

# HEALTH

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Health services are available to refugees through primary health care outlets, hospitals and mobile medical units. Through the VASyR, the ability of households to access needed care is examined as well as the barriers to healthcare access. The VASyR does not reflect on the quality of the received care.

- **Demand for primary health care among Syrian refugee families increased by 9%** (from 54% in 2018 to 63% in 2019), while demand for hospital care remained stable at 22%.
- **Slight improvements in access to needed healthcare were noted** with 90% and 81% of households receiving the required primary and hospital care, respectively.
- Regional discrepancies remain with **households living in Mount Lebanon reporting the lowest access to healthcare services and households in Akkar and El Nabatieh reporting the highest.**
- For both primary and hospital care, **cost of treatment was, by far, the main barrier to accessing the needed care.** Proportion of households that reported not being able to access needed care due to costs has continued to increase since 2017.

## PRIMARY HEALTHCARE

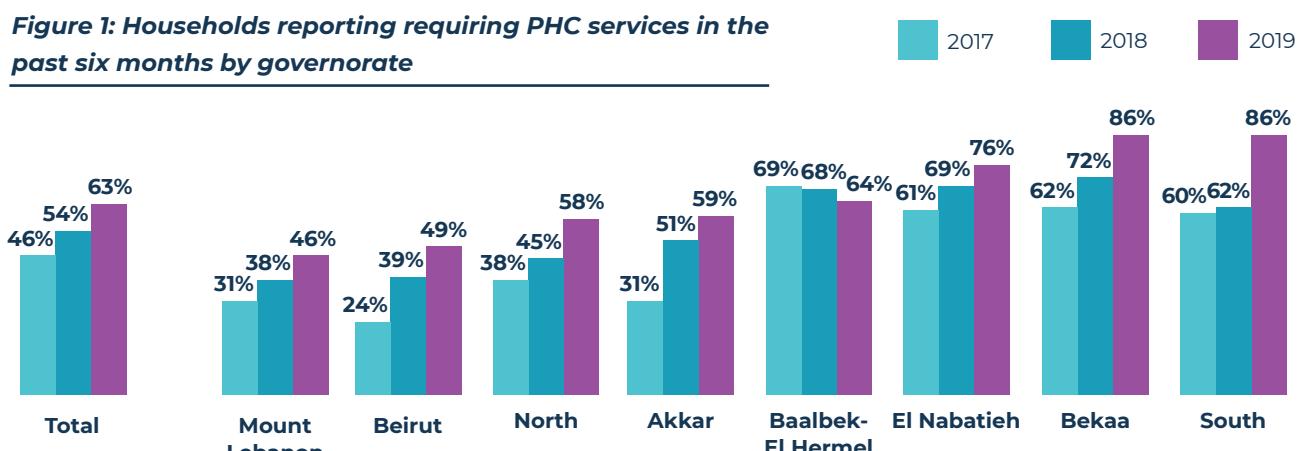
Primary health care (PHC) refers to health care that does not require hospital admission. This includes services such as: vaccination, medication for acute and chronic conditions, non-communicable diseases care, sexual and reproductive healthcare, malnutrition screening and management, mental healthcare, dental care, basic laboratory and diagnostics as well as health promotion.

Trends reflect an increase in the share of households who have required primary health care services. In 2019, 63% of households required PHC in the past six months, compared to 54% in 2018 and 46% in 2017. Data collection for the VASyR occurs during the same time each year and as such seasonal variations do

not explain this noted trend. South Lebanon had the more prominent increase from 62% to 86% of households reporting needing primary health care. The ability to access PHC remained high with 90% of households reporting that they were able to access the needed PHC. Almost all the households reported accessing PHC in Lebanon, with only 1% reporting to have received PHC in Syria.

