

Innovations in Assessing Reproductive Health Access and Utilisation in non-camp Refugees in Low to Middle Income Countries

Experience from Jordan and Lebanon

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February 25th 2015



Introduction

- Since beginning of Syria crisis ~ 3.2 million have fled and sought asylum in neighbouring countries.
- 1.1 million in Lebanon and 623,000 in Jordan.
- All refugees in Lebanon live outside camps.
- 84% in Jordan live outside of camps, mostly in major urban centres.
- Reliable data on health service needs of non-camp refugees difficult and costly to collect on a routine basis.
- Negatively impacts program design and may affect quality and coverage of health services.

Challenges in Data Collection in Urban Settings

- **Population movement:** Refugees often move more than once in the early phases of displacement – complicates measurement.
- **Accessibility of populations:** living amongst host communities and not easily identifiable or accessible
- **Cost of Data Collection:** More costly compared to camp settings
- **Methodology of Data Collection:** Methodologically more challenging (wide geographical distribution and difficult sampling)

Goal and Objectives

Goal:

Provide programmatic support and develop a replicable tool for monitoring implementation of key health activities

Primary Survey Objectives:

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

Methodology

- Simple random sampling (UNHCR Progress Database)
- Inclusion criteria:
 - Syrian nationality
 - Registered outside officially recognised refugee camps
 - Telephone number in the database
- Tool components:
 - Demographic information
 - Knowledge about available health services
 - Child immunization
 - Reproductive health
 - Chronic diseases
 - WASH and shelter
 - Utilization of health services in the preceding month

Methodology (2)

- Team of 8 interviewers underwent training for 1 day
- 1 day piloting
- Households contacted by telephone - all interviews conducted with one adult household member.
- Data collection was 6 days in Jordan and Lebanon
- Data entered directly into Android tablets using Open Data Kit (ODK) system
- Analysis using STATA 12 for Windows
- Cost was 6,730 USD /1,610 USD as direct (tools) and 5,120 estimated indirect (staff + transport + space)

Country Context

	Jordan	Lebanon
Population (Feb 2015)	623,000	1,168,853
Location	84 % Urban	100 % Urban
Health Information availability	Not systematically available	Not systematically available
When	March 2014	September 2013 & July 2014
Access to Health	Free	Free or Subsidized (cost sharing)
Sector structure	Government - wide coverage	Highly privatized

Main Findings

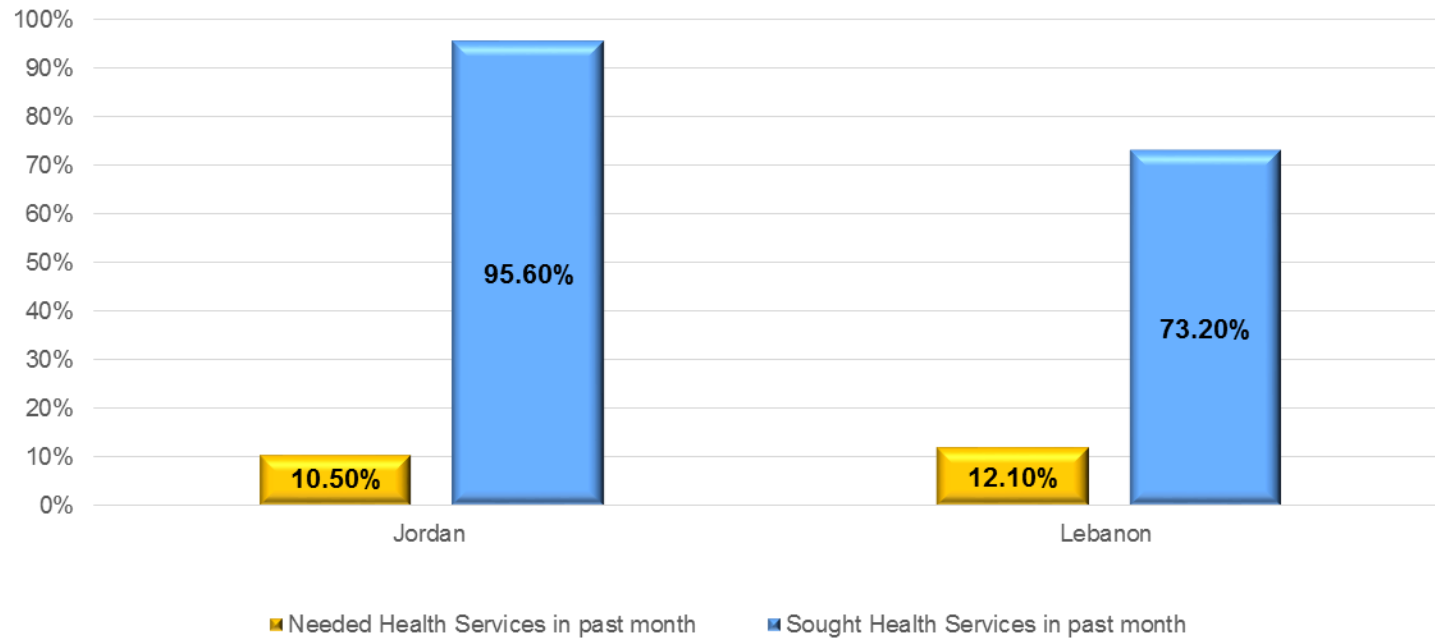
(Focus on RH Findings)

