At a glance

Health access and utilization survey among Syrian refugees in Lebanon

UNHCR, September 2016

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.

Summary

Objective

- This cross sectional survey was conducted among Syrian refugees living in Lebanon, to monitor access to and utilization of key health services. Refugees in Lebanon are predominantly living in urban areas and informal settlements and there are no refugee camps.

Methods

- 10 surveyors underwent two days of training.
- The survey was carried out over a period of ten days from 15th - 26th August 2016.
- Survey households were selected using stratified systematic sampling, from a list of refugee households who had a listed telephone number.
- The head of household, or an adult (aged 18 or over) who could respond on his or her behalf, was interviewed by telephone.
- Data were entered using mobile tablets and analyzed using Microsoft Excel 2011.

Key findings

Baseline characteristics of population and sample

- At the time of the survey the population of UNHCR registered Syrian refugees numbered 1,033,513 individuals in 247,736 households.
- 44% of the selected 685 households did not respond to the survey. Among these, 5% refused to participate in the study and the rest could not be reached.
- 386 households with 2,206 residents were surveyed.
- On average, each household had 5.7 members.
- 52% of household members were female and 17% were under 5 years of age.

Knowledge about health care access and childhood vaccination

- 57% of respondents knew that refugees should pay between 3,000 and 5,000 LBP for consultation at a primary health care centre (PHC) compared to 75% in 2015 and 54% in 2014. A lower proportion (49%) knew that medication for acute illnesses is free at PHCs.
- 74% knew that UNHCR financially supports hospital care for life saving treatment compared to 77% in 2015. 86% knew that UNHCR contributes to the cost of deliveries.
- 71% of households knew that refugee children have free access to vaccination at MoPH facilities compared to 75% in 2015.
- Self-reported vaccination coverage among children under 5 was 69% for polio and 62% for measles. However, a significant number of households reported not knowing if the child had been vaccinated (12% for polio and 11% for measles). Note that these findings do not represent a true vaccination coverage. Actual coverage data will be presented in the report of the 2016 national survey.
- 65% of children were reportedly vaccinated against measles at a PHC, with 21% receiving a measles vaccine through a mobile vaccination team.
- The main reasons reported for not vaccinating children was long waiting time, not knowing where to go, and being unable to afford it.

Health care access and utilization during the month preceding the interview

- 65% of households surveyed spent money on health care in the previous month, with an average expenditure of 221,826 LBP (148 USD) and a median expenditure of 150,000 LBP (100 USD) compared to an average of 136 USD in 2015 and 90 USD in 2014.

- 18% (n=392) of household members had sought care for a health condition in the previous month.
- Among those who sought care 90% were able to obtain it at the first point of care, and among those who obtained care, 86% had to pay for it.
- Among those who reported being unable to obtain health care despite seeking it, the main barriers were being unable to afford the fees and the facility not offering the needed services.
- Out of the 354 respondents who got the needed service at the first point of care 29 % did so at a UNHCR supported clinic and reported paying out of pocket an average of 34,788 LBP (23.2 USD) however the median expenditure was 5000 LBP (3.3 USD) which is in line with the fees agreed upon with the primary health care centres.
- 26% of respondents sought care at a governmental hospital as their first point of care and paid on average 75,820 LBP (50.5 USD) with a median expenditure of 10,000 LBP (6.7 USD).
- 31% got care in a private clinic/hospital where they paid on average 120,074 LBP (80 USD) with a median expenditure of 50,000 LBP (33.3 USD).
- The remaining 15% got care at NGO-clinics where more than a third did not have to pay at all. Those who did pay paid on average 27,661 LBP (18.4 USD) with a median of 10,000 LBP (6.7 USD).

Antenatal and maternity care

- 70% of women aged 15-49 years and who have been pregnant in the past two years reported accessing antenatal care (ANC) compared to 85% in 2015.
- 73% reported 3 or more visits with 53% reporting more than 4 visits comparted to 47% in 2015.
- Among the 30% of pregnant women who did not receive ANC, most reported being unable to afford fees and/or transport costs.
- Among women who delivered, 50% delivered at a government facility.
- 80% of women who delivered reported paying for the service. 65% reported receiving UNHCR financial support for the delivery.
- The average patient expenditure for a UNHCR-supported vaginal delivery was 149,035 LBP (99.3 USD) and the median cost 66.7 USD. The latter is above the agreed upon patient share of 50 USD that most hospitals in the UNHCR network should charge.
- The average patient expenditure for a UNHCR-supported C-section was 456,667 LBP (304 USD) and the median cost 425,000 LBP (283.3 USD) which is higher than the agreed upon patient share of 150-200 USD that hospitals should be charging.
- 26% of women who delivered reported receiving postnatal care and 75% reported breastfeeding.
- 16% of deliveries resulted in a neonatal intensive care admission with an average out of pocket expenditure of 612,252 LBP (408 USD) and average admission of 10 days. 25% could not pay the patient share of the hospital fees in full.

