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HEALTH & WASH KPC SURVEY: KNOWLEDGE, PRACTICES, AND COVERAGE

Based on household interviews of Syrian refugees and vulnerable Lebanese in the Bekaa Valley,
Lebanon

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Abbreviations

| | |
|---|---|
| AOI – Area of Intervention | NGO – Non-Governmental Organization |
| CDC – Center for Disease Control and Prevention | NCD – Non-Communicable Disease |
| CHV – Community Health Volunteers | ORS – Oral Rehydration Solution |
| FP – Family Planning | PHC – Primary Health Care |
| GAC – Global Affairs Canada | PSS – Psychosocial Support Services |
| HH – Household | RH – Reproductive Health |
| IAMP – Inter-Agency Mapping Platform | SDC – Social Development Center |
| IYCF – Infant and Young Child Feeding | SGBV – Sexual and Gender Based Violence |
| KPC – Knowledge, Practice and Coverage | UNHCR – United Nations High Commissioner for Refugees |
| MMR – Mumps, Measles, Rubella | USD – United States Dollar |
| MoPH – Ministry of Public Health | WASH – Water, Sanitation and Hygiene |
| MoSA – Ministry of Social Affairs | |

EXECUTIVE SUMMARY

Sponsor and general survey information

This health survey was funded by Tearfund Canada through the support from the Global Affairs Canada-IHA (GAC) as part of the project which is being implemented by Medair. GAC is currently funding Medair in Lebanon for a multi-year program to increase the provision of primary health care services and to make them more accessible for vulnerable populations in the Bekaa Valley through the support of seven Social Development Centers (SDCs). This stratified cluster survey provides key health and water, sanitation and hygiene findings that Medair, and other actors, can use to inform its programming in the Bekaa valley. Interviews of both the host community and the refugee population were collected during the month of December 2017.

Context

In 2017 the Syria crisis entered its sixth year with over 1.5 million registered and unregistered Syrian refugees continuing to reside in Lebanon, a third of whom live in the Bekaa Valley (UNHCR, 30, June 2017). The protracted nature of this conflict has seen the number of refugees residing in Lebanon remain relatively stable since 2014 and the number is not expected to decrease in the immediate future. Syrian refugees make up as much as a quarter of Lebanon's total population, with 80% of these refugees being women and children. The presence of refugees in such high numbers has strained the political, economic and social stability of the country, stretching basic services and systems that have weakened the host authorities' capacity to respond to the increased needs, especially in education, water supply and healthcare. Difficult living conditions, exacerbated by the weather in refugee settlements, as well as the reduction of funding across sectors have a strong impact on the public health situation of the refugees and have increased the risk of outbreaks of communicable diseases. The very high number of informal settlements and their location throughout the country add additional strain on existing health services. (Blanchet, 2016)

Survey Objectives

The Knowledge, Practice and Coverage (KPC) household survey objective is to measure standardized health, nutrition and WASH indicators for Syrian refugees and vulnerable Lebanese, both in the Medair-supported SDC project areas and across the Bekaa valley. The main objective of the survey is to provide robust data that can inform Medair and other NGO programming, as well as the Ministry of Public Health (MoPH). The results from the survey can also provide a strong evidence base for current and potential donors.

The analysis of the survey results focuses on health, nutrition, and WASH-related indicators at the household level, shining a light on similarities and differences between vulnerable host communities and refugees around the following thematic areas:

- Health Seeking Behaviors (including sources of health messaging)
- Child Health: child sickness (including fever, diarrhea and respiratory infections), vaccination, breastfeeding and nutrition
- Reproductive health (including antenatal and postnatal care, deliveries and family planning)
- Family Health, including non-communicable diseases (NCDs) and psychosocial support services (PSS)
- Water, Sanitation and Hygiene (WASH), including safe drinking water coverage and water treatment, use of improved sanitation, and hygiene practices

Background and process

Project Location

Since 2014, Medair has been supporting MoSA SDCs, implementing projects to improve refugees' and affected host communities' access to primary health care (PHC) services in Central, West and North Bekaa.

Medair's Area of Intervention (AOI) or catchment area is defined as a list of cadasters within a 5-km radius of the seven Medair-supported SDCs: Talia, Kawkaba, Brital, Kfarzabad, Marj, Kabelias, Joub Janine. These health facilities are located within the districts of Baalbek, Rachaya, West Bekaa, and Zahle, in the Bekaa Valley of Lebanon.

Project Description

Medair currently supports seven clinics through the provision of human resources, medicines, equipment and supportive supervision to each of the clinics.

Community Health Volunteers (CHVs) in the SDC catchment area deliver a community health promotion package and have been trained on relevant health topics including nutrition, Infant and Young Child Feeding (IYCF), family planning, essential maternal and newborn care, management of non-communicable diseases (NDCs), Sexual and Gender Based Violence (SGBV), psychosocial support and referral systems. CHVs and community midwives visit households and conduct community outreach in Informal Settlements within SDC catchment areas and as well as meeting refugees and vulnerable host communities in shared community places.

During the month of December 2017, Medair, in collaboration with UNICEF, WHO and MoPH, also conducted Accelerated Immunization Activities (AIA) in the Bekaa Valley, visiting over 1,000 informal settlements.

Identification and engagement of local partners and stakeholders

Medair engages regularly with municipalities in which SDCs are located and especially so in the context of preparing for the survey by requesting authorizations from the municipalities sampled.

Summary Table of Findings

This table is based on the original analysis plan to ensure that the survey would capture the identified health and WASH indicators.

TABLE 1 – MAIN OUTCOME MEASURES CAPTURED BY THE KPC SURVEY ON HEALTH AND WASH

| Topic | Indicator | Result (2017) |
|-------------------------------------|---|--|
| Measles vaccination coverage | % of children aged 6 months- 5 years ¹ who are vaccinated for measles in clinics coverage area Note: Vaccination activities at the same time. | Including recall: LEB: 79.1% [72.6, 84.5] SYR: 61.2% [55.1, 67.0] |
| | | Partial²: LEB: 51.3% [43.3, 59.2] SYR: 33.6% [25.8, 42.4] |
| | | Full: LEB: 32.5% [26.3, 39.3] SYR: 12.1% [7.7, 18.5] |
| ANC visits | % of mothers of children under two years of age who had 4 comprehensive antenatal visits when they were pregnant with their youngest child | LEB: 72.8% [62.1, 81.4] SYR: 54.6% [45.9, 63.0] |

¹ The survey asks vaccination questions to mothers about their youngest child between 1 and 5 years old

² The partial indicator includes even one dose of MMR: "The MMR vaccine is very safe and effective. Two doses of MMR vaccine are about 97% effective at preventing measles; one dose is about 93% effective." (CDC, www.cdc.gov/measles/vaccination.html)

| | | |
|---|--|--|
| PNC visits | % of mothers of children under two years of age who received a post-partum visit from an appropriate trained health worker within two weeks after birth of their youngest child after discharge from health facility ³ | 73.0% [67.0, 78.3] |
| Health care access general | % of residents in catchment area of SDCs who went to a health facility when they needed medical services (measured by survey) | 92.5% [88.7, 95.0] |
| Health care seeking for children with ARI | % of children under 5 with fast or difficult breathing for whom advice or treatment was sought from an appropriate health facility or provider ⁴ | 53.2% [46.0, 60.2] |
| ORS and zinc for diarrhea | % of children under 5 years with diarrhea receiving ORS or zinc supplementation | ORS or Zinc: 71.1% [62.8, 78.2] ORS: 45.3% [37.8, 53.0] Zinc: 29.9% [22.0, 39.2] |
| Knowledge about NCD prevention | % of women who know 2 or more ways to reduce the risk of NCDs | LEB: 73.5% [66.7, 79.3] SYR: 57.2% [50.7, 63.4] |
| Exclusive BF | % of infants 0-6 months who are exclusively breastfed | 26.0% [17.6, 36.7] |
| Use of modern FP methods | % of mothers of children 0-23 months who are using a modern contraceptive method | 27.0% [22.5, 32.0] Note: 63.2% of those wanting to delay pregnancies |
| Health care access RH and PSS | % of mothers of children under 5 who report accessing RH or PSS support services ⁵ in the 6 months prior to the survey | RH: LEB: 31.6% [26.2, 37.6] SYR: 46.3% [39.5, 53.2] |
| FP and PSS discussion with health provider | % of mothers of children under 5 who report discussing FP or PSS ⁶ with a trained service provider in the 12 months preceding the survey | FP: 21.4% [17.8, 25.4] |
| Fully immunized children | % of children age 12-23 months who received age appropriate vaccination at time of survey | LEB: 24.5% [18.1, 32.2] SYR: 11.6% [7.7, 17.1] Note: 42.5% of children are deemed not fully vaccinated because cards could not be copied. |
| Use of improved toilet facility | % households using an improved, accessible and hygienic toilet facility | Without simple latrine: LEB: 66.7% [58.6, 74.0] SYR: 55.9% [46.2, 65.2] for urban SYR: 22.1% [14.6, 31.9] for settlements |
| Appropriate Handwashing Behavior | % households having soap and who used soap for washing hands at least at one critical times* during the 24 before the survey ⁷ (after defecation, after cleaning a young child, before preparing food, before eating, before feeding a child) | LEB: 31.2% [25.0, 38.2] SYR: 22.8% [17.5, 29.1] |
| Use of soap for handwashing | % households that have soap readily available for handwashing | LEB: 98.8% [97.0, 99.5] SYR: 86.0% [78.8, 91.1] |
| Household Water Treatment | % households that treat water effectively out of those getting their drinking water from sources other than bottled water | LEB: 25.6% [18.9, 33.7] SYR: 10.1% [6.9, 14.8] |

³ This indicator was reconstructed based on a combination of questions

⁴ List of appropriate health facilities: hospital, health center, clinic, community health workers

⁵ The data from the PSS section cannot be interpreted due to a constraint error. However, respondents were asked about comfort level with such services: vulnerable Lebanese were 1.6 times more likely to report being comfortable with accessing psychosocial support services (61.5%, n=218) than Syrian refugees (50.2%, n=184); pvalue=0.047.

⁶ No question was asked in the PSS module enabling to report on discussions with trained service providers in the past year.

⁷ This indicator cannot be calculated due to a constraint error.

Key Findings

The main findings presented in the discussion section were summarized by the topics in Table 2 below.

TABLE 2 – KEY FINDINGS SORTED BY TOPIC

| Topic | Findings |
|--------------------------|---|
| Health Seeking Behaviors | <p>Syrian refugees were more likely to seek health services at health centers or SDCs and vulnerable Lebanese were more likely to seek health services at private clinics and hospitals. The majority of respondents who went to health facilities when they were sick reported paying for health services (almost 90%).</p> |
| | <p>Over half of respondents reported getting their health advice from friends and family members: for example, mother (about a quarter of respondents), husband (about 15%), sister (about 10%). Less than 5% reported getting their advice from other health staff: nurses or midwives, community health workers, Medair community midwives or traditional birth attendants.</p> |
| | <p>Overall, vulnerable Lebanese were more likely to receive health messages than Syrian refugees.</p> |
| Child Health | <p>A little over half of mothers with children who had diarrhea, cough or difficulty breathing in the past two weeks sought advice or care at a health facility: Lebanese were more likely to go to private clinics and Syrian refugees were more likely to go to SDCs. About a third of mothers of children with diarrhea and over a third of mothers of children with cough or difficulty breathing reported reaching out to other places than health facilities for advice or treatment: the majority of this group reported going to pharmacies.</p> |
| | <p>Overall, about three quarters of mothers reported that their child with diarrhea was treated either with ORS or zinc in the past two weeks. However less than 5% of respondents reported using ORS and zinc combined. There was a statistically significant difference between where mothers went to seek care for diarrhea and the likelihood of giving ORS as a way to treat their child’s diarrhea: about half of mothers who went to health facilities or other places such as pharmacies reported giving ORS to their child, compared to 15% of those who did not go anywhere.</p> |
| | <p>Whether the child was breastfed or not, given other fluids or not, mothers reported giving less fluids to their child when they had diarrhea.</p> |
| Reproductive Health | <p>Out of those who reported not being comfortable or able to access reproductive health services, the main reasons given were the financial situation of the household (about a third of cases) and unavailable services in the community (about 10%). Overall, about 10% of respondents mentioned that no reproductive health services were available in the community and about 5% of respondents reported not knowing about the presence or not of reproductive health services available in the community.</p> |
| | <p>Respondents in Medair’s AOI were about twice as likely to mention SDCs as places to seek reproductive health care services compared to respondents in the Bekaa (about a fifth of women interviewed there). Moreover, Syrian refugees were more likely to mention SDCs and health centers (about half of Syrians and about 10% of Lebanese). Syrian refugees were almost eight times more likely to mention Medair community midwives as a way to seek reproductive health services than vulnerable Lebanese. However, the overall percentage of women who reported the Medair community midwives was less than 5%. Syrian refugees were eight times more likely to report having received ANC from midwives (about 10%) than vulnerable Lebanese and about 5% of women mentioned receiving ANC from nurses.</p> |
| | <p>Vulnerable Lebanese were about three times more likely to report having taken folic acid during their pregnancy (about two thirds of Lebanese) compared to Syrian refugees (about 40% of Syrians).</p> |
| | <p>About a fifth of respondents reported having discussed family planning or family size with a community midwife, a nurse or a doctor in the past year. About 40% reported paying for FP services and a third of mothers go to pharmacies.</p> |
| | <p>About half of births are C-sections: vulnerable Lebanese are about twice as likely to have a C-section (about 60%) compared to Syrian refugees (about a third). These rates are similar for first pregnancies (over half of vulnerable Lebanese and about a third of Syrian refugees).</p> |

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|---|---|
| <p>Non-Communicable Diseases</p> | <p>About 10% of respondents reported that at least one household member had diabetes and about 15% of respondents reported that at least one household member had high blood pressure. About half of those reported that they had taken medication in the past two weeks and out of those who did, about two thirds paid for the treatment. The treatment was more likely to be free in Medair’s AOI (about a quarter) and subsidized in the Bekaa (about a quarter).</p> |
| | <p>Vulnerable Lebanese are more likely to have knowledge about methods to prevent NCDs: they were more likely to report at least two methods to prevent NCDs (about three quarters) than Syrian refugees (about three fifth). Syrian refugees were more likely to not know any method to prevent NCDs (about a quarter) than vulnerable Lebanese (about 10%).</p> |
| <p>Mental Health and Psychosocial Support Services</p> | <p>About three quarters of respondents reported that either there were no support services for those who felt sad, stressed, lonely, under pressure or affected by trauma (about a third of respondents) or that they didn’t know about the existence of any services. Syrian refugees were twice more likely to not know about any available psychosocial support services available in their community (about half) compared to vulnerable Lebanese (about a third).</p> |
| | <p>Women reported the following locations in which PSS services could be accessed in their community: in religious institutions (less than 10%), in SDC clinics (about 5%) or from community health workers (less than 5%). Vulnerable Lebanese were five times more likely to mention clinics other than SDCs and six times more likely to mention specialized hospitals as places to seek psychosocial support services (about 15%) than Syrian refugees (less than 5%). Syrian refugees were three times more likely to not know where to seek PSS services (about three quarters) compared to vulnerable Lebanese (about half).</p> |
| | <p>Vulnerable Lebanese were more likely to report being comfortable or being able to access psychosocial support services (about two thirds were comfortable and about half thought they would be able to access PSS services) than Syrian refugees (about half were comfortable and about a third they would be able to access PSS services).</p> |
| <p>Water, Sanitation and Hygiene</p> | <p>When asked about experience of feeling sad, stressed, lonely, under pressure or affected by trauma in the past six months, over half of respondents were concerned and those in Medair’s AOI were more likely to report such feelings (about two thirds) than in the entire Bekaa (about half).</p> |
| | <p>Vulnerable Lebanese were more likely to report that their main source of drinking water was piped water into their dwelling (about half) compared to Syrian refugees living either in non-IS (about a third) or in IS (less than 10%). Syrian refugees in IS were more likely to report that their main source of drinking water was from water trucking (about 40%) compared to Syrians in non-IS (about 15%) or vulnerable Lebanese (about 5%). About 15% of respondents reported that their main source of drinking water is bottled water.</p> |
| | <p>Vulnerable Lebanese were about three times more likely to treat their water (about a quarter) compared to Syrian refugees (about 15%). About two thirds of respondents reported treating their water the same day. Out of those who treat their drinking water, over half of respondents reported adding bleach, chlorine or aquatabs and about a quarter of respondents reported using a filter.</p> <p>Vulnerable Lebanese were more likely to report using flush toilets (about 90%) than Syrian refugees living in non-IS (about two thirds) or in IS (about a third). Syrian refugees living in IS were more likely to report using a simple pit latrine or an open pit (about a quarter) than Syrian refugees living in non-IS (about 5%) or vulnerable Lebanese (less than 1%).</p> |

Recommendations

There is still a need to communicate about the health services available that Medair can address within its regular programming by increasing communication in the SDCs it supports or during health promotion sessions in informal settlements for example. Medair should ensure that Syrian refugees are reached with health promotion activities, as they were less likely to be reached than Lebanese in the survey. Health promotion sessions conducted by Medair's community health workers and midwives should be reviewed to include specific topics to increase knowledge of communities around health behaviors and services:

- Health Seeking Behaviors and Information Sources: Community members should be aware of the skills of health workers such as nurses, midwives, and community health workers, and this awareness can be raised through the health promotion projects Medair has, helping community members know good sources of information for health.
- Child health: The health promotion project should raise awareness in communities about difficult or fast breathing as a sign that children require care and to be brought for a check at a health facility, the importance of giving more fluids to children when they have diarrhea, and the importance of vaccinating children.
- Reproductive health: There is additional work needed to raise awareness about the reproductive health services available in the community, especially services that are subsidized by UNHCR or NGOs and how to access them.
- Psychosocial support services: Awareness of PSS services was low, and efforts to share information with community members through health promotion projects should describe available services and how to access them to families and individuals.

