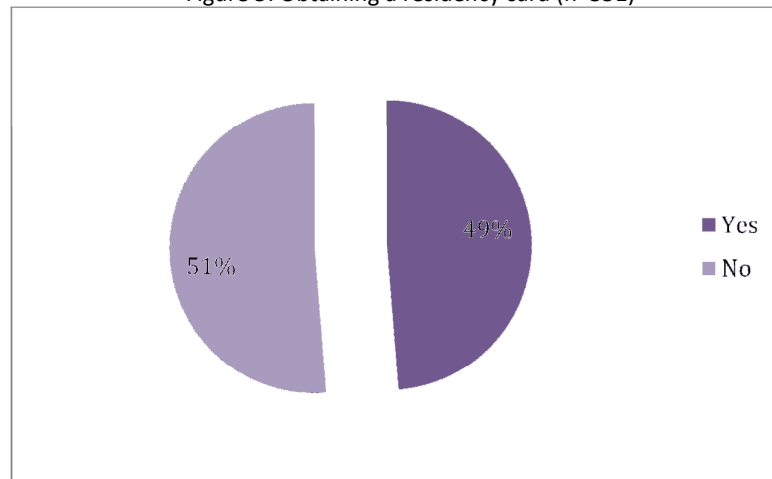
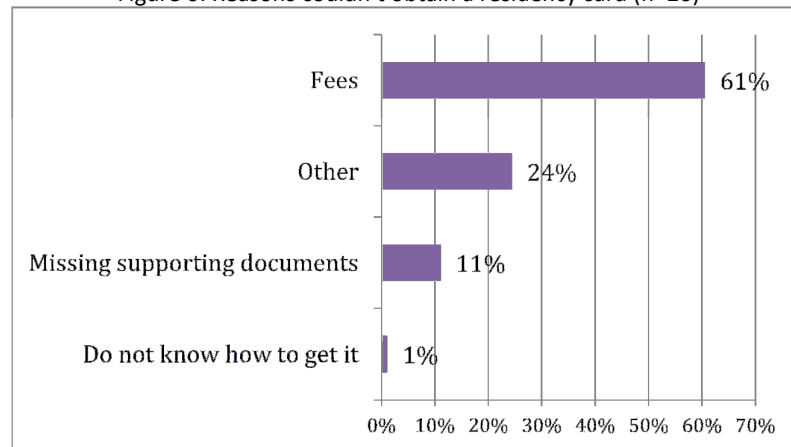


Figure 6: Reasons couldn't obtain a residency card (n=26)



### 3. Childhood vaccinations

(among n=201 households with at least one child <5)

57%

Proportion that reports to have an immunization card

80%

Proportion reporting to have received a measles-containing vaccine

6%

Proportion that faced difficulties obtaining vaccine

(among n=11 who faced difficulties obtaining a vaccine)

31%

Could not get vaccinated because could not afford fees and free vaccination was not available

57%

Proportion that received vaccine at a PHC (n=161)

Figure 7: Proportion of households with at least one child under 5 (n=351)

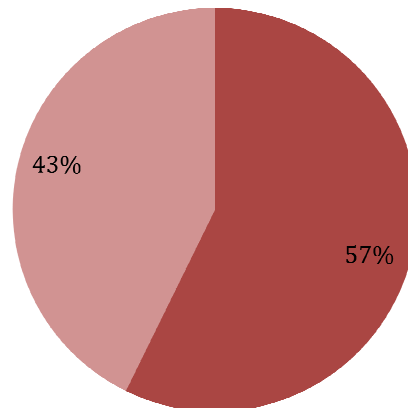


Figure 8: Proportion of households with at least one child under 5 that had an immunization card and those that received a measles vaccine (n=238)

