

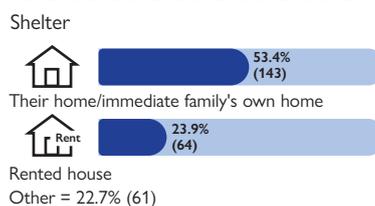
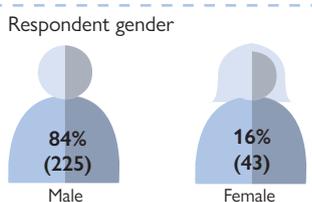
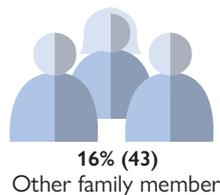
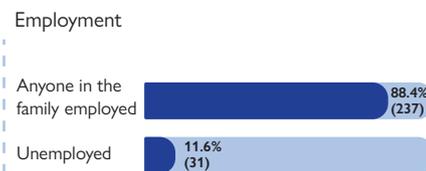
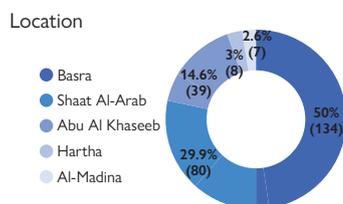
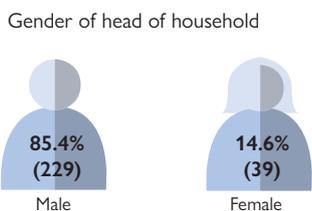
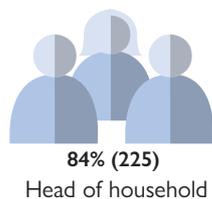
# Key findings from household health assessment phone surveys in Basra

September 2022

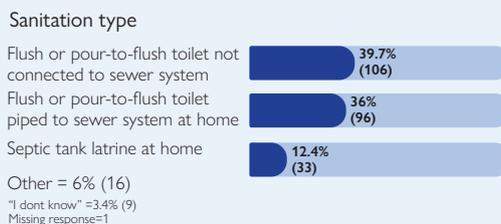
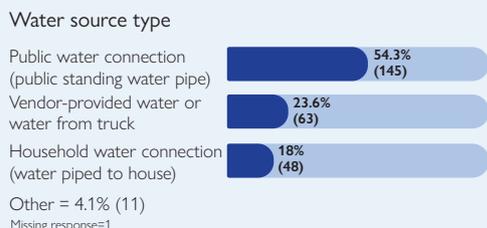
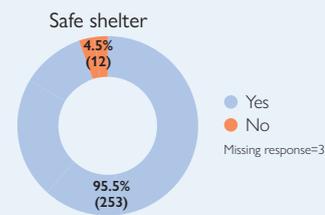
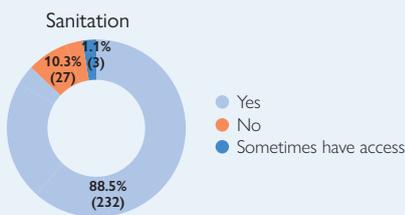
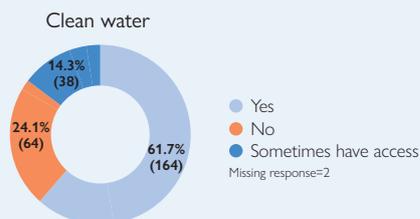
The International Organization for Migration (IOM) conducted a phone survey among residents in Basra to better understand household health status, access to health services, financial vulnerability, perceptions of the healthcare system, and socioeconomic development. Over 500 residents in Anbar were contacted by phone in June and July 2022 and total of 268 respondents consented to participate.



## Participant Demographics (268 respondents)



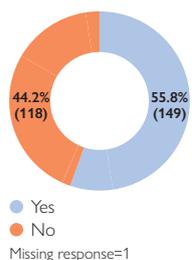
## Water, Sanitation, and Shelter



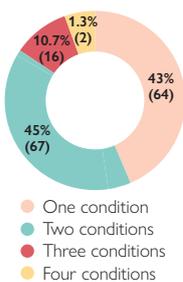
**Important note:** Due to the sampling methodology, survey participants were already known to IOM as beneficiaries and over 95% identified as originally from the Basra area. Therefore, these figures may be an underestimation of need among displaced or returned populations. Recent estimates from an IOM report on climate change in Basra indicate that migrant populations comprise roughly 12% of the city's population, with the majority originally from rural areas in neighboring governorate (source: Migration into a Fragile Setting: Responding to climate-induced informal urbanization and inequality in Basra, Iraq, October 2021). Ongoing drought concerns may exacerbate challenges with access to clean water and related health conditions in Basra and the surrounding areas.