Similar to the immunization activities conducted at the end of 2017, Medair must continue to find new ways to address the current health challenges in Lebanon and particularly in the Bekaa valley:

- Discussions and ties with municipalities should be explored to increase communication and coordination, and to take a systems approach to ensuring that community members are aware of the subsidized health and PSS services available to them.
- The importance of ferrous folate distribution during the first trimester of pregnancies should be highlighted among health service providers both PHC clinics and SDCs), and at the community level by CHVs and community midwives.
- The organization of health promotion sessions should be redesigned to take into account family dynamics and the fact that over half of respondents reported getting their health advice from friends and family members: specific sessions should be designed around mother and daughters or husband and wives.

Medair works in multiple sectors including health and WASH. Therefore Medair could benefit from inter-sectoral programming whenever possible. These benefits should include increased impact for the beneficiary but also the possibility of contributing to the evidence base for the impact of WASH on health outcomes. Specifically, Medair's health and WASH sector teams must work together to more effectively reduce the incidence of diarrhea in children under 5 (affecting 31.3% of Syrians and 20.2% of Lebanese in the two weeks prior to the survey) and to appropriately treat children under 5 with diarrhea at home (offering more fluids and treating diarrhea with ORS and zinc). With a high incidence of recent diarrheal illness, prevention should be a priority for community-based hygiene and health workers. Health workers at clinics could refer households with frequent incidence of diarrhea to WASH sector experts for assessment of water quality. Additionally, monitoring and tracking water quality, water consumption, latrine use, and hand washing in clinics and using it, combined with data on catchment-area disease prevalence to make WASH and health programming decisions, would be a benefit to those served.

In this KPC survey, respondents often mentioned pharmacies as the first place to seek advice or treatment. It would be interesting for Medair or other NGOs to determine whether partnerships or coordination with pharmacies would be possible in order to reduce the financial burden of refugees going to pharmacies and paying out of pocket expenses. At the cluster level, Medair should initiate discussion of pharmacies and their role in addressing health needs of the refugee and vulnerable Lebanese populations.

For future iterations of the KPC survey, the form used should be reviewed and additionally constrained (especially regarding the vaccination section to take into account eligibility, the relevance fields in the post-natal care section and the psychosocial support services should be reviewed to ensure that the skip patterns are working). More focus should be given to testing the form, both prior to deploying it and through pilot testing on the field.

Medair could also look into conducting complementary and more targeted health assessments to further inform its programming: whether quantitative to identify communities with the lowest vaccine coverage rates or qualitative to understand specific barriers or health seeking behaviors. Ideally, Medair would utilize quantitative survey methods that allow for understanding of variance between the catchment areas of Medair-supported SDCs.

METHODS

Survey Preparation

Study Design

As mentioned in the 2016 KPC Survey Report (Medair Lebanon, 2017), the design of this survey stands somewhere between a descriptive observational, an exploratory ecological and cross-sectional analytical design. The same design was used as in previous years in order to ensure that the data collected can be compared over time.

In addition, for the 2017 KPC Survey, two surveys were conducted in order to determine and describe health related behaviors and indicators both in Medair's AOI and in the Bekaa Valley as a whole to respond to a request for the Ministry of Public Health (MoPH) in Lebanon. This is to enable both geographical and historical comparison with the previous years. Indeed, the 2015 and 2016 surveys were only conducted in Medair's AOI.

Questionnaire Design

The 2017 questionnaire design was based on the 2016 questionnaire. The 2016 questionnaire was amended to add questions on Water Sanitation and Hygiene (WASH), to complete the vaccination and Post-Natal Care (PNC) sections. Some questions were also edited or removed for clarity. (See Annex1)

Sample Size and Sampling Frame

As for the 2016 KPC Survey, the Medair M&E team calculated sample size requirements and built a sampling frame using a stratified cluster design. A stratified cluster design (30 clusters within the vulnerable Lebanese population and 30 clusters within the Syrian refugee population of 13 respondents each) was chosen for each of the two surveys to achieve 95% confidence interval point estimates with an acceptable degree of precision. (See Annex2)

The clusters were selected based on the following population data:

- For Syrian refugees, the first step was using the IAMP data, which includes the numbers of Syrian refugees living in informal settlements broken down by cadaster, the geographical localities within Lebanon. A cumulative population list was made by household. Since no accurate data on numbers of Syrian refugees not living in settlements existed, a breakdown of 40% Syrians in settlements to 60% Syrians outside of settlements was applied (based on the population data statistics obtained from municipalities in the 2016 KPC survey) to create an equivalent cumulative population list for non-IS Syrian refugees. The two lists were then combined to create a consolidated 'all-Syrians' cumulative household level population table, per cadaster. This consolidated list was used to select cadasters for cluster selections using systematic random sampling, for the Syrian and vulnerable Lebanese populations.
- For vulnerable Lebanese, the data on the number of vulnerable Lebanese was collected for the 2016 KPC survey in Medair's AOI, but not the entire Bekaa Valley. This was not collected by the time the survey started. The Medair team made two assumptions from the 2016 data: that that on average the Lebanese population is three times that of the Syrian refugee population in the Bekaa Valley and that 35% of the average cadaster's Lebanese population is 'vulnerable', according to the official definition. This proportion was applied to those cadasters awaiting data on vulnerable Lebanese. A cumulative household population table was consolidated for vulnerable Lebanese, broken down by cadasters.

The same process was used for Medair's AOI but when the randomly selected clusters had already been included in the sample for the whole Bekaa, no additional cluster was selected. Therefore, instead of the original 120 clusters, information for only 99 clusters needed to be collected.

Data Collection

Enumerator Selection and Training

Medair selected female enumerators that:

- 1- Had prior experience conducting the KPC survey specifically with Medair
- 2- Had prior experience conducting surveys and assessments with Medair or other NGOs
- 3- Had participated in the immunization activities done by Medair/MoPH

The training of enumerators took place over two days on the following topics:

- 1- Introduction and presentation: KPC survey objectives, Medair program and health project in Lebanon
- 2- Proper interview techniques and general tips, the role of enumerator and supervisor as well as questionnaire overview and content
- 3- Guidelines: definition of vulnerable Lebanese, directions to SDCs, selection of households within cadasters and age in months guide
- 4- Interview practice and role playing

The survey was conducted over four days between the 26 and the 29th of December 2017.

Fieldwork with Questionnaire Data Entry onto Mobile Devices

The survey was designed in Excel and uploaded to ONA, a mobile data collection solution, and tested before use. All interviews were conducted in respondents' homes in Arabic and recorded on tablets in Arabic as well. Coded choices were then seamlessly transferred from Arabic into English and the open text questions were translated into English.

Selection of Participants in the Field

There were two specific methods used for selecting participants into the survey:

- For Syrian refugees living in informal settlements: p-codes, which are the ID codes of these settlements, were first selected randomly using Excel for each cadaster. These cadasters had in turn been selected as the locations for the clusters, using systematic random sampling based on cumulative household populations per Cadaster. If the number of household (HH) respondents was lower than what was needed for the survey, the enumerators went to the next nearest informal settlement to complete the sample.
- For Syrian refugees not living in informal settlements but in more urban areas, who are more difficult to locate, snowball sampling was used as they are usually scattered in urban areas and other locations across a cadaster. This involved asking those interviewed in the informal settlements to help the enumerators find a Syrian refugee outside the settlement. Once located, the next household could be identified with the help of the respondent just interviewed. If no Syrian refugees outside of settlements were known, then the starting point should then be the same as for vulnerable Lebanese.
- For vulnerable Lebanese, the start point is the Municipality building in the selected cadaster.

The condition for households to be selected into the 2017 KPC Survey and interviewed was that there was at least one woman of reproductive age (WRA, between 15 and 49 years old) caring for children under 5 years of age. The total number of households interviewed as a result of Medair's sampling frame and visits of enumerators was 1341 women. After data cleaning, this led to 1294 complete interviews. As some clusters were part of both surveys, this leads to 792 respondents in the Bekaa Valley and 780 respondents in Medair's AOI.

Data Analysis

Data Cleaning

The data was cleaned: before analysis: any changes in the data appears in red in the final dataset (see Annex3). In some cases, columns were added to facilitate the analysis and match the indicators to report on. In other cases, discrepancies in the dataset between cluster, respondent type and geography were corrected by looking at the entire general section (device ID, date, enumerator group, supervisor zone, cluster, respondent, cadaster and pcode) together.

A few data entries were removed from the dataset: when no female was present in the household (8 cases recorded), when women did not consent to participate in the survey (3 cases recorded), when there was no child under 5 in the household (31 cases recorded) and when the discrepancies between cluster, cadaster or respondent type could not be resolved (5 cases).

Sampling Weights

Sampling weights were calculated separately for the two datasets. The weights take into account the total population, the cadaster population in which the cluster interviews were conducted and the number of interviews of each cluster (See Annex2).

Because some clusters were used for both surveys, some of the data was duplicated and given a different ID and cluster number. In some cadasters, the cluster that would be duplicated was selected randomly in Excel. This was to enable the attribution of different weights and to compare these two surveys to one another.

Software

The data was analyzed with the complex samples toolkit in SPSS: analysis plans including the weights of each respondent were created in SPSS. Most of the data being categorical variables, the chi-square was used to determine statistical difference between the two groups: vulnerable Lebanese and Syrian refugees. For frequency calculations, the following measures were included: percentage, unweighted count, standard error, 95% confidence interval and design effect. Some additional cross tabulations were used to confirm statistically significant differences with the chi-square in most cases, p-values and odds ratio. All the working files are available: datasets, analysis scripts, complex samples plans and outputs (See Annex4).

RESULTS

Note1: Unless explicitly specified, the results presented are the results obtained during the data collection for the Bekaa survey. When differences with results within Medair's AOI survey were statistically significant, both results are presented.

Note2: The data is reported with the weighted percentage and unweighted count.

Demographics

About half of respondents interviewed (47.4%, n=400) were vulnerable Lebanese, which is coherent with the survey design chosen.

About half of the Syrian refugees interviewed (53.6%, n=212) had arrived to Lebanon between 2012 and 2013.

Women were asked about their age when they were married and when they had their first child:

- A majority of respondents reported being married (99.2%, n=787) which is to be explained by the inclusion criteria into the survey: a mother or caregiver of children under 5 years old. Less than a third of reported marriages happened when the respondent was below 18 years old: Syrian refugees were 3.6 times more likely to be married before they were 18 years old (40.7%, n=161) compared to vulnerable Lebanese (16.1%, n=70). The difference was statistically significant (pvalue<0.001).
- About two thirds of respondents interviewed in the Bekaa survey had only one child under 5.
 - Vulnerable Lebanese were more likely to have only one child under 5 (74.4%, n=287) compared to Syrian refugees (57.9%, n=220). The difference is statistically significant (pvalue=0.001).
 - Syrian refugees were 1.9 times more likely to have a child under two years old (58.3%, n=233) compared to vulnerable Lebanese (42.1%, n=174). The difference is statistically significant (pvalue<0.001).
- When looking at the age of first pregnancy, under a fifth of respondents had their first pregnancy before 18 years old: Syrian refugees were 3.0 times more likely to have a child before they were 18 years old (24.4%, n=103) compared to vulnerable Lebanese (9.8%, n=42). The difference is statistically significant (pvalue<0.001).

Under half of respondents in the Bekaa Valley had a household size over 6 people: Syrian refugees were 2.3 times more likely to have a household composed of 6 members or more (54.4%, n=225) compared to vulnerable Lebanese (33.7%, n=159). The difference is statistically significant (pvalue<0.001).

Health-Seeking Behaviors

Types of Health Facilities Visited in the Past Year

About two thirds of respondents (65.4%, n=536) reported needing medical services when asked, and out of those 88.8% (n=485) reported going to a health facility. Out of those who reported going to a health facility, 88.7% (n=427) reported paying for services.

Out of those who reported not going to a health facility (11.2% of those needing health services, n=51):

- 47.5% (n=25) considered it not necessary
- 17.1% (n=8) reported that the facility was too expensive
- 14.6% (n=7) reported that they did not have knowledge about health facilities in their area
- 10.3% (n=5) reported that the facility was too far away
- 6.0% (n=3) reported that they heard negative information about the health facility
- 2.4% (n=2) reported that they lack transportation to go to these facilities

Because the number of people who reported going to a health facility are low, the confidence intervals are too large to be able to draw any differences between Syrian and vulnerable Lebanese populations regarding the reported reasons for not going to seek services at a health facility when needed.

Out of those who reported going to a health facility (88.8% of those needing health services, n=485):

- Less than a third (29.0%, n=113) of all respondents reported going to a social development center (SDC). In the AOI survey, 40.9% (n=202) of respondents reported going to an SDC. This difference is statistically significant: respondents in the area of intervention are 1.7 times more likely to go to an SDC than those interviewed in the Bekaa (pvalue=0.008).
 - Out of those who mentioned going to an SDC to receive health care, 52.4% (n=57) reported going to a Medair supported SDC in the Bekaa survey and 65.7% (n=138) in the AOI survey. The difference here was not statistically significant.
 - The difference between Syrian and vulnerable Lebanese regarding seeking health services in SDCs is not statistically significant.
- About half of respondents reported going to either a health center (26.6%) or a private clinic (25.3%).
 - Syrians refugees are 2.8 times more likely to go to a health center (34.7%, n=104), compared to vulnerable Lebanese (15.8%, n=55). This difference is statistically significant (pvalue=0.001).
 - Vulnerable Lebanese are 3.1 times more likely to seek health care services in a private clinic (37.6%, n=100), compared to Syrian refugees (16.1%, n=37). This difference is statistically significant (pvalue<0.001).
- About a fifth reported going to a hospital (20.3%)
 - Vulnerable Lebanese are 1.7 times more likely to seek their health care services at hospitals (25.2%, n=54), compared to Syrian refugees (16.6%, n=49). This difference is statistically significant (pvalue=0.045).
- Only 1.1% (n=7) of respondents mentioned being visited by a Medair community midwife.

Overall, the average reported price paid to access and receive health services was USD 104. This average cost varied depending on the location where respondents sought services: hospitals were the most expensive (USD 315) followed by private clinics (USD 83). The average price paid reported when respondents went to other health facilities were below USD 50: SDCs (USD 49), Medair community midwives (USD 32) and health center (USD 21).

Health Contacts and Sources of Health Information

When asked about which health staff they came into contact with during the previous month:

- Less than a third of respondents reported having contact with health staff: 23.3% (n=217) sometimes and 6.1% (n=83) frequently
- About a fifth of respondents reported having contact with community health staff: 16.8% (n=133) sometimes and 3.0% (n=44) frequently
- Over a tenth of respondents reported having contact with health educators: 11.5% (n=108) sometimes and 1.4% (n=29) frequently
 - Syrian refugees were more likely to have contact with health educators (18.4%, n=92) than vulnerable Lebanese (6.8%, n=45). The difference was found to be statistically significant (pvalue<0.001).

When asked about where they prefer to get general information or advice for health or nutrition:

- About two thirds (61.4%, n=501) reported getting their advice from doctors
 - Vulnerable Lebanese were 1.8 times more likely to receive advice from doctors (68.5%, n=275), compared to Syrian refugees (54.9%, n=226), and this difference was found to be statistically significant (pvalue=0.008).
- Over half of respondents get their health advice from friends and various family members: mother (25.3%, n=191), husband (13.1%, n=100), sister (9.7%, n=84), friend (8.0%, n=56), aunt (4.1%, n=29), grandparent (2.1%, n=15)
- 16.0% (n=155) of respondents reported getting their advice on health from pharmacies
- Less than 10% reported getting their advice from the media: internet, television or radio (0.4%, n=3)

- Vulnerable Lebanese were 2.7 times more likely to get advice from the internet (12.9%, n=70), compared to Syrian refugees (5.2%, n=30). This difference was found to be statistically significant (pvalue=0.003).
- Vulnerable Lebanese were 3.4 times more likely to get advice on health from the television (5.7%, n=22), compared to Syrian refugees (1.7%, n=6) and the difference was found to be statistically significant (pvalue=0.043).
- Less than 5% reported getting their advice from other health staff: nurses or midwives (4.5%, n=49), community health workers (1.8%, n=16), Medair community midwives (0.3%, n=3) or traditional birth attendants (0.2%, n=8)
- Less than 5% reported not getting any advice from anyone (3.6%, n=28)

When asked about the origin of the health messages they received in the previous month:

- About 40% of respondents reported receiving health messages via television
 - Vulnerable Lebanese were 2.3 times more likely to receive health messages by watching the television (53.2%, n=195), compared to Syrian refugees (33.3%, n=118). This difference was found to be statistically significant (pvalue<0.001).
- About a third of respondents reported receiving health messages via the internet
 - Vulnerable Lebanese were 7.9 times more likely to receive health messages through internet searches (55.6%, n=207), compared to Syrian refugees (13.7%, n=58). This difference was found to be statistically significant (pvalue<0.001).
- About a quarter of respondents reported receiving health messages through automatic SMS messaging
 - Vulnerable Lebanese were 3.8 times more likely to receive health messages through automatic SMS messaging (40.8%, n=168), compared to Syrian refugees (15.2%, n=68). This difference was found to be statistically significant (pvalue<0.001).
- Less than 10% reported receiving messages through other means: radio, clinics (6.7%, n=79), newspapers, ads, Medair community midwives (5.1%, n=67), community health workers (4.9%, n=67) or brochures
 - Vulnerable Lebanese were 3.6 times more likely to receive health messages via radio (14.5%, n=49), compared to Syrian refugees (4.5%, n=16).
 - Vulnerable Lebanese were 4.7 times more likely to receive health messages through newspapers (10.4%, n=36), compared to Syrian refugees (2.4%, n=9).
 - Vulnerable Lebanese were 9.7 times more likely to receive health messages through ads (11.5%, n=40), compared to Syrian refugees (1.3%, n=7).
 - Vulnerable Lebanese were 9.2 times more likely to receive health messages through health brochures (6.2%, n=21), compared to Syrian refugees (0.7%, n=4).
 - All differences reported above were found to be statistically significant: pvalue≤0.001.