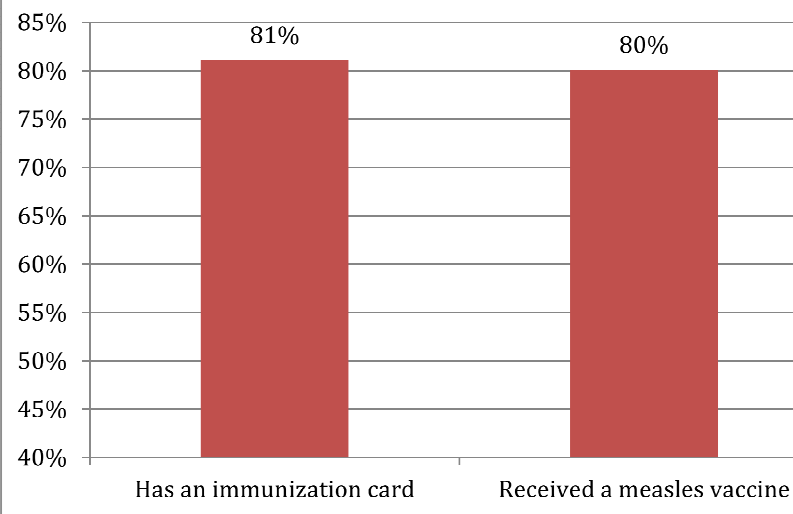
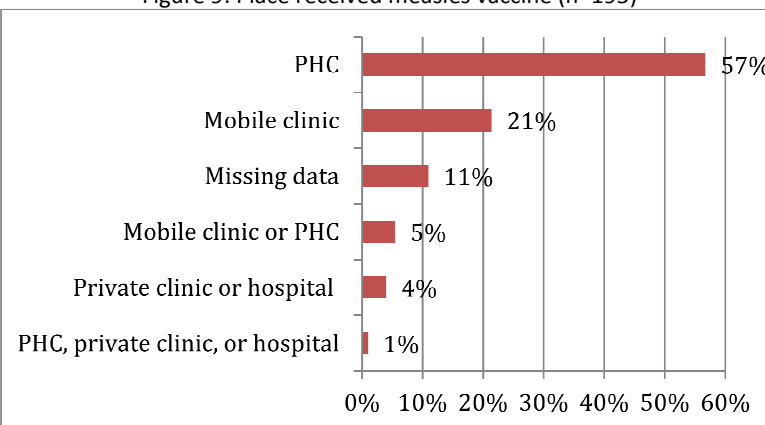


Figure 9: Place received measles vaccine (n=195)



## 4. Antenatal and maternity care

### 4.1 ANC Access (n=130 pregnant women)

85%

Proportion of pregnant women who had at least one ANC visit

27%

Proportion of pregnant women reporting difficulty accessing ANC

62%

Couldn't afford fees or transport (Among 29 women who did not access ANC)

### 4.2 Deliveries (n=80)

11%

Proportion of deliveries at home assisted by a trained attendant (n=134)

31%

Proportion of deliveries by C-section

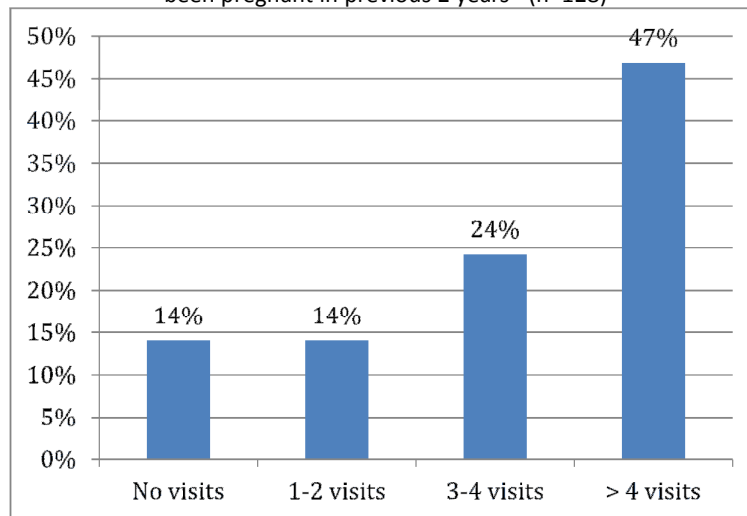
88%

Proportion of deliveries with financial contribution from family

152 USD

Average hospital fees paid by the mother/family for a delivery

Figure 10: Antenatal care (ANC) attendance among women who have been pregnant in previous 2 years\* (n=128)



\*1% missing data

Figure 11: Barriers to accessing ANC (n=29)