Chronic conditions

- 8% (n=181) of household members were reported as having a chronic disease.
- The most common were hypertension (40%), diabetes (28%), asthma/COPD (22%), and heart disease (20%).
- 37% of those with chronic conditions reported being unable to access medicines or health services needed. Among them, 44% cited cost as the main barrier to accessing services.

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 sample may not be representative of the Syrian refugee population residing in Lebanon due to the low overall response rate.
- All findings are based on self-reporting.
- Poor recall or lack of information available to the respondent may have affected the quality of the response.
- Respondents are likely to have difficulties differentiating between various types of health facilities and whether they are MoPH affiliated and UNHCR supported or not.
- Sample sizes on sub sets of health expenditure are small and not statistically significant.

Conclusions

Most refugees are aware of support available for life saving care and deliveries but a lower proportion were aware of supported primary health care services and free essential and chronic medications.

Access to primary care services is relatively good although 10% reported difficulty accessing needed care primarily due to cost.

There is a wide range of self-reported out of pocket household expenditure on health; 65% of households reported health expenditure in the month before the survey with an average of 221,826 LBP (148 USD) although the median expenditure was 150,000 LBP (100 USD).

70% of pregnant women reporting attending any ANC. However, of those attending 72% attended 3 or more visits with 53% attending more than 4 visits. 30% of women accessing ANC reported difficulty in doing so mainly due to user fees.

Only 26% of women who delivered reported accessing post-natal care (PNC) with the main reason being not knowing that support is available.

Women who received UNHCR support for normal vaginal delivery at a hospital reported paying slightly above the agreed upon rates and women who underwent C-section paid significantly more than the agreed upon rates in this small sample.

8.2% of household members were reported to have a chronic disease with hypertension (40%), diabetes (28%), asthma/COPD (22%), and heart disease (20%) the most common. 36.5 % reported not being able to access care because it was either not available or unaffordable.

5.8% of deliveries were reported to have taken place at home and a further 5.8% were reported to have been at a midwife clinic.

Recommendations

Improve refugee knowledge of available health services

- Intensify awareness raising on the location of the network of health services where support is available. This should especially address the subsidies for primary health care services and the availability of free vaccines, essential and chronic medicines and family planning services at facilities in the MoPH network.

- Awareness raising should continue through UNHCR reception centres, community centres, outreach workers, municipalities, NGO partners and mass information campaigns using SMS and social media and the refugee information portal.

Address financial barriers to access

- Continue supporting access to comprehensive primary health care services through an expanded network of MoPH PHCs benefiting from a supply of free vaccines and essential medications to reduce out of pocket expenditure on health services.
- There must be an intensified focus on increasing uptake of childhood vaccination and reproductive health services including antenatal and postnatal care and family planning as well as care for non-communicable diseases.

- Ensure with partners that uninterrupted supplies of vaccines, acute and chronic medications are available at PHCs and free of charge.

- Subsidies for PHC services should continue whilst seeking equity with the package offered for vulnerable Lebanese as well as exploring further efficiencies in the financing mechanism together with the MoPH, partners and donors in order to expand access and coverage.

- At secondary care level, increased financial support is required to expand access beyond life saving and obstetric care as well as providing a safety net for the most severely vulnerable persons to ensure access and reduce catastrophic out of pocket expenditure.

- Increased oversight of hospitals is required to ensure adherence to Ministry of Public Health rates and to avoid over charging of patients including verification of patients' hospital receipts.

