

Health access and utilization survey among Syrian refugees in Lebanon

UNHCR, October 2020



Background

Lebanon currently hosts just below 900,000 registered refugees who live both in urban centers and informal settlements. UNHCR is providing assistance and support to refugees through a variety of programs covering basic assistance, protection, shelter, WASH, education and health. The public health unit of UNHCR plays a role both in provision of health care services and institutional support through implementing partners and in coordination of the response together with the Lebanese Ministry of Public Health (MOPH), the World Health Organization (WHO) and the Inter-Agency unit at UNHCR. The UNHCR public health programme aims to enhance refugee access to comprehensive health services within Lebanon. Primary health care (PHC) is the core of all health interventions and in partnership with local and international implementing partners UNHCR is currently supporting 12 PHC facilities where a basic package of health care services¹ is provided for free or at subsidized prices for refugees. In addition, UNHCR supports two centers specialized in mental health. In total, there are 128 primary health care facilities² countrywide supported by partners in which subsidized care is available for refugees. Hospital care is an essential component of access to comprehensive health services for refugees. UNHCR supports deliveries and life-saving emergency care by paying a part of hospital fees depending on the cost of the admission. To facilitate the administration of hospital care support, UNHCR contracts a Third-Party Administrator (TPA) and since January 2017 this is NEXtCARE. The programme is based on cost-sharing in which the patient share on average constitutes one third of the total cost of the admission. The scheme is designed so that beneficiaries pay a higher proportion of low-cost admissions (between 50-25%) and a lower proportion of high-cost admissions (around 5%).

It is challenging to collect reliable routine data on the health service needs of urban/non-camp refugees when compared to those residing in traditional camps. For this reason, Household Access and Utilization Surveys (HAUS) allow UNHCR to monitor trends in how refugees access and utilize health services over time. The proportion of registered Syrian refugee households with telephone numbers in Lebanon is 98%. Since 2014, UNHCR Lebanon has conducted annual HAUS per telephone which have provided important information on the challenges faced by refugees in accessing health care services. The survey results guide program delivery by providing timely and regular information in a cost-efficient manner on key variables relating to access and utilization.

Objective

To monitor refugee access to and utilization of available health care services. The survey will aim to assess significant changes, if any, occurred since the last survey which was conducted in 2019.

Methods

- The survey was conducted through telephone interviews from the 22nd of September to 1st of October 2020. In 2019 the survey was conducted between the dates 28th of August to 5th of September.
- The survey was conducted by operators in a call-center who got 1 day of training.

¹ Including: vaccination, malnutrition screening and management, medication for acute and chronic conditions, laboratory tests and consultations for acute as well as non-communicable diseases, sexual and reproductive health and mental health.

² In this report primary health care facilities refers to MOPH Primary Health Care Centers (PHCCs), dispensaries, Social Development Centers (SDCs) and UNRWA clinics.

- Survey households were selected using random sampling, from a master list provided by UNHCR registration unit containing all registered refugees in Lebanon (as of September 2020), with a valid telephone number in the database.
- The WHO STEP sample size calculator was used to obtain a representative sample³.
- Sample size was determined based on a desired confidence level of 5% for key indicators, design effect of 1, and accounted for a non-response rate of 50% (i.e. number of responders double as many as non-respondents)
- Selected HHs were contacted and interviewed over the phone by the interviewers.
- Participation was fully voluntary, and everyone was informed that participating or not would not have any consequences in regard to UNHCR support and assistance to the household.
- The head of household, or an adult (aged ≥ 18) who could respond on his/her behalf, was interviewed.
- The specific inclusion and exclusion criteria for individuals within a selected household were as follows:
 - Inclusion**
 - Head of household
 - Person ≥ 18 years of age who can provide response on behalf of the household
 - Exclusion**
 - Not providing informed consent
 - Under 18 years of age
 - Not registered in the database
- Costs were asked for in Lebanese Pounds. Due to the fluctuating exchange rate, costs have not been converted into USD. When comparisons are made with costs from previous years, amounts in USD has been converted to LBP according to the rate 1 USD=1500 LBP.
- Data was entered in real time on call-center desktops using the software Project X developed by UNHCR Lebanon. Data was analyzed using Microsoft Excel 2011.

Key findings

A. Baseline characteristics of population

- At the time of the survey, the population of registered Syrian refugees in Lebanon numbered 879,529 individuals, living in 199,776 households (4.4 individuals per household). There were also 16,631 registered refugees of other nationalities living in 6,918 households.
- 48% of the Syrian refugees were male and 52% female.

B. Baseline characteristics of sample

- A total of 2531 households were selected to be called by the enumerator. The needed sample size was 904 households. The much larger number of households to be called was based on previous years' low response/participation rate.

³WHO | STEPS Sample Size Calculator and Sampling Spreadsheet; <http://www.who.int/chp/steps/resources/sampling/en/>

- 909 (36%) households were interviewed. The most common reason for non-response was either that no-one responded to the call or that the number was not functioning.
- Participating households had a total of 4,928 members, which means that surveyed households had an average number of 5.4 individuals.
- 51% of surveyed household members were female and 14% were less than 5 years old.