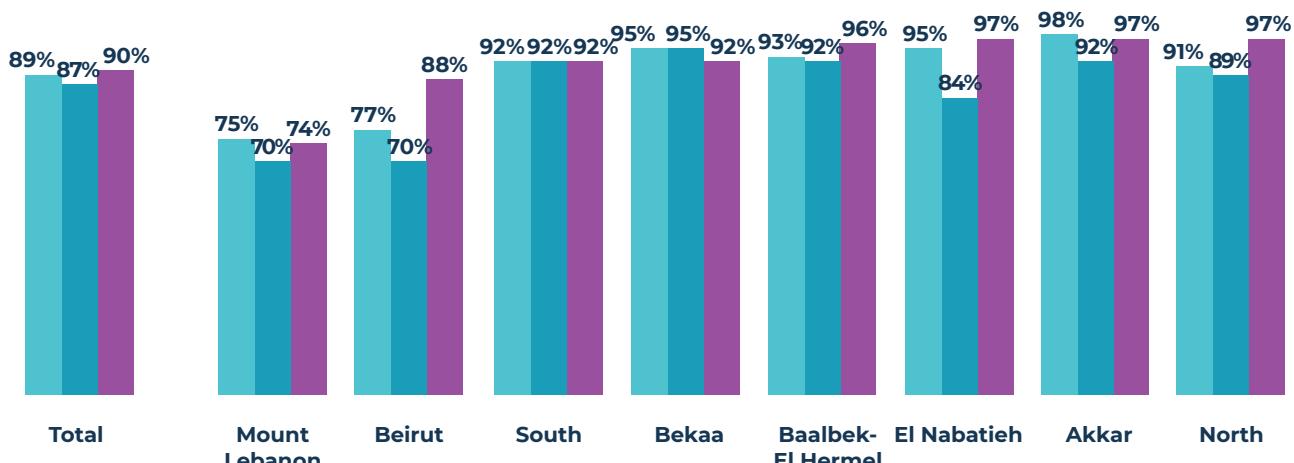
A larger proportion of families residing in non-permanent shelters required PHC, compared to those in residential or non-residential shelters. However, when accessing the needed care, a higher share of families in non-permanent shelters reported getting the care, as compared to those in residential shelters (94% compared to 88%). Additionally, families with higher levels of expenditure (above 125% of the minimum expenditure basket) were less likely to report needing PHC.

**Figure 1: Households reporting requiring PHC services in the past six months by governorate**

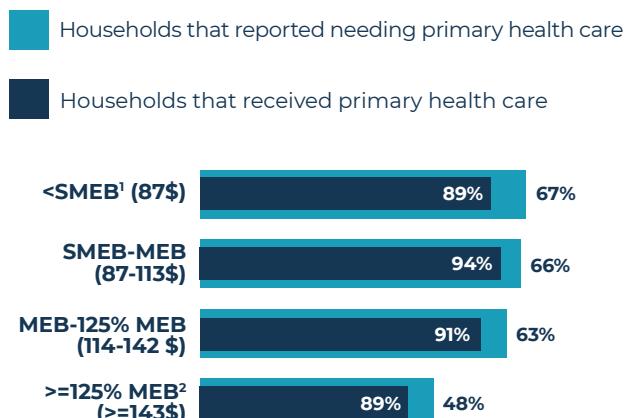


**Figure 2: Among households that reported needing primary health care in the past six months, percentage that were able to receive it**