## Household Health Conditions

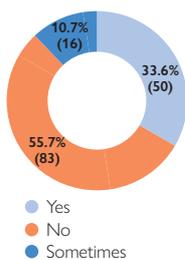
Chronic or serious health condition in the household



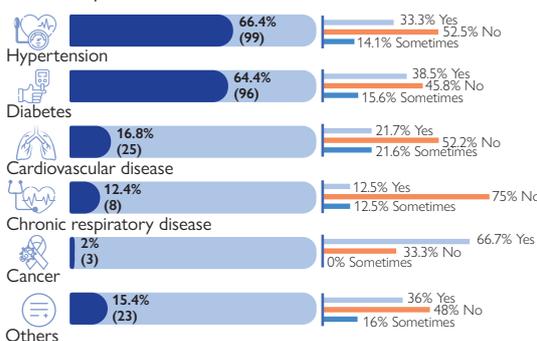
Number of conditions present (n=149)



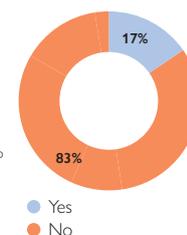
Receiving care for health condition(s) totals (n=149)



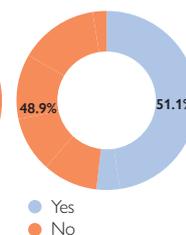
Type of health condition present



Physical disability present within the household



Receiving care for physical disability



## Access to Healthcare

More than 1/3 of households with pregnant women (34.6%) reported that the pregnant women in the home did not receive antenatal care in the last 3 months.



Main barriers to accessing health services:



Unable to receive care after visit to health facility (n=184):

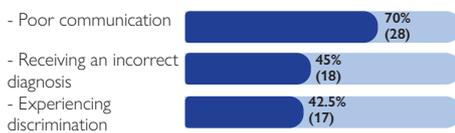


Hospitals were the most common location for accessing health services (74.2%, n=198).

Most respondents resided less than 5km from a health facility (53.9%, n=144).



15% (n=40) of respondents reported experiencing difficulty with healthcare workers

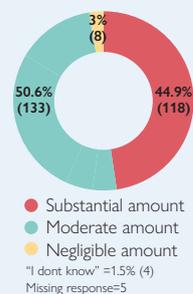


68.5% (n=183) of respondents did not feel comfortable seeking care where they currently receive health services

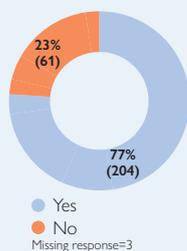
70.2% (n=184) did not believe the available health care services would provide good quality care.

## Health Expenditure and Financial Vulnerability

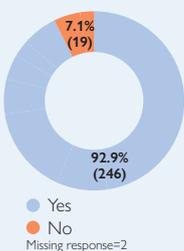
Amount of income spent on health expenses



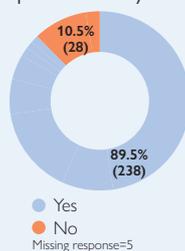
Forgone medical care due to payment difficulties in last year



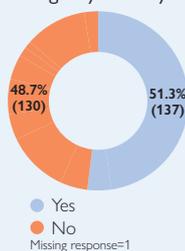
Paid out of pocket for health services in last year



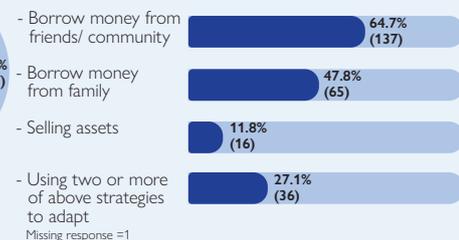
Financial difficulties from out of pocket health services expenses in last year



Financial challenges or difficulties affording care following health emergency in last year