C. Knowledge about available services and health care expenditure

- 897 households answered on questions about knowledge on available assistance
- 68% of interviewed households knew that refugees have access to subsidized services at primary health care facilities for between 3,000 and 5,000 LL. Corresponding figure from 2019 was 59%.
- 87% of households knew that UNHCR supported life-saving hospital care and care for deliveries. Corresponding figure from 2019 was 84%.
- 67% knew that vaccination for children <12 years is free at primary health care facilities. Figure in 2019 was 65%.
- 31% of respondents were aware of services for survivors of domestic abuse or sexual violence. Figure in 2019 was 23%.
- 42% of respondents knew that drugs for acute conditions could be obtained for free at primary health care facilities. Figure in 2019 was 39%.
- 65% (581) of households reported spending money on health care the previous calendar month. The figure from 2019 was 69%.
- The households who had spent money on health care the previous month spent on average LBP 269,103 (median: LBP 150,000). The averages from 2019, 2018, 2017, 2016 and 2015 were LBP 196,500, LBP 235,500, LBP 231,000, LBP 222,000 and LBP 204,000 respectively. This year's figure constitutes a dramatic increase compared to previous years. However, due to the depreciation of the Lebanese pound it is difficult to assess this increase's impact on household spending.

D. Sexual and reproductive health

(i) Antenatal care services

- 371 women reported having been pregnant during the 2 years preceding the survey. 75% (278) delivered during this period.
- 86% (239) of the women who had delivered had received antenatal care (ANC) services. Corresponding figure from 2019 was 88%.
- Out of the 239 women who had delivered and attended ANC 71% went for 4 visits or more (69% in 2019).
- Of all women that delivered, 61% went for 4 or more ANC visits - a figure unchanged compared with 2019.
- Most common reasons for not accessing ANC services was not being able to pay for clinic fees (44%) and not thinking ANC is necessary (30%).
- 296 women answered the question about where they had received ANC care. 176 (59%) had gone to a primary health care facility and 116 (39%) had gone to a private clinic.

- 26% of women had received ANC at more than one facility.
- 77% (229) reported having paid for ANC visits while 21% (62) got ANC for free. Median cost for an ANC-visit at a primary health care facility (for those who paid and could recall the amount) was LBP 10,000 (LBP 10,500 in 2019). Corresponding cost at a private clinic was LBP 35,000 (LBP 40,500 in 2019).

(ii) Delivery services

- 276 out of the 278 women who delivered answered the question about where they had delivered. 87% (241) had delivered in a hospital and 3% (7) had delivered at home. 8% (23) had delivered in medical facilities other than hospitals. 2 of the 7 women who had delivered at home were assisted by a trained birth attendant (TBA), 2 by untrained attendants, 1 by a family member and 2 delivered alone.
- Reasons for delivering at home included COVID (no further explanation provided by respondent), hospital costs, difficulties finding transportation, and worries of being coerced to do c-section.
- The proportion of women who reported delivering via caesarean section was 31%.
- 76% (212) of the women who had delivered reported having received financial assistance from UNHCR for their delivery. 12% (33) did not pay anything for their delivery.
- 179 respondents reported to have had a UNHCR-supported normal vaginal delivery (NVD) and could estimate what they had paid. The median cost reported was LBP 300,000. The corresponding figure from 2019 was LBP 244,500.
- 64 respondents reported to have had a UNHCR supported C-section and could estimate what they had paid. The median cost was LBP 425,000 (LBP 375,000 in 2019)).
- Average cost for assisted home-delivery was LBP 340,000.

(iii) Post-natal care services

- Only 29% (79) of the 277 women who had delivered and answered the question had sought post-natal care (PNC) services. The corresponding figure in 2019 was 27%.
- Reasons for not seeking PNC were thinking that the services were not necessary (75%), and inability to afford the clinic fees (21%).

(iv) Family planning

- 814 households were willing to answer questions about family planning. (This constitutes 90% of all households which is almost unchanged from 2019 (89%).
- Of these, 61% (504) reported using some method of family planning (57% in 2019).
- The proportion of total households reporting using some sort of contraceptive method is thus 55% (51% in 2019).
- 38% of respondents used traditional methods only (withdrawal, calendar etc.) 25% used contraceptive pills, 25% used IUDs and 11% used condoms. Similar proportions were seen in 2019.
- Most common reasons for not using family planning include planning for pregnancy (29%), spouse being away/divorced or dead (26%), one of the spouses incapable of childbearing due to age (19%) and one of spouses incapable of childbearing due to health reasons/sterility (15%). The same top four reasons were reported 2019.

E. Childhood vaccinations

- Questions about vaccinations were asked about 713 children < 5 years old. 89% (634) had received a vaccination booklet.
- 83% of children had received oral polio vaccination, and 87% had received injectable vaccines. This is an increase compared with 2019 when 84% had received injectable vaccines.
- 22% (136) of 611 children that had received injectable vaccines were vaccinated before arriving in Lebanon which is a significant increase from 11% in 2019.
- 92% of the children who had received injectable vaccines in Lebanon got at least one of their vaccinations in a primary health care facility, 8% in a UNHCR reception center and 3% in a mobile clinic. For 5% the only provider used for injectable vaccines was a UNHCR reception center.
- 33% (150) of refugees that had received injectable vaccines in Lebanon had to pay for the vaccination (32% in 2019).
- Refugees paid a median cost of LBP 10000 for vaccination services (for those who reported paying). Corresponding figure 2019 was LBP 7500.
- Reasons given by the 46 respondents whose children had not been vaccinated included, child ill at time of vaccination (24%), clinic fees too high (22%), did not think it was necessary (22%) and didn't know where to go (15%).

