



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

10th Monitoring Report, Oct - Dec 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 tenth monitoring report conducted since March 2018 and the initial subsidy cuts by the GoJ and covers October to December 2019 (**165 respondents interviewed**). From **April 2019 to Dec 2019** the IRC has interviewed a total of **1054 Syrian refugees (61.25% Women)** with **52%** reporting to have benefited from various IRC services in East Amman, Mafraq, Ramtha and Irbid.

Awareness of available health services and providers

Since April 2019 after the reversal of the policy change until December 2019, the percentage of respondents reporting that they are aware of available health services in their area is **88%** with public and NGO/UN clinics as the most known.

As with the previous periods, less than **5%** of interviewees were aware of Maternal and Child Health Centers (MCHCs) in their area. Of those only **one** woman who is within reproductive age is aware of Maternal and Child Health Centers (MCHCs) in their area during October to December 2019.

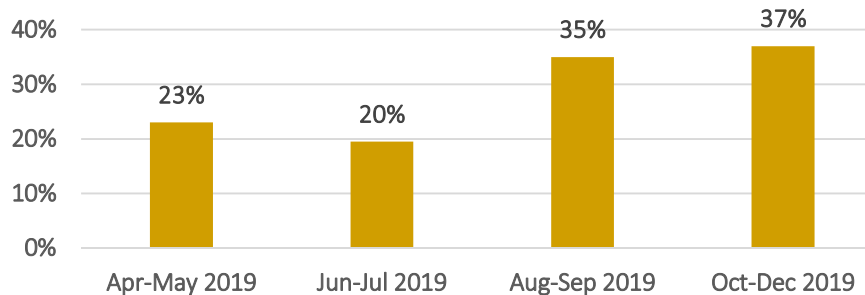
Awareness of the 27 March 2019 health policy change

Over the 9 months following the policy reversal in 2019, **28%** out of the overall total **1054** respondents reported that they were aware of the March 2019 policy change.

During October to December 2019 reporting period, awareness among refugees reached its highest average rate at **37% compared** with the previous period which were **35%**.

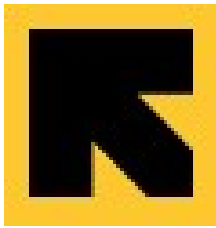
Awareness of the 27 March 2019 Health policy reversal

Awareness of the 27 March 2019 Health policy reversal



Type of the available health services respondents’ are aware of

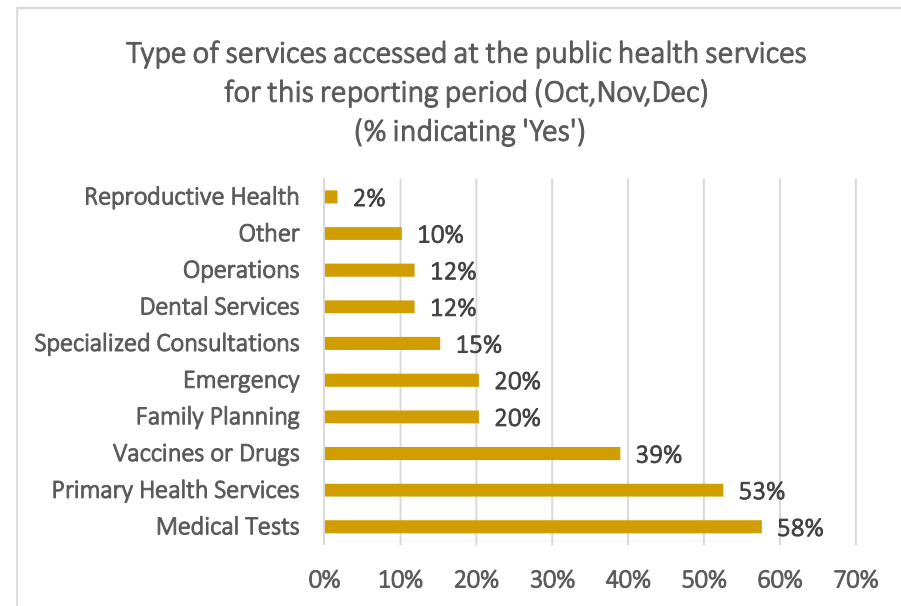
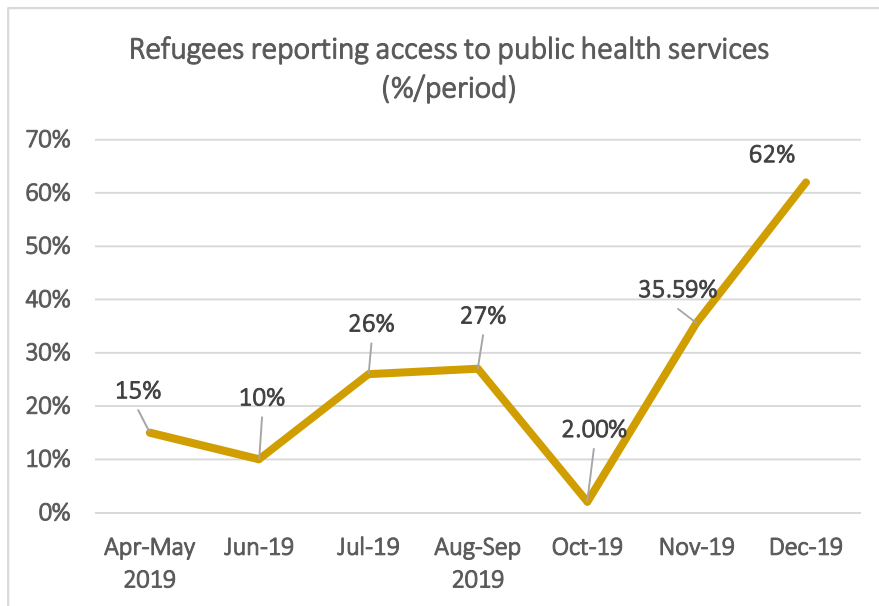
- 1** Public Health Services
- 2** INGOs/NGOs Health
- 3** Private Health Services