Medair and NGO Health Services

Medair also asked about health services that respondents might have received from Medair or other NGO during the previous year.

A little over a 10% of respondents reported having received services from Medair in the previous year. The difference between Syrian refugees (21.6%, n=74) and vulnerable Lebanese (2.4%, n=8) was statistically significant (pvalue<0.001). Out of those:

- Respondents in the area of intervention of Medair were 2.6 times more likely (27.9%, n=26) to have sought and received a consultation from an SDC, compared to those in general in the Bekaa (13.2%, n=12). This difference was found to be statistically significant (pvalue=0.050).
 - In the Bekaa survey results, the difference between Syrian refugees and vulnerable Lebanese regarding SDC consultation was also found to be statistically significant (pvalue=0.016). Indeed, Lebanese are 5 times more likely to report having received a consultation at an SDC supported by Medair (37.5%, n=3) than Syrian refugees (10.7%, n=9), but the sample here is too small for any conclusion to be drawn.
 - The programmatic data gathered from the Medair-supported SDCs shows that around 70% of the patients recorded coming for consultations are Syrian refugees.

- About 15% of respondents reported having received a visit from a community health worker (17.9%, n=14) or from a midwife (15.0%, n=14).
- About 15% of respondents reported having received other services from Medair (14.2%, n=11). Out of those: health vaccinations, health medicine and shelter repairs were mentioned.
- About 5% of respondents (5.7%, n=5) reported having received transportation vouchers for health.

When asked about those services (not coming from Medair specifically), 92.3% (n=584) of respondents mentioned that they had not received any health services in the last year. Syrian refugees were 3.4 times more likely to have received a health service in the previous year (7.7%, n=72) compared to vulnerable Lebanese (3.9%, n=54). This difference was found to be statistically significant (pvalue=0.001).

Child Health

Signs of Child Illness

Medair asked respondents about types of sickness in their children under 5 in the previous 2 weeks and about three quarters of respondents (73.9%, n=578) reported one or more illness in their child under 5.

- Under two thirds of respondents (57.1%, n=447) reported cough and under a quarter (22.0%, n=177) reported that their child had difficulty breathing or fast breathing. Overall, about two thirds (60.2%, n=470) reported either cough or difficulty breathing.
- A little under half of respondents reported that their child had a fever in the past two weeks. Syrian refugee mothers were 1.4 times more likely to report fever cases in their children under 5 (51.9%, n=208) compared to vulnerable Lebanese (42.8%, n=177). The difference was found to be statistically significant (pvalue=0.049).
- About a quarter of respondents reported that their child had diarrhea in the past two weeks. Syrian refugees were 1.7 times more likely to report diarrhea cases in their children under 5 (31.3%, n=133) than vulnerable Lebanese (20.2%, n=89). The difference was found to be statistically significant (pvalue=0.002).
- Only 1.2% (n=9) reported blood in the stool of their child and 1.4% (n=10) reported convulsions.

Fever

For the children with fever or convulsions, mothers were asked about the length of treatment and where they first went for advice and treatment. Out of the 391 cases of children with fever or convulsions:

- 69.0% (n=284) reported seeking treatment for their children the same day.
- 16.7% (n=59) reported seeking treatment the next day
- About 10% of mothers reported seeking treatment later: 7.8% (n=25) two days after, 3.6% (n=9) three or more days later
- 3.0% (n=9) of mothers considered that seeking treatment was not necessary.

Regarding where the mothers went to seek treatment:

- About half of respondents (53.9%, n=116) sought advice a care at a health facility (health center, SDC whether or not supported by Medair, private clinic or hospital).
 - When looking at the responses grouped, there was no statistically significant difference found between Syrian refugees and vulnerable Lebanese. This observation changes when the places at which advice or treatment was sought are disaggregated.
 - Indeed, Lebanese are more likely to seek care at private clinics (29.1%, n=57) compared to Syrian refugees (9.2%, n=17). Similarly, Syrian refugees are more likely to seek care at SDCs (22.9%, n=40) compared to vulnerable Lebanese (6.5%, n=9). The difference was found to be statistically significant (pvalue<0.001).
- About a third of respondents (30.5%, n=102) reported reaching out to others for advice or treatment: overall, the majority of this group goes to seek advice or treatment at pharmacies (28.6%, n=96).

- About 10% (10.1%, n=21) of respondents reported not going anywhere: this may suggest that they treated their children at home, since the question was asked only to those who reported giving treatment to their children with a fever.

Diarrhea

For the children with diarrhea or blood in their stools, mothers were asked about how old the child was, the length and type of treatment and where they first went for advice and treatment. Out of the 223 cases of children with diarrhea or blood in their stools, under half (43.1%, n=95) were less than one year old and under a third were between one and two years old (27.5%, n=60).

Out of the mothers who reported having sought treatment (93.7% of diarrhea cases, n=217):

- When asked about the timeframe of treatment:
 - About two thirds of mothers (65.2%, n=160) reported seeking treatment on the same day
 - Less than a fifth of mothers (17.6%, n=33) reported seeking treatment the next day
 - Less than 15% of mothers reported seeking treatment later: 7.4% (n=13) two days after, 6.2% (n=11) three or more days later
 - 3.7% (n=6) of mothers considered that seeking treatment was not necessary.
- When asked about the places they went to for advice and treatment:
 - A little over half (55.6%, n=133) sought advice a care at a health facility (health center, SDC whether or not supported by Medair, private clinic or hospital).
 - Over a third of respondents (37.1%, n=69) reported reaching out to others for advice or treatment: overall, the majority of this group goes to seek advice or treatment at pharmacies (33.4%, n=62).
 - Over half of vulnerable Lebanese visit either private clinics (34.6%, n=31) or pharmacies (25.2%, n=19) whereas over half of Syrian refugees visit pharmacies (38.3%, n=43) or SDCs (16.4%, n=19).
 - Less than 10% (7.3%, n=15) of respondents reported not going anywhere: this seems to suggest that they treated their children at home.
- When asked about the type of treatment administered to their child:
 - Under half of respondents (45.3%, n=87) treated their child with ORS and under a third of respondents (29.9%, n=55) treated their child with zinc. Overall, 71.1% of mothers reported that their child with diarrhea was treated with ORS or zinc in the past two weeks. However less than 5% (4.1%, n=8) of respondents reported using ORS and zinc combined.
 - Less than 10% of respondents reported using one of the following other methods to treat diarrhea: injection (9.8%, n=36), home remedies or herbal medicine (5.1%, n=9), home fluids (4.8%, n=9), or intravenous (IV) (2.7%, n=13).
 - There was a statistically significant difference (pvalue=0.029) between where mothers went to seek care for diarrhea and the likeliness of giving ORS as a way to treat their child diarrhea: 55.5% (n=35) of mothers who went to other places than a health facility (pharmacy, community health workers...) and 42.4% (n=50) of mothers who went to a health facility gave ORS to their child, compared to 15.5% (n=2) of those who didn't go anywhere. The difference was not statistically significant for zinc treatment.
 - Injections was the only treatment used in which a statistical difference was observed between the two nationalities (pvalue=0.035). Indeed, vulnerable Lebanese are 3.1 times more likely to use this treatment method (16.3%, n=21), compared to Syrian refugees (5.9%, n=15).

Additional questions were asked to mothers of children under 2 who reported cases of diarrhea about breastfeeding practices: 52.7% (n=83) of mothers reported that they were breastfeeding their child at the time they had diarrhea and 43.5% of those (n=34) reported having given their child other liquids than breastmilk. Whether the child was breastfed or not, given other fluids or not, the mothers reported giving less fluids to their child when they had diarrhea. See Table3 below.

TABLE 3 – BREAKDOWN OF THE AMOUNT OF FLUIDS GIVEN TO A CHILD WITH DIARRHEA, BROKEN DOWN WHETHER THE CHILD WAS BREASTFED AND/OR GIVEN OTHER LIQUIDS.

| Category | Amount of fluids given to the child | Estimate | 95% CI Lower | 95% CI Upper | Design Effect | Unweighted Count |
|----------------------------------|-------------------------------------|----------|--------------|--------------|---------------|------------------|
| dia16_breastfed_bf_amount | same | 42.9% | 29.9% | 56.9% | 2.379 | 36 |
| | less | 41.4% | 29.1% | 54.8% | 2.166 | 36 |
| | more | 12.2% | 4.9% | 27.3% | 3.231 | 9 |
| | do_no_know | 3.5% | 0.9% | 12.2% | 1.870 | 2 |
| | Total | 100.0% | 100.0% | 100.0% | | 83 |
| dia18_breastfed_other_bf_fluids | less | 41.0% | 23.9% | 60.6% | 2.200 | 16 |
| | same | 32.4% | 21.2% | 46.2% | 1.067 | 10 |
| | more | 15.5% | 6.8% | 31.6% | 1.614 | 5 |
| | nothing | 7.1% | 2.0% | 22.1% | 1.624 | 2 |
| | do_no_know | 4.0% | 0.5% | 24.5% | 2.332 | 1 |
| | Total | 100.0% | 100.0% | 100.0% | | 34 |
| dia19_non_breastfed_other_fluids | less | 47.6% | 37.8% | 57.6% | 2.006 | 63 |
| | same | 28.8% | 20.2% | 39.3% | 2.246 | 38 |
| | nothing | 11.1% | 6.4% | 18.5% | 1.776 | 12 |
| | do_no_know | 6.3% | 3.1% | 12.7% | 1.708 | 9 |
| | more | 6.2% | 2.6% | 13.8% | 2.300 | 15 |
| | Total | 100.0% | 100.0% | 100.0% | | 137 |

Acute Respiratory Infection (ARI)

For the children coughing or who have difficulty breathing, mothers were asked whether they had sought treatment, the length and type of treatment and where they first went for advice and treatment. Out of the 470 cases of children coughing or with difficulty breathing, about three quarters (76.3%, n=365) reported seeking treatment.

Out of the mothers who reported having sought treatment:

- When asked about the timeframe of treatment:
 - About two thirds of mothers (64.0%, n=251) reported seeking treatment on the same day.
 - About a fifth of mothers (20.2%, n=67) reported seeking treatment the next day.
 - Less than 10% of mothers reported seeking treatment 8.3% (n=25) two days after
 - Syrian refugees were more likely to seek treatment for their child three or more days after the onset of symptoms (10.8%, n=17) compared to vulnerable Lebanese (1.3%, n=2). This is the only timeframe for which the confidence intervals of Syrians and Lebanese do not overlap; pvalue=0.003.
 - Only 1.1% (n=3) of mothers considered that seeking treatment was not necessary.
- When asked about the places they went to for advice and treatment:
 - A little over half (53.2%, n=212) sought advice a care at a health facility (health center, SDC whether or not supported by Medair, private clinic or hospital).
 - Over a third of respondents (39.8%, n=128) reported reaching out to others for advice or treatment: overall, the majority of this group goes to seek advice or treatment at pharmacies (36.5%, n=118).
 - Similar to the diarrhea treatment, over half of vulnerable Lebanese visit either pharmacies (29.9%, n=50) or private clinics (29.2%, n=57) whereas over half of Syrian refugees visit pharmacies (42.0%, n=68) or SDCs (21.1%, n=36). The difference between the two groups is statistically significant (pvalue<0.001).
 - Less than 10% (7.0%, n=25) of respondents reported not going anywhere.
- When asked about the type of treatment administered to their child:
 - About three quarters of respondents (72.6%, n=274) reported treating their child with cough drops.
 - About a third of respondents (32.0%, n=136) reported treating their child with painkillers.
 - About a quarter of respondents (24.4%, n=110) reported treating their child with antibiotics.
 - Less than 10% of respondents reported using antihistamines (8.7%, n=29).

Breastfeeding and Nutrition

When asked if their child was ever breastfed, the majority of mothers responded positively. Vulnerable Lebanese were 2.0 times more likely to report never having breastfed their youngest child (22.9%, n=86) compared to Syrian refugees (12.9%, n=48). The difference is statistically significant (pvalue=0.003). Out of the mothers who reported having breastfed their child (n=658):

- About three quarters of respondents with children under 2 (72.5%, n=79) reported breastfeeding within the first hour after birth. About 15% of respondents reported starting to breastfeed their child within the first day (19.1%, n=16) and less than 10% reported breastfeeding their child for the first time after a day (7.2%, n=7).
- Over a third of mothers with children between 12 and 23 months old reported still breastfeeding their child (38.4%, n=61).
- The mothers who reported that they were not breastfeeding their child anymore were asked for how long they had breastfed:
 - Over a third (37.0%, n=147) reported breastfeeding their child for 6 months or less
 - About a quarter (27.7%, n=108) reported breastfeeding their child between 6 months and a year
 - About a third (35.3%, n=167) reported breastfeeding their child between a year and two years.

Out of the mothers who reported to never have breastfed their child (n=134):

- About three quarters (75.6%, n=102) reported that they had no milk in their breasts
- About 10% reported that they either didn't have time or that it wasn't convenient (6.4%, n=8) or that they preferred giving their child formula (4.2%, n=5).

All mothers and caregivers were asked whether the child drank anything from a bottle with a nipple yesterday or the night before: about half of vulnerable Lebanese reported that it was the case (50.8%, n=227) compared to 40.5% of Syrian refugees (n=169). The difference is statistically significant (pvalue=0.003).

Mothers were also asked what types of food and liquids their child had during the previous day or the night before:

- Under half of respondents (45.5%, n=333) and about three quarters of the children under 6 months old (75.7%, n=72) reported that their child had drunk breastmilk in the past 24 hours.
 - The questions asked in this breastfeeding module were to try to understand breastfeeding practices and to determine the percentage of mothers who were exclusively breastfeeding their child (calculated by whether the child was ever breastfed and was still breastfed, given only breastmilk, had not drunk anything from a bottle with the nipple): about a quarter of mothers with children up to 6 months old (25.3%, n=26) are considered to exclusively breastfeed their child. The sample is too small to draw any conclusions between Lebanese and Syrian mothers of children under 6 months old.
- A third of respondents (33.0%, n=305) reported water intake
- About half of respondents reported having given their child infant formula: vulnerable Lebanese were 2.1 times more likely to use commercial formula (58.4%, n=215) than Syrian refugees (40.3%, n=150). The difference is statistically significant (pvalue=0.001).
- Under a fifth of respondents (15.1%, n=112) reported having given their child fortified and commercially available foods for infants, like Cerelac for example.
- Overall, vulnerable Lebanese mothers were more likely to give their child other foods:
 - Vulnerable Lebanese were 2.2 times more likely to give their child fruits or vegetables other than orange food, roots-based food, darkgreen vegetables or rich fruits (33.3%, n=139) than Syrian refugees (18.5%, n=75); pvalue=0.001.
 - Vulnerable Lebanese were 2.6 times more likely to give their child meat such as beek, pork, lamb, goat, chicken or duck and other than organ meat (23.1%, n=98) than Syrian refugees (10.4%, n=40); pvalue=0.001.
 - Vulnerable Lebanese were 2.0 times more likely to give their child milk products such as cheese or yogurts (18.0%, n=85) than Syrian refugees (10.0%, n=40); pvalue=0.027.
 - Vulnerable Lebanese were 1.8 times more likely to give their child dark green leafy vegetables (17.1%, n=80) than Syrian refugees (10.1%, n=37); pvalue=0.010.

- Vulnerable Lebanese were 2.2 times more likely to give their child any foods made from beans, peas, lentils or nuts (14.4%, n=49) than Syrian refugees (7.3%, n=26); pvalue=0.019.
- Vulnerable Lebanese were 4.3 times more likely to give their child fish (13.5%, n=47) than Syrian refugees (3.5%, n=11); pvalue=0.001.
- Vulnerable Lebanese were 2.8 times more likely to give their child rich fruits like mangoes or papayas (7.5%, n=27) than Syrian refugees (2.8%, n=9); pvalue=0.009.

TABLE 4 – DETAILS ABOUT OTHER FOODS AND LIQUIDS GIVEN TO THE CHILD IN THE PREVIOUS DAY OR NIGHT BEFORE

| Type | Food or liquid | Nationality | Estimate | 95% CI Lower | 95% CI Upper | Design Effect | Unweighted Count |
|-------------------|----------------------|-------------|----------|--------------|--------------|---------------|------------------|
| Primary | Infant formula | LEB | 58.4% | 49.9% | 66.3% | 2.641 | 215 |
| | | SYR | 40.3% | 34.3% | 46.7% | 1.690 | 150 |
| | Breast milk | | 45.5% | 40.9% | 50.1% | 1.696 | 333 |
| | Plain water | | 33.0% | 27.9% | 38.5% | 2.515 | 305 |
| | Fortified child food | | 15.1% | 1.4% | 12.5% | 18.2% | 1.252 |
| | Porridge gruel | | 2.1% | 0.9% | 5.0% | 3.334 | 16 |
| Secondary | Milk | | 62.8% | 58.0% | 67.3% | 1.849 | 457 |
| | Grain food | | 41.1% | 36.2% | 46.2% | 2.030 | 330 |
| | Other fruits | LEB | 33.3% | 27.0% | 40.3% | 1.881 | 139 |
| | | SYR | 18.5% | 13.8% | 24.3% | 1.876 | 75 |
| | Other liquids | | 23.2% | 20.1% | 26.7% | 1.236 | 208 |
| | Roots food | | 22.5% | 19.2% | 26.2% | 1.377 | 169 |
| | Sugary foods | | 17.1% | 13.1% | 22.1% | 2.760 | 172 |
| | Any meat | LEB | 23.1% | 17.1% | 30.5% | 2.371 | 98 |
| | | SYR | 10.4% | 7.2% | 14.8% | 1.565 | 40 |
| | Milk product | LEB | 18.0% | 13.0% | 24.4% | 2.035 | 85 |
| | | SYR | 10.0% | 6.5% | 15.1% | 2.031 | 40 |
| | Green vegetables | LEB | 17.1% | 12.9% | 22.2% | 1.430 | 80 |
| | | SYR | 10.1% | 7.5% | 13.4% | 0.992 | 37 |
| | Eggs | | 12.8% | 9.6% | 16.9% | 2.369 | 111 |
| | Orange food | | 11.7% | 9.1% | 14.8% | 1.569 | 81 |
| | Beans lentils | LEB | 14.4% | 9.5% | 21.4% | 2.640 | 49 |
| | | SYR | 7.3% | 4.8% | 10.8% | 1.322 | 26 |
| | Tea or coffee | | 10.2% | 7.6% | 13.5% | 1.846 | 93 |
| | Fish | LEB | 13.5% | 8.5% | 20.8% | 2.968 | 47 |
| | | SYR | 3.5% | 1.7% | 7.1% | 2.016 | 11 |
| | Oil fat | | 5.9% | 3.7% | 9.2% | 2.545 | 41 |
| | Rich fruits | LEB | 7.5% | 4.7% | 11.5% | 1.487 | 27 |
| | | SYR | 2.8% | 1.5% | 5.1% | 1.145 | 9 |
| | Organ meat | | 2.2% | 1.2% | 4.0% | 1.637 | 16 |
| Other solid foods | | 1.3% | 0.7% | 2.3% | 0.926 | 21 | |

Vaccinations⁸

This vaccination section was only asked from children older than one year old.

