Prospective Surveillance
Non-Camp Syrian Refugee Household
Knowledge, Access and Uptake of Health Services
Baseline Survey

24th April 2014

Background

• 80% of the Syrian refugees in Jordan live in non-camp settings
• Data on non-camp refugee access and uptake of health services not systematically available
• In an effort to develop a cost-effective and efficient mechanism for regular monitoring of the health access and utilisation of non-camp refugees UNHCR has initiated “prospective surveillance” in several other settings
• Baseline assessment conducted in conjunction with JHAS which will be repeated every three months to assess impact over time

Objectives

Primary survey objectives were:
1. Assess access to and utilisation of key health services by registered non-camp Syrian refugees
2. Assess knowledge of the availability of key services
3. Assess challenges faced by non-camp refugees in accessing care

• Simultaneous ongoing polio campaign - the survey period was extended by 2 interview days and additional households were recruited (only polio-related questions were asked during these 2 days)

Methodology

• Simple random sampling using UNHCR Progress Database
• Households contacted by telephone - all interviews were carried out with one adult household member
• Conducted between March 3rd and 13th
• Data entered directly into Android tablets
• Analysis was done using STATA survey procedures
• When obtaining final estimates and confidence intervals for key indicators, we took into account household level clustering
• Additional adjustment using probability and post-stratification weighting were also made
Main Findings

- 491 households enrolled
- 3,463 household members recruited (female 54.7%).
- Average household size was 7
- Dates of arrival in Jordan varied from March 2010 to January 2014
  - 22.9% arriving before October 2012
  - 19.6% between October and December 2012
  - 42.8% between January and March 2013, and
  - 14.8% after March 2013

Knowledge about health services and ownership of MOI service card

<table>
<thead>
<tr>
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<th>Proportion of households</th>
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<tbody>
<tr>
<td>Have a list of their service card</td>
<td>98.0%</td>
</tr>
<tr>
<td>Service card issued in the governmental hospitals</td>
<td>91.1%</td>
</tr>
<tr>
<td>Know that their children 0-5 years have free access to governmental services at primary health centers and hospitals</td>
<td>91.7%</td>
</tr>
<tr>
<td>Know that if UNHCR registered refugees have free access to governmental services at primary health centers and hospitals</td>
<td>96.3%</td>
</tr>
<tr>
<td>Aware that refugees who can't access governmental health services can be assisted through UNHCR supported health facilities including clinics and affiliated hospitals</td>
<td>65.8%</td>
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Childhood vaccinations

- Child has immunization cards = 55.8%
- Received measles vaccine at least once = 86.6%
- Faced difficulties obtaining vaccinations = 0.6%

Reproductive Health

- 16.6% of women pregnant since arriving in Jordan
- 86.4% received some antenatal care at any time during pregnancy
- 69.3% delivered baby
- 53.7% of deliveries took place at government hospitals
- 13% at government facilities
- 30.2% at private facilities
- 1.5% with a home skilled birth attendant
- 1.6% at home

- 83% vaginal delivery, 17% C-section

- Place of Delivery: 53% government hospital, 13% government facility, 30% private facility, 1% home delivery, 1% home skilled birth attendant.
Chronic conditions

- Household members >18 years with at least 1 chronic condition = 39.8%

- Household members with chronic illness UNABLE to access medicine or other health services = 23.9%

Access to and utilisation of health care services in preceding month

- Needed health care services in the past month = 10.5%
  - Of above, those that sought health care services in the past month = 95.6%
  - Of above, those able to get health care at first facility = 90.9%

Costs Associated with Health Care

- Average amount in US dollars paid by those who spent money on health on care in the previous month (n=154) = 72.2JDs
- Average amount in USD directly paid for health care by any person needing care in the previous month (n=352) = 31.9 JDs

Post-campaign

Results from households interviewed between 9th and 13th March
Post-campaign: demographics

- Of the 321 households with children <5 years old interviewed, household residence was: Amman 116 (36.1%), Irbid 109 (34.0%), Mafraq 32 (10.0%), Zarqa 27 (8.4%), and other governorates 37 (8.4%)
- 587 children <5 years enrolled
- Male 341 (58.2%), female 41.8%
- Distribution by age was: <6 months 40 (6.8%), 6 to <1 year 58 (9.9%), 1 to <2 years 100 (17.0%), 2 to 5 years 389 (66.3%)

Household-related indicators

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<tr>
<th></th>
<th>N=321</th>
<th>Adjusted proportion (%) (95% CI)</th>
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<tr>
<td>HH knew about campaign</td>
<td>97.7</td>
<td></td>
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<tr>
<td>Vaccinated at least 1 child</td>
<td>74.3</td>
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For households that knew about the campaign, source of information (n=185)

- Radio: 5%
- TV: 4.1%
- Government health worker: 4.2%
- Syrian health worker: 0.5%
- Family, Friend or relative: 15.6%
- SMS: 15.6%
- UNHCR service providers: 1.9%
- NGO service providers: 0.7%
- Posters, printed material: 4.0%
- Other sources: 3.1%

Summary

- Uptake of primary health care and RH services at MoH is high
- Areas which need improvement
  - Knowledge of emergency coverage for expired registration
  - 30% of women delivered in a private facility
  - Access to care for those with chronic diseases
  - Coverage of complete ANC
  - Vaccination card coverage
- Considerable out of pocket expenses for health
Limitations

- Survey was limited to only registered urban refugees with telephone numbers. If excluded non-camp refugees are systematically different from registered refugees, then findings may not be generalizable to this population.
- Survey was not designed with the assessment of polio vaccination uptake as a primary objective. Interviews were held with one key informant from each household. Lack of information by the informant may lead to artificial depression of coverage estimates.

Conclusion

- Due to their dispersal across many governorates, it is difficult to gather reliable data regarding health status, health access and utilisation for non-camp refugees.
- Despite any inherent limitations considering the high penetration of mobile telephony, telephone surveys may be utilised to monitor and evaluate the utilisation of health care services including vaccination campaigns in non-camp refugees for whom a reliable sample frame exists.