1. Baseline characteristics of population and sample

1.1 Survey response

685
Number of households selected to participate in the study

44 %
Non-response rate (i.e. could not be reached due to invalid number or refused to participate in the study)

1.2 Sample population

386
Number of households reached and agreed to participate in the study

2,206
household members in surveyed households

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

52.0%
household members are female

17.0%
household members aged <5 years

7.4
Mean years of education for head of household

Figure 1: Year of arrival in Lebanon, by household (n=386)

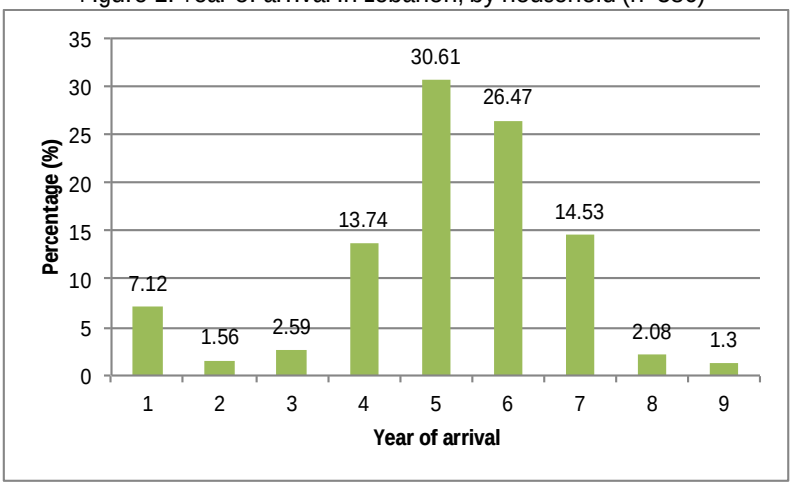


Figure 2: Distribution of households by governorate (n=386)

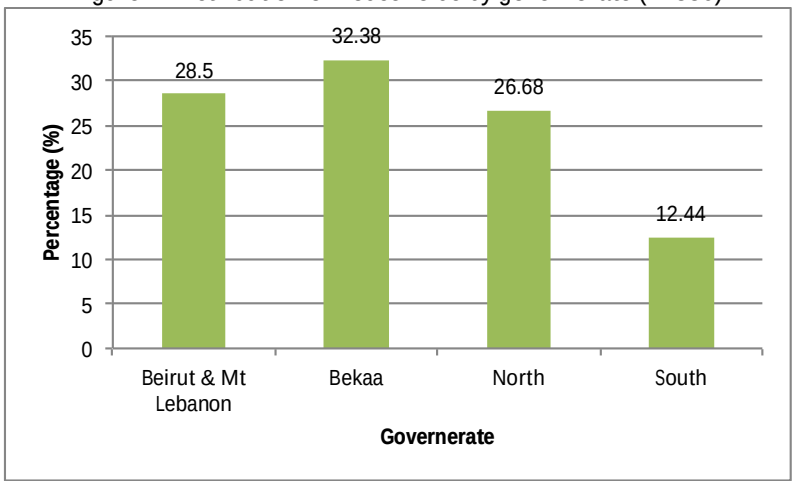
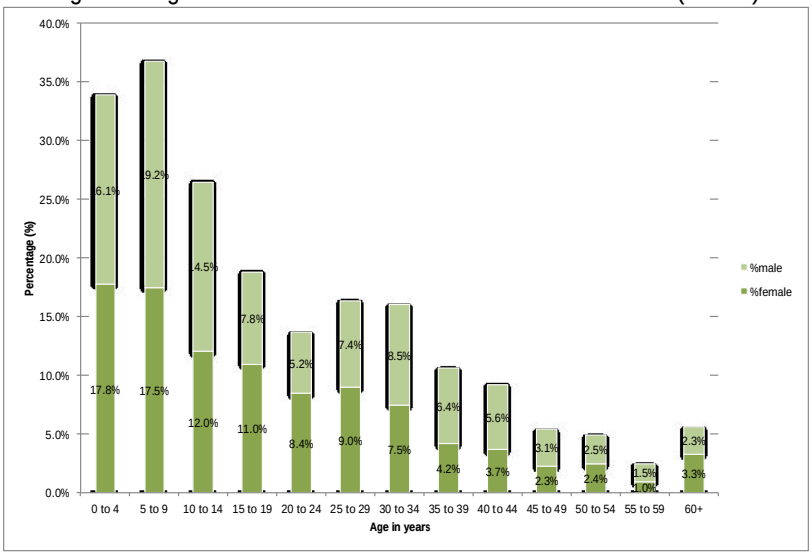


Figure 3: Age and sex distribution of household members (n=590)



Mean age (years):
Male – 20.3 [Range: 0 – 99]
Female – 19.7[Range: 0 – 99]