Demographic Characteristics

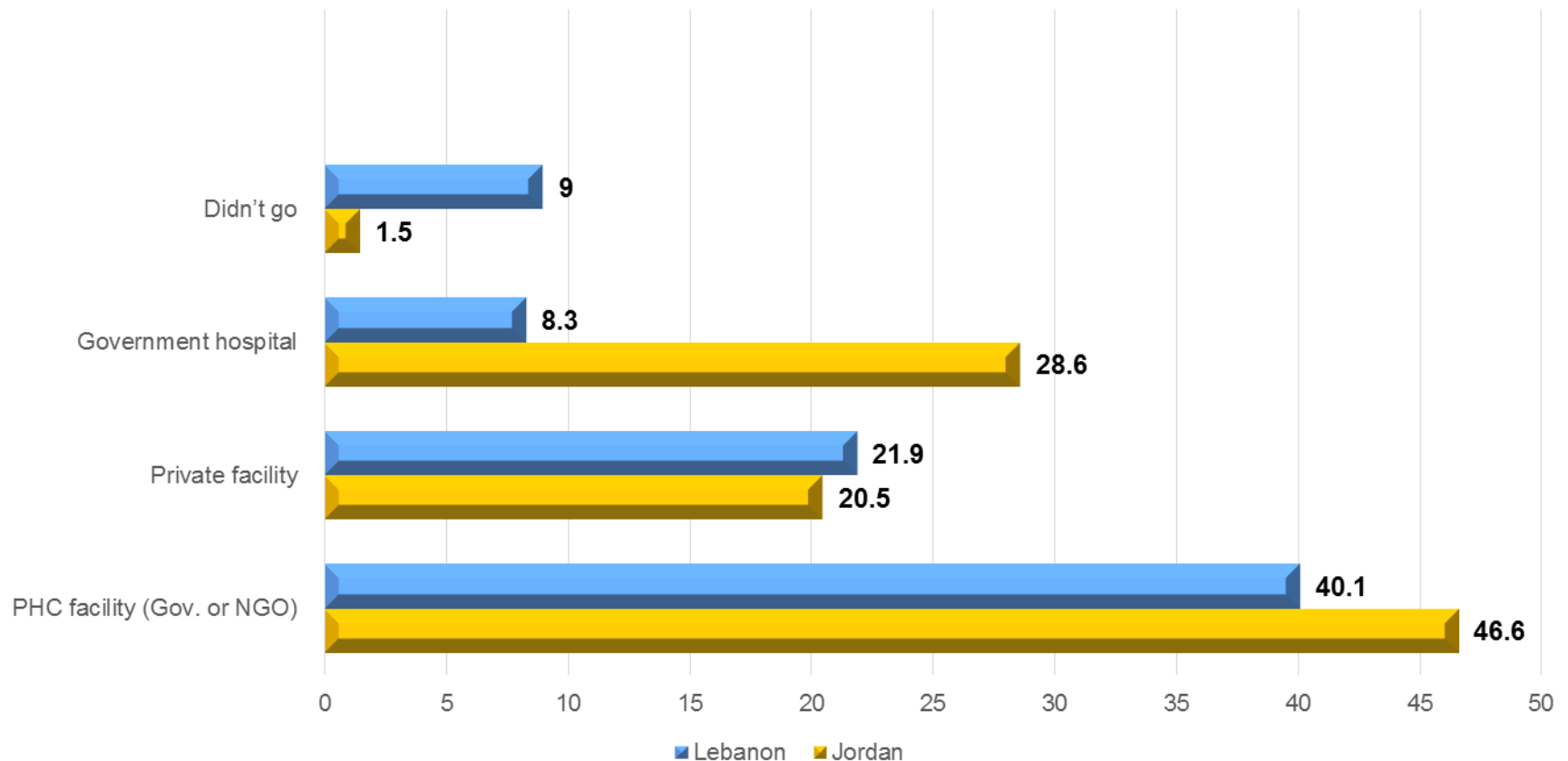
	Jordan	Lebanon
Households enrolled	491 (3,463 individuals)	566 (3,815 individuals)
Average HH size	7.1	6.3
Date of Arrival	March 2010 to Jan 2014	Feb 2010 to July 2014
Gender	54.7% Female	51.6 % Female
Average Age	21.2 years	20.9
Female headed HH	34.7 %	16.8 %
No Education	10.8 %	16 %

