

Caesarean Sections among Syrian Refugees in Lebanon – An analysis



C-section – global inequity

Albeit controversial, 5-15% is considered optimal

Necessary vs Unnecessary CS:

3.18 million vs 6.20 million (2008) Excess CS – US\$ 2.32 billion

One estimate in Lebanon – US\$ 2.4 million costs for excess CS

Widespread difference in the region:

Mauritania 5.3% vs Egypt 26.2%; Lebanon 18-23.3%

Syria (2013) – 45% up from 29% - limited data though

C-section in conflict situations

Limited literature

Reduced during the Balkans war (1992-95)

IDPs in Northern Srilanka – 44.3% CS rate

SYRIA REFUGEE RESPONSE

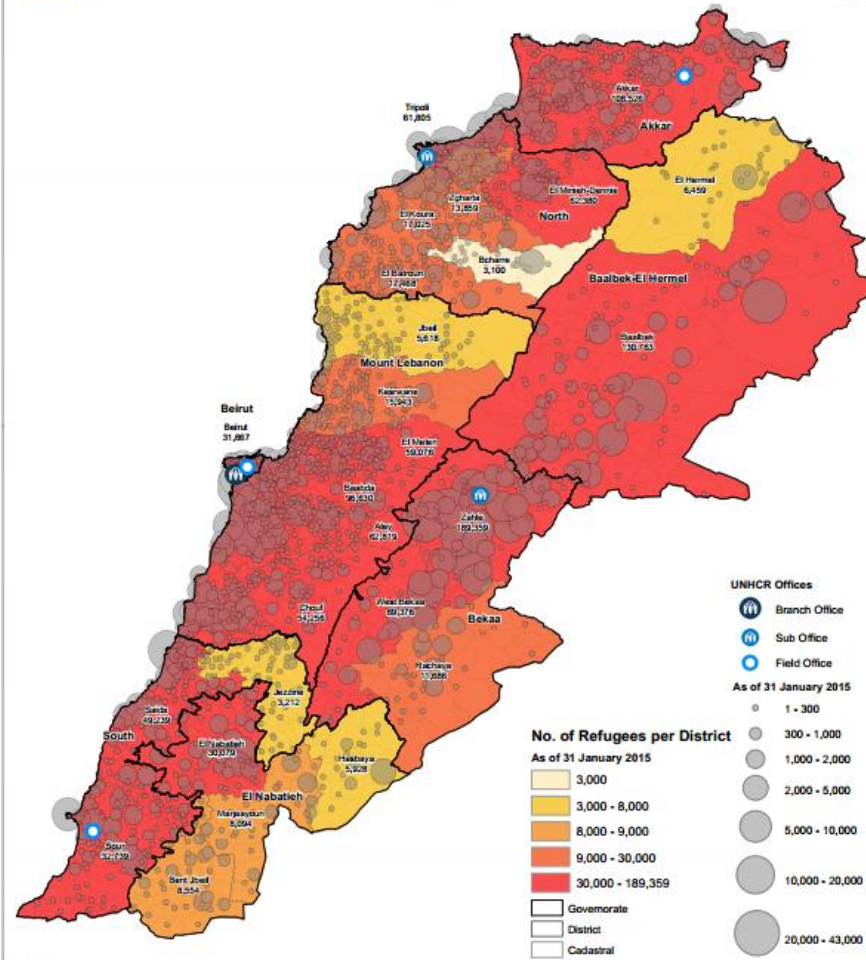
LEBANON Syrian Refugees Registered

31 January 2015

UNHCR Lebanon - Beirut
Country Office



Total No. of Refugees **1,167,790**
 Refugees Registered **1,155,660**
 Refugees Awaiting **12,130**



The boundaries, names, and designations used on this map do not imply official endorsement of the United Nations or UNHCR. All data used were the best available at the time of map production.