F. Chronic conditions

- 41% (374) of 909 households responding to the question reported at least one member with a chronic condition.
- 10% (499) of the 4,904 household members answering, reported to have a chronic medical condition. (10% in 2019)
- Most common conditions were: hypertension (29%), diabetes (20%), asthma/pulmonary disease (19%), heart disease (13%), physical disability – such as cerebral palsy or paralysis after stroke (11%), thyroid disorders (6%) and kidney disease (5%).
- 23% reported to have more than one chronic disorder.
- 68% (337) of the 499 individuals reporting having a chronic condition that responded to the question had accessed medical care and/or medicines for their condition during the last 3 months. (71% in 2018)
- Of the 337 individuals who could recall the facilities where they had sought care, 39% (132) had gone to a primary health care facility, 45% (152) to a pharmacy and 12% (51) to a private clinic. This is a change from 2019 when more people went to primary health care facilities than pharmacies (46% and 31% respectively).
- 78% of those who sought care had to pay for the services. 41% of those who went to primary health care facilities received services for free.
- Of those who did have to pay, the median cost, not considering health care outlet, was LBP 50,000. In a primary health care facility, the median cost was LBP 10,000 (LBP 10,500 2019). For those who went to a private clinic, the median cost was LBP 100,000 (LBP 64,500 in 2019), while for those who went to a pharmacy, the median cost was LBP 50,000 (LBP 28,500 in 2019).

- The main barrier to accessing care for chronic conditions was the inability to pay clinic fees (50%) or drugs (28%) (65% and 24% respectively in 2019).

G. Acute conditions

- 8% (384) of the 4,900 household members who responded to the question reported to have had an acute condition during the month preceding the survey (12% in 2019). This is a figure that has fluctuated significantly over the years (8% in 2017 and 30% in 2018). This year's lower value might be due to generally fewer infections due to the various COVID-measures in place during the year. The most common symptoms reported were: upper respiratory tract symptoms (runny nose, sore throat) (32%), joint and back-pain (20%), stomach pain (14%), urinary tract symptoms (8%) and headache (8%)
- Among the ones reporting being acutely ill, 23% (87) did not seek health care (21% in 2019). The reasons reported were: could not afford clinic fees (71%) and thinking it was not necessary (7%) and not knowing where to go (7%).
- Out of the 289 that sought health care and answered the question, 36% (105) went to a pharmacy, 31% (91) to a primary health care facility, 17% (49) to a private clinic and 14% (41) to a hospital.
- 93% (270) of the 289 who sought care and responded to the question got health care at the first facility they went to. The corresponding figure from 2018 was 90%.
- 6% (1) of the ones who didn't get care at the first facility sought health care at a second facility. This one person did not get care at the second facility and did not seek care in a third facility.
- 92% (248) of the refugees that received care for acute conditions had to pay for the services.
- Respondents who could recall the amount they had paid for care reported the following median costs: Overall LBP 50,000 (LBP 30,000 2019), primary health care facilities LBP 18,000 (LBP 10,500 2019), Private clinics LBP 70,000 (LBP 49,500), pharmacies LBP 50,000 (LBP 25,500), and hospitals LBP 250,000 (LBP 138,000 USD).
- Reasons for not receiving services despite seeking them include: couldn't afford the fees (50%) and the facility could not offer the needed services (44%).

Limitations

- Survey was limited to refugee households registered with UNHCR with a telephone number. This together with high proportion of non-respondents may contribute to making the sample not representative for the refugee population as a whole.
- Interviews were held with only one key informant from each household and answers are self-reported. Lack of information by the informant or poor recall available to the household respondent might have affected the quality of response and led to bias.
- Despite training of surveyors and phrasing questions in an explanatory way, concepts such as chronic and acute illness, primary health care centers, private cabinets and hospitals might not be clearly understood by the respondents which in turn will affect their answers.

Conclusions

- It's challenging to analyze the results of this year's HAUS without mentioning the very exceptional circumstances of 2020. The two factors that should have had most impact on health access and utilization are the COVID-19 pandemic and the financial crisis. Although worst impact of COVID-19 pandemic was observed mainly toward the end of the year, measures to keep transmission controlled were imposed at various degrees already since March. The latter has been present throughout the year resulting in devaluated Lebanese Pound resulting in decreased purchasing power. Taking the above into consideration it is rather surprising that many investigated indicators remained stable compared with 2019.
- Across the board, the knowledge about available services remained on the same level or slightly improved compared to 2021. Knowledge of services available for SGBV remained low.
- The percentage of households that had spent money on health during the months preceding the survey was slightly less 2020 than in 2019. However, as expected, the average health expenditure measured in LBP among the households that did increased quite significantly. Due to the unstable exchange rate of the LBP it is difficult to speculate what kind of impact this might have had on the households' finances.
- The percentage of women who delivered who went for ANC remained the same as in 2019.
- Cost for an ANC consultation was unchanged in primary health care facilities and had even decreased in private clinics. However, the costs had increased for both normal deliveries as for C-sections in UNHCR network hospitals.
- No increase observed in proportion of women delivering at home – still at 3%.
- Proportion of women taking their children for PNC is still low at 29% and main reason is the perception that it is an unnecessary service.
- A slight increase of households reporting using some sort of contraceptive. As previously, the most common reasons were that the family either is planning for a pregnancy, that childbearing is impossible due to age or illness or that the spouse is away or deceased.
- There was a significant decrease in proportion of individuals that reported having an acute illness during the month preceding the survey and a slight decrease in proportion thereof who reported seeking care for it. On the other hand, the proportion of individuals who got care out of the ones who sought it increased slightly. This corresponds to findings in the 2020 Vulnerability Assessment of Syrian Refugees (VASyR).
- Regarding individuals who accessed care for chronic conditions there was a slight decrease compared to 2019.

- Regarding care for both acute and chronic conditions a larger proportion went to pharmacies than to primary health care facilities in 2020 than in 2019.
- Across the board there was an increase in costs for health services both for chronic as for acute conditions, regardless of type of service provider. As previously explained, the reason is thought to be devaluated Lebanese Pound.
- The most frequently reported reason for not seeking or receiving chronic and acute care is as before inability to pay fees.

Recommendations

Despite the hardships of 2020, the survey has not been able to show significant changes of refugees' access to and utilization of health care.