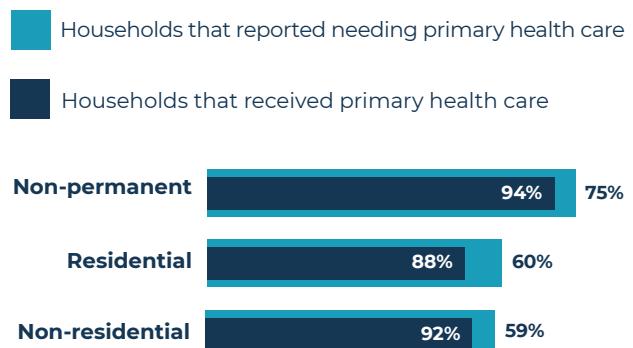
2017 2018 2019



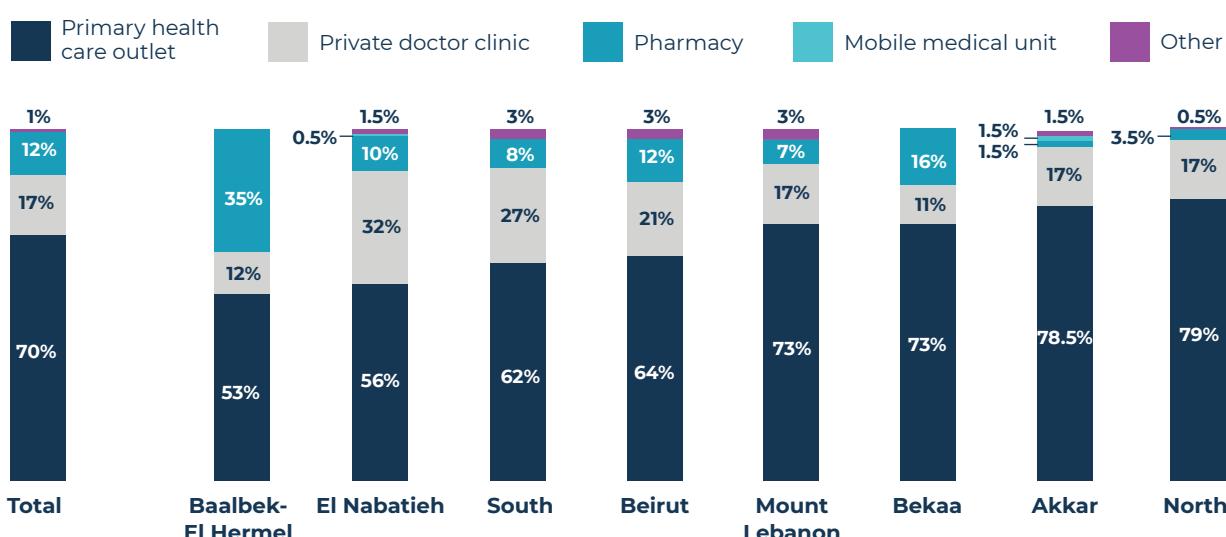
**Figure 3: Percentage of households that reported needing primary health care in the past six month, and those that received it, by expenditure level**



**Figure 4: Percentage of households that reported needing primary health care in the past six month, and those that received it, by shelter type**



**Figure 5: Means of accessing primary health care in the past six months**

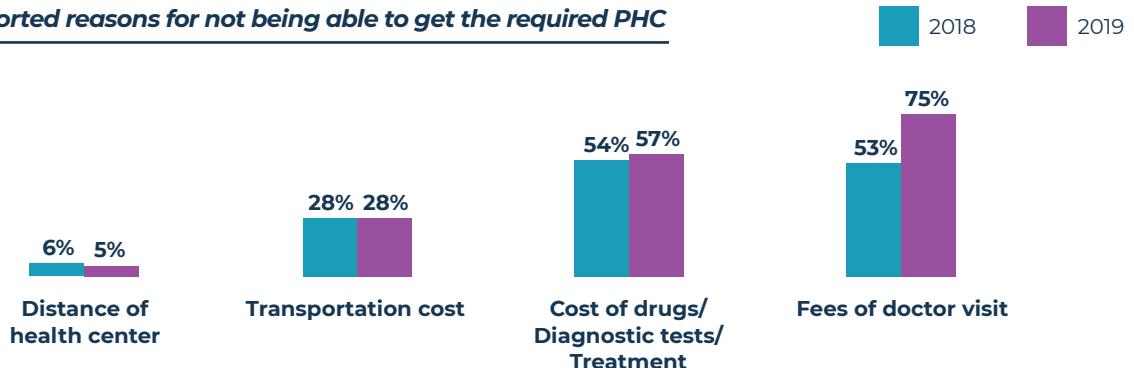


<sup>1,2</sup> The SMEB and MEB refer to the survival minimum expenditure basket and the minimum expenditure basket. The values are presented as US\$ per capita per month. For more information on expenditure baskets refer to chapter entitled "Socioeconomic vulnerability".

Most households received primary health care through a primary health care outlet (including primary health care centers within the Ministry of Public Health network, Social Development Centers and Dispensaries), 17% through a private doctor and 12% sought care at a pharmacy. For those that went to a private doctors' clinic, trust in the physician was cited as the primary reason (60%), followed by distance to the clinic (22%).

Cost remains the largest barrier to receiving the needed primary health care. Cost is defined as doctors' fees, costs of treatments and transportation costs. Specifically, cost of doctors' fees has increased as a primary reason why families are unable to get the PHC they need (from 53% in 2018 to 75% in 2019),