The majority of respondents reported having vaccination cards for their child: vulnerable Lebanese were more likely to have them (92.6%, n=329) compared to Syrian refugees (79.6%, n=273); pvalue=0.001.

⁸ More raw data is available for this section (and can be requested) but it could not be interpreted because the eligibility of each vaccine was missing.

The two main reasons for not having a vaccination card mentioned was that the card was lost (23.2%, n=19) or that the child had not been vaccinated (17.4%, n=19).

There were statistically significant differences between the Bekaa and Medair's AOI for three vaccines:

- Respondents in the Bekaa were 1.7 times more likely to have received the polio booster 2 vaccine (26.2%, n=92) compared to respondents in Medair's AOI (17.4%, n=62); pvalue 0.041.
- Respondents in the Bekaa were 1.5 times more likely to have received the MMR vaccine (68.6%, n=269 for the first dose and 51.1%, n=193 for the second dose) compared to respondents in Medair's AOI (57.3%, n=243 for the first dose and 41.0%, n=176 for the second dose). The difference between the two groups is statistically significant (pvalue=0.033 for MMR1 and pvalue= 0.043 for MMR2).

Respondents were also asked about children vaccination by recall for those who didn't have a card:

- About two thirds of respondents reported recalling that their child being vaccinated against measles: vulnerable Lebanese were more likely to recall this (74.2%, n=93) compared to Syrian refugees (60.2%, n=82); pvalue=0.045.
- About two thirds of respondents concerned reported recalling that their child being vaccinated against polio (70.8%, n=191)
- About a quarter of respondents reported recalling their child being vaccinated with a DPT booster: vulnerable Lebanese were more likely to recall this (40.5%, n=48) compared to Syrian refugees (13.9%, n=18); pvalue=0.001.

Reproductive Health

Access to Reproductive Health Services

Women were asked about their knowledge of reproductive health services in their community.

When asked about which types of reproductive health services were available in their community:

- About three quarters of respondents mentioned that antenatal care (ANC) was available (77.6%, n=639)
- About two thirds of respondents mentioned that postnatal care (PNC) was available: vulnerable Lebanese were 1.6 times more likely to mention the availability of PNC services (69.3%, n=292) than Syrian refugees (58.2%, n=240). The difference is statistically significant (pvalue=0.026).
- About a quarter of respondents mentioned that family planning services (including contraceptive methods) were available (23.0%, n=235)
- About 10% of respondents mentioned that no reproductive health services were available in the community (11.5%, n=78)
- About 5% of respondents reported not knowing about the presence or not of reproductive health services available in the community (5.2%, n=35)

Women who reported knowing about the availability of reproductive health services in the community were asked about the locations in which those services could be accessed in their community:

- Respondents in Medair's AOI were 2.0 times more likely to mention SDCs as places to seek reproductive health care services (34.9%, n=208) compared to respondents in the entire Bekaa (21.4%, n=125). The difference is statistically significant (pvalue<0.001).
- The locations in which reproductive health services could be found that were mentioned also were dependent on the respondents' nationality:
 - Vulnerable Lebanese were 2.5 times more likely to mention private clinics as places to seek reproductive health services (62.5%, n=231) than Syrian refugees (40.4%, n=121). The difference is statistically significant (pvalue<0.001).
 - In the Bekaa, Syrian refugees were 3.2 times more likely to mention SDCs as places to seek reproductive health services (30.2%, n=91) than vulnerable Lebanese (11.9%, n=34). The difference is statistically significant (pvalue<0.001).

- Syrian refugees were 2.4 times more likely to mention health centers as places to seek reproductive health services (26.3%, n=109) than vulnerable Lebanese (12.7%, n=66). The difference is statistically significant (pvalue<0.001).
- Vulnerable Lebanese were 3.0 times more likely to mention hospitals as places to seek reproductive health services (21.0%, n=78) than Syrian refugees (8.2%, n=37). The difference is statistically significant (pvalue=0.005).
- Syrian refugees were 7.7 times more likely to mention Medair community midwives as a way to seek reproductive health services (2.8%, n=11) than vulnerable Lebanese (0.4%, n=2). The difference is statistically significant (pvalue=0.022).

The majority of women interviewed reported that they felt comfortable accessing reproductive health services (85.4%, n=669) and that they were able to access these services when it was needed (79.7%, n=650).

The three main reasons given for not being comfortable or not being able to access reproductive health services were the following:

- Financial situation of the household (30.7%, n=49)
- Unavailable services in the community (12.6%, n=20)
- Services are not needed (7.7%, n=11)

Women were also asked about practices regarding reproductive health services in the previous six months: Syrian refugees were more likely to report that they had sought reproductive health services in the past 6 months (58.4%, n=185) than vulnerable Lebanese (32.3%, n=146). The difference is statistically significant (pvalue=0.003).

Out of those who reported having sought reproductive health services (n=331):

- 75.3% (n=236) of respondents reported having received ANC services
- 51.5% (n=179) of respondents reported having received PNC services
- 15.6% (n=73) of respondents reported having received FP services

When asked about where reproductive health services had been sought, the difference was statistically significant between both groups (pvalue<0.001):

- Vulnerable Lebanese were more likely to mention private clinics (68.0%, n=96) or hospitals (17.6%, n=26) than Syrian refugees (32.3%, n=51 for private clinics and 6.9%, n=16 for hospitals)
- Syrian refugees were more likely to mention SDCs (34.0%, n=53) and health centers (20.7%, n=56) than vulnerable Lebanese (8.5%, n=9 for SDCs and 3.1%, n=12 for health centers).

Overall, the majority of respondents reported paying for reproductive health services (88.0%, n=281) and reported being either satisfied or very satisfied with the services received (93.8%, n=311).

Refugee Pregnancy

Syrian refugees were asked about where they received services for the birth of their child and the majority of respondents reported receiving care in Lebanon:

- 83.1% (n=320) reported receiving ANC in Lebanon and 15.6% (n=56) in Syria; 1.2% (n=4) reported not receiving any antenatal care.
- 83.7% (n=321) reported giving birth in Lebanon and 16.3% (n=59) in Syria
- 82.1% (n=317) reported receiving PNC in Lebanon and 12.3% (n=45) in Syria; 5.6% (n=18) reported not receiving any postpartum care.

When asked about the reasons why they returned to Syria to give birth:

- About three quarters (75.8%, n=45) reported that they were living in Syria at the time
- 8.6% (n=5) reported that they had family in Syria
- 7.4% (n=4) reported that they wanted to register the child immediately in Syria
- 6.7% (n=5) reported that the delivery costs in Lebanon were too expensive
- 4.0% (n=2) reported being stuck at the border while pregnant

Antenatal Care

Women who reported being mothers of children under 5 (n=760) were asked if they had seen anyone for antenatal care (ANC) during their pregnancy with their youngest child: the majority responded positively (85.9%, n=669).

Out of those, follow-up questions were asked about who had performed the ANC visits:

- The majority of respondents reported receiving ANC from doctors. Vulnerable Lebanese were 5.0 times more likely to have received ANC from doctors (96.9%, n=319) compared to Syrian refugees (86.2%, n=270). The difference is statistically significant (pvalue<0.001)
- However, Syrian refugees were 8.0 times more likely to report having received ANC from midwives (9.4%, n=45) than vulnerable Lebanese (1.3%, n=18). The difference is statistically significant (pvalue<0.001).
- Only Syrian refugees mentioned receiving ANC from trained birth attendants (1.6%, n=7) or trained Syrian midwives (1.4%, n=11).
- About 5% of respondents (5.5%, n=33) mentioned receiving ANC from nurses.

Out of the women who reported having received ANC, follow-up questions were asked about where they had gone:

- Vulnerable Lebanese were 2.4 times more likely to report receiving ANC at a private clinic (51.3%, n=184) compared to Syrian refugees (30.1%, n=89). The difference is statistically significant (pvalue<0.001).
- About a fifth of respondents (21.6%, n=164) reported that they had received ANC at their residence
- Vulnerable Lebanese were 2.5 times more likely to report receiving ANC at a hospital (28.3%, n=93) compared to Syrian refugees (13.5%, n=50). The difference is statistically significant (pvalue=0.002).
- Syrian refugees were 7.1 times more likely to report receiving ANC at a health center (31.6%, n=119) than vulnerable Lebanese (6.2%, n=29). The difference is statistically significant (pvalue<0.001).
- Only Syrian refugees mentioned going to the midwife's residence for ANC (2.7%, n=7)
- Respondents also mentioned receiving ANC at private hospitals (2.2%, n=14), at certified midwives clinic (1.6%, n=8) or at other NGO clinics (0.6%, n=4).

Out of the women who reported having received ANC, additional questions were asked about when they went for their first and last ANC visits, as well as the number of times they sought antenatal care:

- Vulnerable Lebanese were more likely to have sought ANC early during the first trimester than Syrian refugees and that difference is statistically significant (pvalue<0.001).
 - Overall, 96.3% (n=320) of vulnerable Lebanese went to seek ANC during their first trimester, compared to 84.8% (n=278) of Syrian refugees.
 - About two thirds of vulnerable Lebanese (62.4%, n=195) went for ANC during their first month, compared to under half of Syrian refugees (42.0%, n=127).
- The majority of respondents (82.0%, n=554) went to their last ANC visit during the last month of their pregnancy.
- About three quarters of respondents reported going to 4 or more visits: vulnerable Lebanese were more likely to have gone for 4 or more ANC visits (86.2%, n=286) compared to Syrian refugees (65.2%, n=169).

When looking at all the respondents in the survey and the number of antenatal care visits, there was a statistically significant difference between vulnerable Lebanese and Syrian refugees (pvalue<0.001):

- About two thirds of respondents reported going to 4 ANC visits or more: 71.8% (n=286) of vulnerable Lebanese compared to 52.6% (n=217) of Syrian refugees.
- About a fifth of respondents reported going to less than 4 ANC visits: 11.5% (n=55) of vulnerable Lebanese compared to 28.1% (n=111) of Syrian refugees
- Under a fifth of respondents reported not having received ANC (18.0%, n=123).

Vulnerable Lebanese were 2.8 times more likely to report having taken folic acid during their pregnancy (68.0%, n=223) compared to Syrian refugees (42.9%, n=143). The difference is statistically significant (pvalue<0.001).

Giving Birth in a Health Facility

When asked where the mothers gave birth to their child:

- Over three quarters of respondents mentioned going either to the hospital (65.0%, n=474) or to a private hospital (17.1%, n=130).
- Less than 5% of respondents reported giving birth in their home (4.6%, n=32)
- Respondents also reported giving birth in private clinics (3.9%, n=29) and health centers (3.2%, n=61)
- Syrian refugees were more likely to mention having given birth in a midwife's residence (5.7%, n=18) or in a certified midwife clinic (3.8%, n=12) than vulnerable Lebanese (0.3%, n=1 for the midwife's residence and 0.3%, n=2 for the certified midwife clinic).

Out of those who did not give birth to their child in a hospital (51 cases), the following reasons were given:

- Going to a hospital was not deemed necessary by 28.8% of respondents (n=14)
- Going to a hospital was not considered too expensive by 15.1% of respondents (n=7)
- 11.4% of respondents (n=7) reported that their labor was quick
- Syrian refugees mentioned that they were not able to find transportation (16.3% of Syrians, 11.1% of respondents, n=6) and that the hospital was too far away (13.4% of Syrians, 9.1% of respondents, n=5)
- 6.4% of respondents (n=3) reported being afraid they would have a C-section at the hospital, 6.3% (n=3) reported wanting to keep with traditions. Syrian refugees also mentioned that they had done the same in Syria previously (6.5% of Syrians, 4.4% of respondents, n=2).
- 6.0% of respondents (n=3) reported not knowing where a clinic was.
- Vulnerable Lebanese mentioned that they had heard negative information about the hospital (11.2% of Lebanese, 3.6% of respondents, n=2)

Although this was not mentioned in the Bekaa survey, Syrians refugees mentioned not going to the hospital because they were not registered with UNHCR (8.2% of respondents, n=3) in Medair's AOI.

Over a third of respondents who had given birth at home reported having received a post-partum check at a clinic after delivery: vulnerable Lebanese were 12.8 times more likely to receive one (75.9%, n=13) than Syrian refugees (19.7%, n=6). This difference is statistically significant (pvalue<0.001). There were some issues in how the questions were asked which generated contradicting responses: some respondents reported not receiving a first post-partum but the timeframe of 24 hours is selected.

Mothers were also asked about the person who assisted with the birth of their child:

- Vulnerable Lebanese were 6.9 times more likely to be assisted by doctors (96.2%, n=367) compared to Syrian refugees (78.6%, n=286). The difference is statistically significant (pvalue<0.001).
- About a quarter of respondents (25.5%, n=226) reported having their birth assisted by a nurse.
- Syrian refugees were 5.2 times more likely to be assisted by a Lebanese trained midwife (10.9%, n=43) and 11.7 times more likely to be assisted by a Syrian trained midwife (4.6%, n=43) than vulnerable Lebanese (2.3%, n=37 for Lebanese midwives and 0.4%, n=10 for Syrian ones). These differences are statistically significant (pvalue<0.001).
- Syrian refugees were 4.1 times more likely to be assisted by a trained traditional birth attendant (TBA) (3.5%, n=11) and 4.8 times more likely to be assisted by a TBA (3.0%, n=10) than vulnerable Lebanese (0.9%, n=3 for trained TBAs and 0.6%, n=4 for untrained ones). These differences are statistically significant (respectively, pvalue=0.019 and pvalue=0.025).
- Less than 1% of respondents were assisted by relative or friends (0.7%, n=13) or not assisted by anyone (0.2%, only one case reported)

About half of births are C-sections: vulnerable Lebanese are 2.5 times more likely to have a C-section (59.4%, n=215) compared to Syrian refugees (37.2%, n=119). The difference is statistically significant (pvalue<0.001). These rates are similar for first pregnancies, obtained by disaggregating the data by number of children (56.7% of vulnerable Lebanese and 35.7% of Syrian refugees).

Vulnerable Lebanese were also more likely to stay longer in the hospital after their delivery than Syrian refugees:

- 45.5% (n=157) of Syrian refugees reported staying less than 12 hours in the hospital post-delivery, compared to 23.2% (n=95) of vulnerable Lebanese.

- About a third of respondents (33.9%, n=228) reported staying between 13 and 24 hours in the hospital post-delivery.
 - 29.6% (n=106) of vulnerable Lebanese reported staying between 25 and 48 hours in the hospital post-delivery, compared to 18.2% (n=55) of Syrian refugees.
 - Less than 10% of respondents (7.8%, n=53) reported staying more than 2 days in the hospital post-delivery
- The difference in hospital stay length between the two groups is statistically significant (pvalue<0.001).

When looking at the length of hospital stay depending on the birth type, the difference is statistically significant (pvalue<0.001):

- Women who had a normal birth are more likely to stay less than 12 hours in the hospital (58.8%, n=219) compared to those who had a C-section (8.2%, n=33)
- About a third of women stay in the hospital between 13 and 24 hours (33.9%, n=228).
- Women who had a C-section are more likely to stay over one day in the hospital (41.4%, n=137 stay between 24 and 48 hours and 15.9%, n=52 stay over 49 hours) compared to women who had a natural delivery (respectively 7.6%, n=24 and 0.3%, n=1).

Respondents were asked about whether they paid for their hospital stay or not: Syrian refugees were more likely to report having paid for their hospital stay (94.7%, n=282) than vulnerable Lebanese (83.5%, n=306). The difference between the two groups is statistically significant (pvalue<0.001).

Postnatal Care

Women with children under 5 were also asked about the post-partum care they received after giving birth to their child in a hospital or a clinic.

Vulnerable Lebanese were 1.8 times more likely to have received a post-partum check at the clinic or the hospital prior to being discharged (83.5%, n=314) compared to Syrian refugees (73.5%, n=250). The difference between the two groups is statistically significant (pvalue=0.031).

Out of those who received a check before being discharged:

- About three quarters of respondents (72.5%, n=406) reported having their first post-partum check outside of the health facility within 24 hours of their discharge.
- Less than a fifth of respondents reported receiving that check within 72 hours (6.3%, n=31), between 7 and 14 days (8.9%, n=54) or after 14 days (7.2%, n=33)
- About 5% did not know when they received that check (5.1%, n=40).

