At a glance

# Health access and utilization survey among non-camp Syrian refugees in Egypt

*May 2016*

# Summary


## Objective

- ✓ This cross sectional survey was conducted to monitor access to and utilization of key health services among non-camp based Syrian refugees living in Egypt.

## Methods

- ✓ 16 surveyors underwent 1 day of training, including role play to familiarize themselves using the tools.
- ✓ The survey was carried out over a period of 30 days between 15TH of February and 15th of March, 2016.
- ✓ Survey households were selected using stratified systematic sampling, from a register of non-camp based refugee households that had a listed telephone number.
- ✓ The head of household, or an adult who could respond on his or her behalf, was interviewed by telephone regarding key indicators of interest.
- ✓ Data were entered using mobile tablets and analyzed using STATA 13.1 and Microsoft Excel 2011.

## Key findings

### Survey response

- ✓ 50.5% of the 750 households contacted for the study did not participate.
- ✓ The main reason for non-response was that selected households did not answer the telephone number even after 3 separate contact attempts over the survey period. This potentially reflects survey fatigue as multiple telephone assessments had been conducted shortly prior to this survey. Efforts to improve response should center around better coordination of survey and assessment efforts.

### Sample characteristics

- ✓ At the time of the survey the population of non-camp refugees living in Egypt numbered 119, 301 individuals in 41, 752 households.
- ✓ 365 households with 1,419 residents were surveyed.
- ✓ There was an average of 3.8 members per surveyed household.
- ✓ 48.0% of household members were female and 9.0% were under 5 years of age.
- ✓ The majority of Syrian refugees arrived in Egypt between 2012-2013.
- ✓ The most refugee populous areas were 6th October, Cairo, Alexandria, Qalyubia, Damietta (22%, 19%, 14%, 12%, and 11%, respectively).

### Knowledge about rights to health care access and childhood vaccination coverage

- ✓ Only a third (32.3%) of households reported knowing they had the right to access free life-saving hospital care during a medical emergency, while less than half (43.8%) knowing that they could access government hospital and 44.7% knowing they could access Primary Health Care (PHC) services at the same rate as Egyptians.
- ✓ A limited majority (64.3%) of households knew that refugee children had the right to free vaccination in government facilities.
- ✓ Vaccination coverage among under 5 children in households sampled was at 89.6% for polio and 82.1% for measles.
- ✓ The majority (83.9%) of children who were vaccinated received their measles vaccine in a governmental facility, with 10.3% receiving a measles vaccine through a mobile vaccination team. Only 4.6% were vaccinated in their country of origin.

## Health care access and utilization during the month preceding the interview

- ✓ Nearly three quarters of households surveyed spent money on health care including consultations, investigations, medication and other medical supplies in the past month, with an average household cost of 735 Egyptian Pounds (EGP).
- ✓ 23.9% of 1,419 household members had sought care for a health condition in the past month.
- ✓ Among those who sought care 91.2% were able to obtain it at the first point of care, and among those who obtained care, 90.3% had to pay for it.
- ✓ The majority (64.1%) who sought care did so at a private clinic or hospital and had to pay an average 401.10 EGP. By comparison, those who sought care at a government hospital (17.9%) paid on average 75.0 EGP for the visit. Finally, 8.2% received care at a HCR supported facility, paying an average of 56.1 EGP.
- ✓ Among those who reported being unable to obtain health care despite seeking it, 27.6% reported that they were refused service at the health center. 37.9% reported that the facility did not have the service needed, while 34.5% couldn't afford the fees.
- ✓ 4.1% of all respondents reported being hospitalized in the past month, paying an average of 597.8 EGP for the services received.

## Antenatal (ANC), maternity, and neonatal care

- ✓ 60.2% of pregnant women reported that they received antenatal care during their pregnancy.
- ✓ 39.8% of pregnant women reported that they did not receive antenatal care during their pregnancy.
- ✓ The main reasons for not accessing ANC was inability to afford fees, experiencing difficulties with transport, feeling that it was unnecessary and/or not knowing where to go.
- ✓ Among the 63 pregnant women who had delivered, most (90.5%) had to pay for the service. Among the 57 who paid a user fee, seven (11.1%) received UNHCR assistance. This included, three who received financial assistance, three who delivered in a HCR hospital.
- ✓ 57.1% of deliveries took place in a private facility, while 23.8% were in a government facility, 12.7 in a NGO facility, and 6.3% in at home with a birth attendant.
- ✓ 55.6% of deliveries were by C-section. Notably, the rates of C-section were similar whether they delivered in a private or public facility.
- ✓ 10 or approximately 15.9% of the 63 deliveries resulted in a neonatal admission and requiring the baby to remain in hospital for 2 weeks on average.
- ✓ Among the 10 admitted babies eight had to pay for the hospitalization, costing the family 1,842 EGP.
- ✓ Of the eight neonatal admissions that were charged for hospitalization, five reported that they were able to pay the hospital in full, three couldn't. Among the three, one reported having to borrow money to pay for the service while the other two did not report how they were able to pay the hospital.