2. Knowledge of health services and coverage of childhood vaccinations

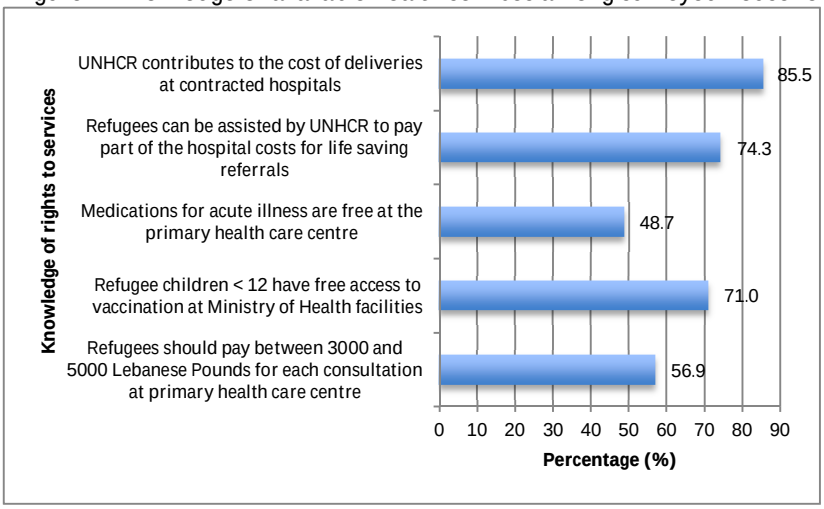
4.1 Access to vaccination services among households with children <5 (one eligible child surveyed per household) (n=237)

83.5%
had an vaccination card

68.7%
children had received a polio vaccine

62.0%
children had received measles/MMR vaccine

Figure 4: Knowledge of available health services among surveyed households (n=386)



4.2 Among households with at least one child having received measles/MMR vaccines (n=147)

65.3%
children had received vaccine at a government facility

21.1%
Mobile team

10.2%
Private facility

Figure 5: Proportion of households with at least one child under 5 that had an immunization card and those that received a measles or polio vaccine (n=237)

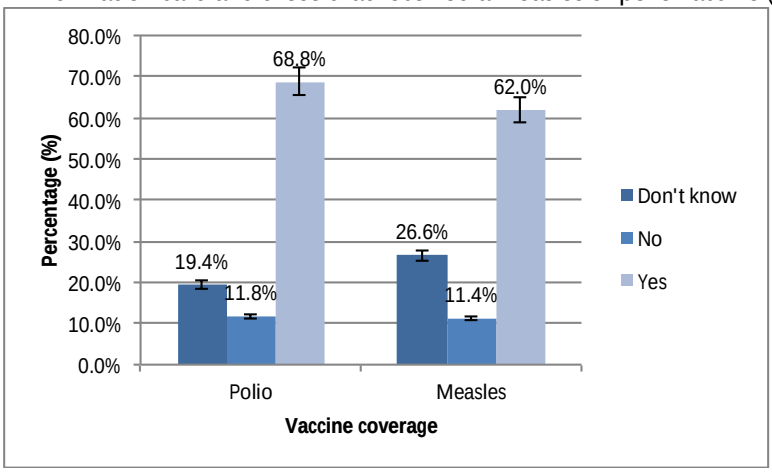
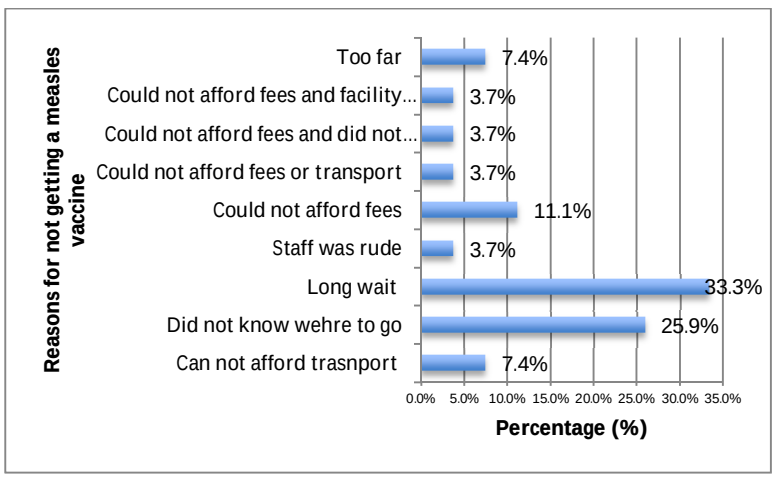