All women who gave birth to a child were asked where they received their post-partum care:

- Syrian refugees were 2.0 times more likely to have received their PNC at their residence (61.3%, n=231) than vulnerable Lebanese (43.8%, n=201).
- Vulnerable Lebanese are 2.5 times more likely to have received their PNC at a hospital (25.9%, n=105) and 7.9 times more likely to have received it at a private hospital (6.6%, n=29) than Syrian refugees (12.0%, n=55 for hospitals and 0.9%, n=3 for private ones).
- 16.8% (n=120) reported receiving their PNC at a private clinic.
- Less than 10% reported receiving their PNC at a health center (7.3%, n=78).
- Syrian refugees were 8.5 times more likely to have received their PNC at a TBA residence (2.6%, n=9) than vulnerable Lebanese (0.3%, n=1).
- Respondents also reported receiving their PNC at a certified midwife clinic (1.0%, n=6), from other NGO clinics (0.4%, n=2) and from trained Syrian midwives (0.2%, n=2).
- All differences reported were statistically significant (pvalue=0.002 except for PNC at hospitals for which pvalue<0.001).

Women were asked if they received a second PNC check from a health care provider or a traditional birth attendant within two weeks of their delivery. Out of those who remembered (n=750), about a third responded positively (36.5%, n=300).

About two thirds of women reported that their child's health had been checked on after the delivery (69.4%, n=559). The majority of those checks happened within hours of the delivery (88.4%, n=503) and were done by

pediatricians (98.7%, n=288 for vulnerable Lebanese and 93.0%, n=249 for Syrian refugees). Less than 5% of Syrian refugees also mentioned that their child's health was checked by a community midwife (4.0%, n=9) compared to almost no vulnerable Lebanese, this difference was statistically significant (pvalue=0.003).

Family Planning/Child Spacing

Note: This entire module was only asked to mothers of children under 5 years old.

When asked how long after the birth of their child women should wait before trying to become pregnant again:

- Under half of mothers with children under 5 (48.4%, n=357) answered between 2 and 5 years
- About a third of mothers with children under 5 (36.6%, n=258) answered less than two years
- Vulnerable Lebanese were more likely to answer more than 5 years (11.4%, n=58) than Syrian refugees (5.9%, n=33); pvalue=0.002.
- Syrian refugees were more likely to report not knowing (10.0%, n=39) than vulnerable Lebanese (2.6%, n=21)

Mothers with children under 5 were also asked about known risks linked to close pregnancies:

- Syrian refugees were 3.7 times more likely to report that they did not know of pregnancy risks (16.0%, n=70) than vulnerable Lebanese (4.9%, n=19).
- Respondents reported risks to mothers linked to close pregnancies:
 - Under half of mothers (44.3%, n=175) reported fatigue risks
 - About a quarter (26.4%, n=102) reported risks of anemia
 - About 15% of mothers reported risks of miscarriage (15.8%, n=59) and potential death of the mother (14.8%, n=52)
 - About 10% of mothers (9.2%, n=34) reported risks of complications during the pregnancy like high blood pressure or bleeding
- Under a fifth of mothers reported various risks linked to close pregnancies for the child:
 - Risk of the child born too small (20.3%, n=74)
 - Risks of the child being born too early (13.4%, n=48)
 - Risks of the child dying (12.4%, n=44)
- Under 10% of mothers reported that there was no risk linked to close pregnancies (9.2%, n=30)

Under half of mothers of children under 5 reported (47.9%, n=376) reported that they were currently using a method to delay or avoid getting pregnant.

Out of those who reported not using any method to delay their pregnancies (n=374):

- Vulnerable Lebanese were 2.0 times more likely to report that they did not want to use birth control methods (36.7%, n=59) than Syrian refugees (21.7%, n=38). The difference was statistically significant (pvalue=0.014).
- Syrian refugees were 2.0 times more likely to report currently being pregnant (25.2%, n=51) and 1.9 times more likely to report being breastfeeding compared to vulnerable Lebanese (14.1%, n=30 for pregnancy and 14.1%, n=27 for breastfeeding). The differences are statistically significant (pvalue=0.031).
- Mothers in the Bekaa were 1.8 times more likely to mention that they wanted to become pregnant (15.4%, n=56) than in Medair's AOI (9.1%, n=41). The difference between the two areas is statistically significant (pvalue=0.034). However, there is no statistically significant difference between the Syrian and Lebanese populations.
- Syrian refugees were more 4.5 times more likely to report that they were not using any birth control method because their husband wanted more children (10.2%, n=18) compared to vulnerable Lebanese (2.5%, n=4). The difference is statistically significant (pvalue=0.005).
- Less than 5% reported that they did not use birth control method for religious reasons (3.8%, n=14) or that the birth control method they wanted to use was not available (1.2%, n=4)

Out of those who reported currently using a method to delay pregnancies (n=376):

- About a third of mothers reported using the pill (30.0%, n=107)
- About a quarter of mothers reported using an intra-uterine device (IUD) (22.5%, n=87)
- About a fifth of mothers reported using withdrawal as a method to delay pregnancies (20.6%, n=74)
- About 10% of mothers reported using condoms (10.7%, n=33 for male ones and 1.6%, n=6)

- Less than 10% of mothers reported using other methods: rhythm (6.8%, n=32), injectable (2.1%, n=7), diaphragm (1.6%, n=5), sterilization (1.2%, n=6 for male one and 0.7%, n=3 for female sterilization)
- Overall, about three quarters of mothers who reported using a method to delay pregnancies (74.6%, n=254) are using what are considered to be modern methods of contraception.

Overall, out of all mothers of children under 5 interviewed:

- About half (52.9%, n=391) reported not using any method to delay pregnancies
- About a third of them reported using a modern method of contraception (33.1%, n=254) and about 15% reported using other methods (13.9%, n=121)

Vulnerable Lebanese were 1.6 times more likely to report having planned their last pregnancy (46.6%, n=163) than Syrian refugees (35.7%, n=133). The difference is statistically significant (pvalue=0.017).

When asked where the mothers of children under 5 years old went to seek family planning services, there was a statistically significant difference between Lebanese and Syrian (pvalue<0.001) although both groups go to the same service providers:

- A third of mothers go to pharmacies (33.3%, n=110)
- Over a third of vulnerable Lebanese go to private clinics (36.8%, n=83) compared to over a fifth of Syrian refugees (22.2%, n=47)
- The percentages are opposite when it comes to seeking care in SDCs: over a third of Syrian refugees go to SDCs, whether they are supported by an NGO or not (36.7%, n=62), compared to a fifth of vulnerable Lebanese (21.8%, n=35)
- Vulnerable Lebanese are also more likely to go seek for family planning services in hospitals (10.1%, n=17) compared to Syrian refugees (1.8%, n=12).

Under half of mothers (40.8%, n=296) reported paying to receive family planning services.

About 5% of women (5.9%, n=55) reported that they were not able to receive services when they had sought them and under a third of responses are linked to their financial situation and the cost of these services (29.3%, n=16).

About a fifth of mothers of children under 5 reported having discussed family planning or family size with a community midwife, a nurse or a doctor in the past year (21.4%, n=192). About 5% of respondents (5.9%, n=55) reported not being able to receive family planning services despite having sought such services. The response to this question might not have been understood by all respondents given the answers to the follow-up question about the reasons why.

Family Health

Non-communicable Disease (NCDs)

11.6% (n=92) of respondents reported that one or more member(s) of their household had diabetes.

16.8% (n=132) of respondents reported that one or more member(s) of their household had high blood pressure.

Respondents were asked how they thought the risks of getting those diseases could be reduced:

- Respondents in the Bekaa area were 1.4 times more likely to mention reducing sugar intake as a way to reduce the risks of getting diabetes or high blood pressure (65.6%, n=498) compared to Medair's area of intervention (57.8%, n=472). The difference is statistically significant (pvalue=0.024).
 - In the Bekaa, vulnerable Lebanese were 1.6 times more likely to mention reducing sugar intake (71.2%, n=267) compared to Syrian refugees (60.5%, n=231). The difference is significant (pvalue=0.023).
- About half of respondents (50.9%, n=402) reported reducing salt intake
- Less than a third of respondents (29.9%, n=235) reported reducing stress or anger
- Vulnerable Lebanese (22.7%, n=87) were 2.1 times more likely to mention that eating healthy foods may reduce the risks of NCDs than Syrian refugees (12.1%, n=51). The difference is significant (pvalue<0.001).

- Vulnerable Lebanese (16.4%, n=61) were 2.0 times more likely to mention that to stop smoking may reduce the risks of NCDs than Syrian refugees (8.9%, n=36). The difference is significant (pvalue=0.022).
- Vulnerable Lebanese (10.1%, n=38) were 2.1 times more likely to mention that increasing exercise may reduce the risks of NCDs than Syrian refugees (5.0%, n=19). The difference is significant (pvalue=0.032).
- Less than 15% of respondents reported reducing the quantity of food eaten (9.4%, n=77) or reducing the quantity of meat eaten (4.4%, n=37) were methods to reduce the risk of NCDs.
- Reducing alcohol intake was only mentioned by less than 5% of vulnerable Lebanese (3.2%, n=11)
- Additionally:
 - Medicine was mentioned by 22.6% of respondents despite the fact that it is not a prevention method, but a treatment method.
 - 2.7% (n=19) of respondents did not mention any method and considered that nothing could be done to prevent non-communicable diseases such as diabetes and high blood pressure.
 - Syrian refugees were 3.6 times more likely to report not knowing prevention methods (14.9%, n=62) than vulnerable Lebanese (4.7%, n=22). The difference is statistically significant (pvalue<0.001).

Vulnerable Lebanese are more likely to have reported two or more methods to prevent the risk of NCDs (73.5%, n=277) than Syrian refugees (57.2%, n=226). Moreover, Syrian refugees (25.4%, n=104) are more likely to not know any method for reducing the risks of NCDs than vulnerable Lebanese (9.9%, n=62). The difference between the two groups is statistically significant (pvalue<0.001).

Over half of respondents with members of their family living with diabetes or high blood pressure reported that they had taken medication in the past two weeks (52.5%, n=88). When asked about the treatment cost, the responses differed between the Bekaa and Medair's AOI (pvalue=0.023):

- About two thirds of respondents in both areas (65.5% in Medair's AOI, n=67 and 62.6% in the Bekaa, n=51) reported paying for the treatment.
- About a quarter of respondents in Medair's AOI reported that the treatment was free (23.6%, n=22) and 10.8% (n=13) reported that it was subsidized. The numbers were almost opposite in the Bekaa: 11.5% (n=19) reported that the treatment was free and 25.9% (n=18) reported that the treatment was subsidized.
 - A little over half of households who reported having benefited from free or subsidized costs were more likely to have gone to a health clinic (SDC, health center or private clinic). The percentage of respondents to have gone to a health clinic was higher in Medair's AOI (69.9%, n=24) than in the overall Bekaa (47.8%, n=23), but no statistical conclusion can be drawn because of the small sample size.

If the medication was free or subsidized, the main three places where the medication was procured were pharmacies (37.7%, n=10), SDCs (28.5%, n=8) or health centers (19.0%, n=14).

Psychosocial Support Services

Women were asked about their knowledge of psychosocial support services in their community.

When asked about which types of psychosocial support services were available in their community:

- About three quarters of respondents reported that either they didn't know about the existence of any support services for those who felt sad, stressed, lonely, under pressure or affected by trauma or that those services didn't exist in their community (32.8%, n=228).
 - Syrian refugees were 2.0 times more likely to not know of any psychosocial support services available in their community (47.8%, n=201) compared to vulnerable Lebanese (31.3%, n=140). The difference is statistically significant (pvalue=0.001).
- Syrian refugees were 1.9 times more likely to mention support groups (13.0%, n=51) than vulnerable Lebanese (7.3%, n=30). The difference is statistically significant (pvalue=0.034).
- Vulnerable Lebanese were 2.9 times more likely to mention medicine (10.9%, n=46) than Syrian refugees (4.1%, n=14). The difference is statistically significant (pvalue=0.003).
- Less than 10% of respondents mentioned that either counseling (5.3%, n=49) or consultations were available in the community.
 - Vulnerable Lebanese were 5.3 times more likely to mention that consultations were available (8.1%, n=32) than Syrian refugees (1.6%, n=7). The difference is statistically significant (pvalue<0.001).

Women were also asked about the locations in which those services could be accessed in their community:

- Respondents in the Bekaa were 2.0 times more likely to mention specialized hospitals as places to seek psychosocial support services (9.1%, n=72) compared to respondents in Medair's AOI (4.7%, n=39). The difference is statistically significant (pvalue=0.042).
- Some of the locations in which to seek psychosocial support services mentioned also were dependent on the respondents' nationality:
 - Less than 10% of respondents (9.6%, n63) reported that psychosocial support could be found in religious institutions, whether mosques or churches
 - Less than 10% of respondents reported that psychosocial support could be found either in SDC clinics (4.8%, n=32) or from community health workers (3.0%, n=27).
 - Vulnerable Lebanese were 4.9 times more likely to mention clinics other than SDCs as places to seek psychosocial support services (16.3%, n=65) than Syrian refugees (3.8%, n=16). The difference is statistically significant (pvalue<0.001).
 - Vulnerable Lebanese were 6.2 times more likely to mention specialized hospitals as places to seek psychosocial support services (15.8%, n=62) than Syrian refugees (3.0%, n=10). The difference is statistically significant (pvalue<0.001).
 - Syrian refugees were 3.1 times more likely to not know where to seek psychosocial support services (73.8%, n=298) than vulnerable Lebanese (47.4%, n=198). The difference is statistically significant (pvalue<0.001).

Vulnerable Lebanese were 1.6 times more likely to report being comfortable with accessing psychosocial support services (61.5%, n=218) than Syrian refugees (50.2%, n=184). The difference is statistically significant (pvalue=0.047).

Vulnerable Lebanese were also more likely to report being able to access psychosocial support services (53.2%, n=201) than Syrian refugees (38.6%, n=149). The difference is statistically significant (pvalue=0.011).

The main reasons given for not being comfortable or not being able to access psychosocial health services (382 cases) were the following:

- Financial situation of the household (11.6%, n=42)
- Services are not known (8.9%, n31), not needed (8.4%, n=28) or not liked (7.4%, n=25)
- Unavailable services in the community (7.3%, n=27)

When asked about experience of feeling sad, stressed, lonely, under pressure or affected by trauma in the past six months, over half of respondents were concerned and those in Medair's AOI were more likely to report such feelings (63.4%, n=483) compared to respondents in the entire Bekaa (51.4%, n=406).

Disabilities within families

Over 5 years old

Less than 5% of respondents (3.9%, n= 53) reported that a household member, older than 5 years old was living with a disability. Out of those:

- In the Bekaa, 17.1% (n=10) of respondents mentioned that the disability was linked to a visual impairment, compared to only 2.2% (n=1) of respondents in Medair's AOI.
- 11.4% (n=4) of respondents mentioned hearing impairments, 12.3% (n=3) mentioned speech or language impairment and 15.4% (n=4) mentioned cognition difficulties such as intellectual disability, emotional disturbance or learning disabilities.
- 40.0% (n=13) of respondents mentioned that the disability was linked to mobility such as an orthopedic impairment or difficulty walking or climbing steps and 9.6% (n=4) mentioned that the disability had an impact on selfcare.

Under 5 years old

Out of all the children under 5 years old recorded, less than 5% (2.1%, n=30) were reported to live with a disability.

Out of those:

- 29.7% (n=7) of children had a visual impairment, 10.5% (n=3) had cognition difficulties and 10.1% (n=2) had communication issues.
- 39.7% (n=9) of children had mobility difficulty and 5.3% (n=1) lacked the ability to care for themselves.

The numbers observed are too small and the confidence intervals are too large in this section to draw any meaningful conclusions regarding differences between groups.

Water, Sanitation and Hygiene

When asked about the main source of drinking water for the household, there was a statistically significant difference between the groups (pvalue<0.001):

- Vulnerable Lebanese were more likely to report that their main source of drinking water was piped water into their dwelling (52.9%, n=192) compared to Syrian refugees living either in non-IS (32.5%, n=66) or in IS (8.3%, n=11).
- About a fifth of respondents (20.1%, n=133) reported that their main source of drinking water comes from tube wells or boreholes.
- About 15% of respondents (16.9%, n=125) reported that their main source of drinking water is bottled water
- Syrian refugees in IS were more likely to report that their main source of drinking water was from water trucking (42.0%, n=76) compared to Syrians in non-IS (16.2%, n=61) or vulnerable Lebanese (5.5%, n=62)
 - Out of these, about a third reported refilling their tank the same day (31.1%, n=13)
 - About a quarter reported refilling their tank the day before (23.7%, n=25)
 - About 15% of respondents reported other times: over a day ago (15.0%), over a week ago (17.3%) or over a month ago (17.3%)
- About 5% of respondents (6.0%, n=44) reported that their main source of drinking water was a public water tap or a standpipe.

The majority of respondents (88.8%, n=706) reported having a personal tank for their households. There was a statistically significant difference between the groups (pvalue<0.001):

- Syrian refugees were more likely to report using a 1000L tank for their water storage (71.1%, n=271) than vulnerable Lebanese (57.7%, n=224)
- Vulnerable Lebanese were more likely to report using a 5000L tank for their water storage (28.4%, n=123) than Syrian refugees (8.1%, n=40)
- Syrian refugees were more likely to report not having a tank (7.7%, n=25) or sharing a tank (7.0%, n=31) for their water storage than vulnerable Lebanese (0.7%, n=6 for sharing one and 0.6%, n=2 for not having one)

When asked how often the households filled their water tanks, the difference between the groups is statistically significant (pvalue=0.001):

- Syrian refugees were more likely to report filling up their tanks weekly (66.0%, n=250) compared to vulnerable Lebanese (49.5%, n=205)
- About a fifth of respondents reported filling up their tank either once a month (10.6% n=72) or twice a month (10.9%, n=84)
- Vulnerable Lebanese were more likely to report filling it daily (15.2%, n=51) compared to Syrian refugees (4.9%, n=16)

Women were also asked about whether the water they use is treated in any way to make it safer for drinking:

- Vulnerable Lebanese were 2.6 times more likely to treat their water (28.3%, n=115) compared to Syrian refugees (13.3%, n=69). The difference is statistically significant (pvalue=0.001).

