



Photo: © UNHCR

# HEALTH ACCESS AND UTILIZATION SURVEY AMONG NON-SYRIAN REFUGEES IN JORDAN

“HAUS 2023”

## Acknowledgements

Research for this study was conducted by Headway Jordan using the UNHCR Health Access and Utilization Survey (HAUS) tools and protocols. We would like to extend our sincere appreciation to the respondents who volunteered their valuable time to participate in the survey. A total of 566 non-Syrian households residing in the non-camps settings were interviewed during the survey for this year, while 403 non-Syrian households participated in the same exercise conducted in 2021. We are particularly thankful to UNHCR for extending the valuable support for carrying out this important exercise.

**This report should be cited using the following referencing style: Headway, UNHCR in Jordan 2023. Health Access and Utilization Survey among non-Syrian Refugees - Jordan - 2023 Survey Report.**

## CONTENTS

Executive Summary	8
Background and Methodology	12
Detailed Findings	14
Head of Household Demographics	14
Household Members Demographics	19
General Awareness on Health Care Access	21
Household Health Demographics	22
Health Service and Health Seeking Behaviour	23
Childhood Vaccinations	31
Sexual & Reproductive Health	34
Nutrition including Infant and Young Child Feeding “IYCF”	40
Chronic Diseases	42
Disability	44
Covid-19 Vaccination	46
Discussion	44
Conclusion	47
Recommendations	47
Limitations to the Study	49
References	50
About UNHCR	50
About Headway	50
ANNEX “A”: Main Indicators	51

## ACRONYMS

ANC	Antenatal Care
BA	Bachelor of Arts
COPD	Chronic Obstructive Pulmonary Disease
CS	Caesarean Section
GOJ	Government of Jordan
HAUS	Health Access and Utilization Survey
HHH	Head of Household
HH	House Holds
IYCF	Infant and Young child Feeding
JOD	Jordanian Dinar
MMR	Measles Mumps Rubella
MOH	Ministry of Health
NGO	Non-Governmental Organization
PHC	Primary health Care
SRH	Sexual and Reproductive Health
UNHCR	United Nations High Commissioner for Refugees
WRA	Women at Reproductive Age

