

# Public health access and health seeking behaviors of Syrian refugees in Jordan

## 9th Monitoring Report, Aug and Sep 2019

In response to the Government of Jordan reinstating subsidized access to public health care for Syrian refugees on 27 March 2019, the IRC has extended its routine monitoring exercise to better understand the policy's effect on the health attitudes and behaviors of Syrian refugees. This report is the ninth monitoring report conducted since March 2018 and the initial subsidy cuts by the GoJ and covers August and September 2019 (n=298).

From 9 April 2019 to 23 September 2019 the IRC has interviewed a total of **887 Syrian refugees** (62.5% women) who have benefited from various IRC services in Amman, Mafraq, Ramtha and Irbid.

### Awareness of available health services/providers

Since the 2019 policy change, the percentage of respondents reporting that they are aware of available health services in their area has remained stable at around 90%.

### Type of the available health services respondents' are aware of:

**1** INGOs/NGOs health services

**2** Public health services

**3** Private health services

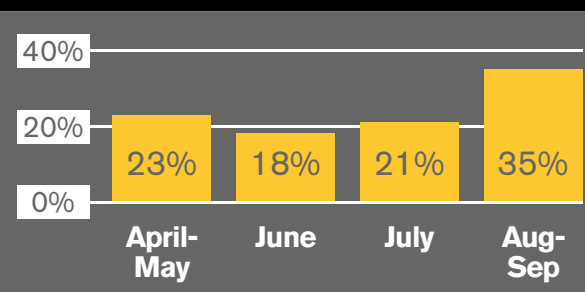
Only 2 of the interviewed 298 respondents in August and September reported being aware of Maternal and Child Health Centers (MCHCs) in their area.

### Awareness of the 27 March 2019 health policy change

Over the six months following the policy reversal in 2019, 26% of the total interviewed respondents reported that they were aware of the March 2019 policy change.

During the current period, awareness among refugees reached its highest average rate at 35%. Rates were, however, highest among the subset of respondents who also reported having received IRC health services (78%) indicating a lower overall average among the general public.

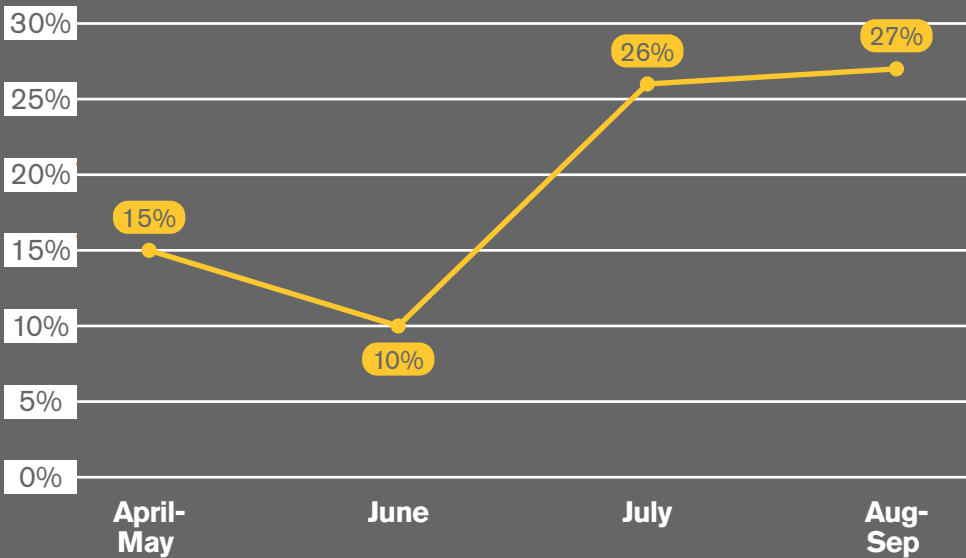
### Awareness of the 27 March 2019 Health policy reversal



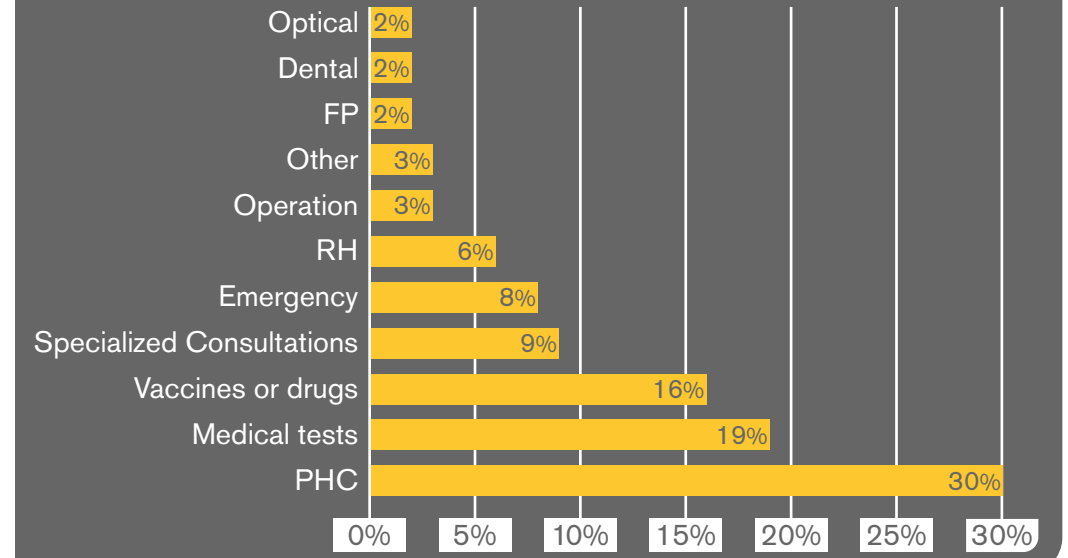
## Respondents' access to public health services after the 27 March 2019 policy change