**Figure 6: Reported reasons for not being able to get the required PHC**

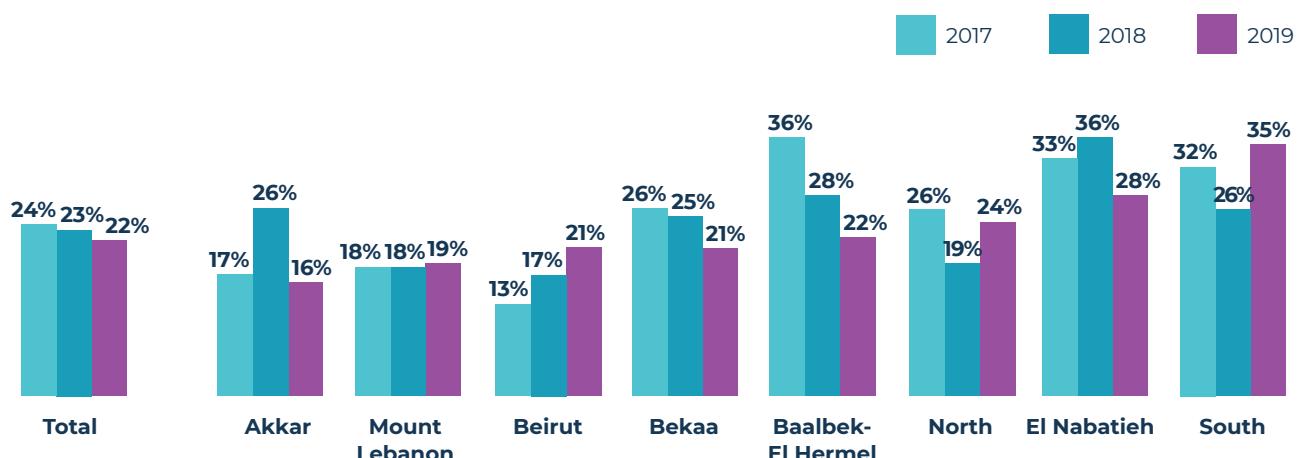


## HOSPITAL CARE

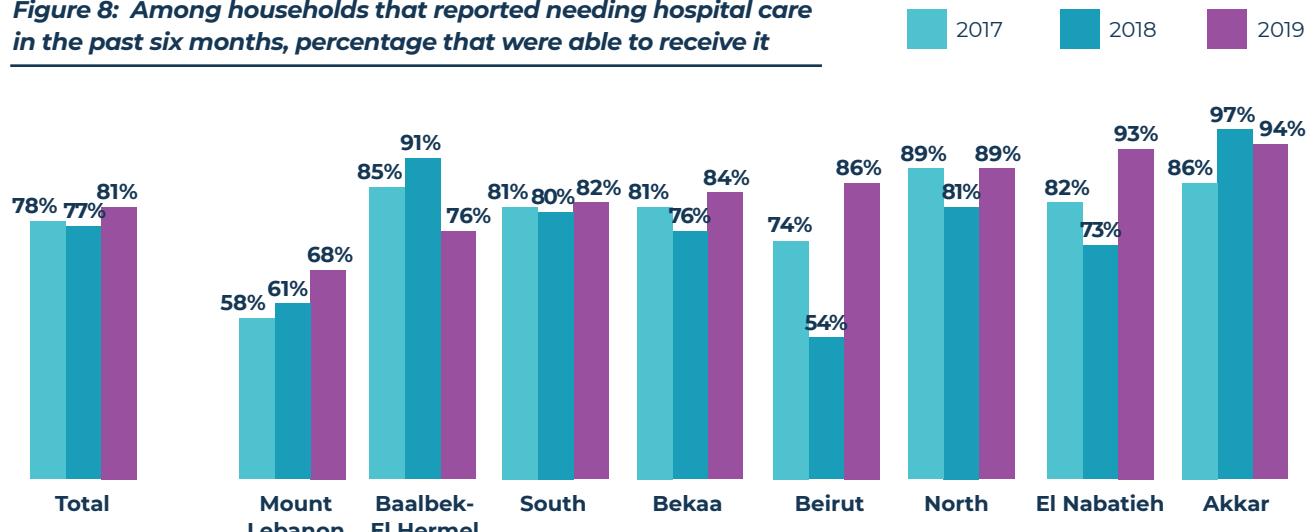
The reported need for hospital care remained stable with just under one quarter of households (22%) reporting to have needed hospital care in the past six months. Of those seeking secondary health care, 81% were able to receive the needed care. While nationally, rates of access to needed hospital care remained stable since 2018, changes in access rates are noticed across specific regions. In Beirut, a much higher proportion of households reported being able to get

the hospital care they needed, as compared to 2018. As with primary health care, only 2% of the interviewed households reported that they accessed the hospital care in Syria. There was a larger proportion of women headed households that reported not accessing the needed hospital care as compared to their male counterparts (27% compared to 17%). This trend was not observed for primary health care. There were no noted differences in requiring or accessing hospital care by shelter types or expenditure levels.