Date Source:
 - Refugee population and location data by UNHCR 31 January 2015. For more information on refugee data, contact Rana G. Kaifi at kaifi@unhcr.org
 GIS and Mapping by UNHCR Lebanon. For further information on map, contact
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**Regional Public Health and Nutrition Strategy for Syrian Refugees in EGYPT, IRAQ, JORDAN, LEBANON AND TURKEY
2014 - 2015**

VISION

UNHCR aims to ensure that Syrian refugees are able to fulfil their rights in accessing primary health care, and essential life-saving secondary and tertiary health services, to reduce mortality and morbidity.

REGIONAL PUBLIC HEALTH AND NUTRITION STRATEGY
FOR SYRIAN REFUGEES

EGYPT, IRAQ, JORDAN, LEBANON AND TURKEY
2014 - 2015

OBJECTIVE 6. SUPPORT ACCESS TO COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES



UNHCR support

75% of the total cost of delivery services

Negotiated packages for Normal deliveries and C-sections

Analysis

Qualitative and Quantitative

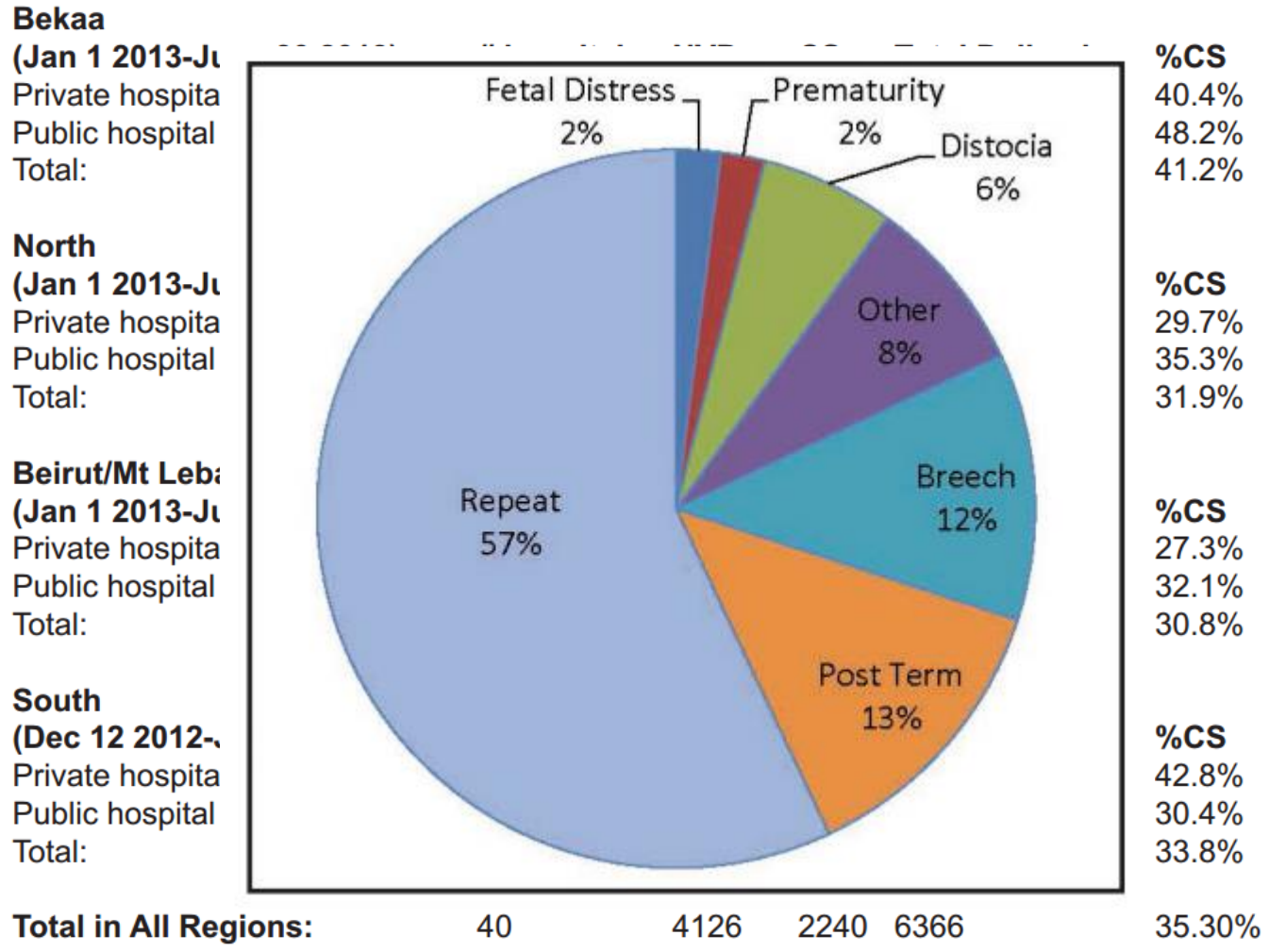
Data collected from UNHCR's partners a) International Medical Corps b) Makhzoumi Foundation c) Caritas Labour Migrant Center