Access to and utilisation of services

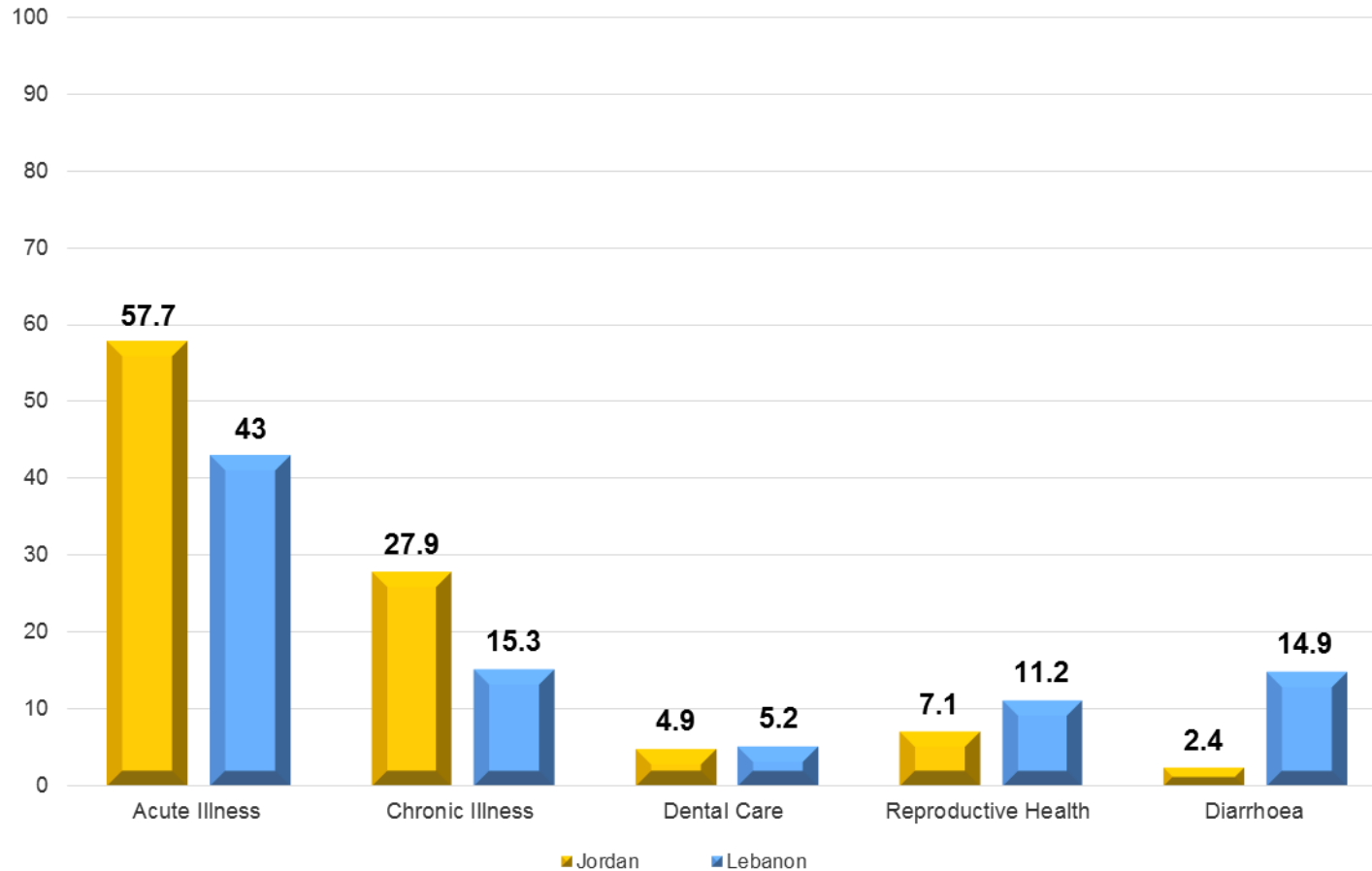
Health Care in Past Month



Places Where Care Sought



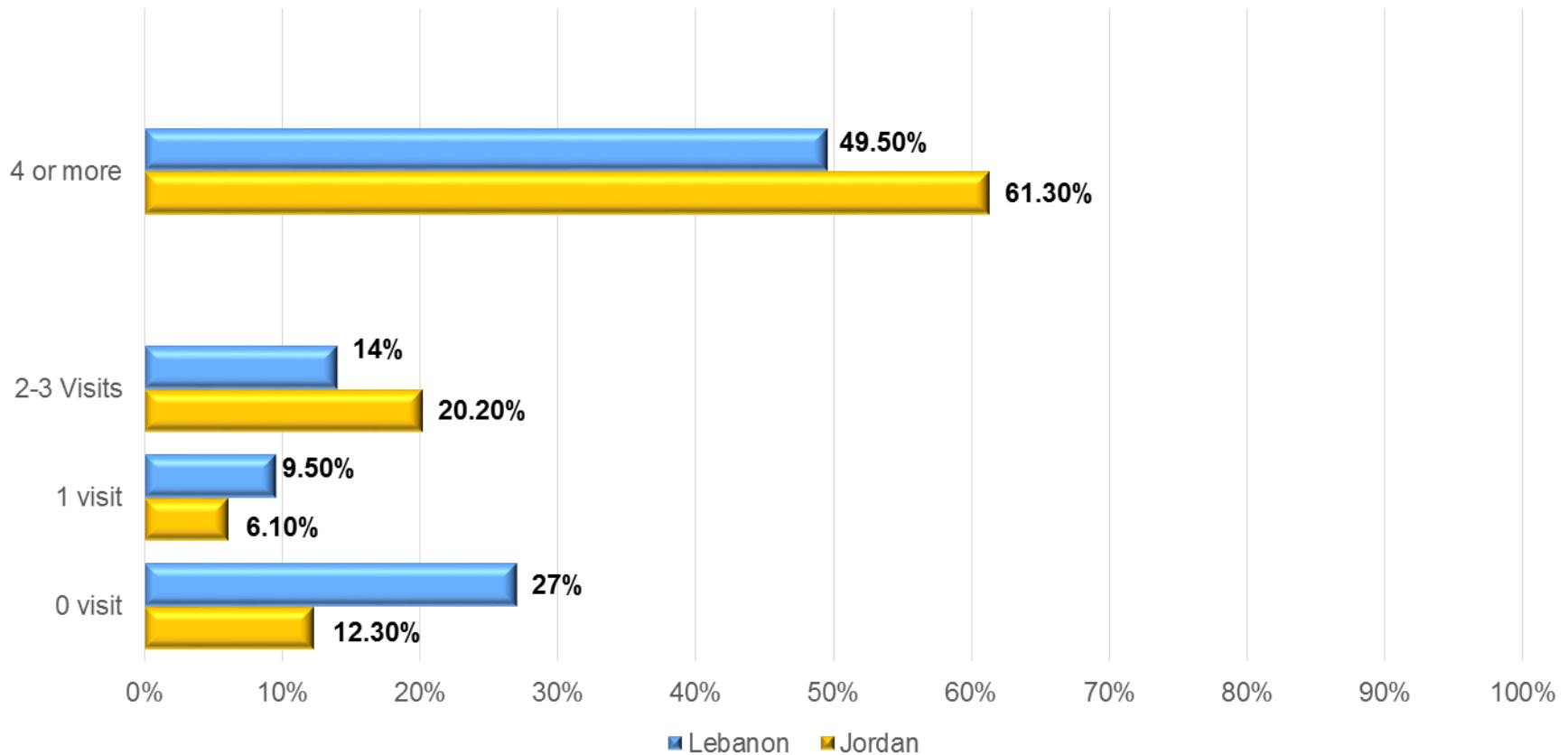
Health Problems for which care sought