## Chronic conditions in adults older than 18 years

- ✓ 39.3% of adult household members reported having a chronic disease.
- ✓ The most common were hypertension, diabetes, and heart disease (22.6%, 15.6%, and 15.5%, respectively).
- ✓ 24.2% of adult with chronic conditions were unable to access medicines or health services needed. The main reason for being unable to access services was the inability to afford user fees.

## Disability and impairment

- ✓ 6.8% of household members reported having a disability or impairment.

- ✓ Among those with impairments, 44.3% reported not receiving any treatment for their condition.
- ✓ The main reason for not being able to access treatment inability to afford user fees, the service being unavailable at the facility, or not knowing where to go (53.5%, 20.9%, and 18.6%, respectively)

## Limitations

- ✓ Survey findings may not be generalizable to refugee households without a registered telephone number, as they could not be interviewed for this survey.
- ✓ The low overall response rate (49.5%) may constitute a source of bias as the characteristics of the non-responding households are unknown.
- ✓ Poor recall or lack of information available to the respondent may have affected the quality of the response.

## Summary

- ✓ Knowledge of refugee rights to free or subsidized health care at governmental facilities was low.
- ✓ Access to health care services in the past month was high but costly. Governmental facilities were less regularly utilized as more refugees elected to go private health facilities. This was despite having to pay six times more for private services.
- ✓ Among those who could not obtain any services, the main barriers to access were that the facilities did not have the service available or high user fees. Notably, more than a quarter of those who couldn't attain care reported that they were refused services at health facilities.
- ✓ Despite high reported levels of access to care in the past month, respondents with chronic conditions, a disability/impairment, and those who have been pregnant in the past 2 years, reported low levels of access to care as needed. Specifically:
    - Maternity care was characterized by low ANC coverage and high C-sections rates.
    - Despite a high prevalence of chronic conditions among adult respondents, almost a quarter were unable to access treatment for their condition(s).
    - Almost half of respondents with a disability or impairment reported receiving no treatment for their conditions.
- ✓ The main barrier to accessing care, regardless of the condition, was the unaffordability of user fees.

## Recommendations

**1- Improving refugee knowledge of available healthcare services through:**

- Enhancing awareness about available health services through developing messages on these services and disseminating these messages through different channels. ( UNHCR registration office, Info Line, Facebook page, UNHCR implementation and operational health partners)

- Enhancing the role of CHW in communicating the developed message.

**2- Addressing the financial barriers to healthcare access:**

- This can be achieved by increasing the demand on the public sector through:
  - Continuing UNHCR efforts in collaboration with MoH to improve the quality of services in the Public Hospitals i.e., secondary health care, in the areas of concentration of the refugees, which offer services at affordable prices,
  - Enhancing the awareness of refugees about the availability of these affordable health services.
- Undertaking **health advocacy** activities with partners within adequate forums and communicating messages that reflect the health needs of refugees in Egypt.

**3- Improving access to vaccination through:**

- Collaborating with the UNICEF as being the mandated UN agency on vaccination to raise alerts any accessibility barriers at the MOH
- Disseminating messages about the availability of vaccination at MoH medical centers and about the schedule of mass vaccination campaigns. Again, dissemination should take place through various channels to reach the largest number of refugees.

**4- Improving access to antenatal care ANC:**

- Enhancing the role of CHW in raising the awareness of Syrian women about the importance of ANC and consequently modifying their health-seeking behavior.
- Encouraging refugees to access ANC services in MoH primary healthcare centers which are comprehensive, affordable and widely spread thus covering various geographical areas.

**5- Improving access to chronic disease treatment:**

- Working in collaboration with WHO to effectively integrate the non-communicable diseases (NCD) at the primary healthcare level.

**6- Repeating HAUS survey sufficiently after implementing the recommended intervention to monitor the effectiveness and the impact of these interventions.**

# 1. Sample characteristics

## 1.1 Response

**750**
households contacted to participate in the study

**50.5%**
of households contacted did not participate in the study

**38.1%**
of households contacted did not answer phone after 3 contact attempts

**6.1%**
of households contacted had an invalid telephone number

## 1.2 Sample

**365**
households surveyed

**1,419**
household members in surveyed households

**3.8**
average number of household members per household

**48.0%**
household members are female

**9.0%**
household members aged <5 years

**10.3**
Mean years of education for head of household

Figure 1: Year of arrival to Egypt, by household (n=371)