Recommendations based on the results of the 2020 HAUS findings are:

1. More research into the effects of the current financial situation, especially on health care expenditure
2. More research into households' habits around immunization
3. Increasing usage of pharmacies as main health care provider for both acute and chronic disorders is worrisome considering the risk of fluctuating prices on drugs. It has therefore become ever more important to ensure continuous availability of free essential drugs in primary health care outlets.
4. Increased information to refugees on available services to SGBV survivors
5. Increased quantitative and qualitative research on home-based deliveries.

1) Baseline Characteristics of Population and Sample

1.1 Survey response

2,531

Number of households selected to participate in the study

63%

Proportion of households called but not responding (i.e. could not be interviewed due to invalid number, not answering the phone or declining to participate)

1.2 Sample population

909

Number of households reached and agreed to participate in the study

4,928

Number of household members in surveyed households

5.4

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

51%

Proportion of household members who are female (n=4,928)

14%

Proportion of household members who are <5 years old (n=4,928)

Figure 1: Distribution of households by governorate (n=909)

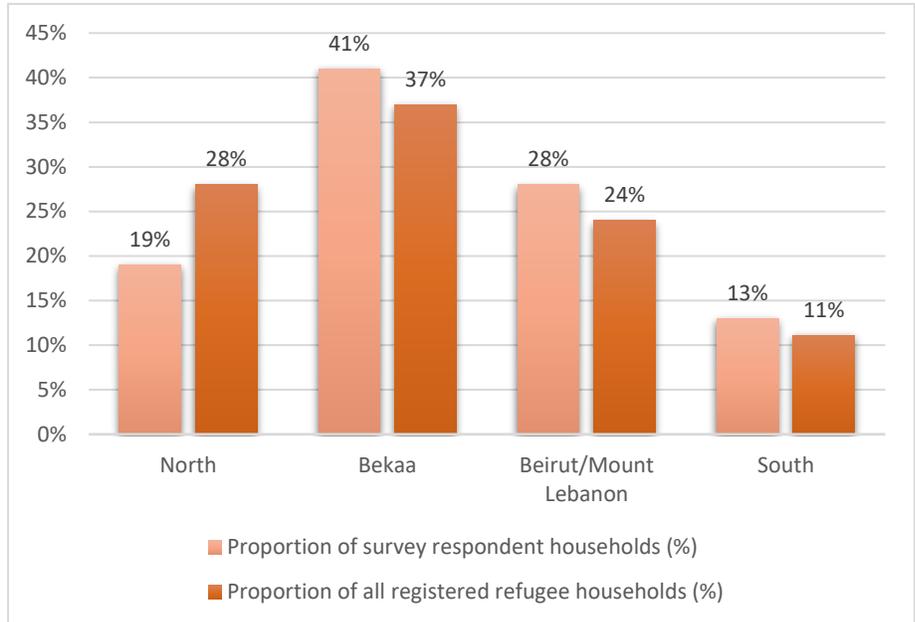
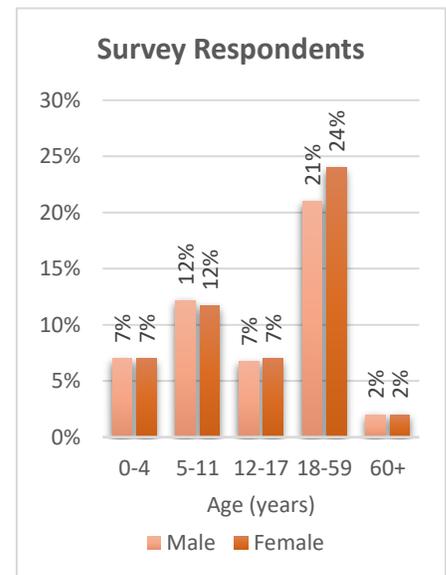
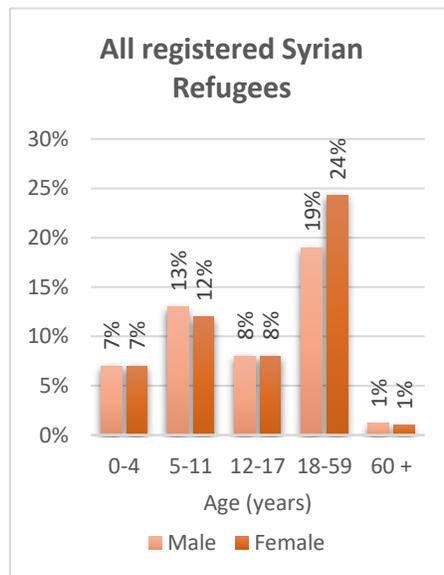


Figure 2: Age and sex distribution of household members (n=4,928)



2) Knowledge about available services and health care expenditure

2.1 Knowledge

68%

Proportion of households knowing that consultations in governmental PHCCs for between 3000 and 5000 LBP (n=897)

87%

Proportion of households knowing that UNHCR supports hospitalization for life threatening conditions and deliveries (n=897)

67%

Proportion of households knowing that vaccinations are free for children <12 years in government facilities (n=897)

42%

Proportion of households knowing that drugs for acute conditions can be obtained for free in governmental PHCCs (n=897)

2.2 Health care expenditure

65%

Proportion of households spending money on health care the month preceding the survey (n=89)

269,103 LBP

Median amount spent by the households spending on health care the month preceding the survey (n=581)

Figure 3. Proportion of respondents answering yes (n=897)