## List of Figures

FIGURE 1. HEAD OF HH GENDER .....	14
FIGURE 2. HEAD OF HH AGE .....	14
FIGURE 3. REFUGEE'S COUNTRY OF ORIGIN .....	15
FIGURE 4. REGION.....	15
FIGURE 5. DURATION SINCE FIRST FAMILY MEMBER ARRIVED TO JORDAN .....	16
FIGURE 6. LANGUAGES SPOKEN.....	16
FIGURE 7. HEAD OF HH EDUCATION LEVEL (2023) .....	17
FIGURE 8. MONTHLY HOUSEHOLD INCOME (2023).....	17
FIGURE 9. HEAD OF HH MARITAL STATUS (2023).....	18
FIGURE 10. HH MEMBERS GENDER .....	19
FIGURE 11. HH MEMBERS AGE .....	19
FIGURE 12. HH MEMBERS MARITAL STATUS (2023 (N=1,609)) .....	19
FIGURE 13. HH MEMBERS EDUCATION LEVEL (2023 (N=1,559)) .....	20
FIGURE 14. POSSESSION OF A WHITE CARD (2023).....	21
FIGURE 15. NEEDED TO ACCESS HEALTH-CARE SERVICES IN THE PAST MONTH.....	23
FIGURE 16. FIRST LOCATION THE HEALTH-CARE SERVICE WAS SOUGHT AT .....	23
FIGURE 17. RECEIVED HEALTH-CARE SERVICES IN FIRST FACILITY .....	24
FIGURE 18. PAID FOR HEALTH-CARE SERVICE IN FIRST FACILITY .....	24
FIGURE 19. SATISFACTION WITH HEALTH-CARE SERVICES PROVIDED IN FIRST LOCATION (2023) .....	25
FIGURE 20. REFERRED TO SECOND HEALTHCARE FACILITY .....	25
FIGURE 21. SECOND LOCATION THE HEALTH-CARE SERVICE WAS SOUGHT AT .....	26
FIGURE 22. RECEIVED HEALTH-CARE SERVICES IN SECOND ATTEMPT (2023, N= 55) .....	26
FIGURE 23. PAID FOR HEALTH-CARE SERVICE/REFERRAL (2023, N= 32) .....	26
FIGURE 24. SATISFACTION WITH HEALTH-CARE SERVICES PROVIDED IN SECOND LOCATION (2023, N= 32) .....	26
FIGURE 25. NOTICING AN INCREASE IN HEALTH-CARE COSTS IN PAST YEAR.....	28
FIGURE 26. IMPACT DUE TO INCREASE IN HEALTH-CARE COSTS .....	28
FIGURE 27. ADOPTED A COPING STRATEGY (2023).....	29
FIGURE 28. AWARE OF FREE CHILDREN VACCINATION AT MOH HEALTH FACILITIES .....	31
FIGURE 29. AWARE OF CHILD VACCINATION SCHEDULE CARD (2023) .....	31
FIGURE 30. POSSESSION OF INFANT'S VACCINATION SCHEDULE CARD .....	31
FIGURE 31. RECEIVED MMR VACCINATION .....	32
FIGURE 32. LOCATION RECEIVED MMR VACCINATIONS AT .....	32
FIGURE 33. RECEIVED POLIO VACCINATION .....	33
FIGURE 34. LOCATION RECEIVED POLIO VACCINATIONS AT .....	33
FIGURE 35. MOTHER OF INFANT YOUNGER THAN 2 YEARS OLD (2023).....	34
FIGURE 36. RECEIVED ANTENATAL CARE.....	34
FIGURE 37. NUMBER OF ANTENATAL CARE VISITS .....	34
FIGURE 38. ENCOUNTERED DIFFICULTIES TO RECEIVE ANTENATAL CARE .....	35
FIGURE 39. TYPE OF INFANT'S DELIVERY (2023).....	36
FIGURE 40. LOCATION FOR INFANT DELIVERY .....	37
FIGURE 41. REASONS FOR SELECTING PRIVATE HOSPITAL/CLINIC (2023).....	37
FIGURE 42. RECEIVED FINANCIAL SUPPORT TO PAY INFANT'S DELIVERY FEES (2023).....	37
FIGURE 43. LOCATION SOUGHT FAMILY PLANNING SERVICES AT .....	39
FIGURE 44. NOTICED DIFFICULTIES WITH INFANT GROWTH OR NUTRITION DURING THE PAST MONTH (2023).....	40
FIGURE 45. REQUESTED A PROFESSIONAL ASSISTANCE (2023).....	40
FIGURE 46. REGISTERED TO PROFESSIONAL ASSISTANCE NUTRITION PROGRAM (2023) .....	40
FIGURE 47. INFANTS WHO WERE EVER BREASTFED (2023).....	41

<b>FIGURE 48. TIMING OF BREASTFEEDING INITIATION (2023)</b> .....	41
<b>FIGURE 49. INFANT WAS BREASTFED DURING THE NIGHT OR DAY (2023)</b> .....	41
<b>FIGURE 50. INFANT WAS FED SOLID/SEMI-SOLID FOOD DURING THE NIGHT OR DAY (2023)</b> .....	41
<b>FIGURE 51. PREVALENCE OF CHRONIC DISEASES</b> .....	42
<b>FIGURE 52. TYPE OF CHRONIC DISEASE</b> .....	42
<b>FIGURE 53. ABILITY TO OBTAIN MEDICAL CARE OR MEDICATIONS IN PAST 3 MONTHS FOR HIS CHRONIC DISEASE (2023)</b> .....	43
<b>FIGURE 54. PREVALENCE OF DISABILITY</b> .....	44
<b>FIGURE 55. DISABILITY TYPE LIVING WITH</b> .....	44
<b>FIGURE 56. TYPE OF SUPPORT RECEIVED FOR DISABILITY (2023)</b> .....	45
<b>FIGURE 57. RECEIVED COVID-19 VACCINATION (N= 1,489)</b> .....	46
<b>FIGURE 58. NUMBER OF SHOTS RECEIVED</b> .....	46