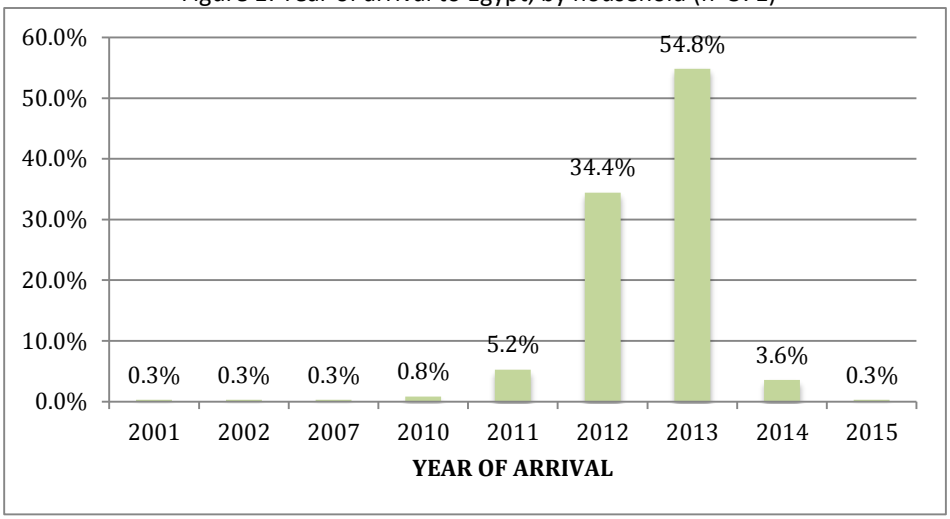



Figure 2: Distribution of households by governorate (n=371)

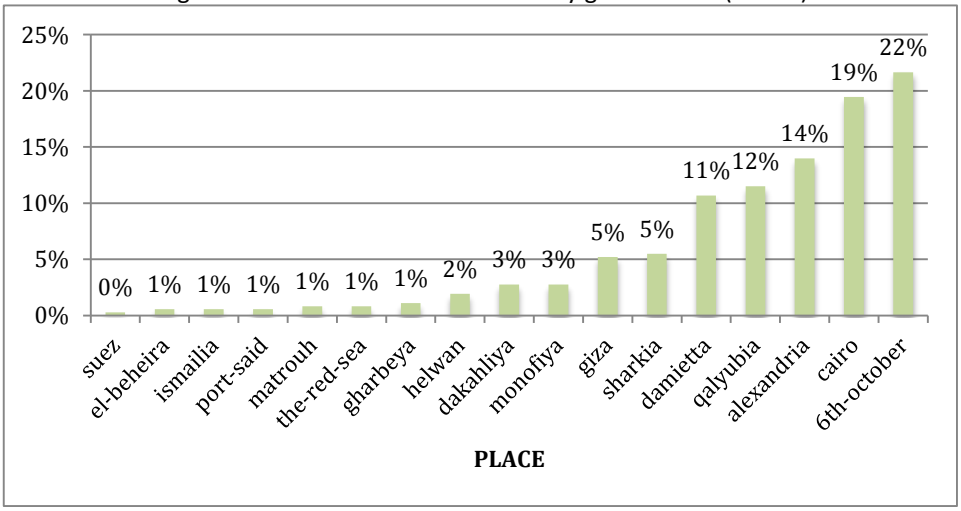
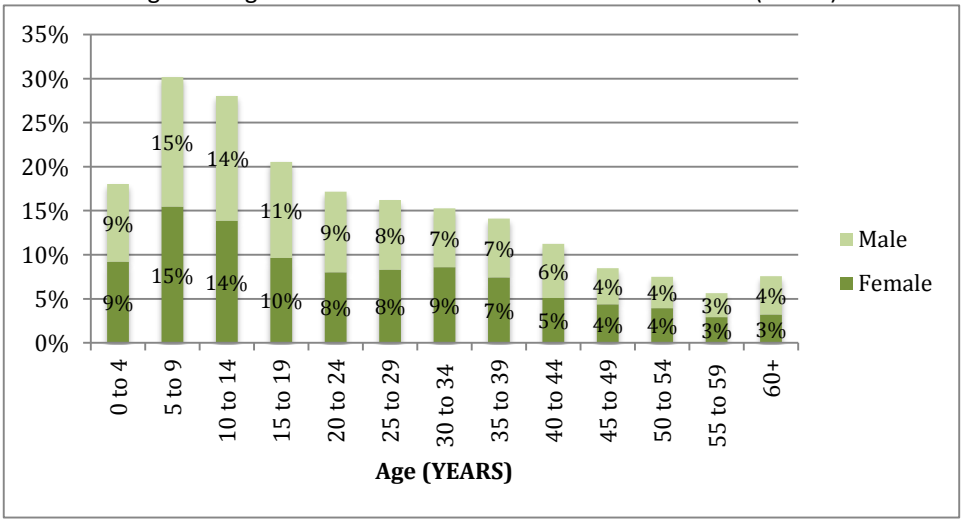



Figure 3: Age and sex distribution of household members (n=590)




**Mean age (years):**
Male – 24.1 [Range: 0 – 85]
Female – 24.0 [Range: 0 – 76]

# 2. Knowledge of available health services and coverage of childhood vaccinations

4.1 Access to vaccination services among households with children <5 (one eligible child surveyed per household) (n=106)

**76.4%**
had an vaccination card

**89.6%**
children had received a polio vaccine

**82.1%**
children had received measles/MMR vaccine

4.2 Among households with at least one child having received measles/MMR vaccines (n=87)

**83.9%**
children had received vaccine at a government facility

**10.3%**
children had received vaccine with a mobile vaccination team

Among those who faced difficulty getting a vaccine (n=11)

Main reasons:

