Evaluation of health services to The residents of UNHR in Sarvestan refugee camp based on the responsive evaluation model in the Covid epidemic 19

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Abstract

Introduction: Due to the spread of social, economic and political problems, the number of asylum seekers is increasing every year. Lack of attention to asylum seekers’ access to quality health services not only poses a serious threat to the health of asylum seekers, but also to the general health of the destination community. Due to the importance of this issue, the present study was conducted to evaluate the health care services to the citizens of Commissariat Camp Sarvestan (UHNR) based on the responsive evaluation model.

Materials and Methods: The present study was a quantitative cross-sectional study conducted in 2020. The statistical population of this study was Afghans over 15 years old living in UHNR camp (Shahid Beheshti Hospital Sarvestan, Fars province). Due to the limited statistical population, sampling was done by census method and the total number of samples in the present study was 270 people. The main tool of the present study was a questionnaire based on the responsive evaluation model. In this study, components of health services, including health services, physician-patient relationship, therapeutic collaboration and access to services were evaluated. SPSS software version 21 was used for statistical analysis of data.

Results: Among the components of health services, the highest score for physician-patient communication (17.88±6.91) and the lowest score for treatment coordination (14.58±5.8). The results of this study showed that 75-90% of the participants in all 4 dimensions had a relatively good to moderate theoretical dimension that reflected the relative satisfaction of the services and only 10 to 25% of the subjects presented poor and relatively poor grades. Furthermore, the results of the statistical test of the quantitative analysis section showed a statistically significant difference between the total score of health care services and age and gender (p = 0.003 and p = 0.001, respectively).

Conclusion: In all components more than 75% of the participants had high satisfaction, which indicates the efforts, cooperation and planning of relevant officials in the field of health services in this camp.

Introduction

The number of asylum seekers is increasing every year due to the spread of social, economic and political problems (1). The Islamic Republic of Iran is host to one of the selected countries for asylum seekers, especially Afghan asylum seekers (2). The growing numbers of refugees has created a major challenge for health care systems, especially in the COVID-19 pandemic in host countries (3). Health is considered as a key component for the integration of an immigrant in society and the labor market, because having health is the most basic condition for realizing an individual's potential for development (4).

Many Internally displaced people (IDPs) have fled poor and developing countries, where they face restrictions on access to health care and access to adequate services due to conflict (5). Thus, refugees are potentially at greater risk of developing infectious diseases, malnutrition and mental health-related issues that may be related to their experiences of fleeing war and living in refugee camps (6).

Asylum seekers face barriers to accessing health care services in the destination country, which poses a serious risk to their health status (6). Asylum seekers have unique and complex health needs that require special attention both at the beginning of the arrival and during the resettlement process. Lack of access to quality health services for asylum seekers not only poses a serious threat to the health of asylum seekers, but also threatens the general health of the target community (7). Therefore, it is essential for asylum seekers to have access to appropriate and quality health services.

The quality of health care is considered as the main dimension of the health system performance. Quality of care can be defined as: "Whether individuals are able to access the health care structures and care processes they need, and whether the care received is effective." Evaluation is an essential part of quality improvement and when done well, it can help solve problems, inform decision making and build knowledge (8).

Responsive evaluation model as one of evaluation models is considered as a management-based model and has been developed to facilitate the decision of service providers and is a holistic and comprehensive model that can systematically review a program. Evaluators and decision makers determine the type of evaluation tailored to the needs of the program (9, 10). The responsive
evaluation model includes five stages of research, discovery and identification of problems, discussion, interpretation of the findings, providing suitable context to facilitate dialogue between stakeholders, and Socratic education and guidance (11).

Various studies have been conducted on the quality of health care services for refugees. In a review study, Hahn et al. examined the quality of health care for refugees, and concluded that refugees often do not have regular access to health care and face limited access to health care in their host countries (3). Salim et al. also examined the satisfaction of health care services among refugees in a camp in Jordan, and concluded that asylum seekers face problems in accessing health services, referrals to hospitals, lack of follow-up and lack of dentistry services and these cases had the lowest acceptable rate (12). Mahmoudi et al. examined the existing inequalities in migrants’ access to health and housing and believe that their access to educational and health services is also associated with many problems and challenges(13). Hashemabadi et al. also during a study concluded that one of the main problems of refugees is lack of ability to pay for education and health care costs for Afghan students(14).

So far, no research has examined the health status and quality of health care services to refugees in the country. However, according to the results of previous studies, it has been proven that the situation of providing services to foreign nationals is not acceptable, which requires more attention of officials to the importance of the issue and good planning to provide services in the field of their education, health and treatment. According to the above, the present study was conducted aimed to evaluate the health care services to the residents of UNHR in Sarvestan refugee camp based on the responsive evaluation model.