December 2012 / January to June 2013

37 KII – 8 Hospital administrators; 6 doctors; 12 midwives and 11 patients

Findings – Quantitative

Table 2. Hospital deliveries for Syrian refugee women by region in Lebanon among UNHCR partners, December 12 2012/January 1 2013 to June 2013.



Findings – Qualitative

Preference of pregnant women for normal delivery

Lack of adequate female service providers

‘Low ANC coverage and higher rates of complications’ – reason cited by service provider

Automatic financial guarantee in the over-medicalized birth process

Actions taken

Standard A/PNC package developed

4 ANC consultations

Vitamins and mineral supplementations

A maximum of 2 ultrasound examinations

A minimum package of laboratory tests

A postnatal care visit

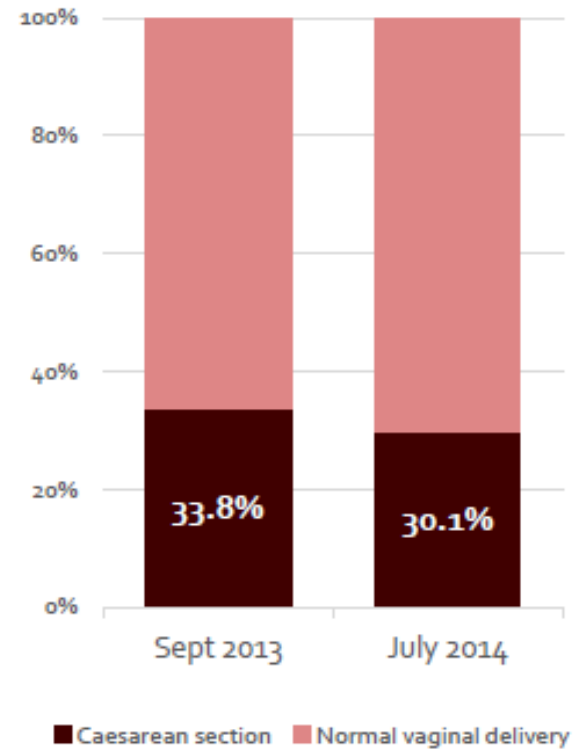
Clearance procedure introduced

A possible declining trend?

HEALTH ACCESS AND UTILISATION SURVEY
AMONG NON-CAMP SYRIAN REFUGEES
LEBANON, JULY 2014



Figure 16 – Mode of delivery among women who delivered in previous 2 years, Lebanon, July, 2014 (n=151)



Limitations

Inconsistent data collection across partners

Reasons for C-section not uniformly available

Deliveries that were conducted in non-UNHCR contracted hospitals not captured

Some hospitals were not covered for the qualitative component – security reasons

Conclusion

Pre-existing highly privatized health care system –
Expensive health care delivery for refugees

Standard operating procedures help to rationalize c-section rates at least to a certain extent

Future studies should compare c-section rates among
nationals