- ✓ Too far
- ✓ Do not know where to go

Figure 4: Knowledge of available health services (n=365)

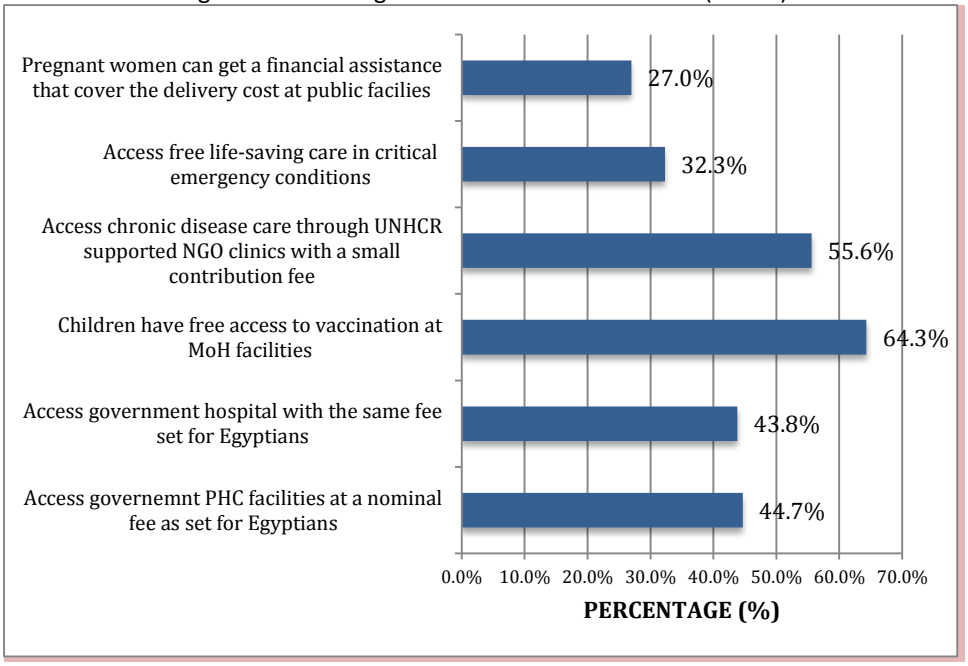
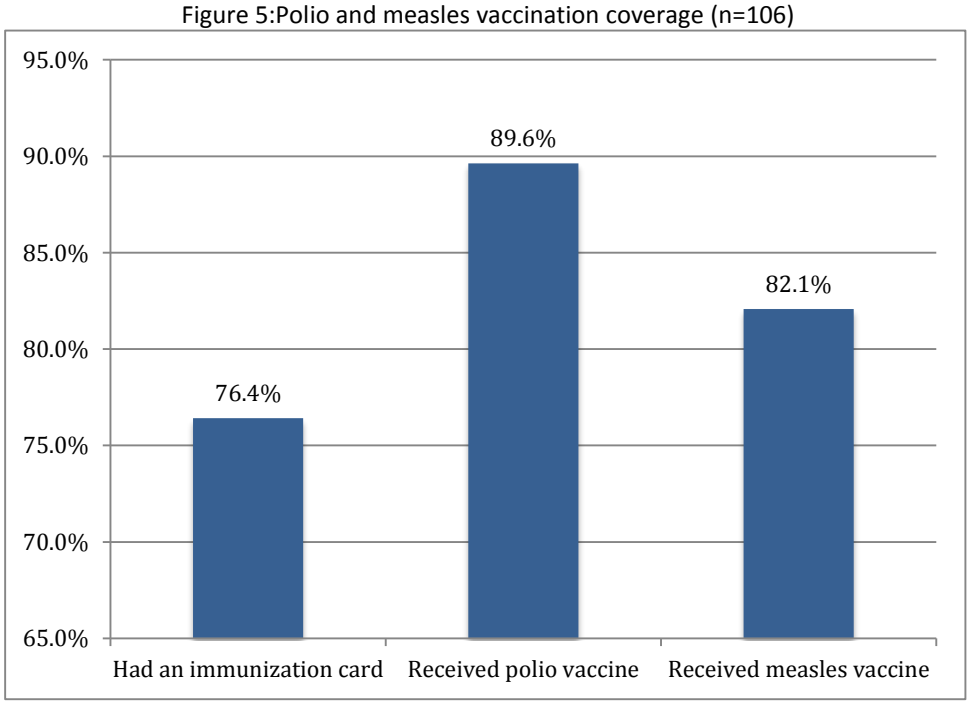



Figure 5:Polio and measles vaccination coverage (n=106)