## List of Tables

<b>TABLE 1. AWARENESS OF HEALTH CARE ACCESSIBILITY INDICATORS .....</b>	<b>21</b>
<b>TABLE 2. SNAPSHOT OF FAMILY MEMBERS CERTAIN HEALTH PARAMETERS .....</b>	<b>22</b>
<b>TABLE 3. REASONS FOR INABILITY TO RECEIVE HEALTH-CARE SERVICES IN FIRST FACILITY.....</b>	<b>24</b>
<b>TABLE 4. AMOUNT SPENT ON HEALTH-CARE SERVICES IN FIRST FACILITY .....</b>	<b>25</b>
<b>TABLE 5. AMOUNT SPENT ON HEALTH-CARE SERVICES (2023) .....</b>	<b>29</b>
<b>TABLE 6. COPING STRATEGIES IMPLEMENTED.....</b>	<b>29</b>
<b>TABLE 7. PREFERRED SOURCE TO RECEIVE INFORMATION ON HEALTH CARE (2023).....</b>	<b>30</b>
<b>TABLE 8. DIFFICULTIES ENCOUNTERED TO RECEIVE ANTENATAL CARE.....</b>	<b>35</b>
<b>TABLE 9. AMOUNT SPENT ON INFANT’S DELIVERY SERVICE (2023).....</b>	<b>36</b>
<b>TABLE 10. AWARENESS AND USAGE OF FAMILY PLANNING SERVICES IN JORDAN .....</b>	<b>38</b>
<b>TABLE 11. SOURCE OF INFORMATION ABOUT FAMILY PLANNING IN JORDAN .....</b>	<b>38</b>
<b>TABLE 12. TYPE OF CHRONIC DISEASE - OTHERS .....</b>	<b>42</b>
<b>TABLE 13. AMOUNT SPENT ON CHRONIC DISEASE (2023).....</b>	<b>43</b>
<b>TABLE 14. REASONS PREVENTED RECEIVING MEDICAL CARE OR MEDICATIONS FOR CHRONIC DISEASE .....</b>	<b>43</b>
<b>TABLE 15. CAUSE OF DISABILITY .....</b>	<b>44</b>
<b>TABLE 16. REASONS PREVENTED RECEIVING SUPPORT FOR DISABILITY (2023).....</b>	<b>45</b>
<b>TABLE 17. WHAT PREVENTED RECEIVING VACCINATION .....</b>	<b>46</b>

# Executive Summary



## Household demographics

A total of 566 non-Syrian households in Jordan were interviewed about their health access and utilization practices in 2023. The non-Syrian household's members were almost equally divided between males and females (52 vs. 48 per cent, respectively). As for age and gender distribution, 30 per cent of household members were under 18 years of age, 24 per cent of non-Syrian household heads were females, 49 per cent of household heads were between 35 and 59 years old, and 22 per cent were older than 60 years. The majority of non-Syrian households were living in Amman (82%) and almost all (99%) were in the Country of Asylum (CoA) for more than 2 years.

Non-Syrian household average size was 3.7 per household, similar to 2021 study while the average monthly income for a non-Syrian refugee household was 198.5 JOD. Iraq was the highest listed country of origin at 55 per cent, followed by Yemen at 25 per cent and Sudan with 17 per cent, similar to the trends observed in the 2021 HAUS survey.



## General Awareness on health care access

An increase was witnessed with regards to the awareness of UNHCR supported facilities since 2021 by 9 per cent (62 in 2023 vs. 53 per cent in 2021), while the awareness of access to MOH facilities at subsidized costs decreased by 2 per cent (48 vs. 50 per cent in 2021). Furthermore, 69 per cent of heads of household reported they understood information regarding subsidized health care access, yet awareness of issuing a white card at MOH facilities was only 43 per cent. Only 27 per cent reported to possessing a white card issued by the MoH facilities.



## Health service and health seeking behaviour

The need to access a health-care facility decreased to 24 per cent in 2023, compared to 37 per cent in 2021 survey results. For those who accessed health-care services in 2023, 48 per cent chose to seek care at private clinic or hospital, 28 per cent sought care at a governmental health facility, and 13 per cent went to private pharmacies. It is important to mention that access to pharmacies dropped by 17 per cent, access to private hospitals or clinics increased by 10 per cent, and access to government hospitals increased by 6 per cent as compared to the 2021 survey results. With regards to the first health-care facility accessed, 90 per cent of non-Syrian household members reported that they received the needed health-care service at the first facility, compared to 81 per cent in 2021. While most household members could access the health-care facilities, 10 per cent could not access the needed services, mainly due to the costs of services. Furthermore, the average paid amount at the first health-care facility accessed was 81 JOD in 2023, and the vast majority of non-Syrians (90 per cent) were satisfied with the services provided by the first health-



care facility accessed. Also, 11 per cent of non-Syrians who needed health-care services were referred to a second health-care facility, versus 17 per cent in 2021.

Finally, with regards to the most preferred source of communication to receive information about health care, phone was the most preferred means of communication, followed by text messages, the internet (UNHCR website and Facebook), and WhatsApp.