Of the total interviewed respondents since April 2019, 21% report having accessed public health services – mainly for primary health care, medical testing and vaccinations. To date, the highest usage rates were reported in Aug- Sep 2019, with 27% of respondents accessing services at a public health facility. Thirty-nine percent of those reported having received more than one service or consultation over the period.

Refugees reporting access to public health services (%/period)



Type of services accessed at the public health services (% indicating 'Yes')



## User experience at the accessed public health facility



Starting July 2019, the IRC started collecting data on the respondents' perspectives and feedback on the quality of service received. The questions were covering the access, quality and treatment, information sharing, availability of medications and overall satisfaction. The IRC is planning to conduct additional qualitative data collection and analysis to better understand the trends and the underlying factors influencing them.



## Access, quality and overall satisfaction

Statement	Satisfied/V. satisfied	
	July (N=59)	Aug & Sept (N=81)
How satisfied were you with how staff greeted you upon arrival?	67.8%	75.3%
How satisfied were you with the quality of medical care you received?	61%	61.7%
What were the effects on your health as a result of receiving the service?	52.5%	49.4%
What was the length of time kept waiting to receive the health service?	45.8%	27.2%
What was the average length of the visit?	Average waiting time 57 minutes For Satisfied/V.Satisfied <37 minutes	Average waiting time 44 minutes For Satisfied/V.Satisfied <23 minutes

## Acceptability, availability and information

Statement	Agree	
	July (N=59)	Aug & Sept (N=81)
All patients are treated in the same way at clinic I visited	64%	81.4%
Medical staff treated me with respect	71%	74.1%
Administration staff treated me with respect	68%	75.3%
I trust the medical staff to treat me	73%	70.3%
Availability of the prescribed medicine at the health facility	49%	54.3%
I know how to register a complaint or comment if I am not satisfied with the service at the clinic	24%	26%
Was the amount charged affordable for you?	55%	71%
Generally was the paid amount similar to the announced rates?	57%	74%
Were any medications prescribed?	80%	94%
If yes, was the prescribed medicine available at the public health facility	88%	88%



## Refugees' access preference after the reversal of the policy

When respondents were asked about their order of preference in terms of health care providers following the March 2019 policy change they stated:

**90%**

prefer **INGOs/NGOs** health facilities as a first option, up slightly from 87% in July

**87%**

prefer **public health facilities** as a second option

**80.2%**

prefer **private health facilities** as a third option

**9%**

of them reported that they prefer to access **pharmacies or traditional health treatments** as a fourth option.

### Reversal of policy positive impact

Since April 2019, an average of 24% of respondents reported that the reversal of the policy will have **positive impact**. This rate has been declining over time, and is down from the initial response in April/May 2019. For those responding positively, they cite that it will allow them to:

- Access public hospitals at a lower cost, and particularly for emergencies and operations.
- Have an alternative for the free/low cost health facilities, if they couldn't access them.

### No impact of the reversal of the policy

**70%** of the overall interviewed respondents reported that the reversal of the policy will have **no impact** as they cannot afford paying any medical costs