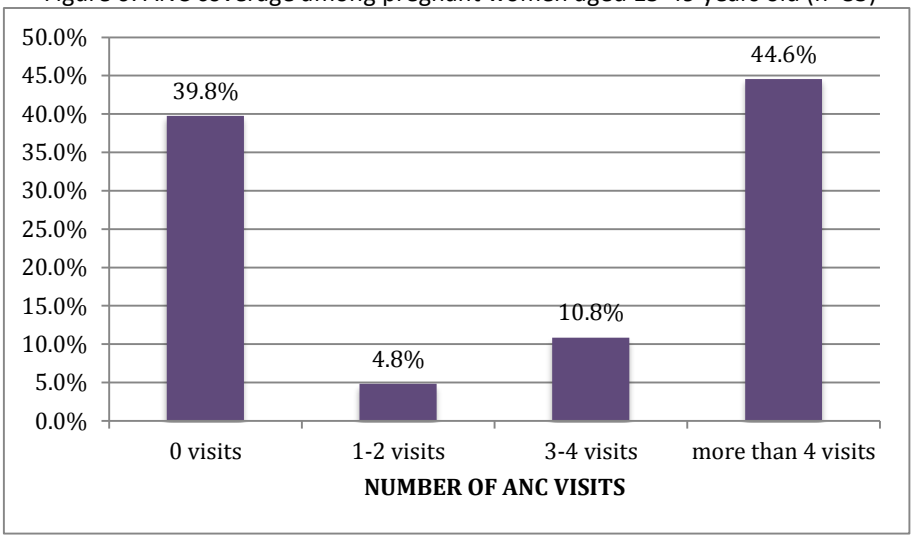
# 3. Antenatal, delivery, and neonatal care

## 5.1 Antenatal care (ANC) coverage

**23.5%**
proportion of 15-49 year old females pregnant in the past 2 years (n=353)

**60.2%**
proportion of pregnant women who accessed ANC while pregnant (n=83)

Figure 6: ANC coverage among pregnant women aged 15-49 years old (n=83)



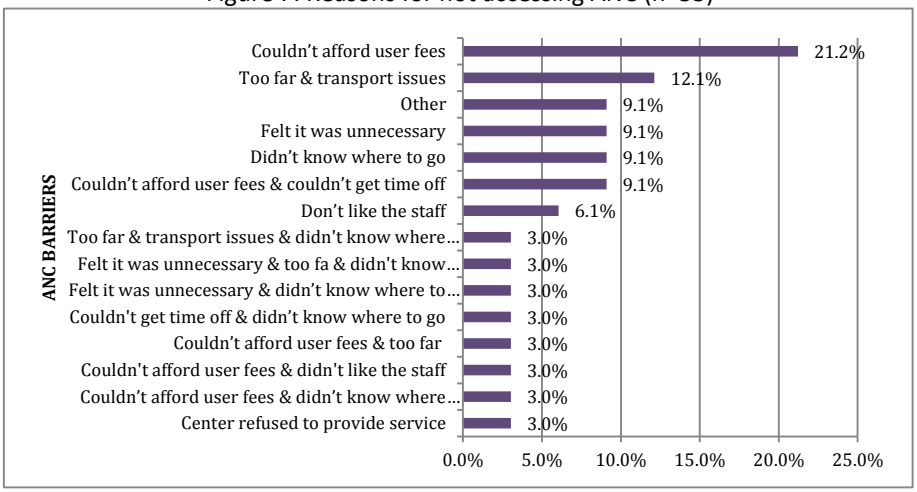

## 5.2 Delivery (n=63 pregnant women who already delivered)

**55.6%**
proportion of pregnant women who delivered by C-section

**57.1%**
proportion of pregnant women who delivered in a private facility

**90.5%**
proportion of women who paid for delivery services

Figure 7: Reasons for not accessing ANC (n=33)



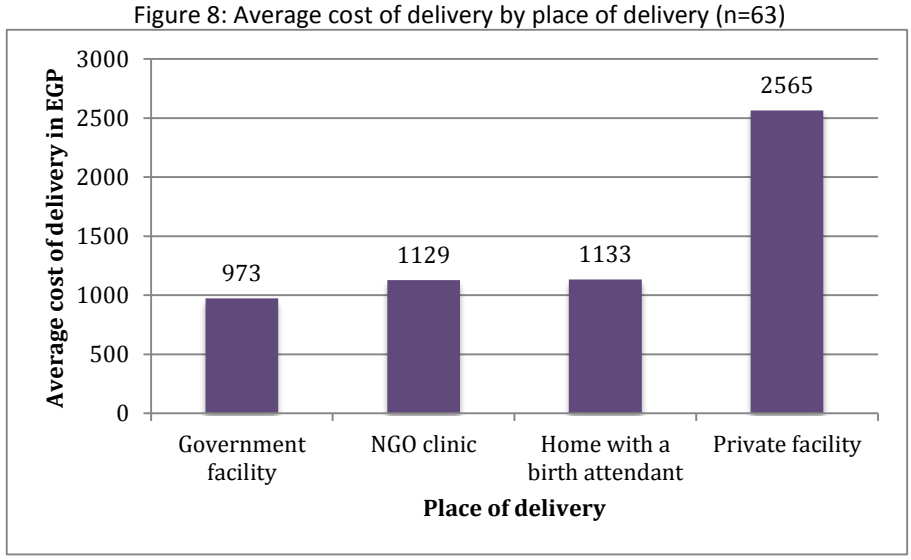

## 5.3 Neonatal care (n=63)

**15.9%**
proportion of deliveries where the baby needed hospital admission

**15.5**
average number of days baby spent in hospital

**1,842**
average cost paid for neonatal care

Figure 8: Average cost of delivery by place of delivery (n=63)