**Figure 7: Households that reported requiring hospital care in the previous six months by governorate**

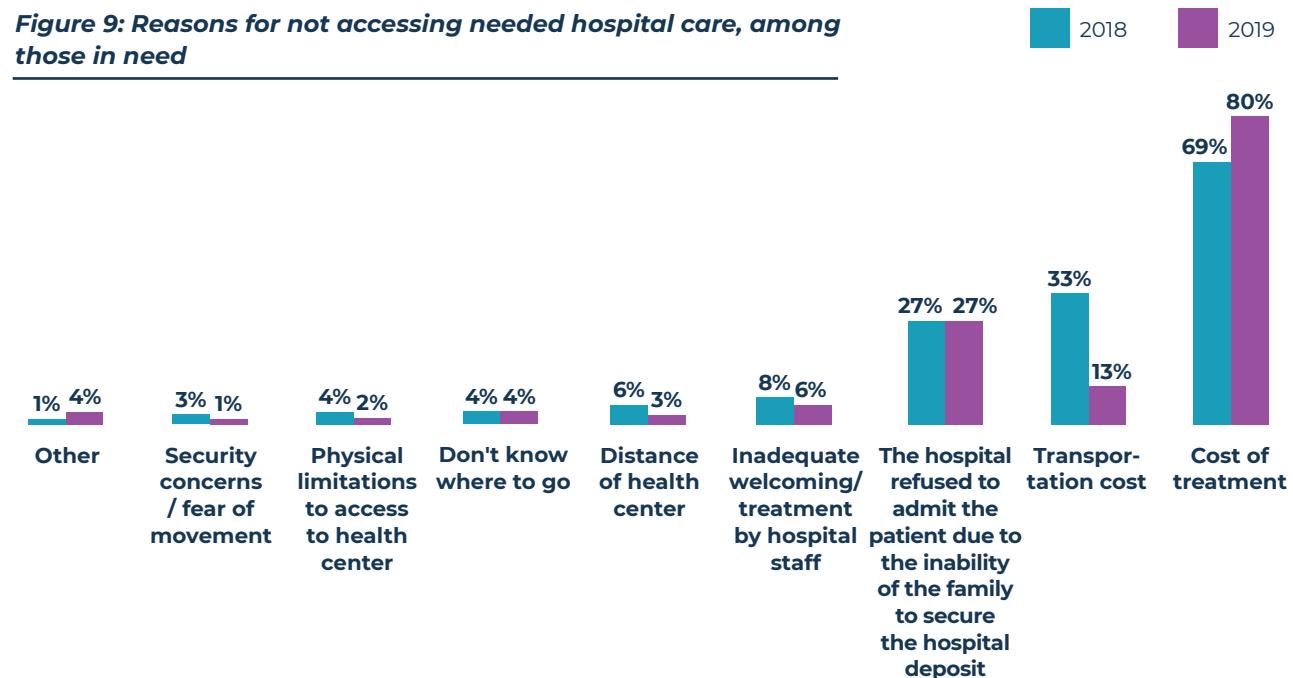


**Figure 8: Among households that reported needing hospital care in the past six months, percentage that were able to receive it**



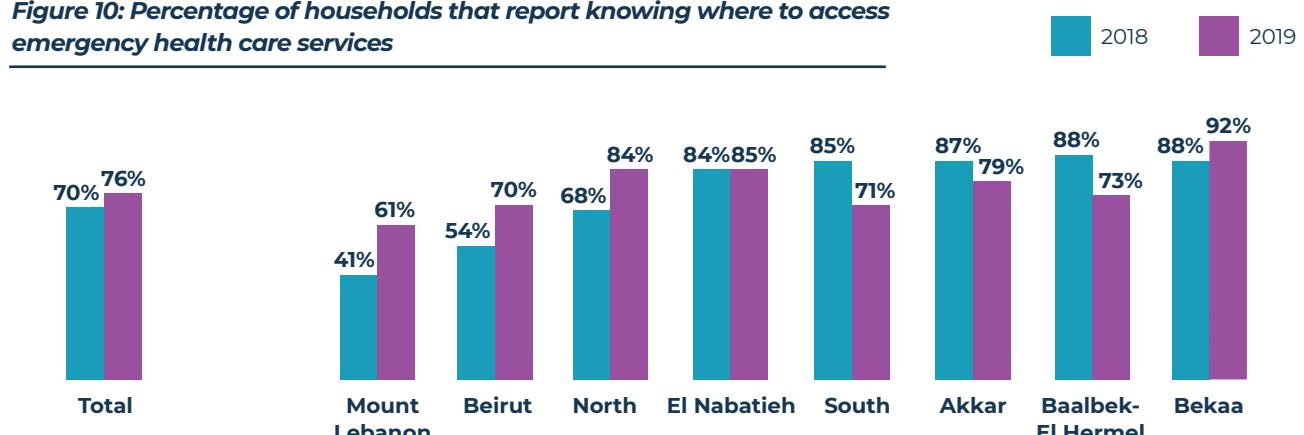
Again, cost comes up as the main barrier to accessing hospital care, much more so than physical barriers related to distance or ability to reach centers. Cost of treatment as a barrier was cited by 80% of families, compared to 69% in 2018.