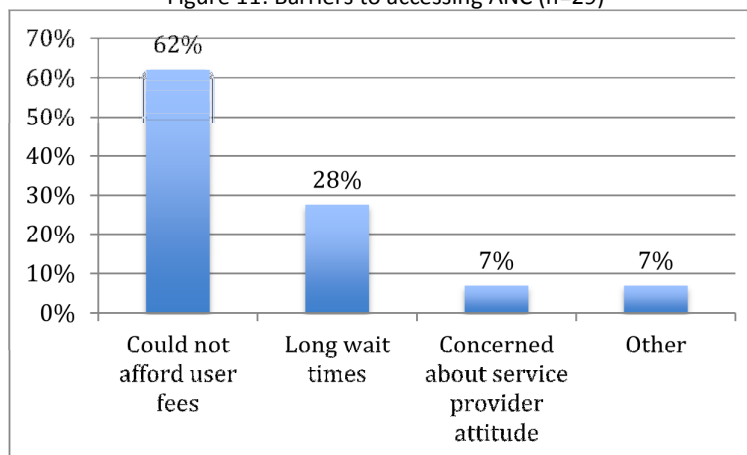
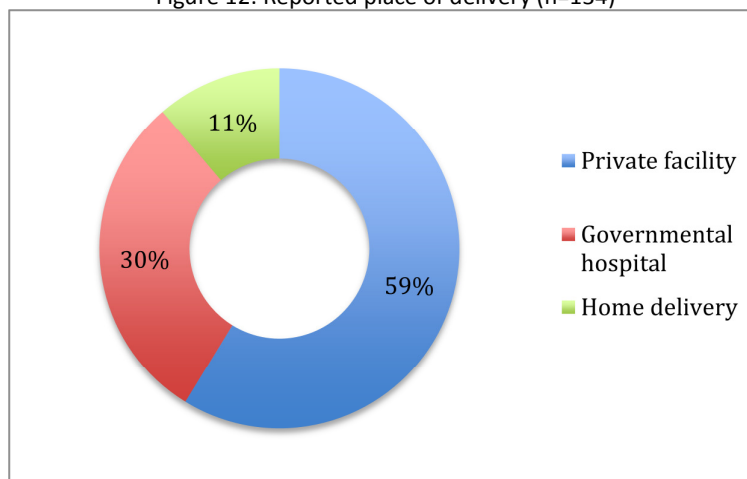


Figure 12: Reported place of delivery (n=134)



## 5. Health care access and utilization

62%

Proportion of surveyed households who had at least one member requiring health care in preceding month (n=331)

93%

Proportion of households that had to pay for health care in the past month, among those with at least one member that needed health care (n=206)

(Among n=191 who sought care and had to pay)

USD

136

Average cost of health care in the preceding month

Figure 13: Proportion of households, by number of household members who needed care in the past month (n=331)

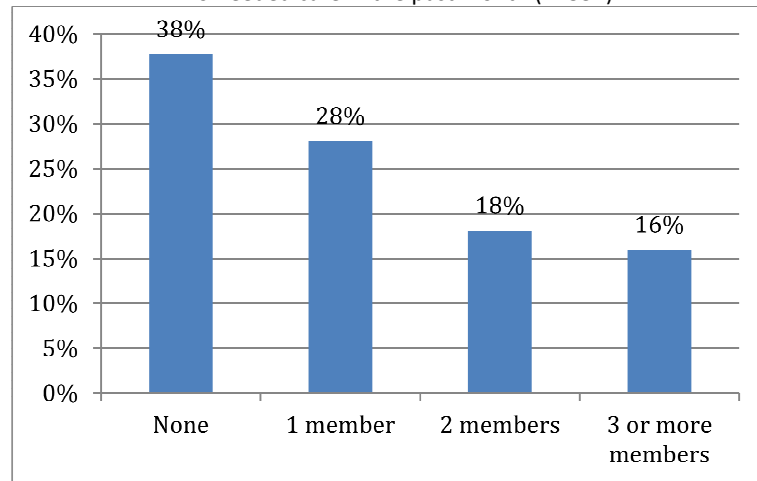


Figure 14: Proportion of households that needed to pay for care in the past month (n=206)