# 4. Chronic conditions (adults ≥ 18 years)

## 3.1 Household Prevalence

**39.3%**
Proportion of adult household members with a chronic condition

## Prevalence of key chronic conditions among adult household members (n=297)

**22.6%**
Adults with hypertension

**15.6%**
Adults with Type II Diabetes mellitus

**15.5%**
Adults with Heart disease

## Access to service for chronic conditions

**24.2%**
Adults with chronic conditions who were not able to access medicine or other health services (n=297)

## Place received chronic disease treatment (n=72)

**56.9%**
Private facility

**14.2%**
Governmental facility

**2.2%**
NGO

Figure 9: Type of chronic disease among chronically ill adult household members (n=297)

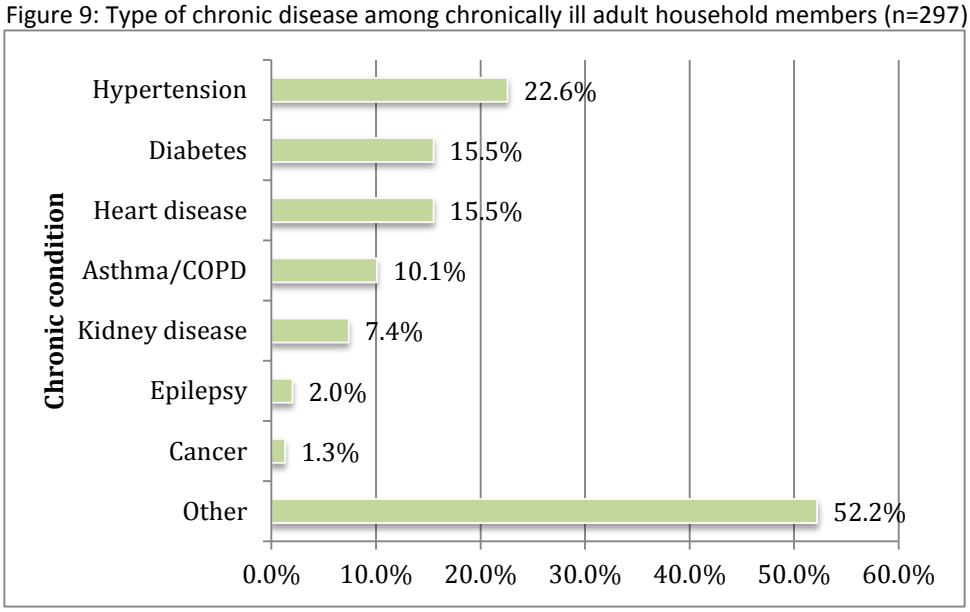
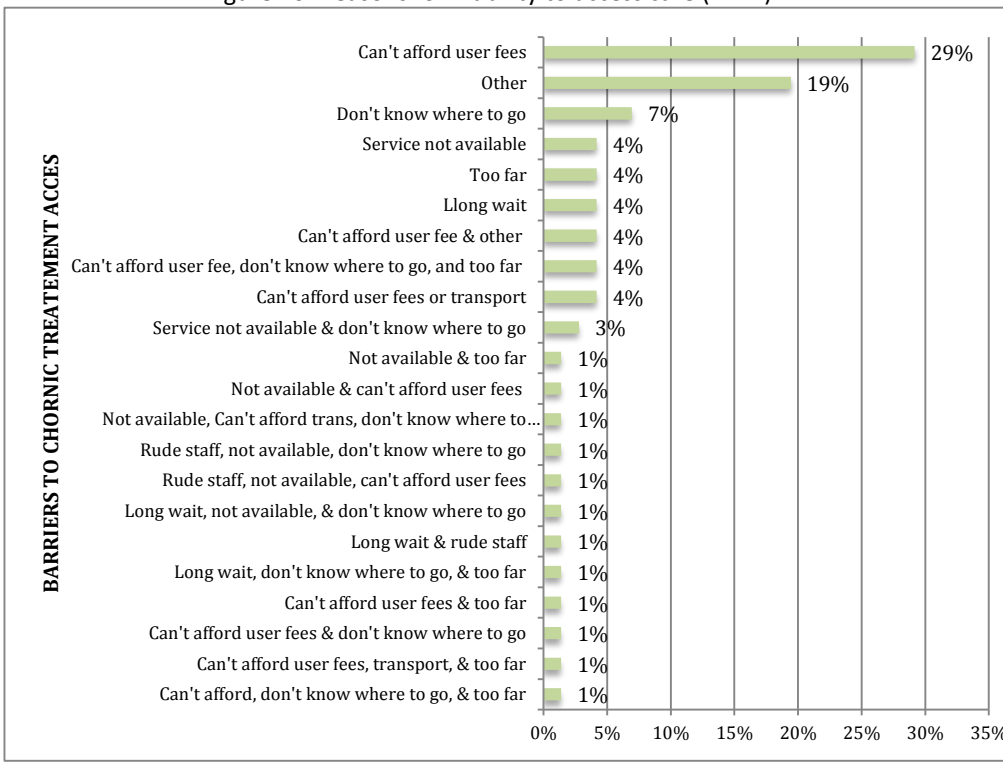