[1] An asylum seeker is a person who leaves their country of residence, enters another country and applies for asylum (i.e., international protection) in this other country. An asylum seeker is an immigrant who has been forcibly displaced and might have fled their home country because of war or other factors harming them or their family. If their case is accepted, they become considered a refugee.[2] The terms asylum seeker and refugee are often confused.


[3] Refugees and migrants are potentially at greater risk of developing infectious diseases because of their exposure to infections, lack of access to health care, interrupted care and poor living conditions during the migration process.

[4] Health system performance refers to how far health systems achieve each of these goals relative to the country’s overall context (Durán et al., 2012). However, assessments of health system performance are far from straightforward.

[5] Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage.

[6] Evaluation is an essential part of quality improvement and when done well, it can help solve problems, inform decision making and build knowledge. While evaluation comes in many shapes and sizes, its key purpose is to help us to develop a deeper understanding of how best to improve health care.

[7] Responsive evaluation is an approach to measure the effectiveness of educational programs developed by Robert E. Stake. This approach enables to evaluate the educational and other programs by comparing the program activity, the program uniqueness, and the social diversity of the people.

Method

The present study was carried out as a cross-sectional study. The statistical population of this study includes Afghans living in UNHR camp (Shahid Beheshti hospital, Sarvestan, Fars province) who are over 15 years old. Census was selected as the sampling method due to the limitations of the statistical population. The number of samples participating in this study is 270 people. A questionnaire was used to collect data, which Persian version of the 20-item questionnaire was used in the present study. This questionnaire was developed in two parts including demographic questions (age, sex and marital status) and main questions (ZAP Questionnaire).

This questionnaire has been assessed for reliability to assess the quality of health services provided by Grohl et al which has 4 dimensions of medical services, staff-patient communication, treatment coordination and access to health services and scored
based on the 5-point Likert scale of good (5) to poor (1)\(^{(15, 16)}\). Also, the validity of this questionnaire has been confirmed for Middle East populations in the study of Quiz et al\(^{(17)}\). (\(\alpha = 0.80\)). At the same time, the reliability and validity of the questionnaire were evaluated by 2 experts. Finally, the data were analyzed using SPSS software version 21 and using descriptive statistics such as mean, standard deviation, frequency and. ...

[8] Zufriedenheit in der Arztpraxis

Results

This study examined a total of 270 people, of which 144 (53.3%) were female and 125 (46.7%) were male. Subjects were divided into 5 groups: under 20 years, 20–30 years, 40–30 years, 50–40 years and over 50 years in terms of age distribution. 44 people (16%) belong to the age group under 20, 80 people (30%) belong to the age group of 20–30 years, 48 people (18%) belong to the age group of 40–30 years, 52 people (19\%) The age group was 40–50 years and 46 (17\%) belonged to the age group over 50 years. Table 1 shows the demographic characteristics of the subjects.

Table 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>Abundance</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>145</td>
<td>8/53</td>
</tr>
<tr>
<td>Male</td>
<td>125</td>
<td>46/3</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 20 years</td>
<td>44</td>
<td>16</td>
</tr>
<tr>
<td>30–20 years</td>
<td>80</td>
<td>30</td>
</tr>
<tr>
<td>40–30 years</td>
<td>48</td>
<td>18</td>
</tr>
<tr>
<td>50–40 years</td>
<td>52</td>
<td>19</td>
</tr>
<tr>
<td>Over 50 years</td>
<td>46</td>
<td>17</td>
</tr>
</tbody>
</table>

The average total score of health care services to Afghan immigrants was \(64.21 \pm 23.44\) (total score 100) in this study. Table 2 also shows the average scores in each of the four dimensions of this variable. In this study, the highest score among the studied components was assigned to the physician-patient relationship and the lowest score to therapeutic cooperation.

Table 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean and standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Service</td>
<td>6.02 (\pm 15.27)</td>
</tr>
<tr>
<td>Physician-patient relationship</td>
<td>6.91 (\pm 17.88)</td>
</tr>
<tr>
<td>Therapeutic collaboration</td>
<td>5.80 (\pm 14.58)</td>
</tr>
<tr>
<td>Access</td>
<td>6.13 (\pm 16.48)</td>
</tr>
<tr>
<td>Total</td>
<td>23.44 (\pm 64.21)</td>
</tr>
</tbody>
</table>