**Figure 9: Reasons for not accessing needed hospital care, among those in need**



Three quarters (76%) of households reported knowing where to access emergency medical care or services. The lowest rates of this knowledge were in Beirut and Mount Lebanon, even though they have increased since 2018.

**Figure 10: Percentage of households that report knowing where to access emergency health care services**

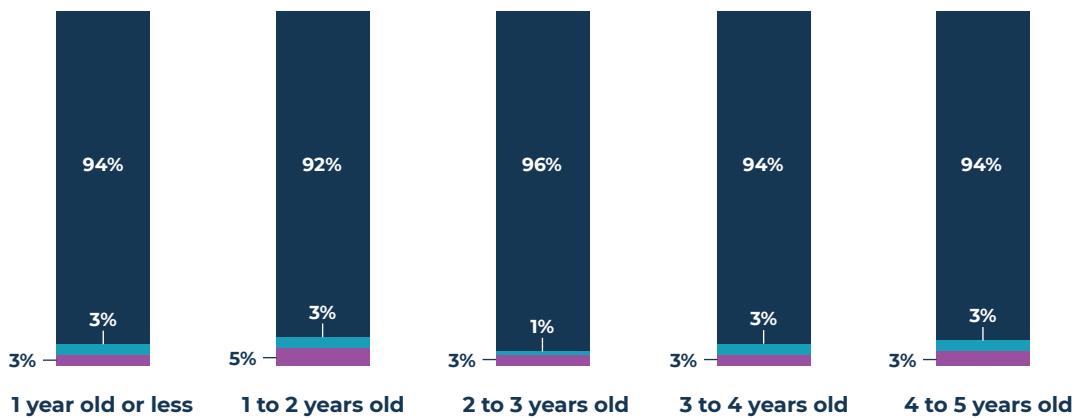


## CHILD BIRTH DETAILS

Of the children in the sample born after 2011, 58% were born in Lebanon. Almost all births (95%) took place in hospitals, with a small percentage reporting home delivery (4%) and less in other healthcare facilities (1%). Examining different years of birth, no significant difference is noted in terms of increases or changes in the proportion of children who are being delivered at home.

**Figure 11: Percentage of births that took place in hospitals, other health care facilities or at home, by age group.**

■ Health care facility - other than hospital ■ Home ■ Hospital



# CHILD HEALTH AND NUTRITION

## CHILDREN'S HEALTH

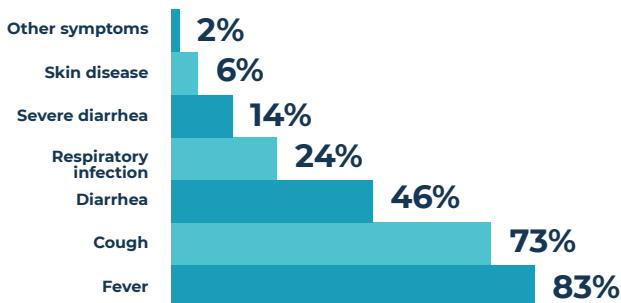
The assessment examined children under 2 years of age suffering from at least one disease and required hospitalization or a doctor consultation. Information was collected on 1481 children aged 0 to 23 months.

## KEY FINDINGS

- The percentage of children under 2 years of age who have been sick in the two weeks prior to the survey keeps increasing **from 34% in 2017 to 41% in 2018 and reaching 48% in 2019**. The three highest reported sicknesses remain the same as last year, **fever (83%), cough (73%), and diarrhea (46%)**.
- **Twenty-four percent of children under 2 years of age who suffered from severe diarrhea required hospitalization or a doctor's consultation.**

The share of refugee children under the age of 2 who suffered at least from one disease in the two weeks prior to the survey increased to 48%, from 41% in 2018. Out of those who were sick, the vast majority had fever at 83%, while 73% had a cough and 46% had diarrhea.