Figure 10: Reasons for inability to access care (n=17)



# 5. Disability and impairment

**6.8%**
Proportion of household members with a disability

7.1 Among household members with a disability or impairment (n=97)

**37.1%**
household members with impairments were due to war-related violence

**44.3%**
Proportion of household members who did not receive any treatment

7.2 Among household members with a disability who received treatment (n=54)

**42.6%**
Received care in country of origin

**25.9%**
Treatment financially supported by UNHCR

Figure 11: Type of disability, among impaired household members (n=97)

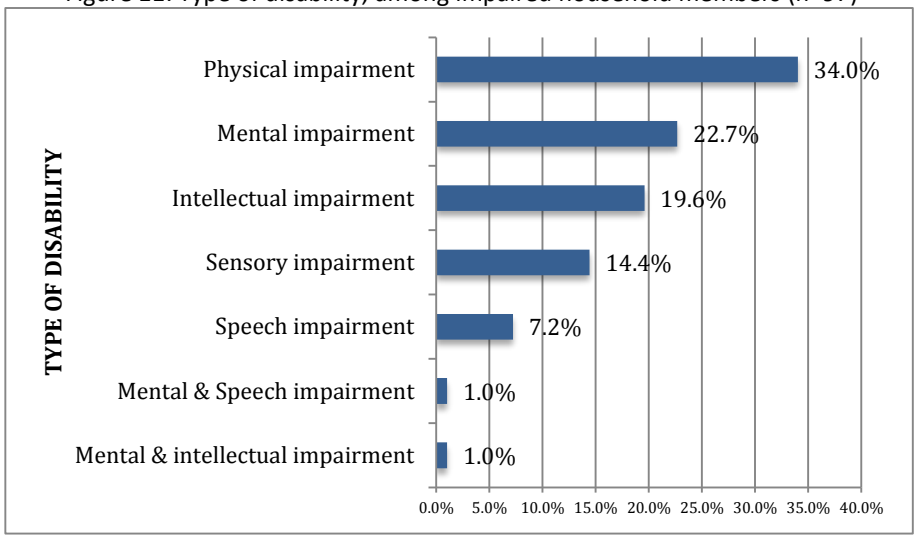



Figure 12: Cause of disability (n=97)

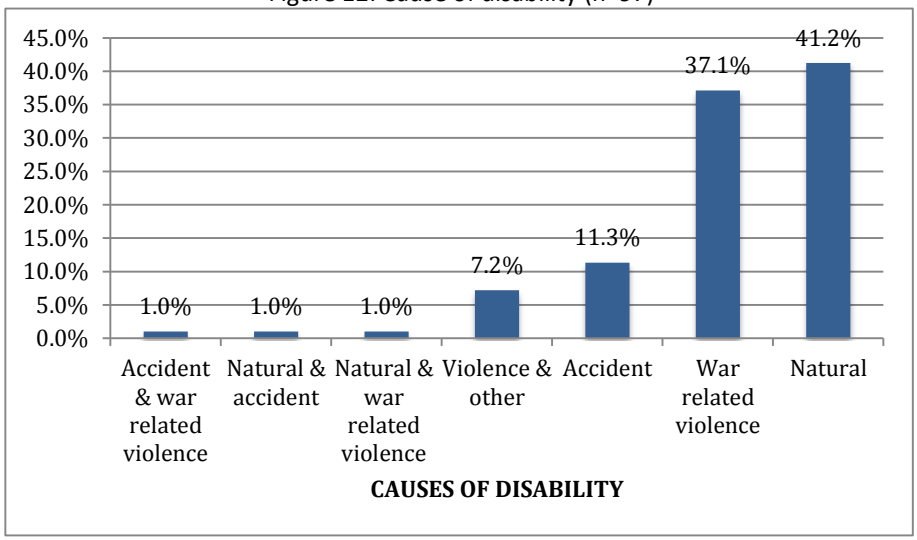
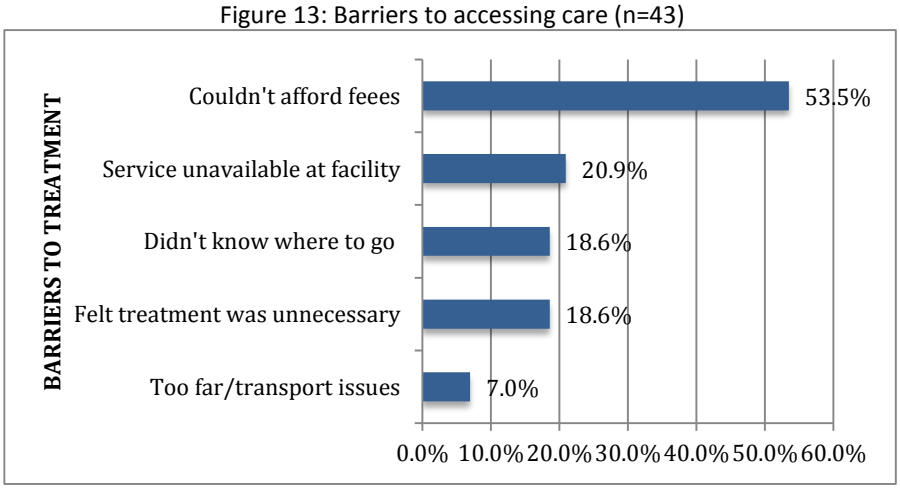