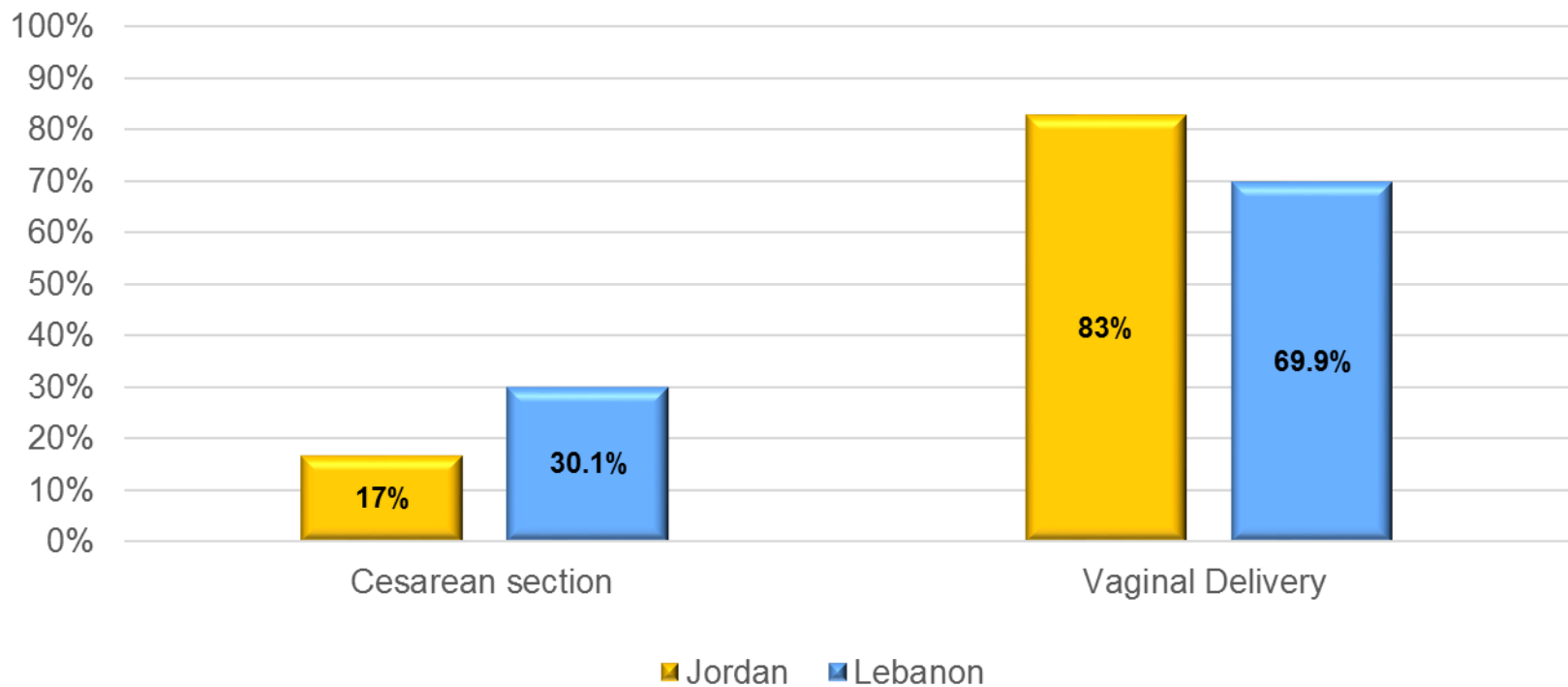
Antenatal Care

	Jordan	Lebanon
Pregnant since arriving	16.6 %	28.3 %
Received => 1 ANC visit	86.4 %	70.5 %
Difficulties in getting care	3.9 %	30.5%
Reasons preventing access	Felt unnecessary (36.4%) Cost (20.8 %) Didn' t know where to go (20.6%)	Cost (84%) Transport (26.9 %) Staff were rude (4.7 %)
Average amount per HH spent in previous month (USD)	72.2	173