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The highest access rates for public health services were reported in Dec 2019 (**62%**), accessing mainly primary health care, vaccines and or medication. During Oct to Dec 2019 reporting period, the highest services accessed were for medical testing (**58%**). Overall, From April to December 2019 (**After the policy change on the 27th of March 2019**), **23%** out of the total **1054** interviewed respondents reported accessing public health services



User experience at the accessed public health facility

Starting from July 2019, the IRC started collecting data on the respondents' perspectives and feedback on the quality of services received covering the key themes on access, quality and treatment, information sharing, availability of medications and overall satisfaction. The results have been divided into 3 reporting periods as shown in the tables below. It is worth mentioning the level of treatment in terms of acceptability, availability and Information sharing has greatly improved from **64%** in July 2019 to **91%** in Oct - Dec 2019, in addition the level of trust towards being treated in public health facilities by the available medical staff has increased from **73%** in July 2019 to **98%** in Oct to Dec 2019. The overall satisfaction in terms of access & quality has however decreased to **46%** in **Oct to Dec 2019** reporting period from **57%** in as earlier reported in **July 2019**.



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Access, quality and overall satisfaction

Statement	Satisfied/V. satisfied		
	July	Aug & Sep	Oct, Nov & Dec
How satisfied were you with how staff greeted you upon arrival?	67.80%	75.30%	59%
How satisfied were you with the quality of medical care you received?	61%	61.70%	42%
How satisfied were you with the effects on your health as a result of receiving the service?	52.50%	49.40%	49%
How satisfied were you with the length of time kept waiting to receive the health service?	45.80%	27.20%	34%
What was the average Length of the visit?	57 minutes and for Satisfied/V.Satisfied is 37 minutes.	44 minutes and for Satisfied/V.Satisfied is 23 minutes.	57 minutes and for Satisfied/V.Satisfied is 37 minutes.
Overall Satisfaction	57%	53%	46%

Acceptability, availability and information

Statement	Agree		
	July	Aug & Sep	Oct, Nov & Dec
All patients are treated in the same way at clinic visited	64%	81.40%	91%
Medical staff treated me with respect	71%	74.10%	79%
Administration staff treated me with respect	68%	75.30%	93%
I trust the medical staff to treat me	73%	70.30%	98%
Availability of the prescribed medicine at the health facility	49%	54.30%	91.50%
I know how to register a complaint or comment if I am not satisfied with the service at the clinic	24%	26%	73%
Was the amount charged affordable for you?	55%	71%	86%
Generally was the paid amount similar to the announced rates?	57%	74%	86%
Were any medications prescribed?	80%	94%	95%
If yes, was the prescribed medicine available at the public health facility	88%	88%	85%



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Refugees' access preference after the reversal of the policy

During the Oct – Dec 2019 reporting period, respondents reported the following order of preference for health care providers after the March 2019 policy change. A majority **83.6%** preferred **private health facilities**, **81.8%** preferred **INGO's/NGOs** while **80.6%** preferred **public health facilities**. Access to **pharmacies or traditional health treatments** was the least preferred option (**4.8%**). The analysis also captured the respondent's reasons for their preferences order as demonstrated below:

- 83.6%** Prefer **private health facilities** as a **first** option
- 81.8%** Prefer **INGOs/NGOs** health facilities as a **second** option
- 80.6%** Prefer **public health facilities** as a **third** option.
- 4.8%** Prefer to access **pharmacies or traditional health treatments** as a **fourth** option.

Perceived impact of the policy reversal

During this reporting period (Oct – Dec) **26%** the respondents reported that the reversal of the policy's impact, as **positive impact** by stating the following:

- 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.

While **74%** of the overall interviewed respondents reported that the policy have no impact

Reasons for preference



1 Private Facilities

Better quality of medical services.