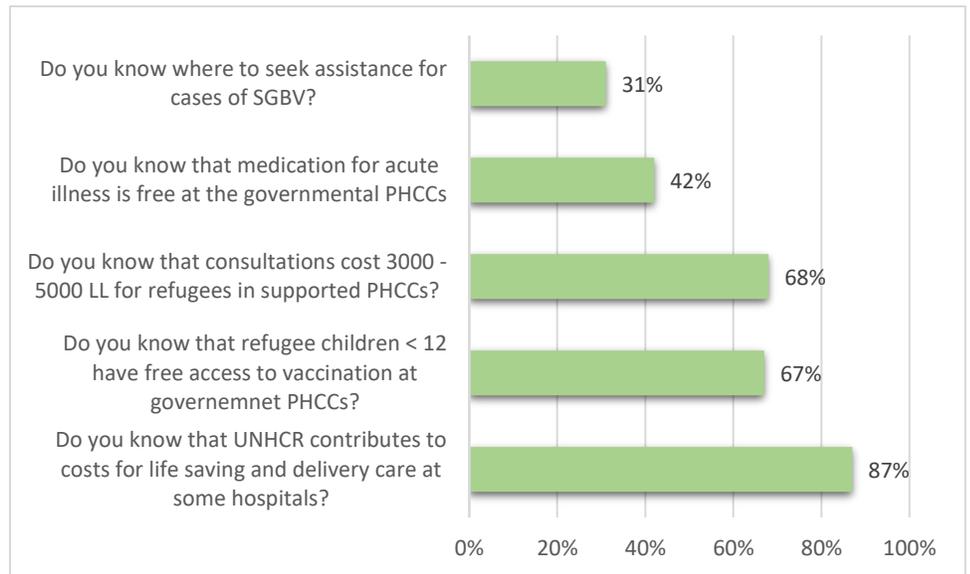
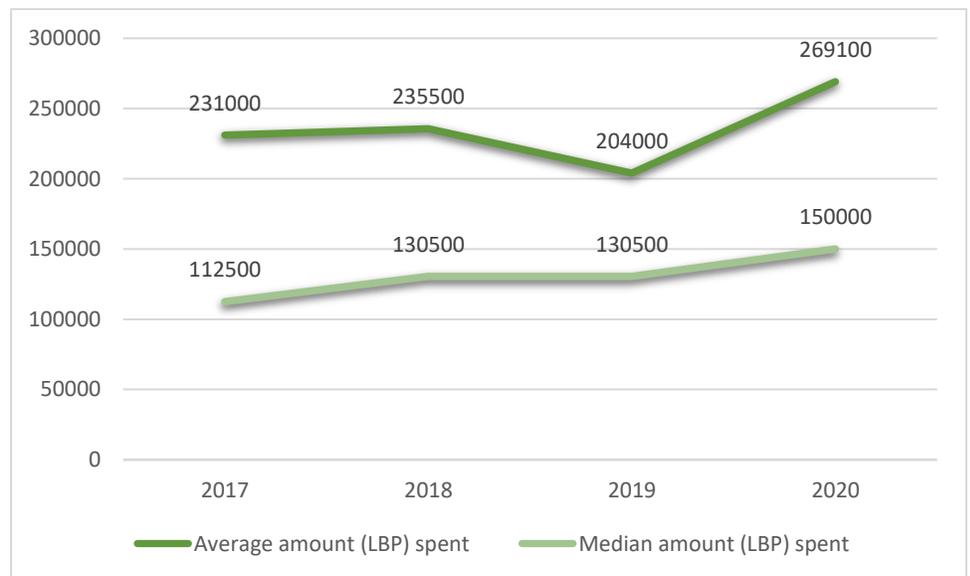


Figure 4. Average and median amounts spent by the household during month preceding the survey (of household that reported spending money on health) between 2017 and 2020



3) Antenatal Care and Deliveries

2.1 Antenatal care (ANC)

86%

Proportion of women who delivered who accessed ANC (n=278)

61%

Proportion of women who delivered who went for at least 4 ANC visits (n=278)

26%

Proportion of women who received ANC at more than one facility (n=296)

2.2 Deliveries

3%

Proportion of deliveries at home (n=278)

76%

Proportion of deliveries supported financially by UNHCR (n=278)

31%

Proportion of deliveries by C-section (n=278)

300,000 LBP

Median cost of vaginal delivery supported by UNHCR (n=179)

425,000 LBP

Median cost of C-section supported by UNHCR (n=64)

Figure 3: Number of ANC visits among women who delivered during past 2 years (n=278)

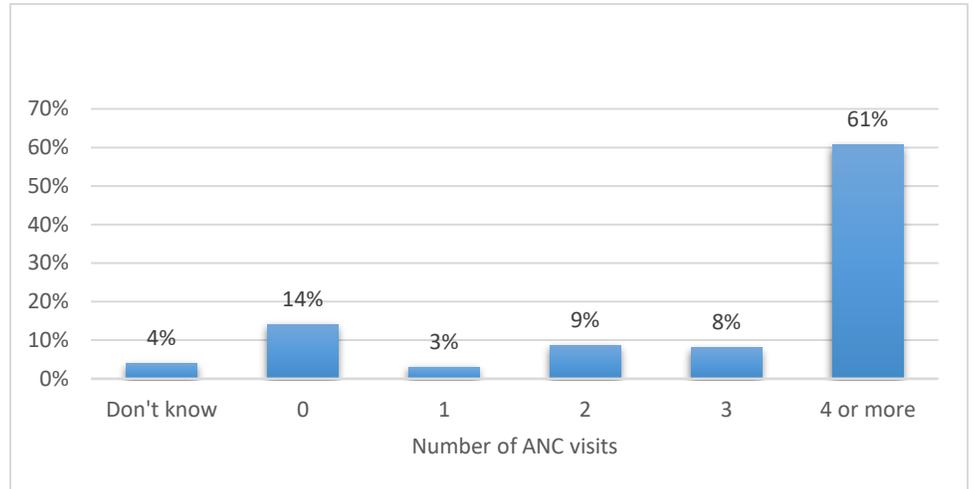


Figure 4: Place for last ANC visit (n=338)