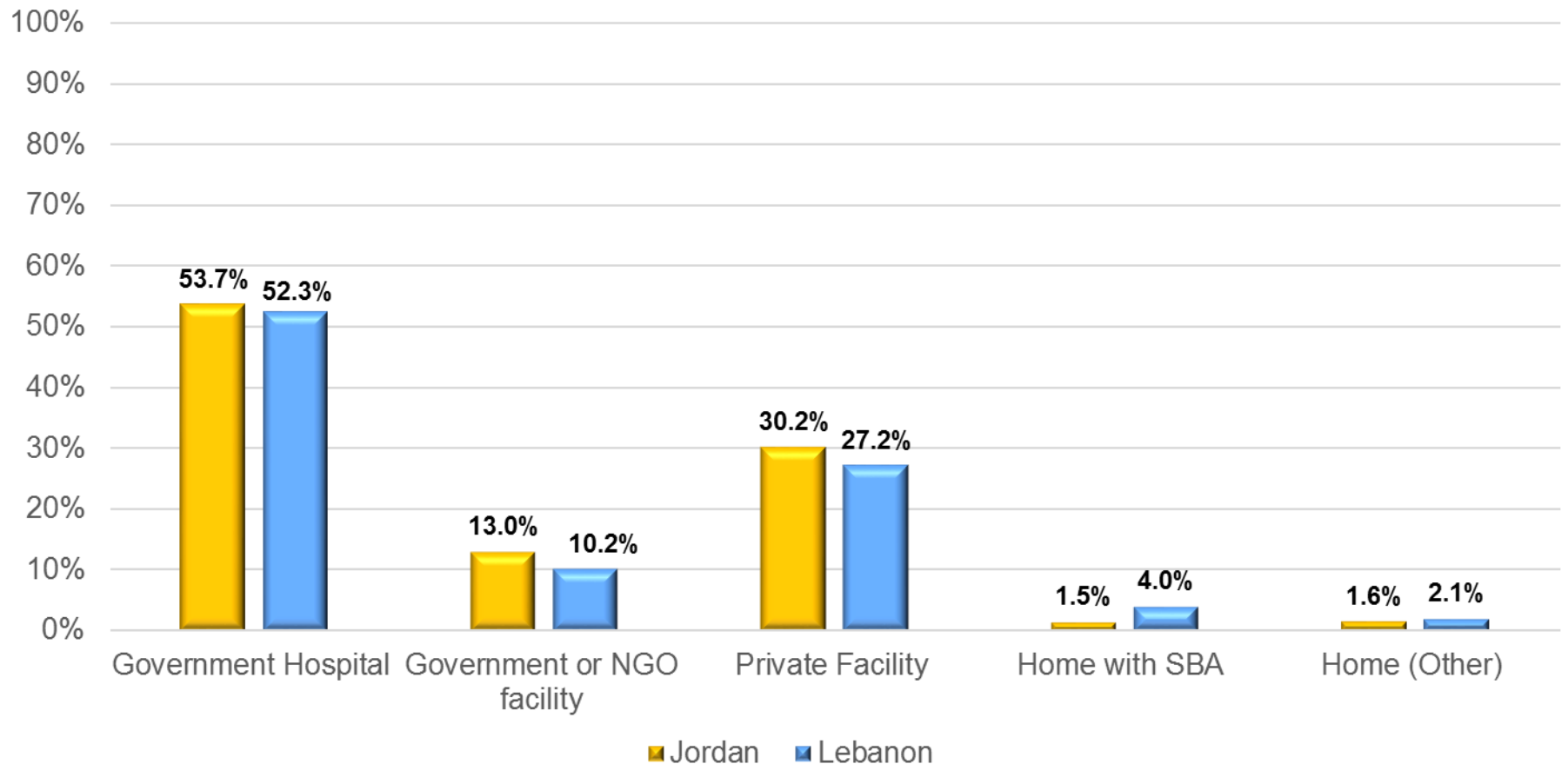
Number of ANC visits



Type of Delivery

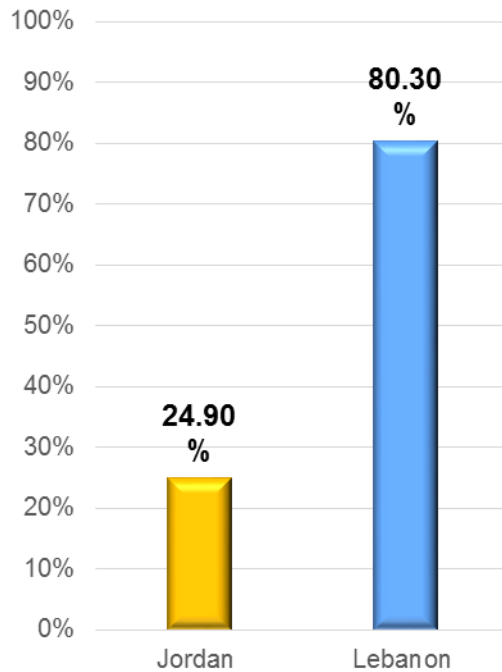


Place of Delivery

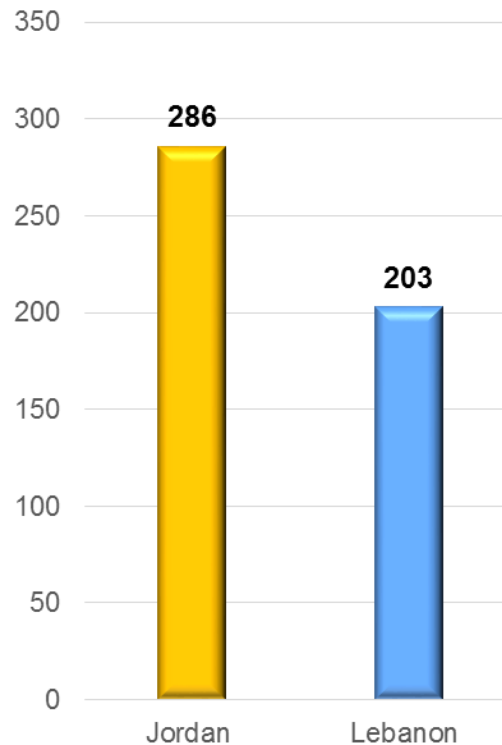


Payment and Cost of Delivery

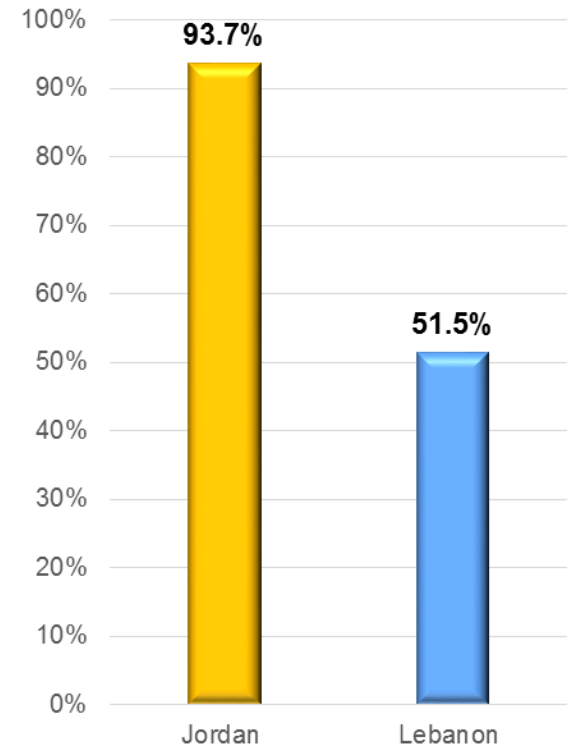
Paid for Delivery



Amount Paid (USD)



Baby got Birth Certificate



Limitations

- Survey was limited to only registered urban refugees with telephone numbers.
 - this was not considered a major limitation in either setting due to high levels of telephone access (estimated 95% - 99%).
 - estimated that over 95% of refugees in Jordan are registered
 - lower levels of registration in Lebanon may affect generalizability
- Unable to verify information with observation
 - E.g. immunization cards, type of shelter
- Interviews were held with one key informant from each household.
 - Lack of information by the informant or poor recall may lead to bias

Conclusion and Recommendation

- Context of country has major impact on health indicators (fertility rate, ANC coverage, skilled birth attendance)
- Refugees who needed care spent considerable amount of money on health
- Repeat telephone surveys provide relatively rapid, reliable and cost effective access to key population-level reproductive health access and utilisation data in low to middle income countries
- Methodology can be standardised and adapted for use in similar non-camp refugee settings.