**Figure 12: Types of sicknesses among children under 2 years old**



Moreover, 24% of children under 2 years of age who suffered from diarrhea, suffered from severe diarrhea which required hospitalization or a doctor's consultation. Similarly, 28% of those who suffered from cough suffered from a respiratory infection which also required hospitalization or a doctor's consultation.

## INFANT AND YOUNG CHILD FEEDING PRACTICES

The assessment examined Infant and Young Child Feeding (IYCF) practices in Syrian refugee households. Information was collected on 877 children aged 6-23 months and 493 infants under 6 months old.

- **There was an increase of 13% in children under 6 months of age who received only breastmilk** the day prior to the survey, from 42% in 2018 to 56% in 2019. **As for children between 12 and 15 months, there was a slight increase of 4%,** from 50% in 2018 to 54% in 2019.
- **The Minimum Diet Diversity for children between 6 and 23 months remained the same as last year, at 17%.**
- **The Minimum Acceptable Meal Frequency for children between 6 and 23 months increased from 64% in 2018 to 80% in 2019.**

## Breastfeeding

The proportion of infants under 6 months old who were exclusively breastfed was 56%<sup>1</sup>, a notable increase of 13% from 2018. The proportion of children between 12 and 15 months, who were fed breast milk the previous day was 54%, an increase of 4% from 2018.

## Minimum Diet Diversity

According to the WHO guidelines<sup>2</sup> (2008) for assessing infant and young child feeding practices, children 6-23 months old should consume a minimum of 4 food groups out of 7 to meet the minimum diet diversity target, independent of age and breastfeeding status. The food groups are:

1. Grains, roots, and tubers;
2. Pulses and nuts;
3. Dairy products (milk, yoghurt, cheese);
4. Meats (red meat, fish, poultry, and liver/organ meats);
5. Eggs;
6. Vitamin-A rich fruits and vegetables;
7. Other fruits and vegetables.

Similarly, to 2018, only 17% of children between the ages of 6 and 23 months were fed a diverse diet on the previous day, consisting of 4 or more food groups.

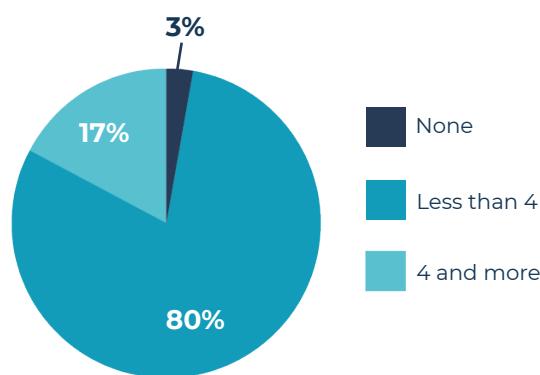
Comparing the minimum dietary diversity to the Minimum Expenditure Basket (MEB) categories, results indicated that children belonging to households with higher minimum expenditure levels were more likely to receive a more diverse diet, and vice versa, whereas the households belonging to a lower MEB category receive a lower diverse diet.

For children aged 6-23 months, the share that received food from 4 or more food groups was lower among those living below the Survival Minimum Expenditure Basket (SMEB) (US\$ 87) compared to those with expenditures above 125 percent of the SMEB (15% versus 24%).

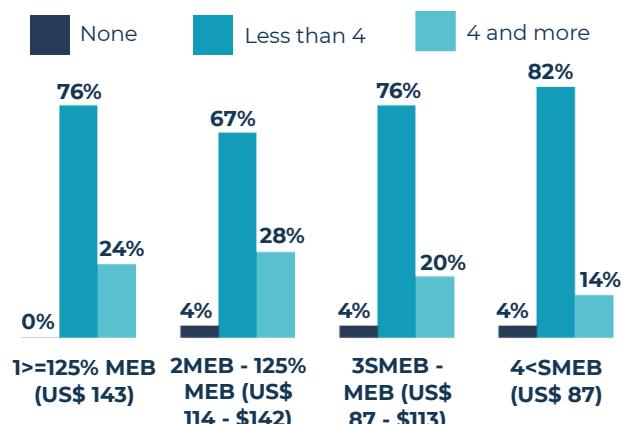
<sup>1</sup>No segregation by governorate was done

<sup>2</sup>Available at :[http://www.who.int/maternal\\_child\\_adolescent/documents/9789241596664/en/](http://www.who.int/maternal_child_adolescent/documents/9789241596664/en/).