Figure 6: Reasons for not receiving a measles vaccine (n=27)



3. Antenatal care and delivery

5.1 Antenatal care (ANC) coverage

70.2%

proportion of surveyed 15-49 year old females who accessed ANC while pregnant in the past 2 years (n=208)

5.2 Mode and place of delivery (n=154)

24.0%

proportion of pregnant women who delivered by C-section

50.1%

proportion of pregnant women who delivered in a governmental facility

30.5%

proportion of pregnant women who delivered in a private facility

5.8%

proportion of pregnant women who delivered at home

5.3 Cost of delivery

79.2%

proportion of women who paid for delivery services (n=122). Among those who paid, 65.0% received UNHCR financial support

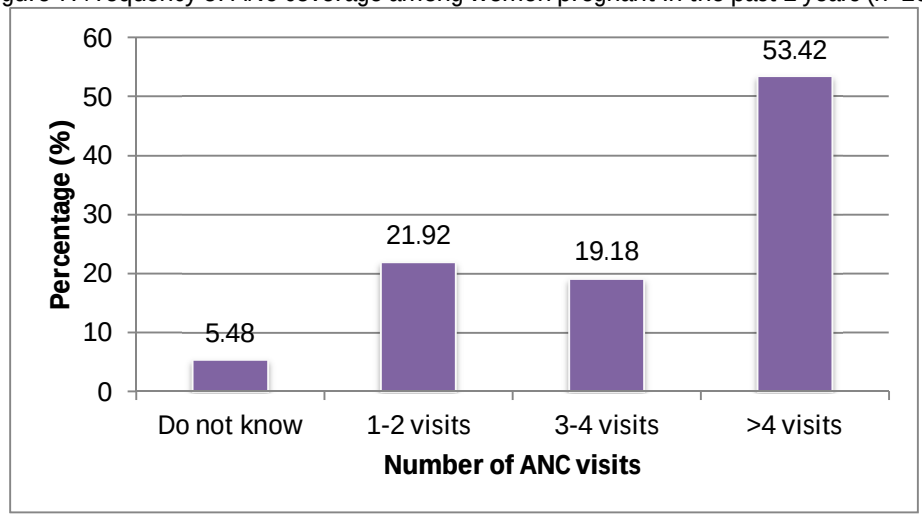
100,000 LBP (66.7 USD)

median patient share of vaginal delivery supported by UNHCR

425,0000 LBP (283 USD)

median patient share of C-section supported by UNHCR

Figure 7: Frequency of ANC coverage among women pregnant in the past 2 years (n=208)



*Among women who accessed ANC, 30.2% had difficulties doing so, primarily due to user fees for services

Figure 8: Reasons for not accessing ANC (n=44)

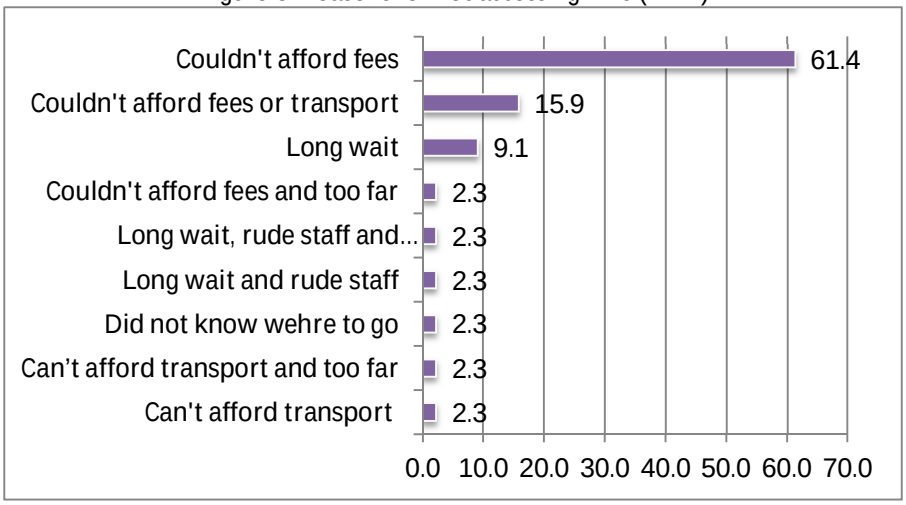
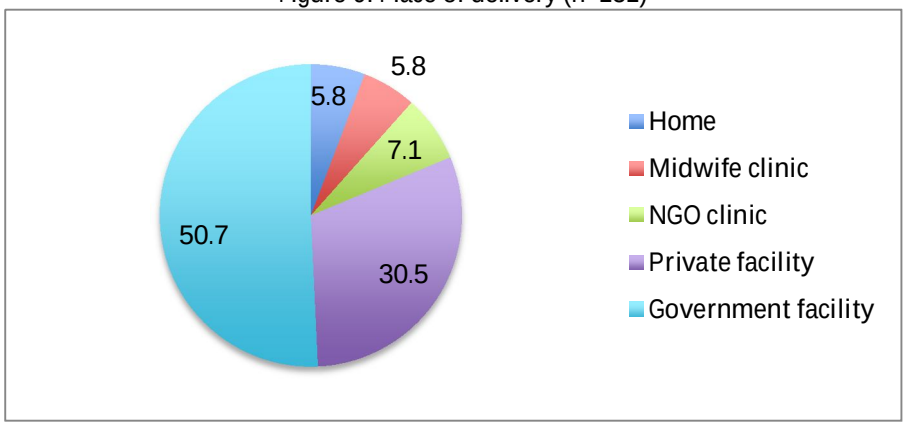