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



2 INGOs/ NGO Facilities

Availability of prescribed medications.

Free consultations and medication.

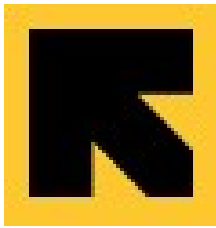
Staff interaction: Greater respect and better service.



3 Public Facilities

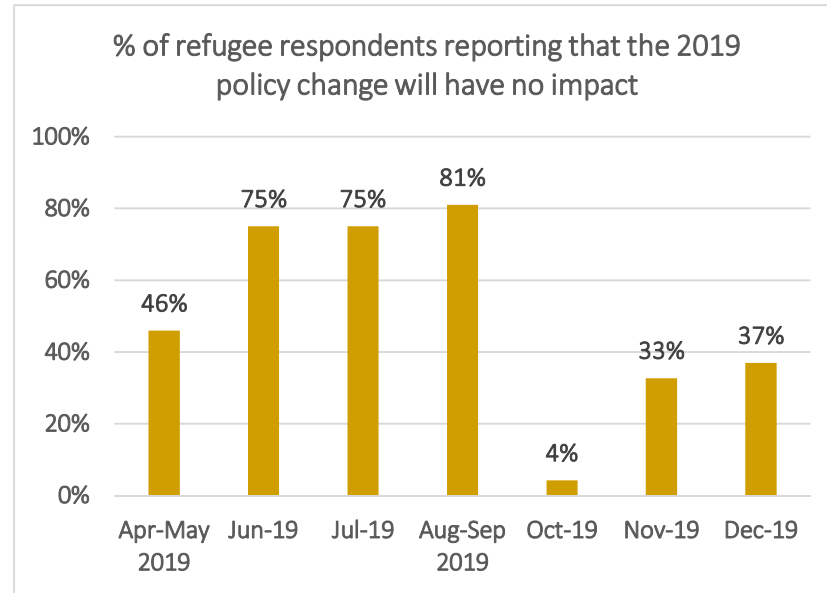
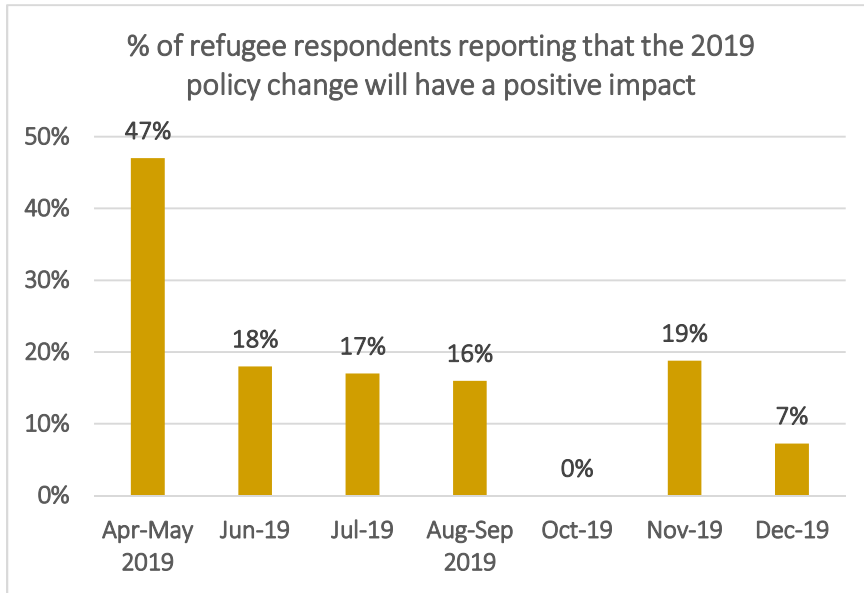
Better located and nearer to their homes.

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



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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 provider.
- 2** 15% would sell food Coupons.
- 3** 8.4% would borrow money from Family or friends.



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

In cases where an urgent health care intervention is needed, respondents resort to various types of coping strategies. As illustrated in the charts below **Oct-Dec 2019** reporting period, **82%** borrow money from family or friends while the least **2%** indicated that they would not resort to any coping strategy as they have no issues in seeking health services.

1 82% would borrow money from Family or Friends during (Oct to Dec 2019).

2 47% would ask for help from NGOs, charitable Organizations or societies or would search for free Health services (Oct to Dec 2019).

3 2% would do nothing to secure the needed funds (Oct to Dec 2019).

The most mentioned barriers for accessing health care services

- 27.2% reported that they don't face any barriers to access services.
- 26.1% reported that the main barrier is the distance and time needed to reach to the health facilities and the lack of transportation options.
- 15.7% reported that the financial cost is the principal barrier to accessing services.
- 3.3% reported that the barriers is the lack of medical devices and modern tools in public hospitals.
- Three respondents reported that one of the barriers is the lack of medical competencies.
- No respondents reported that the main barrier is the treatment/attitude of the public health staff.