**Figure 13: Minimum dietary diversity for children between 6 and 23 months old**



**Figure 14: Minimum dietary diversity for children between 6 and 23 months old across Minimum Expenditure Basket categories**

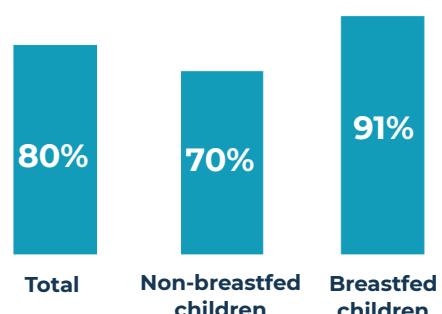


WHO defines the minimum acceptable meal frequency for young children as follows:

- 2 meals/day for breastfed infants (6 – 8 months old)
- 3 meals/day for breastfed children (9 – 23 months old)
- 4 meals/day for non-breastfed children (6 – 23 months old)

There was an increase from 64% to 80% in children between 6-23 months who have received the minimum acceptable number of meals every day. Among children who were breastfed, the minimum acceptable meal frequency was at 91%, as for those who were not-breastfed the figure goes down to 70%.

**Figure 15: Minimum Acceptable Meal Frequency among children between 6 and 23 months**



## Voices from the field

*This box summarises discussions about the results of VASyR 2019 held in all field offices. It is based on the contextual knowledge of key actors in the field, as opposed to quantitative data.*

Workshop participants noted the low rates of access to primary and secondary health care in Mount Lebanon, which they attributed to the sparser distribution of primary health care facilities in the region, as well as to the limited number of beds and high deposits rates requested by hospitals. Accessing care may, hence, be more difficult for refugees residing in Mount Lebanon due to hindered financial and geographical accessibility, as well as limited availability.

The relatively good access to primary health care elsewhere in the country was deemed to be the result of sufficient medical infrastructure and availability of services.

**Annex 12: Household access to primary and secondary health care**

		Primary Health Care (PHC)			Hospitalization			Emergency care	
		Households that received the required primary health care in the previous 6 months	Accessing PHC (in the previous six months) through PHC outlet	Accessing PHC (in the previous six months) through a private clinic	Households that required hospitalization in the past 6 months	Households that received the required hospitalization in the past 6 months	Households that received the required hospitalization in the past 6 months	Households who reported knowing where to access emergency health care	Households who reported knowing where to access emergency health care
Total	63%	90%	70%	17%	22%	81%	81%	76%	76%
<b>Governorate</b>									
Akkar	59%	97%	78%	17%	16%	94%	94%	79%	79%
Baalbek-El Hermel	64%	96%	53%	12%	22%	76%	76%	73%	73%
Beirut	49%	88%	64%	21%	21%	86%	86%	70%	70%
Beqaa	86%	92%	73%	11%	21%	84%	84%	92%	92%
El Nabatieh	76%	97%	56%	32%	28%	93%	93%	85%	85%
Mount Lebanon	46%	74%	73%	17%	19%	68%	68%	61%	61%
North	58%	97%	79%	17%	24%	89%	89%	84%	84%
South	86%	92%	62%	27%	35%	82%	82%	71%	71%
<b>Expenditure</b>									
>=125% MEB (>=143\$)	49%	89%	64%	22%	21%	85%	85%	70%	70%
MEB- 125% MEB (114 - 142\$)	63%	90%	63%	25%	23%	83%	83%	75%	75%
SMEB-MEB (87-113\$)	66%	94%	63%	22%	23%	87%	87%	78%	78%
< SMEB (87\$)	67%	89%	74%	13%	21%	77%	77%	78%	78%
<b>Gender of the head of household</b>									
Female	63%	91%	73%	11%	17%	73%	73%	79%	79%
Male	63%	90%	69%	18%	23%	83%	83%	75%	75%
<b>Shelter type</b>									
Non-permanent shelter	75%	94%	69%	14%	22%	85%	85%	84%	84%
Non-residential	59%	92%	77%	15%	22%	89%	89%	78%	78%
Residential	60%	88%	69%	18%	21%	79%	79%	73%	73%