Figure 13: Barriers to accessing care (n=43)



# 6. Health care access and utilization during month preceding interview

## Household expenditure

**74%**

Proportion of households that spent money on health care in the past month

**735.4 EGP**

Average household expenditure on health care services in the past month

## First point of care

**23.9%**

proportion of household members who sought care at a health facility in the past month (n=1,419)

**91.2%**

proportion who received care, among those who sought it (n=329)

**90.3%**

proportion who had to pay for the care, among those who received care (n=300)

## Hospitalization

**4.1%**

proportion of respondents who were hospitalized (n=1,419)

**597.8 EGP**

average cost paid by patient for last hospitalization

Figure 14: Place received first point of care (n=1,419) and referral care (n=329)

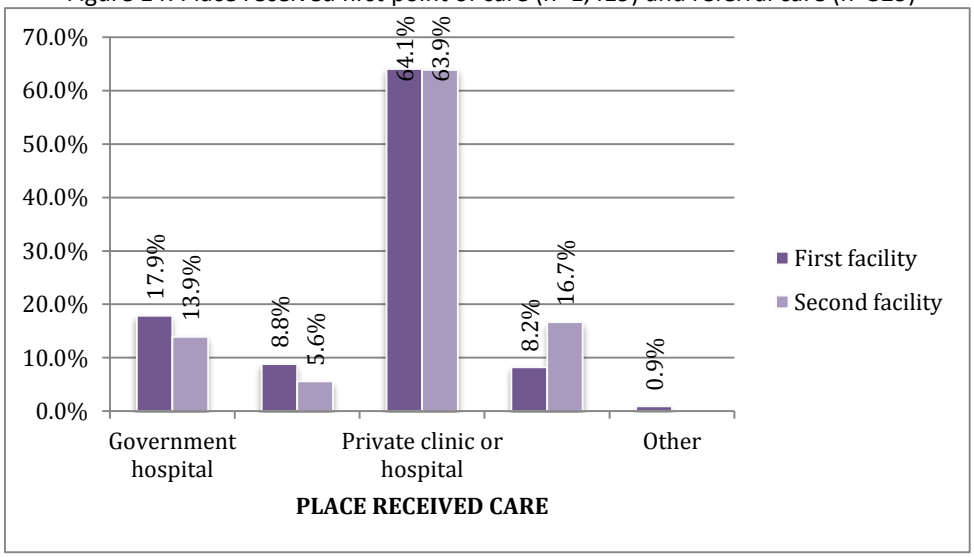



Figure 15: Mean cost of service per patient in first and referral care facility, in Egyptian Pound (EGP)

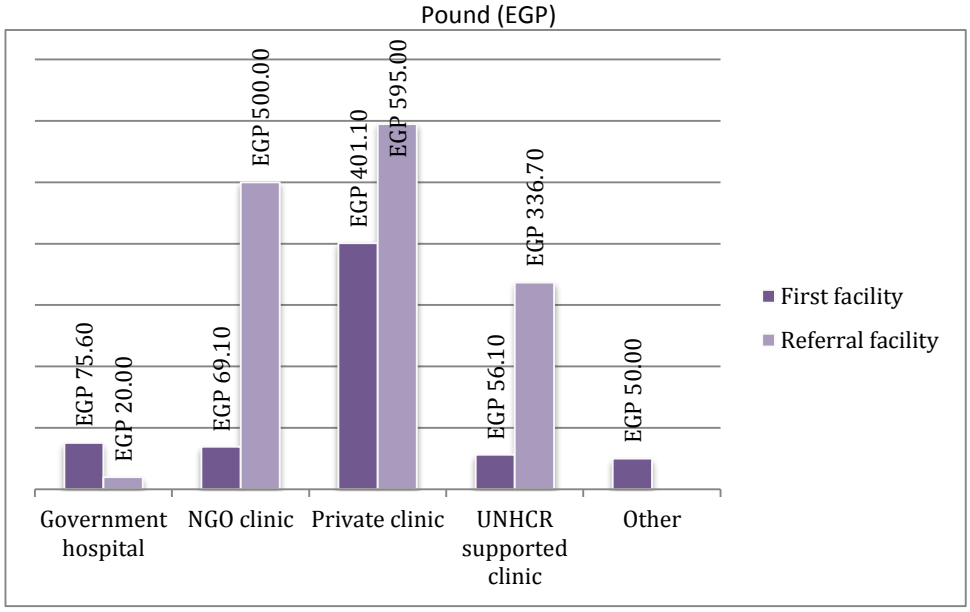



Figure 16: Barriers to accessing services at the first point of care