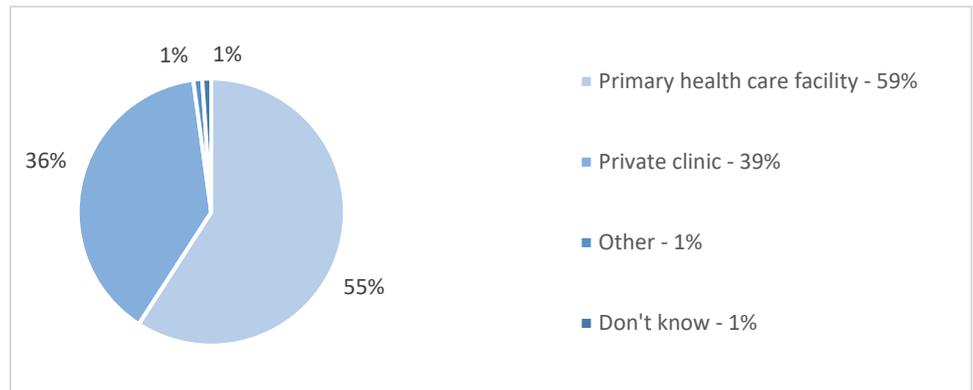
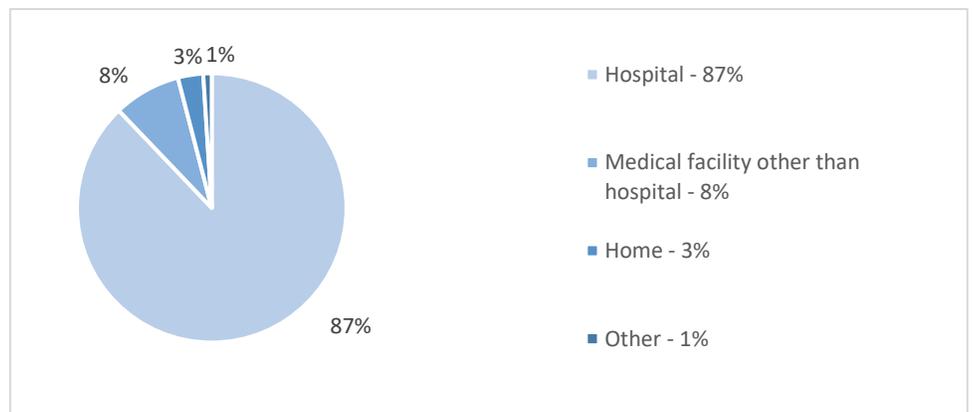


Figure 5: Place of delivery (n=318)



4) Postnatal Care, Family Planning and Child Care

3.1 Postnatal Care (PNC)

29%

Proportion of women who delivered who went for a postnatal care visit (n=278)

3.2 Family Planning

55%

Proportion of total households reporting using some kind of contraceptive method (n=909)

3.3 Child Care

87%

Proportion of children <5 that had received injectable vaccines at any point (n=713)

78%

Proportion of children received injectable vaccine that got vaccinated in Lebanon (n=611)

67%

Proportion of children vaccinated in Lebanon that was vaccinated for free (n=475)

92%

Proportion of children vaccinated in a PHCC (n=475)

5%

Proportion of children that only had received vaccination in a UNHCR reception center (n=475)

Figure 6: Reasons for not going for PNC (n=189)

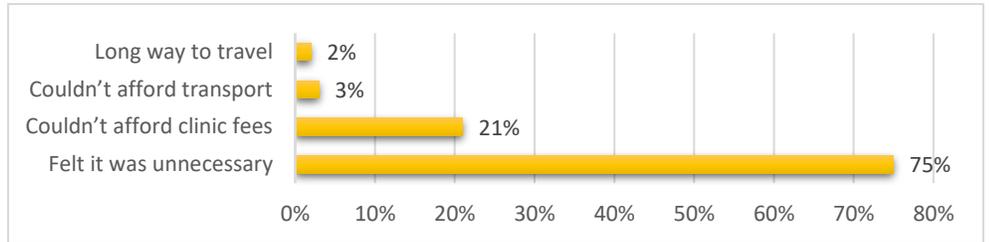


Figure 7: Reasons for not using family planning (n=308)

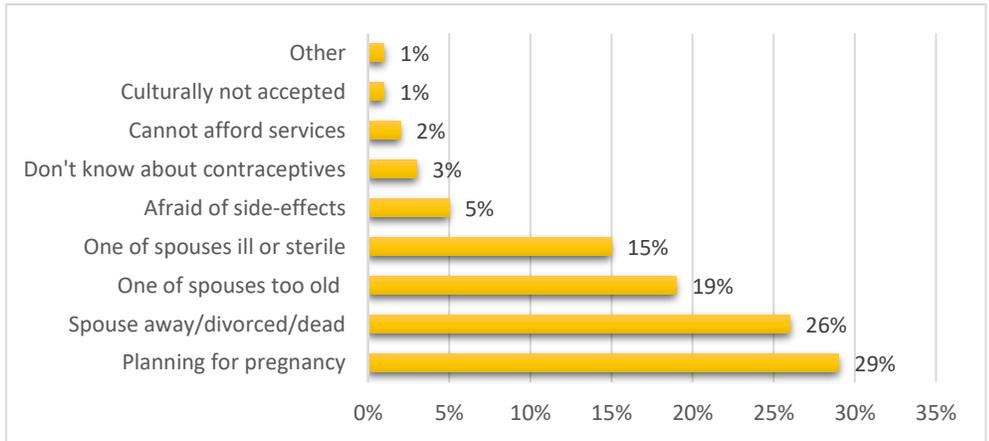


Figure 8: Choice of family planning methods (n=504)