The results of the statistical test of the quantitative analysis section showed that there was a statistically significant difference between the total score of age-gender health services (\(p = 0.003\) and \(p = 0.001\), respectively), ie, participants’ gender and age had a significant effect on the total score of health services (Table 3).
Table 3
The effect of age and gender of participants on the total score of health services

<table>
<thead>
<tr>
<th>Total service score</th>
<th>Mean and standard deviation</th>
<th>Significance level p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>64/21 ± 23/44</td>
<td>0.003</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td>0.001</td>
</tr>
</tbody>
</table>

Also, the results of examining the different dimensions of the questionnaire are presented in Table 4. Analyzes show that 66.9% of participants had a good and relatively good opinion in terms of health services, 73.7% in terms of staff-patient relationship, 69.7% in terms of treatment coordination and 71.8% in terms of access. Overall, a higher percentage of participants reported good and relatively good opinion in all dimensions.

Table 4
Dimensions of the questionnaire

<table>
<thead>
<tr>
<th>Spectrum</th>
<th>Weak</th>
<th>Relatively weak</th>
<th>medium</th>
<th>Fair</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>health Service</td>
<td>1</td>
<td>0/4</td>
<td>40</td>
<td>14/6</td>
<td>48</td>
</tr>
<tr>
<td>Staff-patient communication</td>
<td>2</td>
<td>0/7</td>
<td>31</td>
<td>11/4</td>
<td>39</td>
</tr>
<tr>
<td>Therapeutic coordination</td>
<td>1</td>
<td>0/4</td>
<td>45</td>
<td>16</td>
<td>49</td>
</tr>
<tr>
<td>access</td>
<td>1</td>
<td>0/4</td>
<td>29</td>
<td>10/6</td>
<td>46</td>
</tr>
</tbody>
</table>

Discussion

Refugees and asylum seekers are a special and deprived category of non-nationals who not only pay attention to health care needs and facilitate their access to services in the host country can provide beneficial results for both the host community and immigrants, but also pay attention to their current and past status and helping to improve their lives are very influential in this regard(18).

A review of the approaches and actions of the developed countries of the world towards immigrants and refugees shows that these countries have made extensive and have taken advantage of immigrants and refugees as a specialized and skilled force by strengthening and promoting their knowledge and awareness, and have taken basic and necessary steps to secure their national interests(19). Experts and skilled people have made the most of it by strengthening and promoting their knowledge and awareness, and have taken basic and necessary steps to ensure their national interests(20, 21).

The Islamic Republic of Iran is host to one of the largest and most protracted urban refugee situations in the world and has provided asylum to refugees and asylum seekers from neighboring countries over the past few decades, although it has taken humanitarian, valuable, basic measures and relatively comprehensive programs regarding living, health, education and many other migrants-related areas related, but unfortunately so far has not been able to take the necessary steps to meet their needs, migrants' access to health services and increase their awareness and knowledge.

One of the important components of the right to life is the right to receive health services; Therefore, it is a fundamental right and governments are obliged to ensure the right of access to health services within the limits of facilities and with the aim of maintaining and promoting health and human life; This right is inspired by paragraphs 9 and 12 of the third principle in the Constitution of the Islamic Republic of Iran and the enjoyment of social security is one of the duties of the government according
to Article 29 (22). Furthermore, universal security and social security are recognized as fundamental duties of any state in Articles 25 of the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and Article 17 (b) of the Islamic Declaration of Human Rights. On the other hand, the relevant international documents have examined the rights of immigrants and asylum seekers to the right to health, regardless of nationality, race, sex, religion, etc. Providing health services to Afghan refugees and asylum seekers has always been questioned due to the significant number of Afghan refugees and asylum seekers, estimated at up to three million (18, 23).

The present study was conducted to evaluate the health care services to the residents of UNHR in Sarvestan refugee camp and has examined components such as demographic information, health services, staff-patient communication, treatment coordination and access. The results of the study show that there was a significant relationship between demographic characteristics such as age and gender and the total score of health care services. Furthermore, more than half of the participants had high satisfaction scores for all components, so it can be concluded that the efforts, cooperation and planning of the relevant authorities in the field of health care in this camp. In the present study, the highest satisfaction score was for staff-patient communication and the lowest satisfaction score was for treatment coordination.

Mahmoudian (2006) during his study on Afghan immigrants in terms of socio-economic status concluded that they have access to educational and health services more than any other component. The education and health-related gap of Afghan immigrants is greater compared to their Afghan compatriots compared to any other socio-economic variable. The use of free education in Iran has provided this golden opportunity for Afghan immigrants. Also, the use of health facilities in Iran has improved the situation of Afghan migrants in Iran in terms of mortality and health problems. The access of the immigrants to social and health services in Iran have been enhanced mainly through a greater and stronger presence in Iranian society. This has been confirmed by the adaptation of more immigrants who have spent longer in Iran (24). The findings of this study are also consistent with the above study in the field of health services. Hashemabadi (2012) during another study on the issue of education and health and treatment of Afghan citizens in Isfahan and believes that one of the main problems of refugees is the lack of ability to pay for education and health and treatment of Afghan students (13).