Figure 9: Place of delivery (n=131)



*Among the nine women who delivered at home, 6 did so with the help of an untrained family member. The main reasons for delivering at home were cost and not knowing that UNHCR provided financial support for deliveries.

4. Postnatal and Neonatal care

4.1 Postnatal care (n=154)

26.0%
received postnatal care after delivery

75.3%
reported breastfeeding after giving birth

4.2 Neonatal care

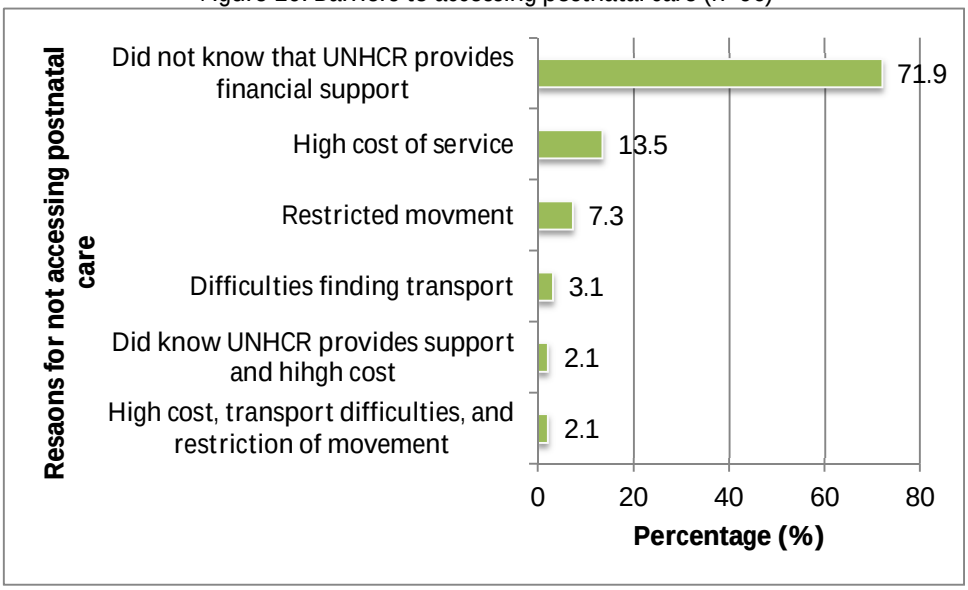
16.2%
proportion of newborns admitted or kept in hospital for special care (n=154)

9.8
average number of neonatal admission days

612,252 LBP (480 USD)
median cost of admission for those who paid (n=16)

24%
proportion of respondents who could not pay neonatal hospital fees in full (n=25)

Figure 10: Barriers to accessing postnatal care (n=96)



5. Chronic conditions

5.1 Prevalence

8.2%

proportion of household members reported to have a chronic condition

Type of chronic condition (n=181 with reported chronic condition)

40.3%

Hypertension

28.2%

Type II Diabetes mellitus

21.5%

Heart disease

Chronic disease treatment access

36.5%

proportion of respondents with a chronic condition who could not access treatment or care (n=181)