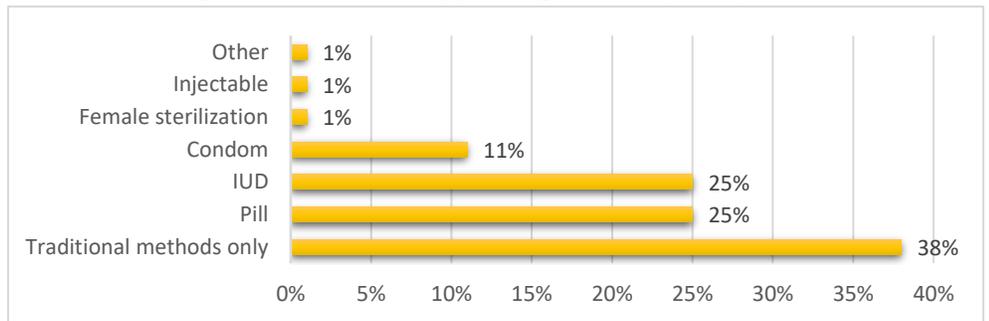
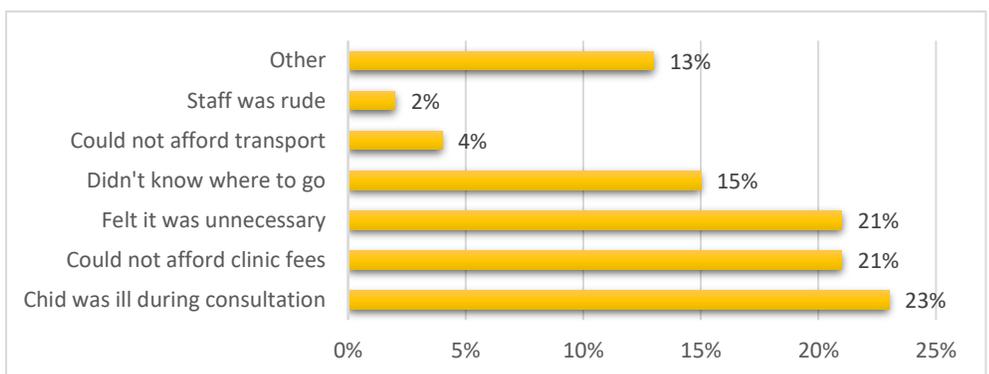


Figure 9: Reasons for child not being vaccinated (n=47)



5)Chronic Conditions

4.1 Prevalence

10%

Proportion of respondents who reported having a chronic condition (n=4904)

31%

Proportion of respondents 40 years or above who reported having a chronic condition (n=782)

41%

Proportion of households with at least one member having a chronic disorder (n=950)

23%

Proportion of individuals that reported having more than one chronic condition (n=499)

4.2 Access

68%

Proportion of respondents who have accessed care/medication for their chronic condition during the last 3 months (n=499)

45%

Proportion of individuals that primarily sought care in pharmacies (n=337)

50,000 LBP

Median cost of care/medication for chronic disorders during the last 3 months (n=264)

Figure 10: Proportion of different chronic conditions reported (n=499)

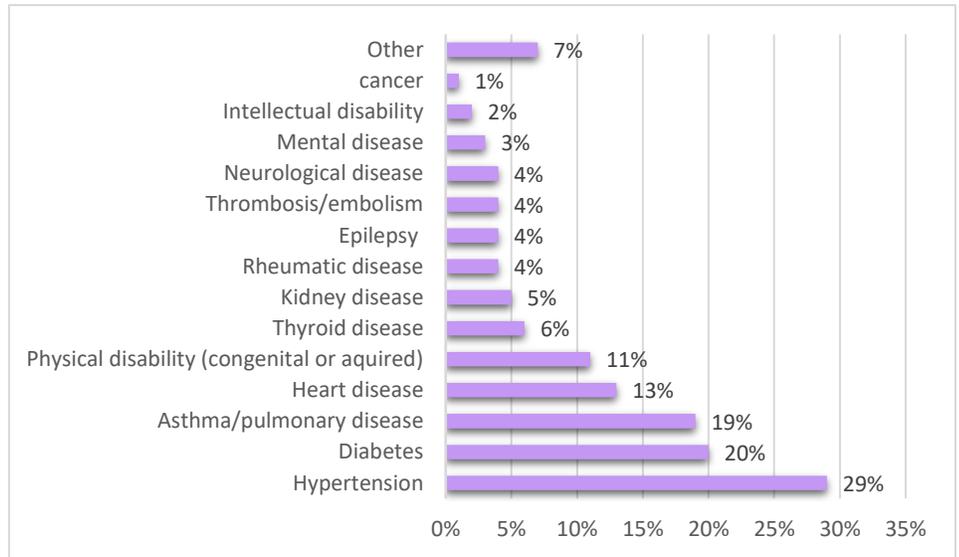


Figure 11: Reasons for not accessing chronic care (n=156)