- About two thirds of respondents reported treating their drinking water the same day (60.9%, n=120). The rest either reported treating their water over a day ago (12.4%), a week ago (13.1%) or a month ago (13.5%) (n=18 in all three cases).
- Out of those who treat their drinking water (n=184):
 - Over half of respondents (56.6%, n=108) reported adding bleach, chlorine or aquatabs
 - About a quarter of respondents (23.9%, n=42) reported using a filter
- Less than 10% reported boiling their water (8.8%, n=23)
- Less than 10% reported not knowing the treatment method used (8.9%, n=12)

The majority of respondents reported having soap. Syrian refugees were 13.2 times more likely to not have soap (14.0%, n=47) than vulnerable Lebanese (1.2%, n=5). The difference is statistically significant (pvalue<0.001). Out of those who do have soap, the majority reported using it the same day or the day before (97.7%, n=727).

Out of those who reported using soap (n=740) and because the question was asked as a single choice:

- Under a third of respondents reported using the soap to wash their hands (29.8%, n=234): after going to the toilet (22.3%), after cleaning their children (4.3%), before feeding their child (1.9%), before preparing food (1.2%) and before eating (0.9%)
- About a quarter of respondents reported using the soap to wash their child (27.7%, n=215)
- About a fifth of respondents reported using the soap to wash their body (20.4%, n=136)
- Under a fifth of respondents reported using the soap to wash clothes (18.0%, n=115)

When asked about toilet facilities, there was a statistically significant difference between groups (pvalue<0.001):

- Vulnerable Lebanese were more likely to report using flush toilets (88.6%, n=362) than Syrian refugees living in non-IS (69.8%, n=173) or in IS (29.8%, n=61)
- Syrian refugees living in IS were more likely to report using a simple pit latrine (25.1%, n=31), an open pit (20.2%, n=27) than Syrian refugees living in non-IS (7.1%, n=15 for the open pit and 5.5%, n=13 for the simple pit latrine) or vulnerable Lebanese (0.9%, n=3 for simple pit latrine and 0.3%, n=1 for open pit).
- Syrian refugees were more likely to report using a ventilated improved pit latrine (9.6%, n=34) than vulnerable Lebanese (2.4%, n=8)
- Less than 10% of respondents reported using either a piped sewer system (5.7%, n=39) or a septic tank (2.2%, n=15)

When asked whether there was soap, detergent or locally used cleansing agent:

- Soap was reported to be available for over half of respondents (53.6%, n=375)
- Vulnerable Lebanese were more likely to report having detergent (43.4%, n=205) compared to Syrian refugees (35.9%, n=111 for those in non-IS and 17.3%, n=42 for those in IS)

Out of those who agreed to show the enumerator their toilet facility (84.6%, n=675):

- Syrian refugees in IS were more likely to have a mud path between their dwelling and their latrine (30.1%, n=34) compared to Syrian refugees in non-IS (9.5%, n=16) and vulnerable Lebanese (0.7%, n=2)
- Vulnerable Lebanese were more likely to have a path well worn (65.8%, n=213) compared to Syrian refugees (31.2%, n=107)
- Under a third of respondents had either a clear path between their dwellings and toilet facility (20.7%, n=172) or a clear entrance with a door unlocked (6.9%, n=41)
- About 10% of respondents had obstacles in the path to their toilet facilities: either waste on the path (3.4%), an obstructed entrance (3.2%), a locked door (2.8%), dense vegetation (1.5%) or major potholes (1.1%)
- Enumerators were more likely to report fecal matter being present inside toilet facilities of Syrian refugees (20.5%, n=62) than in those of vulnerable Lebanese (6.5%, n=20).

DISCUSSION

Key Findings and comparison with other data sources by theme

Interpretation around health seeking behaviors in the Bekaa

TABLE 5 – COMPARISON OF SOME HEALTH SEEKING BEHAVIORS INDICATORS

| Survey | KPC 2017 ⁹ | | VaSYR 2017 ¹⁰ |
|--|---|---------------------------|--|
| % reported health services access when needed | 88.8% | | 89% |
| % reported paying for health services out of those who accessed them Average price paid to receive services | 88.7% in the past year Mean: USD 104 Mean cost breakdown by location: - Hospital: USD 315 - Private clinic: USD 83 - SDC: 49 - Medair CMW: USD 32 - Health center: USD 21 | | 53% in the previous calendar month. Mean: USD 154 (median: USD 75) |
| % visits by health facility type | Bekaa SDC (29.0%) Health center (Syr: 34.7%, Leb: 15.8%) Private clinic (Leb: 37.6%, Syr: 16.1%) Hospitals (Leb: 25.2%, Syr: 16.6%) | AOI SDC (40.9%) | Primary health care outlet (80%) Private doctor/clinic (16%) Mobile medical unit (2.4%) Other (1.7%) <i>Note: 24% reported requiring access to secondary or tertiary health care</i> |
| % reasons of not going to health facilities | Unnecessary (47.5%) Expensive costs (17.1%) Uncertainty about where to go (14.6%) Distance (10.3%) and lack of transportation (2.4%) Negative information about the facility (6.0%) | | Cost of drugs (33%) Consultation fees (33%) Uncertainty about where to go (17%) Not being accepted at the facility (14%) |

1. Syrian refugees were more likely to seek health services at health centers or SDCs and vulnerable Lebanese were more likely to seek health services at private clinics and hospitals. This breakdown is also corroborated by other surveys done in the country (Lyles, 2016).
2. The majority of respondents who went to health facilities when they were sick reported paying for health services (almost 90%). This number is higher than other reported out-of-pocket expenditure rates in the country: about two thirds of refugee and three quarters of host community households (Lyles, 2016).
3. Over half of respondents reported getting their health advice from friends and family members: for example, mother (about a quarter of respondents), husband (about 15%), sister (about 10%).
4. Less than 5% reported getting their advice from other health staff: nurses or midwives, community health workers, Medair community midwives or traditional birth attendants.
5. Overall, vulnerable Lebanese were more likely to receive health messages than Syrian refugees:
 - a. Eight times more from the internet, about a third of respondents
 - b. Four times more from automatic SMS messages, about a quarter of respondents

⁹ KPC 2017 refers to the Medair KPC survey conducted in 2017, for which this report is written

¹⁰ VaSYR 2017 refers to the yearly vulnerability assessment done throughout Lebanon and across sectors

c. Twice more from the television, about 40% of respondents

Interpretation around child health in the Bekaa

TABLE 6 - COMPARISON OF SOME CHILD HEALTH INDICATORS

| Survey | KPC 2017 | UNHCR 2017 ¹¹ | VaSYR 2017 |
|--|--|---|--|
| % children reported sick in past 2 weeks Breakdown by ailment | 73.9% (for children under5) 77.5% (for children under2) Breakdown by ailment: - Cough (57.1%) - Difficult/fast breathing (22.0%) - Fever (Syr: 51.9%, Leb: 42.8%) - Diarrhea (Syr: 31.3%, Leb: 20.2%) - Blood in stool (1.2%) - Convulsions (1.4%) | | 34% (for children under2) Breakdown by ailment: - Fever (25%) - Cough (20%) - Diarrhea (12%) |
| % vaccination card or booklet ¹² | Leb: 92.6%, Syr: 79.6% | 87% Out of which: - Polio (83%) - Injectable (84%) | |
| % did not pay for vaccines | | UNHCR supported clinics: 50%, health facilities: 28% | |

1. A little over half of mothers with children who had diarrhea, cough or difficulty breathing in the past two weeks sought advice or care at a health facility: Lebanese were more likely to go to private clinics and Syrian refugees were more likely to go to SDCs.
2. About a third of mothers of children with diarrhea and over a third of mothers of children with cough or difficulty breathing reported reaching out to others places than health facilities for advice or treatment: the majority of this group reported going to pharmacies.
3. Overall, about three quarters of mothers reported that their child with diarrhea was treated either with ORS or zinc in the past two weeks. However less than 5% of respondents reported using ORS and zinc combined.
4. There was a statistically significant difference between where mothers went to seek care for diarrhea and the likeliness of giving ORS as a way to treat their child diarrhea: about half of mothers who went to health facilities or other places such as pharmacies reported giving ORS to their child, compared to 15% of those who didn't go anywhere.
5. Whether the child was breastfed or not, given other fluids or not, mothers reported giving less fluids to their child when they had diarrhea.
6. There were statistically significant differences between the Bekaa and Medair's AOI regarding coverage for three vaccines: the coverage was about 10% lower in Medair's AOI for the polio booster 2 and both doses of the MMR vaccine.

¹¹ UNHCR 2017 refers to a yearly phone survey conducted by UNHCR around access of refugees to health services

¹² Note on places where vaccines were received: before arriving in Lebanon (28%), mobile clinics (13%), clinics (61%, of which 28% went to a UNHCR supported facility) (UNHCR, 2017)

Interpretation around reproductive health practices and services in the Bekaa

TABLE 7 - COMPARISON OF SOME REPRODUCTIVE HEALTH INDICATORS

| Survey | KPC 2017 | UNHCR 2017 |
|---|--|--|
| % received ANC services during last pregnancy | 77.6% Note: 85.9% reported having seen someone for antenatal care. 4 visits or more (Leb: 71.8%, Syr: 52.6%) | 74% 4 visits or more (41%) |
| % home deliveries and reasons mentioned | 8.4% ¹³ (4.6% for respondent's residence) Reasons mentioned: - not deemed necessary (28.8%) - too expensive (15.1%) - quick labor (11.4%) - lack of transportation (11.1%) - distance (9.1%) - not registered with UNHCR (8.2%, mentioned in Medair's AOI survey) - afraid of hospital C-section (6.4%) - keeping with traditions (6.3%) - not knowing clinic location (6.0%) - negative information about the facility (3.6%) | 4% Reasons mentioned: - not having a care-giver for existing children (62%) - availability of a midwife (37%) |
| % women who did not pay out of those who delivered in a health facility | Leb: 16.2%, Syr: 5.3% | 7% <i>Note: received UNHCR financial support (73%)</i> |
| % c-sections out of deliveries in health facilities | Leb: 59.4%, Syr: 37.2% | 31% |
| % received PNC services and reasons mentioned for not having sought PNC services | Leb: 69.3%, Syr: 58.2% | 28% Reasons mentioned: - not deemed necessary (74%) - inability to afford fees (22%) |
| % reported receiving FP services | 23.0% | |
| % reported use of family planning method Breakdown of FP method used and reasons for not using FP methods. | 47.9% Breakdown of method used: - Contraceptive pills (30.0%) - IUDs (22.5%) - Condoms (12.3%) - Traditional methods (29.6%) Reasons for not using FP: - Currently pregnant (20.1%) - Breastfeeding (19.3%) - Planning for pregnancy (15.4%) - Not wanting to use FP (28.7%) | 48% Breakdown of method used: - Contraceptive pills (39%) - IUDs (23%) - Condoms (11%) - Traditional methods (25%) Reasons for not using FP: - Planning for pregnancy (25%) - Not in reproductive age (17%) - Lack of knowledge about FP or where to obtain services (4%) |

Note: The relatively low use of family planning services and methods have been found to be linked to “the unaffordability of contraceptives in the Lebanese privatized health system compared to their free provision in Syria”. (Kabakian-Khasholian, 2017)

¹³ This number includes deliveries at a midwife's residence in home deliveries

1. Out of those who reported not being comfortable or able to access reproductive health services, the main reasons given were the financial situation of the household (about a third of cases) and unavailable services in the community (about 10%). Overall, about 10% of respondents mentioned that no reproductive health services were available in the community and about 5% of respondents reported not knowing about the presence or not of reproductive health services available in the community.
2. Respondents in Medair's AOI were about twice more likely to mention SDCs as places to seek reproductive health care services compared to respondents in the Bekaa (about a fifth of women interviewed there). Moreover, Syrian refugees were more likely to mention SDCs and health centers (about half of Syrians and about 10% of Lebanese).
3. Syrian refugees were almost eight times more likely to mention Medair community midwives as a way to seek reproductive health services than vulnerable Lebanese. However, the overall percentage of women who reported the Medair community midwives was less than 5%. Syrian refugees were eight times more likely to report having received ANC from midwives (about 10%) than vulnerable Lebanese and about 5% of women mentioned receiving ANC from nurses.
4. Vulnerable Lebanese were about three times more likely to report having taken folic acid during their pregnancy (about two thirds of Lebanese) compared to Syrian refugees (about 40% of Syrians).
5. About a fifth of respondents reported having discussed family planning or family size with a community midwife, a nurse or a doctor in the past year. About 40% reported paying for FP services and a third of mothers go to pharmacies.
6. About a fifth of mothers reported using withdrawal as a method to delay pregnancies.
7. About half of births are C-sections: vulnerable Lebanese are about twice more likely to have a C-section (about 60%) compared to Syrian refugees (about a third). These rates are similar for first pregnancies (over half of vulnerable Lebanese and about a third of Syrian refugees).

Interpretation around family health knowledge and behaviors in the Bekaa

TABLE 8 - COMPARISON OF SOME FAMILY HEALTH (CHRONIC CONDITIONS, NCD, PSS) INDICATORS

| Survey | KPC 2017 | UNHCR 2017 | VaSYR 2017 |
|--|---|---|---|
| % HHs with at least one member with a disability | 5.6% - 3.6% reported disabilities for family members over 5 - 2.6% reported disabilities in under5 children | | 7% of HHs ¹⁴ Age breakdown out of HH members: - Above 24 (5.3%) - 18-24 (3.4%) - 0-17 (2.3%) |
| % HHs with at least one member with a chronic condition | Diabetes: 11.6% of HHs High blood pressure: 16.8% of HHs | 53% Out of HH members: - One chronic medical conditions ¹⁵ (16%). Out of which: heart disease, 12% diabetes, 11% - More than one chronic condition (36%) | |
| % of those with chronic conditions who accessed care and/or treatment ¹⁶ Breakdown by location ¹⁷ | 52.5% of HHs with at least a HH member living with a chronic condition Location breakdown when cost was free or subsidized: - Clinic, whether SDC, health center or private clinic (47.8% in Bekaa, 69.9% in Medair's AOI) - Pharmacy (37.7%) - Hospital (7.0%) | 65% of HH members living with a chronic condition Location breakdown: - Clinics (50%), out of which 21% did not pay - Pharmacy (35%) - Hospital (15%), out of which 11% did not pay | |
| Barriers to accessing mental health care | Financial situation of the household (11.6%) Services are not known (8.9%) Services are not needed (8.4%) Services are not liked (7.4%) Services are not available in the community (7.3%) | | Not being accepted at facility (37%) Consultation fees (29%) Cost of medicine or treatment (25%) Not knowing where to go (15%) |

¹⁴ Eighty per cent of households who have children with disabilities also had an expenditure level that did not meet the Minimum Expenditure Basket threshold (compared to 75% for all surveyed households). (VASYR, 2017)

¹⁵ Conditions include: back/joint pain (23%), hypertension (15%), asthma/pulmonary disease (13%), heart disease (12%), diabetes (11%), kidney disease (4%), mental disease (4%), and cancer (2%).

¹⁶ In the UNHCR survey, the access to care and/or medicine is measured during the last three months where as in the Medair KPC survey, the access to care and/or treatment is asked for the previous two weeks.

¹⁷ The results are just presented for information and cannot be compared between the Medair KPC Survey and the UNHCR phone survey since the location of care was only asked when it was reported that the cost of care was free or subsidized.

1. About 10% of respondents reported that at least one household member had diabetes and about 15% of respondents reported that at least one household member had high blood pressure. About half of those reported that they had taken medication in the past two weeks and out of those who did, about two thirds paid for the treatment. The treatment was more likely to be free in Medair's AOI (about a quarter) and subsidized in the Bekaa (about a quarter).
2. Vulnerable Lebanese are more likely to have knowledge about methods to prevent NCDs:
 - a. Vulnerable Lebanese were more likely to report at least two methods to prevent NCDs (about three quarters) than Syrian refugees (about three fifth).
 - b. Syrian refugees were more likely to not know any method to prevent NCDs (about a quarter) than vulnerable Lebanese (about 10%).
3. About three quarters of respondents reported that either support services for those who felt sad, stressed, lonely, under pressure or affected by trauma did not exist (about a third of respondents) or that they didn't know about the existence of any services. Syrian refugees were twice more likely to not know of any psychosocial support services available in their community (about half) compared to vulnerable Lebanese (about a third).
4. Women were asked about the locations in which support services could be accessed in their community:
 - a. Less than 10% of respondents reported that PSS could be found in religious institutions
 - b. Less than 10% of respondents reported that PSS could be found either in SDC clinics (about 5%) or from community health workers.
 - c. Vulnerable Lebanese were five times more likely to mention clinics other than SDCs and six times more likely to mention specialized hospitals as places to seek psychosocial support services (about 15%) than Syrian refugees (less than 5%).
 - d. Syrian refugees were three times more likely to not know where to seek PSS services (about three quarters) compared to vulnerable Lebanese (about half).
5. Vulnerable Lebanese were more likely to report being comfortable or being able with accessing psychosocial support services (about two thirds were comfortable and about half were able to access) than Syrian refugees (about half were comfortable and about a third were able to access).
6. When asked about experience of feeling sad, stressed, lonely, under pressure or affected by trauma in the past six months, over half of respondents were concerned and those in Medair's AOI were more likely to report such feelings (about two thirds) than in the entire Bekaa (about half).