47.4%

proportion of respondents who could not access needed chronic care because the facility did not offer services (n=38)

44.8%

proportion of respondents who could not access needed chronic care because they could not afford service fees (n=38)

Figure 11: Type of chronic disease reported (n=181)

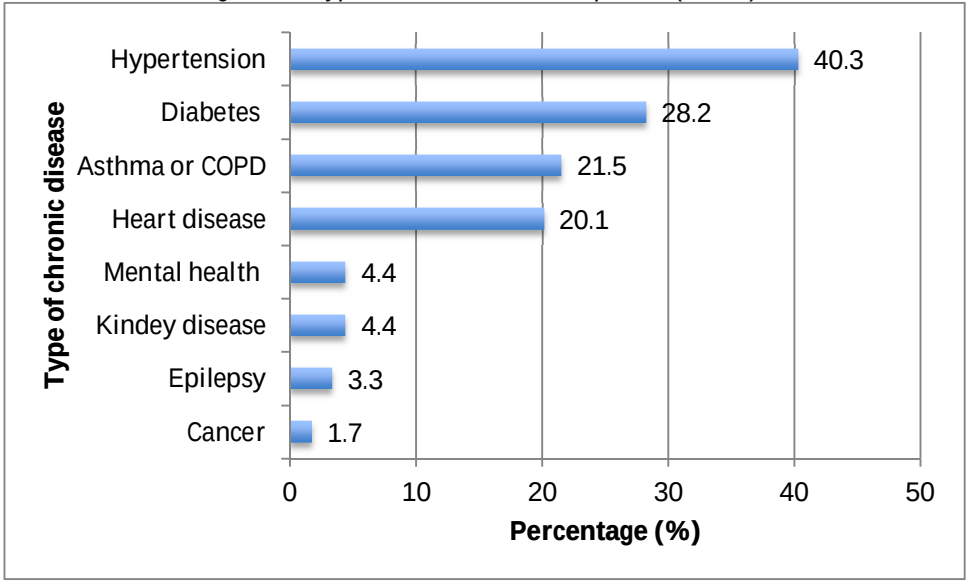
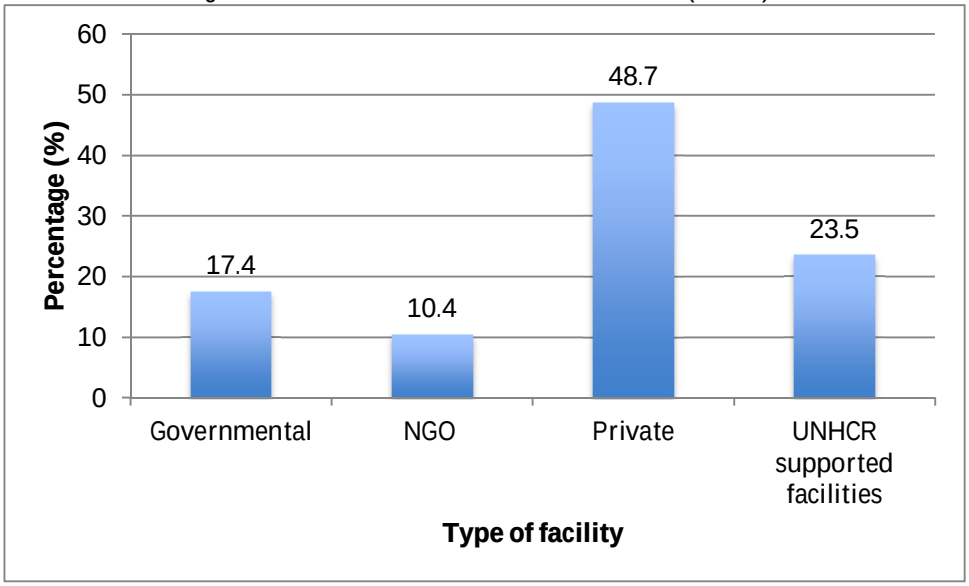


Figure 12: Place received chronic medications (n=115)



6. Health care access and utilization during the month preceding the survey interview

6.1 Household expenditure

65.4%
of households spent money on health care in the past month

221,826 LBP (148 USD)
average

150,000 LBP (100 USD)
median
household expenditure on health in past month

.2 First point of care

17.8%
proportion of household members who sought health care in the past month (n=2,206)

90.3%
proportion who received care, among those who sought it (n=392)