### **Expenditure on health care and impact**

Non-Syrian households noticing an increase in health-care costs increased by 10 per cent compared to 2021 survey results. Seventy per cent were unable to afford the necessary medications, and 60 per cent stated they were unable to visit doctors or medical facilities if they needed health care. Furthermore, a significant decrease of 26 per cent was observed in non-Syrians in 2023 who reported that the health cost increase made them unable to afford necessary medical procedures. To cope with the health-care cost increase, 62 per cent of non-Syrians adopted a number of strategies, as follows: 48 per cent resorted to reducing visits to health-care providers, 46 per cent spent savings or borrowed money, 35 per cent stopped or reduced medication use, and 28 per cent reached NGO's clinics for free health-care service (15 per cent increase compared the to 2021 study). The top preferred sources for medical information for non-Syrian heads of household were phone, followed by text messages, the internet (UNHCR website and Facebook), and WhatsApp, respectively.



### **Childhood vaccinations (not including COVID-19)**

Awareness of free children's vaccinations offered by MOH facilities was at 79 per cent in 2023 among non-Syrians who have a child between 9-59 months while 99 per cent of infants between 9-59 months were in possession of a vaccination card. Over 97 per cent of non-Syrian children (0-5 years old) took the MMR and polio vaccination (mostly taken at governmental health centres), similar to the 2021 survey.



### **Sexual & Reproductive Health**

Out of all non-single women in reproductive age (15-49 years old) in 2023, 26 per cent were mothers of children younger than 2 years old, of which 85 per cent stated they received antenatal care. Around 70 per cent of mothers visited health-care centres more than four times for antenatal care. Twenty-seven per cent of mothers who received antenatal care reported they faced difficulties when receiving the service, mainly due to their inability to afford service fees.

In 2023, almost half of mothers (49 per cent) gave birth through normal vaginal delivery, and 50 per cent delivered through a caesarean section (29 per cent unplanned caesarean section, 21 per cent planned caesarean section). The average amount spent on delivery was 370 JODs, with the highest reported delivery place was in governmental hospitals (51 per cent) and 46 per cent in private hospitals. Fifty-two per cent of females who paid for

delivery fees did not get any financial assistance for the delivery, while 24 per cent received full financial support and 24 per cent received partial financial support.

With regards to family planning, 37 per cent of mothers were aware of services available in Jordan to prevent unwanted pregnancies. Furthermore, 26 per cent of mothers said that they heard information about family planning in the past year. While 37 per cent of non-single Women at Reproductive Age (WRA) were aware of available services in Jordan to prevent unplanned pregnancy, only 17 per cent in 2023 tried to obtain contraceptive methods. Among the non-single WRA, 30 per cent sought services at MOH health facilities to receive contraceptives, 38 per cent visited a private doctor, and 9 per cent sought services at NGO's clinics.



### Nutrition including Infant and Young Child Feeding “IYCF”

Out of children between 0-59 months old, 20 per cent had nutritional and growth difficulties in 2023, of which 54 per cent requested assistance and only 3 per cent were included in professional assistance program. With regards to breastfeeding practices for infants, 79 per cent were ever breastfed and 41 per cent of those were breastfed during the first hour.



### Chronic Diseases

Chronic diseases prevalence among non-Syrian households' members surveyed was at 23 per cent in 2023, compared to 26 per cent in 2021 with the top recorded chronic cases of hypertension (44 per cent in 2023, 41 per cent in 2021), and diabetes (30 per cent in 2023, 27 per cent in 2021), followed by asthma or COPD and ischaemic heart disease.

In the past 3 months prior to data collection of the 2023 study, 76 per cent of non-Syrian household members suffering from chronic disease were able to receive health care for their chronic condition with the average amount of 69 JOD spent on treatment. Twenty-four per cent of household members with chronic diseases reported that they could not access medical care for their condition, largely due to their inability to afford the service fees.



### Disability

The reported disability cases among non-Syrian household members decreased from 11 per cent in 2021 to 9 per cent in 2023. The highest reported disability was physical impairment at 51 per cent compared to 57 per cent in 2021, followed by sensory disability and mental disability (28 and 13 per cent in 2023 vs. 24 and 10 per cent in 2021, respectively). The leading disability cause for 36 per cent of household members living with disability was “natural/at birth”, followed by accidents (26 per cent) and war (23 per cent). These causes in the 2021 survey were at 54, 16, 23 per cent respectively. With regards to receiving support for disability, 64 per cent did not receive any support due to unaffordability, and 19 per cent reported not receiving the needed support due to the unavailability of service for their condition.