## Reasons for preference



**INGOs/NGO facilities**

Free consultations and medication

Staff interaction: greater respect and better service

Availability of prescribed medications



**Public facilities**

Availability of services that are not available at the INGOs/NGOs facilities

Better located and nearer to their homes



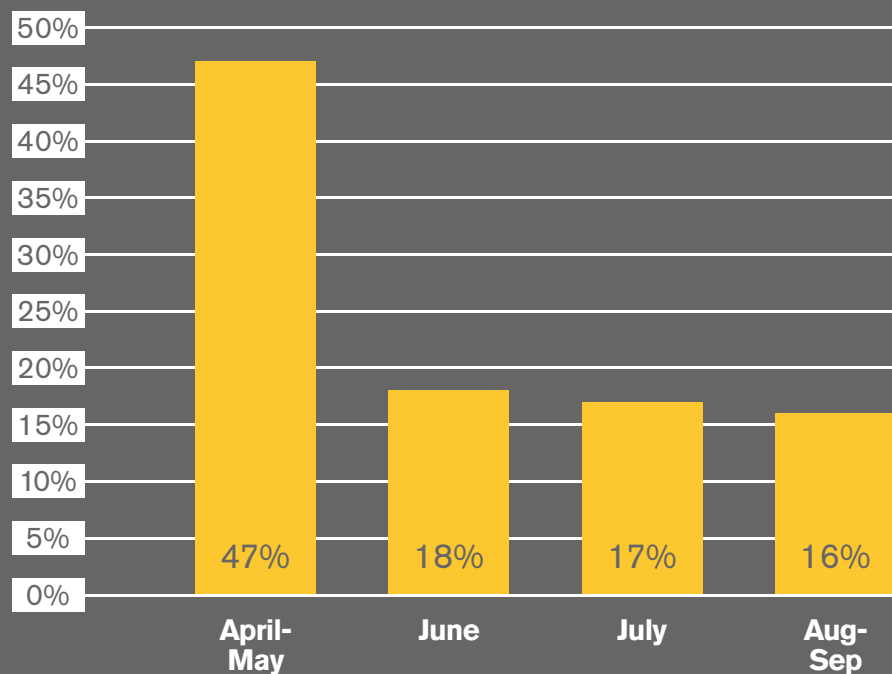
**Private facilities**

Better quality services

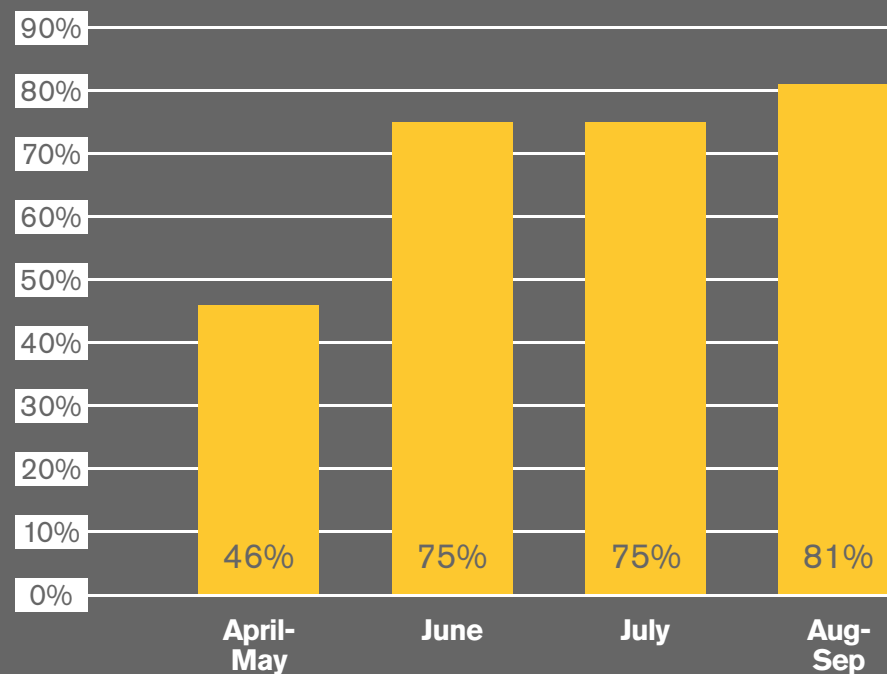
Availability of services and equipment that are not available at the INGOs/NGOs or public health facilities.



### % of refugee respondents reporting that the 2019 policy change will have a positive impact



### % of refugee respondents reporting that the 2019 policy change will have no impact



### Health-seeking behaviors and coping strategies prior to March 27, 2019

In cases where an urgent health care intervention is needed, respondents would secure funds by using a combination of the following coping strategies:

- 1** 76.6 % would search for free health service providers
- 2** 15 % would sell food coupons
- 3** 8.4 % would borrow money from family or friends.



## Health-seeking behaviors and coping strategies after 27 March, 2019

In cases where an urgent health care intervention is needed, respondents would secure funds by using a combination of the following coping strategies:

**1** 48.3% would search for free health services compared to 12.4% in June and 22.8% in July

**2** 46.3% would borrow money from family or friends comparing with 84.8% in June, 77.2% in July

**3** 5% would borrow money and/or will search for free health services

### The most significant non-financial barriers to accessing health care

46.6% reported that financial cost is the principal barrier to accessing services

42.6% reported that the main barrier is the distance and time needed to reach the health facilities and the lack of transportation options

10.8% did not respond to this question

No respondents reported that medical stock outs as a barrier down from 9% in July 2019

No respondents reported that the main barrier is the treatment/attitude of the public health staff, down from 4% in July 2019

One respondent reported that the main barrier is the long waiting time at the public health facilities, down from 3.6% in July 2019

### Expected coping strategy in event of urgent healthcare, percentage by type