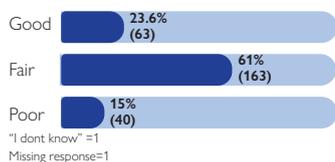


Those who experienced a health emergency in the last year resulting in financial challenges or difficulties affording care had to (n=137):

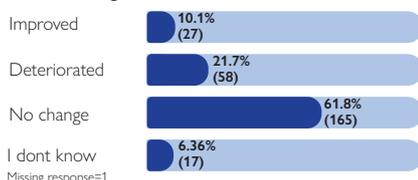


## Overall Health and Perceived Threats to Health

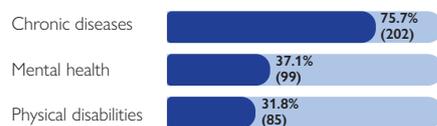
Perceived overall health:



Health change over time:



Perceived threats to household health:



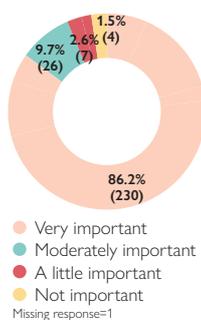
Of note, when asked about perceived threats to community health, the top three responses were chronic disease, physical disabilities, and childhood disease

72% of respondents selected multiple perceived threats to the health of their household

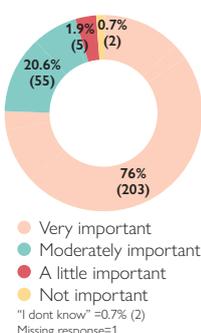
## Health and Socioeconomic Development

Importance of health services on:

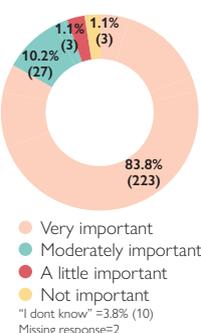
Economic livelihood



Community recovery after crisis

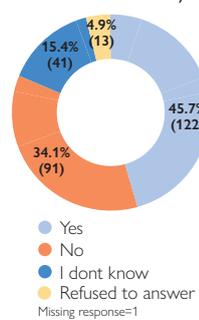


Social cohesion

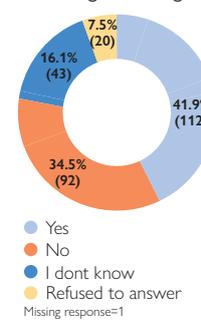


Advocacy ability:

Able to advocate for the needs of their community



Believed they have a voice in advocating for change



45.7% of respondents (n=122) felt they could easily advocate for the needs of their community. When asked what the most important topic to advocate for, the two most cited themes included access to clean and safe water [n=39] and increased availability of health services [n=22]. Other themes included access to basic services (including electricity, waste management, road infrastructure and transportation, schools and educational services, and general municipal services), employment opportunities, and rights. Respondents who did not feel they could advocate for change (34.1%, n=91), reported that they cannot cause change, they do not have support to defend their rights, they have no route through which to complain or advocate (n=16), and very little or no change occurs as a result of the advocacy (n=11).

## Discussion

The lack of available health care resources in Basra are further complicated by the fact that the area receives those who have been internally displaced. Recent estimates from an IOM report on climate change in Basra indicate that migrant populations comprise roughly 12% of the city's population, with the majority originally from rural areas in neighboring governorate (source: Migration into a Fragile Setting, October 2021). The current drivers of migration are co-occurring during the COVID-19 pandemic that has stressed individual households, the health care system, and the economy. Two additional outbreaks (Crimean-Congo hemorrhagic fever [CCHF] and acute watery diarrhea [AWD]) can further stress the health system. Climate change remains a threat multiplier, with the extreme drought parts of the country are experiencing compounding the stress on the healthcare system. Most respondents in this survey reported access to clean water, adequate sanitation, and safe shelter; however almost 25% of respondents indicated they currently lack access to clean water. Access to these essentials may become more difficult if more internally displaced persons move to areas with high severity conditions and the water shortage/drought persist. While there was trust in health care providers themselves, there was a noted lack of trust in the healthcare system. Further, less than half of respondents felt they were able to advocate for their community's needs and believed they had a voice for change. Water-related concerns were a priority, however individual advocacy attempts have been made previously that did not yield any results, leading to feelings of hopelessness that nothing will change.

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