86.4%
proportion who had to pay for care (n=354)

6.3 Referral care

7.6%
referred from a primary to a secondary facility (n=354)

81.1%
received referral care, among those who sought it (n=37)

86.7%
had to pay for referral care among those who received it (n=30)

Figure 13: Place received first point of care and referral care

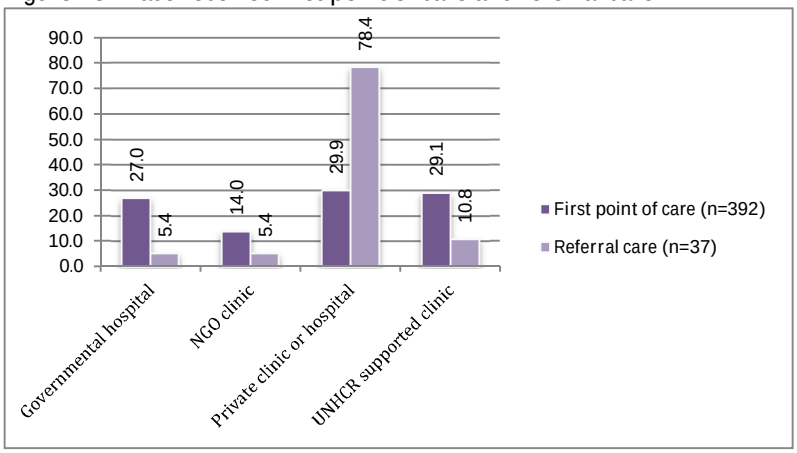
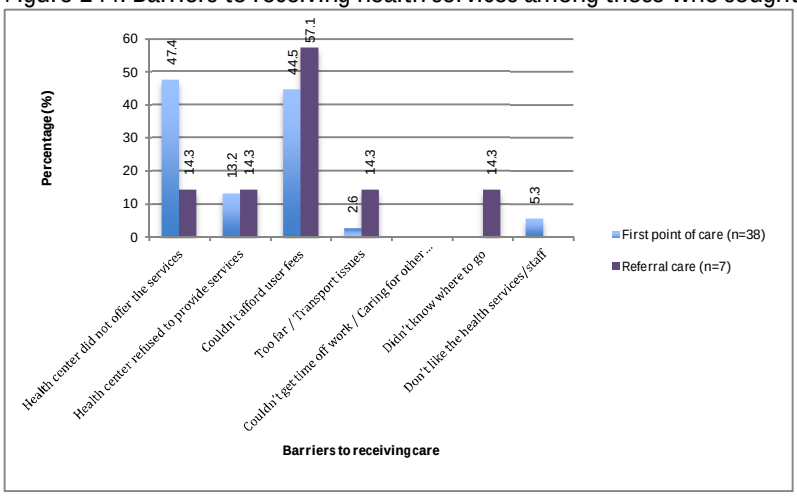


Figure 144: Barriers to receiving health services among those who sought them



7. Family planning and Contraception

4.1 Contraception (n=386)

38.1%

proportion of respondents using any family planning method, among those who are, or have a female partner, 15-49 years of age

Figure 155: Barriers to family planning use (n=297)

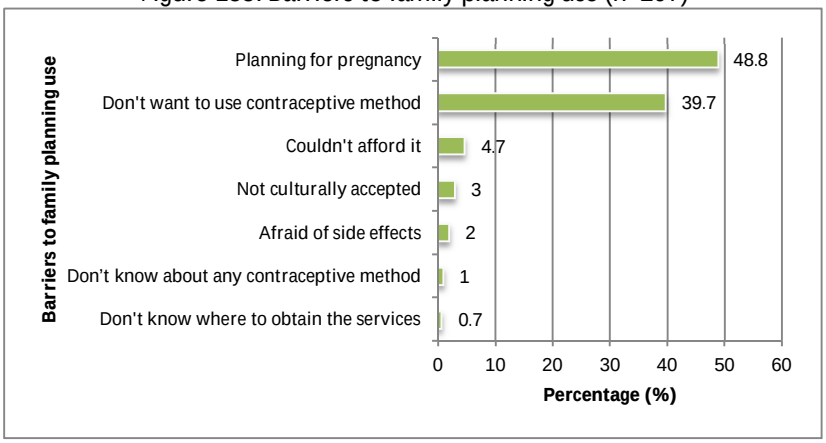


Figure 166: Family planning methods (n=147)