Interpretation around WASH in the Bekaa

TABLE 9 – COMPARISON OF SOME HEALTH SEEKING BEHAVIORS INDICATORS

| Survey | KPC 2017 | VaSYR 2017 |
|---|--|---|
| % reliant on bottled water | 16.9% - main source of drinking water | 34% |
| % water trucking | Leb: 5.5%; Syr (non-IS): 16.2%; Syr (IS): 42.0% | 6% from UNHCR/NGOs 8% from other parties |
| % access to improved toilet facilities | Leb: 66.7%; Syr (non-IS): 55.9%; Syr (IS): 22.1% | 86% Flush toilet (56%) Improved pit latrine (30%) |
| % facilities shared with other households | | 39% |

1. Vulnerable Lebanese were more likely to report that their main source of drinking water was piped water into their dwelling (about half) compared to Syrian refugees living either in non-IS (about a third) or in IS (less than 10%). Syrian refugees in IS were more likely to report that their main source of drinking water was from water trucking (about 40%) compared to Syrians in non-IS (about 15%) or vulnerable Lebanese (about 5%). About 15% of respondents reported that their main source of drinking water is bottled water.
2. Vulnerable Lebanese were about three times more likely to treat their water (about a quarter) compared to Syrian refugees (about 15%). About two thirds of respondents reported treating their water the same day. Out of those who treat their drinking water, over half of respondents reported adding bleach, chlorine or aquatabs and about a quarter of respondents reported using a filter
3. Vulnerable Lebanese were more likely to report using flush toilets (about 90%) than Syrian refugees living in non-IS (about two thirds) or in IS (about a third). Syrian refugees living in IS were more likely to report using a simple pit latrine or an open pit (about a quarter) than Syrian refugees living in non-IS (about 5%) or vulnerable Lebanese (less than 1%).

Programmatic implications

Current programmatic implications of findings

1. Justification for current Medair programming

There were three differences between health behaviors from respondents in Medair's AOI and the Bekaa:

- Respondents in Medair's AOI were more likely to report feeling sad, stressed, lonely, under pressure or affected by trauma in the past six months. Particular attention should be provided to these individuals when they are met by Medair staff either on the field or at the clinics. All staff should know proper referral channels, either to Medair's psychologist or to partners and community services; in order to accompany individuals as best as possible. Staff who interact with community members should be sensitive to stress and trauma and should be trained with skills for interacting with people experiencing these feelings.
- The vaccination coverage for the polio second booster and the two doses of MMR was lower in Medair's AOI. Accelerated vaccination activities have been conducted to increase the vaccine coverage in the area, following the rates reported in the 2016 KPC Survey. Such activities would need to continue in communities with an identified lower coverage. Consider ways to improve routine immunization coverage in SDCs and communities.
- Respondents in Medair's AOI were also more likely to mention SDCs as places to seek health care services, especially reproductive health care services. This is something that Medair should build on in order for SDCs to be able to provide important information on health and bring additional change regarding health behaviors in those communities.

2. Increased community messaging and awareness around health services

Despite the services that have been provided in the past six years in Lebanon, in response to the Syrian crisis, knowledge of available services and how to access them is still reported to be one of the barriers in getting the help and services populations need:

*"While health care was predominantly accessible, some of those who could not access it cited not knowing where to go or not being accepted at the facility as the barrier. This may be indicative of a lack of awareness among the refugee population about which affiliated health clinics to go to and suggests the need for strengthened communication on the matter."
(VaSYR, 2017)*

During yearly phone surveys UNHCR conducts, Syrian refugees are asked about their knowledge about health services:

*"55% of interviewed households knew that refugees have access to subsidized services at PHC [facilities that are part of the MoPH network (between 2 to 3.5 USD)]
74% of households knew that UNHCR supported life-saving hospital care and care for deliveries
59% knew that vaccination for children <12 years is free at governmental facilities
31% of respondents were aware of services for survivors of domestic abuse or sexual violence
42% of respondents knew that drugs for acute conditions could be obtained for free at PHC facilities [that are part of the MoPH network]" (UNHCR, 2017)*

Therefore, there is still a need to communicate about the health services available and Medair can address that need within its regular programming by increasing communication in the SDCs it supports or during health promotion sessions in informal settlements for example. Medair can also decide to relay hotlines numbers as a first step to get more information as long as the field and office staff are trained on how to answer health questions appropriately and refer cases if necessary.

For example, health promotion sessions conducted by Medair’s community health workers and midwives should be reviewed to include the following items in order to increase knowledge of communities around health behaviors and services:

TABLE 10 – ASPECTS TO DEVELOP IN HEALTH PROMOTION SESSIONS

| Topic | Subjects |
|--|--|
| General | The format of health promotion sessions could be adapted on certain themes to ensure that the family dynamic is integrated, such as specific mother-daughter or sisters or husband-wife sessions. |
| Health Seeking Behaviors and Information Sources | Increase communication about skills of nurses and midwives and community health staff as well as their role in providing information on health when needed. This component might work better if focus groups are conducted to understand barriers both from the community side and from the health staff side. |
| | Overall, vulnerable Lebanese were more likely to receive health messages than Syrian refugees. It is necessary to ensure that Syrian refugees also receive health messages. |
| Child Health It is necessary to discuss with mothers the importance of: | Difficult or fast breathing as a sign that children require care and to be brought for a check at a health facility. |
| | Giving more fluids to children when they have diarrhea. |
| | Messaging about cleaning bottles for feeding small infants. |
| | Messaging about ORS as a response to diarrhea is consistent across the health sector (including CHWs, pharmacies, SDCs...) Additional health promotion should be conducted around the use of zinc to treat diarrhea, ideally in conjunction with ORS. |
| | Vaccinating children as well as providing more information about the services and subsidies available in the community. |
| Reproductive Health | Additional information should be provided during health promotion sessions about the services available in the community, their possible subsidization by UNHCR or NGOs and how to access them. |
| | Provide more information on the importance to ferrous folate intake, especially during the first trimester of their pregnancy. |
| | Provide more information about vaginal deliveries as an alternative to C-sections so that women can feel more empowered about their delivery choice based on their knowledge. Advocate with health care service providers about using C-section as medically indicated and encouraging vaginal delivery otherwise. |
| | Increase the focus on discussing family planning and family size as well as provide information about modern methods of contraception and their availability |
| Psychosocial Support Services | Additional information about the services available in the community and how to access them should be provided and promoted during health promotion sessions. |

3. New Approaches within the Same Health Domains

Similar to the immunization activities conducted at the end of 2017, Medair must continue to strive in finding new approaches to current health challenges in Lebanon and particularly in the Bekaa valley. Discussions and ties with municipalities should be explored to increase the communication over relevant health seeking behaviors at the community level.

The importance of ferrous folate distribution during the first trimester of pregnancies should be highlighted both at the PHC clinics or SDCs, and at the community level by CHVs and community midwives.

The organization of health promotion sessions should be redesigned to take into account family dynamics and the fact that over half of respondents reported getting their health advice from friends and family members: specific sessions should be designed around mother and daughters or husband and wives.

Recommendations for future programming

In this KPC survey, respondents often mentioned pharmacies as the first place to seek advice or treatment: for example, when their child presented specific signs of illness or to get treatment for chronic conditions. It would be interesting for Medair or other NGOs to determine whether partnerships or coordination with pharmacies would be possible in order to reduce the financial burden of refugees going to pharmacies and paying out of pocket expenses.

Recommendations for future iterations of this survey

1. Future Waves of the KPC Survey

a. Form

There are multiple aspects in the form used for the Lebanon KPC survey that need reviewing:

- The vaccination section should be constrained in order to take into account eligibility to receive vaccines. The age of the child whose vaccination card is being copied should be entered to enable such constraints to be coded into the survey.
- The relevance fields in the post-natal care section and the psychosocial support services should be reviewed to ensure that the skip patterns are working.
- Overall, particular attention should be brought to the use of single or multiple-choice questions, constraints and relevance.

b. Testing

More focus should be given to testing the form: both from the staff and the monitoring team, in order to identify missing constraints or skip patterns not working.

The pilot testing phase is important because it can help test out new questions and determine if they are adequately formulated and understood. This phase should also provide data, that needs to be checked in order to ensure that skip patterns and choices are working correctly.

c. Data cleaning

Based on the open text responses collected over the past years, most of the choices should be coded and amended in order to simplify the translation and data cleaning needed.

2. Complementary health assessments and increase of qualitative data collection

Medair could also look into conducting complementary and more targeted health assessments to further inform its programming: whether quantitative to identify communities with the lowest vaccine coverage rates or qualitative to understand specific barriers or health seeking behaviors.

Action plan for disseminating results

There are multiple options to ensure that the results of this survey are disseminated:

- Like the previous years, this report will be published on the Medair Website and the Lebanon page
- The report can also be shared within Lebanon by updating the assessment registry of UNHCR and uploading the report on the UNHCR data portal for Lebanon

Thematic pagers and a presentation on key findings can be created and shared with the health staff working at the facilities supported by Medair, partners, as well as during the Health working groups in the Bekaa and nationally.

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ANNEX: KPC questionnaire

KPC_Health_Survey_Dec2017_V3

Dateyyyy-mm-dd

Enumerator number

Team number

Supervisor zone

- Zone 1
- Zone 2
- Zone 3
- Zone 4
- Zone 5
- Zone 6
- Zone 7

Cluster Number

Repondant is

- Refugee residing in Informal Settlements
- Refugee residing in substandard housing/substandard housing unit, other
- Vulnerable Lebanese

Name of District

- West Bekaa
- Zahle
- Rachiya
- Hermel
- Baalbek

Name of Cadaster**Pcode -01-***Enter last 3 digits of the Pcode*

Is there a female between the ages of 15-50 years old who lives in the residence and is considered the main caretaker of children present available to answer a survey?

- Yes
- No

Consent: We are working for a humanitarian organization and we would like to ask you some questions about your family with the aim of having a better understanding of the health aid that was provided to you. The survey usually takes about 40 minutes to complete. Any information that you provide will be kept strictly confidential. This is voluntary and you can choose not to answer any or all of the questions. However we hope that you will participate since the information you will provide is will help us understand the situation in the community better. If you don't have any questions, may I begin now?

- Yes
- No

KPC Survey Form

» When did you first arrive in Lebanon?

Year:

Can Only Enter Year between 2005-2017

Month:

Enter Number for Month. Can only enter 1-12.

Age of Respondent:

Are you or were you married?

- Yes
- No
- Prefer not to answer

At what age did you get married?

Do you have a child under the age of 5 years old who currently lives with you?

- Yes
- No

» KPC Start

How many children under the age of 5 do you have or are taking care of?

» » **Child Info: What are their names, sex and age in months, from youngest to oldest? What is your relationship to each of them?**

Is the respondent at least the mother of 1 child under the age of 5 as listed above?

Enumerator to Recall from Previous responses.

Yes

No

» » **Outside of you and your children under 5, how many others live with you in the household?**

Children between the ages of 5 and 17?

How old is your oldest child?

Age entered in years

How many relatives or friends live with you?

» » **Health-Seeking Behavior**

In the last year, have you or your child/children needed medical services?

Yes

No

Do not remember

Did you go to a health facility when you needed the medical services?

Yes

No

Do not remember

Did you pay for these services?

Yes

No

Do not know

How much did you pay for the services?

In USD

Why didn't you go to a health facility when you needed medical services?

Do not prompt! Record all mentioned.

- I did not think it was necessary
- The health facility was too far away
- The health facility was too expensive
- I have heard bad things about the health facility
- I was not able to find transportation
- I do not like the health facility (people, atmosphere, etc)
- I do not know where a clinic is
- Other

Specify other.

Which health facility did you go to?

Do not prompt! Record all mentioned.

- SDC clinic
- Private clinic
- Health center
- Medair community midwife
- Hospital
- Other

Specify other.

Which SDC clinic?

Do not prompt. Select only 1.

- Joub Janine
- Rafid
- Kfarzabad
- Kabelias
- Al Marj
- Talia
- Britel
- Other

Specify other.

» » Sick Child

Did any of your children under the age of 5 experience any of the following in the past two weeks?

Read off each of these and circle all that apply.

| | Yes | No |
|--|-----------------------|-----------------------|
| Diarrhea | <input type="radio"/> | <input type="radio"/> |
| Blood in stool | <input type="radio"/> | <input type="radio"/> |
| Cough | <input type="radio"/> | <input type="radio"/> |
| Difficulty breathing, fast breathing, short/quick breaths | <input type="radio"/> | <input type="radio"/> |
| Fever | <input type="radio"/> | <input type="radio"/> |
| Convulsions | <input type="radio"/> | <input type="radio"/> |

How long after you noticed the child's fever, did you give treatment?

- Same Day
- Next Day
- Two Days
- Three or more days
- I did not think it was necessary

When your child had a fever, where did you first go for advice or treatment?

Do not prompt. Select only 1.

- I did not go anywhere or see anyone for assistance
- Hospital
- Health Center
- SDC clinic
- Private Clinic
- Medair supported SDC
- Other health facility
- Field/Community Health Worker
- Traditional Practitioner
- Pharmacy
- Community Distributors
- Friends/relatives

» » Diarrhea Module

How old was the youngest child who had diarrhea?

Record age in months

How long after you noticed the child's diarrhea, did you give treatment?

- Same Day
- Next Day
- Two Days
- Three or more days
- I did not think it was necessary

What was given to treat the diarrhea?

Do not prompt! Record all mentioned.

- Nothing
- Fluid made from ORS pack
- Home-made Fluid
- Zinc Pill or Syrup
- Injection
- (IV) Intravenous
- Home remedies/ Herbal Medicine
- Other

Specify other.

When your child had diarrhea, where did you first go for advice or treatment?

Do not prompt. Select only 1.

- I did not go anywhere or see anyone for assistance
- Hospital
- Health Center
- SDC clinic
- Private Clinic
- Medair supported SDC
- Other health facility
- Field/Community Health Worker
- Traditional Practitioner
- Pharmacy
- Community Distributors
- Friends/relatives

» » » **Breastfeed**

Was the child being breastfeed at the time she/he had diarrhea?

- Yes
 No

When the child had diarrhea, did you breastfeed him/her less than usual, the same amount, or more than usual?

- Less
 Same
 More
 Do not know

When the child had diarrhea, did you give liquids other than breast milk?

- Yes
 No

When the child had diarrhea, was she/he offered other than breast milk, less than usual to drink, about the same amount, or more than usual to drink?

- Less
 Same
 More
 Nothing to Drink
 Do not know

» » » **Non-Breastfed**

When the child had diarrhea, was she/he offered less than usual to drink, about the same amount, or more than usual to drink?

- Less
 Same
 More
 Nothing to Drink
 Do not know

» » **Acute Respiratory Infection (ARI) Module**

Did you seek advice or treatment for the cough or fast breathing?

- Yes
 No

How long after you noticed the child's cough or fast breathing, did you seek treatment?

- Same Day
- Next Day
- Two Days
- Three or more days
- I did not think it was necessary

Where did you first go for advice or treatment for your child's cough or fast breathing?

Do not prompt. Select only 1.

- I did not go anywhere or see anyone for assistance
- Hospital
- Health Center
- SDC clinic
- Private Clinic
- Medair supported SDC
- Other health facility
- Field/Community Health Worker
- Traditional Practitioner
- Pharmacy
- Community Distributors
- Friends/relatives

What was given to treat the child's cough or fast breathing?

- Antibiotics
- Cough drops
- Panadol or aspirin
- Antihistamines
- Other

Specify other.

» » Reproductive Health Services

What types of services are available for reproductive health in your community?

- ANC
- PNC
- FP/IUD
- None
- Do not know
- Other

Specify other.

Where can you access reproductive health services in your community?

- SDC clinic
- Private clinic
- Health center
- Medair community midwife
- Hospital
- Other

Specify other.

For any type of reproductive healthcare needs, would you feel comfortable accessing one of these services?

- Yes
- No
- Prefer not to answer

If you needed reproductive health services for any reason, would you be able to access one of these services?

- Yes
- No
- Do not know

Why would you not feel comfortable or be able to accessing one of these services?

In the past six months, did you seek any of those services?

- Yes
- No
- Prefer not to answer

Which services did you access?

- ANC
- PNC
- FP

Where did you access those services?

- SDC clinic
- Private clinic
- Health center
- Medair community midwife
- Hospital
- Other

Specify other.

Were you satisfied with the services you received?

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Did you pay for these services?

- Yes
- No
- Do not know

How much did you pay for your last reproductive health service?

In USD

» » Refugee Pregnancy

» » » Refugee's only: What Month and year did you give birth to your youngest child?

Year:

Can Only Enter Year between 2011-2017

Month:

Enter Number for Month. Can only enter 1-12.

Where did you receive antenatal care?

- Lebanon
- Syria
- Not received

Where did you give birth to your youngest child?

- Lebanon
- Syria

Why did you give birth in Syria?

Do not prompt! Record all mentioned.

- To immediately register the child in Syria
- Delivery in Lebanon is too expensive
- Was stuck at the border while pregnant
- Family in Syria
- Was still living in Syria at time of birth
- Other

Specify other.

Where did you receive post partum care?

- Lebanon
- Syria
- Not received

» » Ante-Natal Care**During your pregnancy with your youngest child, did you see anyone for antenatal care?**

- Yes
- No
- Do not remember

Who did you see for antenatal care?*Circle all Mentioned. Do not Prompt.*

- Doctor/Medical Assisstant
- Nurse
- Midwife
- Trained Syrian midwife
- Trained Traditional Birth Attendant
- Trained Community Health Worker
- Medair community midwife
- Do not know

During your pregnancy with your youngest child, where did you receive antenatal care?*Circle all Mentioned. Do not Prompt.*

- Your residence
- Midwife's/TBA's residence
- Other residence (not of trained midwife)
- Hospital
- Health Center
- Private Hospital
- Private Clinic
- Certified Midwife clinic
- Other NGO clinic
- Medair community midwife
- Other

Specify other.

During your pregnancy with your youngest child, how many months pregnant were you when you first received antenatal care?

During your pregnancy with your youngest child, how many months pregnant were you when you last received antenatal care?

During your pregnancy with your youngest child, how many times did you receive antenatal care?

Before your pregnancy with your youngest child did you take folic acid at least one month before becoming pregnant?

- Yes
- No
- Do not remember

» » Giving Birth in a Health Facility

Where did you go when you gave birth to your youngest child?