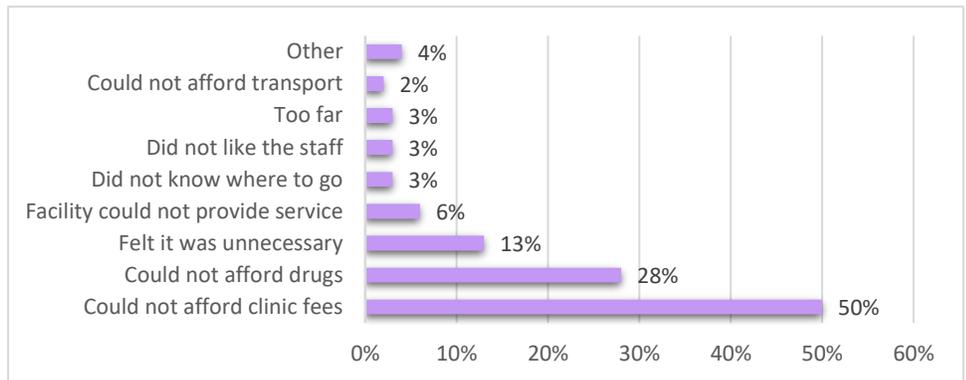
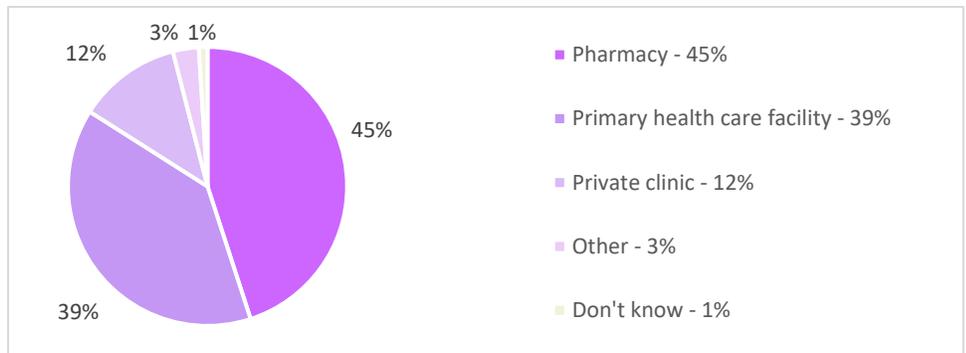


Figure 12: Where sought care for chronic disorder (n=337)



6) Acute Conditions

5.1 Incidence

8%

Proportion of respondents who reported having an episode of acute illness during the last month (n=4900)

5.2 Access

77%

Proportion of respondents who sought health care for the episode of acute illness (n=384)

93%

Proportion of individuals that sought health care for an acute illness that got it at first point of care (n=289)

36%

Proportion of individuals that sought health care primarily in pharmacies (n=289)

50,000 LBP

Median cost of care for episode of acute illness during the last month (n=289)

Figure 13: Symptoms of reported acute illness during last month (n=384)

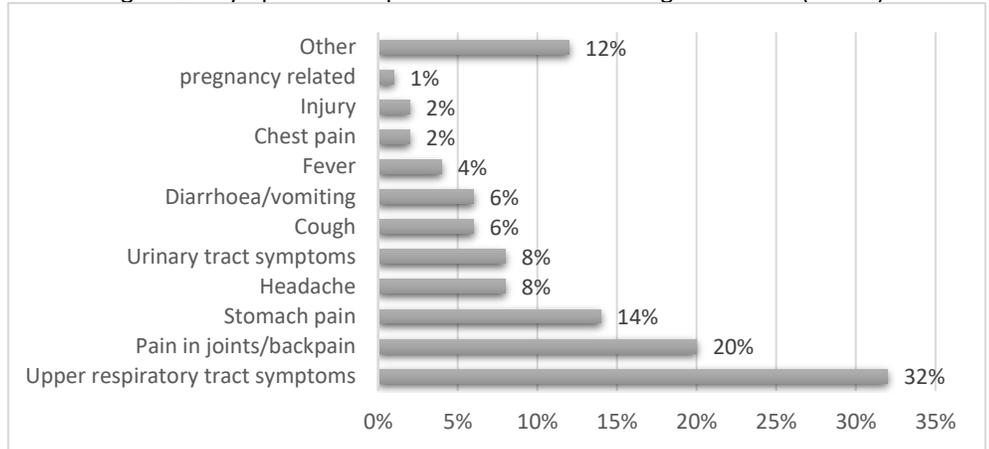


Figure 14: Reasons for not seeking care for acute illness (n=89)

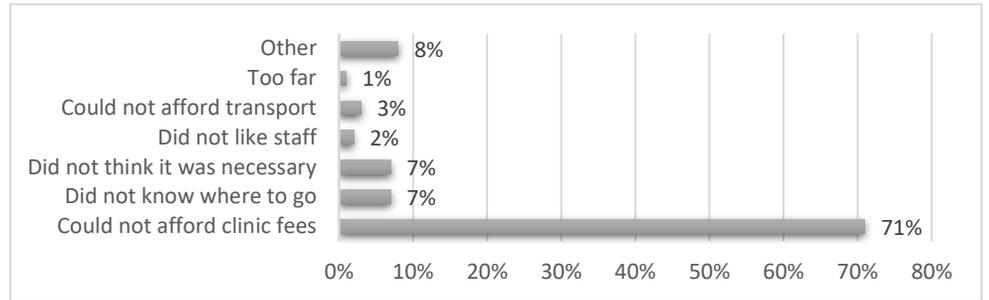


Figure 15: Reasons for not getting care when sought (n=18)

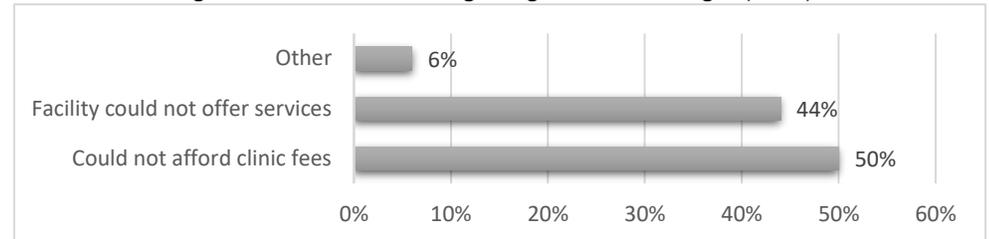


Figure 16: where sought care for acute illness (n=289)