Also, the unfamiliarity of the employees of the Iranian administrative system with the laws related to refugees has caused some problems and dissatisfaction of immigrants with the administrative system (25). Mahmoudi (2002) has studied the participation of Afghan refugees and non-governmental organizations in their reproductive health education. In his research, he concluded that raising the awareness of vulnerable groups (immigrants) play an important role in reducing maternal and child mortality, which is one of the indicators of countries' development. According to the results of this study, holding workshops and training courses, especially with the use of Afghan volunteers and teachers, has had a great impact on improving the knowledge and awareness of immigrants about their health. (26) Also, there are some problems and immigrants will be dissatisfied with the administrative system due to the unfamiliarity of the employees of the Iranian administrative system with the laws related to refugees (25).

Rakhshani during a study examined the participation of Afghan refugees and non-governmental organizations in reproductive health education (RHE) and concluded that raising the awareness of vulnerable groups (migrants) plays a significant role in reducing maternal and child mortality, which is considered as one of the indicators of developed countries (27).

According to these results, holding workshops and training courses, especially with the use of Afghan volunteers and teachers, have a significant impact on improving the knowledge and awareness of immigrants about their health (28). Furthermore, studies have been conducted on the economic, social and demographic situation of Afghan immigrants in Iran. Ahmadi Movahed (2003) during a study concluded that Afghans were in a lower economic and social status than both other immigrants (Iraqis) and Iranians (29). Also, Riahi et al. (2016) in a study examined the health information needs of immigrants referring to health centers affiliated to the country's medical universities. They concluded that there is no significant difference between information needs in terms of demographic factors. "Information about infectious diseases" is known as the most important diseases-related information needs. "Immigrants' unfamiliarity with traditional sources related to health" has been the most important center for providing health information to immigrants in schools and universities and the most important challenge for them to get information. According to the results of this study, the health needs of immigrants are at a high level (27).

[9] The Universal Declaration of Human Rights is an international document adopted by the United Nations General Assembly that enshrines the rights and freedoms of all human beings.
Reproductive health education (RHE) is an important component of school curricula. It helps students in the decision-making process regarding several issues concerning reproductive health. However delivering RHE at schools is a difficult task for the teachers.

Conclusion

The results of this study show that there was a significant relationship between age and gender with the total score of health services and the gender of the participants and increasing their age had significant effect on the total score of health services. Furthermore, more than half of the participants were highly satisfied in all components (health services, staff-patient communication, treatment coordination and access), and this has been the result of the efforts, cooperation and planning of the relevant authorities in the field of services in the health sector in this camp. Finally, it is possible to implement appropriate and useful solutions and strategies to improve the access of immigrants to the health care services they need. These strategies can be considered in the field of improving laws and regulations, increasing and expanding programs and powers, as well as providing more desirable and useful services, including improving and strengthening the support and cooperation of international organizations in helping and protecting migrants, improving existing immigrants-related laws and regulations, improving the support of human resources, specialists and providers of health care services to immigrants and their related issues and improving the support of education, universities, educational centers and information related to immigrants.

Limitations

This study, like other studies, had limitations. First, a questionnaire was used to obtain the views and opinions of the residents of UNHR in Sarvestan refugee camp. Also, it was difficult to access them in the Covend 19 epidemic. Although the researcher was present when the questionnaire was completed by the clients and provided the necessary guidance and guidance when completing the questionnaire, there may be a bias in this field. Second, the present study as a cross-sectional research was conducted in 2020, which may lead to different results in other studies at different time periods. Third, although the present study was conducted among residents of UNHR in Sarvestan refugee camp, the results may not be generalizable to other centers in the provinces and medical universities of the country.

Declarations

Ethics approval and consent to participate

This study was approved by the Ethics Committee of shiraz University of Medical Sciences (98-477). The participants were justified about the research aim. Informed consent was obtained. The confidentiality of the participants' information was maintained throughout the study.

Consent for publication

Not applicable

Availability of data and material

The datasets produced and analyzed during the present study are not publicly accessible due to participant confidentiality, but are obtainable from the corresponding author on reasonable request.

Competing interests

Not applicable.

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Authors’ contributions
LA organized and led the project. All authors contributed to writing and/or editing, data analysis, and read and approved the final manuscript.

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References

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