- Your residence
- Midwife's/TBA's residence
- Other residence (not of trained midwife)
- Hospital
- Health Center
- Private Hospital
- Private Clinic
- Certified Midwife clinic
- Other NGO clinic
- Medair community midwife
- Other

Specify other.

What was the reason that you did not deliver in a hospital or clinic?

Do not prompt. Circle all that apply.

- I did not think it was necessary
- The health facility was too far away
- The health facility was too expensive
- I have heard bad things about the health facility
- My labor was quick
- I was afraid I would have a C-section
- I wanted to respect traditions
- I was not able to find transportation
- I do not like the health facility (people, atmosphere, etc)
- I am not registered with UNHCR
- I did the same in Syria
- I do not know where a clinic is

Did you receive a post-partum check at a clinic or hospital after delivery at home?

- Yes
- No

When did you first post partum check take place after delivery?

- Within 24 hours after delivery
- within 72 hours after delivery
- 7-14 Days
- More than 14 Days
- Do not know

Who assisted with the delivery of your youngest child?

Probe for the types of person(s) and record all mentioned. If respondent says no one assisted, probe to determine whether any adults were present at the delivery.

- Doctor
- Nurse
- Trained Midwife Lebanese
- Trained Traditional Birth Attendant (daie)
- Trained Community Health Worker
- Traditional Birth Attendant
- Relative/friend
- No-One
- Trained Midwife Syrian

Did you have a normal birth or a C-section?

- Normal Birth
- C-section

How long did you stay in the health facility after delivery?

- Less than 12 Hours
- Between 13 and 24 Hours
- Between 25 and 48 Hours
- More than 49 Hours

Did you pay for these services?

- Yes
- No
- Do not know

How much did you pay for the services?

in USD

» » **Post Partum Care**

Did you receive a post-partum check at the clinic or hospital before being discharged?

- Yes
- No
- Do not remember

When did your first post partum check (including measuring fundal height, checking blood pressure and bleeding) happen after discharge from the hospital?

- Within 24 hours after delivery
- within 72 hours after delivery
- 7-14 Days
- More than 14 Days
- Do not know

After giving birth with your youngest child, where did you receive post partum care?

Circle all Mentioned. Do not Prompt.

- Your residence
- TBA's residence
- Other residence (not of trained midwife)
- Hospital
- Health Center
- Private Hospital
- Private Clinic
- Certified Midwife clinic
- Trained community health volunteer
- Trained syrian midwife
- Medair community midwife
- Other NGO clinic
- Medair community midwife
- Other

Specify other.

Did anyone check your health within 3 days after delivery?

- Community midwife
- Community Health Volunteers
- Trained midwife
- Traditional midwife

Did a health care provider or trained traditional birth attendant check on your health a second time within 2 weeks after the delivery of your youngest child?

- Yes
- No
- Do not remember

Did someone check on the health of the baby after the delivery, either at a health facility, home or other location? By check, I mean did anyone ask you questions about the baby health or examine him/her?

- Yes
- No
- Do not know

How long after the delivery did the baby first check take place?

- Hours
- Days
- Don't know

Hours/Days:

Who checked the baby health at that time?

PROBE FOR THE MOST QUALIFIED PERSON.

- Pediatrician
- Nurse
- Trained community health volunteer
- Community midwife

During the check were any of the following done for the baby?

- Examine the cord
- Give you information on newborn danger signs
- Assess breastfeeding
- Weigh the baby
- Check the temperature

» » **Breastfeeding**

Did you ever breastfeed your youngest child?

- Yes
- No

Why didn't you breastfeed?

- No milk in breasts
- I didn't have time/ it wasn't convenient/ I was too busy
- I preferred to give my baby formula
- Other

Specify other.

How long after birth did you first put your child to the breast?

- Immediately after birth
- within 1 hour after birth
- 2-24 hours after birth
- 1 day after birth
- 2-3 days after birth
- More than 3 days after birth

Did the baby drink anything from a bottle with a nipple yesterday or last night?

- Yes
- No
- Do not know

Now I would like to ask you about liquids or foods the baby had yesterday during the day or at night. Did the baby drink/eat:

- Breast milk
- Plain water
- Commercially produced infant formula
- Any fortified, commercially available infant and young child food [e.g. Cerelac]
- Porridge or gruel
- Don't know
- Other

Specify other.

Now I would like to ask you about (other) liquids or foods that the baby may have had yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods.[1] Did the baby drink/eat:

- Milk such as tinned, powdered, or fresh animal milk
- Tea or coffee
- Any other liquids?
- Bread, rice, noodles, or other foods made from grains
- Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside
- White potatoes, white yams, manioc, cassava, or any other foods made from roots
- Any dark green leafy vegetables
- Ripe mangoes, papayas
- Any other fruits or vegetables
- Liver, kidney, heart or other organ meats
- Any meat, such as beef, pork, lamb, goat, chicken, or duck
- Eggs
- Fresh or dried fish or shellfish
- Any foods made from beans, peas, lentils, or nuts
- Cheese, yogurt, or other milk products
- Any oil, fats, or butter, or foods made with any of these
- Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits
- Any other solid or semi-solid food
- Other

Specify other.

Are you still breastfeeding your child?

- Yes
- No

For how many months, did you breastfeed your child?

If less than one month, record '00' months.

» » **Vaccinations**

These questions can be asked for the youngest child who is older than 12 months.

Do you have a card or child health booklet where vaccinations are written down?

- Yes
- No
- Do not know

Why not?

May I see it please?

- Yes
- No

Where is it now?

- Seen by interviewer
- Not seen by interviewer
- Lost it
- Left in Syria
- Don't know
- Other

Specify other.

Did you ever have a vaccination card for your child?

- Yes
- No
- Do not remember

May I copy the information from the card?

- Yes
- No

Vaccination Card

| | Received | Not Received |
|---|-----------------------|-----------------------|
| Polio 0 (polio given before 8 weeks) IPV or OPV | <input type="radio"/> | <input type="radio"/> |
| Polio 1 | <input type="radio"/> | <input type="radio"/> |
| Polio 2 | <input type="radio"/> | <input type="radio"/> |
| Polio 3 | <input type="radio"/> | <input type="radio"/> |
| Polio booster 1 | <input type="radio"/> | <input type="radio"/> |
| Polio booster 2 | <input type="radio"/> | <input type="radio"/> |
| Polio booster 3 | <input type="radio"/> | <input type="radio"/> |
| Penta 1 | <input type="radio"/> | <input type="radio"/> |
| Penta 2 | <input type="radio"/> | <input type="radio"/> |
| Penta 3 | <input type="radio"/> | <input type="radio"/> |
| Penta booster 1 at 18 months | <input type="radio"/> | <input type="radio"/> |
| HepB1 (at birth) | <input type="radio"/> | <input type="radio"/> |
| PCV13 first dose 4 months | <input type="radio"/> | <input type="radio"/> |
| PCV 13 2nd dose 6 months | <input type="radio"/> | <input type="radio"/> |
| PCV13 3rd dose 12 months | <input type="radio"/> | <input type="radio"/> |
| Measles (at about 9 months) | <input type="radio"/> | <input type="radio"/> |
| MMR first dose (at about 12 months) | <input type="radio"/> | <input type="radio"/> |

MMR 2nd dose (at about 18 months)

» » » Please tell me if your child received any of the following vaccinations:

Did your child ever receive an injection in the arm to prevent measles?

Yes

No

Do not know

Was your child vaccinated against polio?

Yes

No

Do not know

DPT booster 2 at 4-5 year

Yes

No

Do not know

» » **Family Planning/Child Spacing**

How long should you wait after the birth of your child before you try to become pregnant again?

Less than 2 Years

2 to 5 years

More than 5 years

Do not know

What are the risks of getting pregnant too soon after the birth of a child?*Do not read responses. Record all mentioned.*

- Baby born too small
- Baby born too early
- Mother can die
- Mother can have miscarriage
- Mother can suffer from anemia
- Mother can suffer from fatigue or exhaustion
- No risks
- Do not know
- Baby can die
- Baby is healthier as mother can breastfeed longer
- Mother can have more complications during pregnancy like high blood pressure and bleeding
- Other

Specify other.

Are you currently doing something or using any method to delay or avoid getting pregnant?

- Yes
- No
- Prefer not to answer

If you are not doing something or using any method to delay or avoid getting pregnant, why not?*Do not prompt. Record all mentioned.*

- I am pregnant
- I am breastfeeding or wet nursing
- I want to become pregnant
- The birth control method that I want to use is not available
- I do not want to use birth control methods
- My husband wants to have more children
- My religious reasons
- My husband's religious reasons
- Both my husband's and my religious reasons
- Other

Specify other.

If you are using a method, which method are you using to delay or avoid getting pregnant?

Do not read the responses. Code only one response. If more than one method is mentioned, ask: What is the MAIN method that you are using to delay or avoid getting pregnant? If the respondent mentions both condoms and rhythm method, select 'rhythm method'. If the respondent mentions abstinence or isolation, select 'other' and record response in the space provided.

- Female Sterilization
- Male Sterilization
- Pill
- IUD
- Injectables (Depo-provera)
- Implants
- Male Condom
- Female Condom
- Diaphragm
- Lactational Amenorrhean Method (Breastfeeding)
- Rhythm Method
- Withdrawal
- Other

Specify other.

Did you plan your last pregnancy?

- Yes
- No
- Prefer not to answer

If using modern family planning methods, where do you go to get this service?

- SDC
- Medair supported SDC
- Medair community midwife
- Other NGO support SDC
- Private clinic
- Pharmacy
- Hospital

Have you paid to use these services?

- Yes
- No

How much did you pay?

In USD

In the past year have you sought family planning services and not been able to receive services?

- Yes
- No
- Do not know

Why?

Did you discuss family planning or family size with a community midwife or a nurse or a doctor in the past year?

- Yes
- No
- Do not remember

» » Non-Communicable Diseases

How many members in your family have diabetes?

How many members in your family have high blood pressure, hypertension?

How do you think people can reduce the risk of getting these diseases?

Do not prompt! Record all mentioned.

- Reduce sugar consumption
- Reduce salt consumption
- Reduce stress or anger
- Reduce quantity of food eaten
- Reduce quantity of meat eaten
- Stop Smoking
- Get more exercise
- Eat more healthy food (fruit,veg)
- Take prescribed medicine
- Reduce alcohol consumption
- There is nothing that can be done
- Do not know
- Other

Specify other.

In the last two weeks, have you taken an medication for this NCD?

- Yes
- No

How are you able to procure the medicine?

- I get the medication for free
- I get the medication subsidized
- I pay myself for the medication

Where are you getting those medication from?

- I did not go anywhere or see anyone for assistance
- Hospital
- Health Center
- SDC clinic
- Private Clinic
- Medair supported SDC
- Other health facility
- Field/Community Health Worker
- Traditional Practitioner
- Pharmacy
- Community Distributors
- Friends/relatives

How many members with disability over the age of 5?

What type of disability does the person have?

- Seeing: visual impairment (including blindness)
- Hearing: hearing impairment (including deafness)
- Mobility: orthopedic impairment, difficulty walking or climbing steps
- Cognition: intellectual disability, emotional disturbance, learning disability
- Self care: difficulty washing all over or dressing
- Communication: speech or language impairment
- Other

Specify other.

» » Psychosocial Support Services

What types of support services are available in your community for someone who feels very sad, stressed, lonely, under pressure or affected by trauma?

- Support groups (excluding neighbors)
- Counseling (psychologist)
- Medicine (psychiatrist, doctor)
- Consultation (doctor, clinic, hospital)
- No services in the community
- Don't know
- Other

Specify other.

Where can you access this type of support services in your community?

- Religious establishment: mosque or church
- SDC clinic
- Community Health Volunteers
- Specialized hospital
- Other clinic (NGO, private, health centers)
- Don't know
- Other

Specify other.

If you or someone you care for felt very sad, stressed, lonely, under pressure or affected by trauma, would you feel comfortable accessing one of the support services in your community?

- Yes
- No
- Prefer not to answer

If you or someone you care for felt very sad, stressed, lonely, under pressure or affected by trauma, would you be able to access these services?

- Yes
- No
- Do not know

Why would you not feel comfortable or be able to accessing one of these services?

In the past six months, did you feel sad, stressed, lonely, under pressure or affected by trauma?

- Yes
- No
- Do not remember

How did you deal with feeling sad, stressed, lonely, under pressure or affected by trauma?

- Deal with it on my own
- Family, friends or neighbors
- Seek help at SDC clinic
- Seek help at Health centre
- Seek help at NGO clinic
- Seek help at Private clinic
- Seek help at specialised hospital
- Seek help at Community Based Organizations (CBOs)
- Seek help at religious institutions: church/mosque
- Seek help from CHVs

Were you satisfied with the services you received?

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Did you pay for these services?

- Yes
- No
- Do not know

How much did you pay for a Psychosocial Support Service?

In USD

» » Health Contacts and Sources of Health Information

During the last month how often have you come in contact with each of the following?

| | Frequently (4 or more times) | Sometimes (1-3 times) | Never (0 times) |
|--------------------------------------|------------------------------|-----------------------|-----------------------|
| Health clinic staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community Health Worker or Volunteer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community Midwife | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Who did you come in contact with?

Where do you prefer to get general information or advice on health or nutrition?

Do not prompt! Record all mentioned.

- Doctor/medical assisstant
- Nurse/midwife
- Traditional birth attendant
- Community health volunteer
- Medair community midwife
- Husband
- Mother/mother-in-law
- Sister
- Grandparent
- Aunt
- Friend/neighbor
- Traditional Healer
- Shawish
- Religious leader
- No One
- Television
- Internet
- Pharmacy
- Radio
- Other

Specify other.

In the past month, have you received any health messages from the following?

Read off each of these and circle all that apply.

| | Yes | No |
|--------------------------------------|-----------------------|-----------------------|
| Radio | <input type="radio"/> | <input type="radio"/> |
| Newspaper | <input type="radio"/> | <input type="radio"/> |
| Television | <input type="radio"/> | <input type="radio"/> |
| Internet | <input type="radio"/> | <input type="radio"/> |
| Adverstisements/billboards | <input type="radio"/> | <input type="radio"/> |
| Health clinic staff | <input type="radio"/> | <input type="radio"/> |
| Community Health Worker or Volunteer | <input type="radio"/> | <input type="radio"/> |
| Medair Community Midwife | <input type="radio"/> | <input type="radio"/> |
| Brochures | <input type="radio"/> | <input type="radio"/> |
| Automatic SMS Messaging | <input type="radio"/> | <input type="radio"/> |

Did you receive any services from Medair in the last year?

- Yes
- No
- Do not know

What services did you receive from Medair?

- Midwife consultation
- Community health volunteer visit
- SDC consultation
- Transportation voucher
- Kits
- Other

Specify other.

Did you receive any of these services in the last year?

- Midwife consultation
- Community health volunteer visit
- SDC consultation
- Transportation voucher
- Kits
- None
- Other

Specify other.

» WASH

What is the main source of drinking water for members of this household?

- Piped water into dwelling
- Public water Tap/Standpipe
- Tubewell/Borhole
- Rain water collection
- Water truck
- Bottled water
- Other

Specify other.

What is the size of your tank?

- 1000 Litre tank
- 5000 Litre tank
- Shared tank with another Household
- Don't have a tank
- Other

Specify other.

How many people are in the household you share a tank with?

How many people are in your household alone?

How often you, or the household you share with, get water per month?

- Once a month
- Twice a month
- Once a week
- Other

Specify other.

Do you treat your water in any way to make it safer for drinking?

- Yes
- No

When did you treat it?

- On the same day after receiving water from the truck
- Over one day ago / Less than one week after receiving the trucked water
- One week ago or more / Less than a month ago after receiving the tanked water
- One month ago or more after receiving the tanked water
- Don't remember

If yes, what do you usually do to the water to make it safer to drink?

- Boil
- Add Bleach/Chlorine/Aqua Tab
- Water filter (Ceramic, Sand, Composite)
- Don't know
- Other

Specify other.

When was the last time you refill your tank with water truck

- Today
- Yesterday
- Over one day ago / Less than one week
- One week ago or more / Less than a month ago
- One month ago or more
- Don't remember
- Don't receive water trucks

Do you have soap in your household?

- Yes
- No

Have you used soap today or yesterday?

- Yes
- No

When you used soap today or yesterday, what did you use it for?

Do not read the answers

- WASHING CLOTHS
- WASHING MY BODY
- WASHING MY CHILDREN
- WASHING CHILD'S BOTTOMS
- WASHING MY CHILDREN'S HANDS
- WASHING HANDS AFTER DEFECATING
- WASHING HANDS AFTER CLEANING CHILD
- WASHING HANDS BEFORE FEEDING CHILD
- WASHING HANDS BEFORE PREPARING FOOD
- WASHING HANDS BEFORE EATING
- Other

Specify other.

What kind of toilet facility does this household use?

- Flush /Pour-flush toilet
- To piped sewer system
- To septic tank
- To open Pit
- To elsewhere
- To don't know where
- Ventilated improved pit latrine (VIP)
- Simple pit latrine (with slab)
- No facility, field, bush, plastic bag
- Other

Specify other.

Is there soap or detergent or locally used cleansing agent?

Observation only

- Soap
- Detergent
- Ash
- Mud/Sand
- None
- Other

Specify other.

May I see the toilet facility?

- Yes
- No

Are there obstacles in the path, are there signs of regular use?*OBSERVE ACCESS TO THE FACILITY*

- Dense vegetation in its path
- Waste or debris in its path
- Major crevices or potholes in its path
- Mud in the path
- Path is clear
- Path well worn as sign of regular use
- Entrance is clear / Door not locked
- Entrance is obstructed
- Facility is locked
- Cannot assess
- Other

Specify other.**Is there fecal matter present inside the facility - on seat, floor, door or walls (human or animal)?***Toilet*

- Yes
- No
- Cannot assess

Once finished with interview; Please go outside and take a GPS point of this location.

latitude (x.y °)

longitude (x.y °)

altitude (m)

précision (m)