## COVID-19

Ninety-two per cent of surveyed household members over the age of 18 years received COVID-19 vaccinations, out of which 4 per cent received a single shot, 81 per cent stated they received 2 shots, and 14 per cent reported receiving the third booster shot of the vaccine. Household members who did not receive the COVID-19 vaccine referred to reasons related to: “lack of trust in vaccinations” (44 per cent), “was not advised by friends and family” (16 per cent), and due to pregnancy (14 per cent).

# Background and Methodology<sup>1</sup>

## Background

Jordan is currently hosting around 80,000 non-Syrian refugees from countries including Iraq, Yemen, Sudan, and Somalia. 60,951 of non-Syrian refugees are from Iraq. Almost All the non-Syrian refugees are living in host communities in urban and rural areas, with the overwhelming majority living in the capital Amman.<sup>2</sup>

A policy decision taken by the Government of Jordan (GOJ) in June 2020 resulted in reduction in the cost for non-Syrian refugees accessing healthcare at public health facilities from the foreigner rate to the non-insured Jordanian rate. A multi-donor health trust fund supported by the United States, Canada, Denmark, Germany, the World Bank and Qatar is now directly supporting the Ministry of Health to maintain the subsidized access for non-Syrian refugees at the public health facilities. The reduction in costs for non-Syrians has also had a significant impact on UNHCR's own health programming budget, meaning that the organization can help more refugees cover their medical expenses than before.<sup>3</sup>

Due to the different nature of access to health care in urban settings where there are a variety of providers, including private, public, military, and non for profit, affordability and quality of care can be an issue. UNHCR has developed the Health Access and Utilization Survey (HAUS) in the form of a household telephone survey that is simple, flexible and cost-effective to identify factors that may affect refugees' ability to access and successfully utilize appropriate health services when needed. HAUS allows for measurement of disease prevalence, health status, health expenditure, and awareness, and access to key health services in a representative sample of the population. HAUS also pinpoints barriers and facilitators in the ability to access and successfully utilize the appropriate health-care services.

Hence, identifying healthcare needs, utilization behaviours, and barriers to access will enable UNHCR to engage with a wide range of actors, promoting shared responsibility, and advocate for an appropriate resource base to ensure that refugees receive protection and assistance. UNHCR partnered with Headway Jordan to conduct survey among Syrian and non-Syrian refugees living in non-camp setting to understand their health access and utilization practices. Headway took on the responsibility conducting the main tasks associated with the survey implementation, data analysis, and report writing. This report details the findings of the 2023 survey.

<sup>1</sup> [HAUS-Plus-Manual.pdf \(unhcr.org\)](#)

<sup>2</sup> [UNHCR Statistical Report- July 2023\)](#)

<sup>3</sup> <https://www.unhcr.org/jo/16405-cash-for-health-provides-relief-for-non-syrian-refugees-in-jordan.html>

## Objectives

- Evaluate awareness regarding the availability of health-care services for urban refugees.
- Estimate the proportion of registered urban refugees seeking care in the preceding month, types of care sought, whether care sought was received and in which type of facilities, and difficulties faced in obtaining care.
- Assess the use of public health care and private facilities and the reasons for seeking care at those facilities.
- Assess access to care and barriers experienced by different groups of seekers.
- Estimate coverage for key health and nutrition indicators including polio and measles immunization in children 9-59 months, use of antenatal care, family planning, skilled attendance at delivery, and infant and young child feeding practices.
- Estimate the proportion of households with injuries, chronic conditions, mental illness, or disability and the type of support they are receiving.

## Survey methodology

A quantitative approach was adopted to elicit the required information areas through telephone interviews with registered refugees in the UNHCR ProGres Database who are 18 years of age or older across all 12 governorates in Jordan. The sample was distributed by country of origin of family members who are registered at UNHCR database, and respondents were chosen randomly from the ProGres Database provided by the UNHCR.

A structured questionnaire was used to collect the necessary information for the survey. The global HAUS+ questionnaire was adopted for the Jordan context and tested by Headway Jordan. The adopted tool tested eleven areas including Demographic information, Child immunization Nutrition, Infant and Young Child Feeding (IYCF) practices, Sexual and Reproductive health (SRH) practices, Chronic Diseases, Mental illness and disability, access to health care in the past month, COVID-19 attitudes, and practices as well as vaccine coverage, access to health services and health seeking behaviour, health-care expenditure, awareness of available health services, and communication.

The tool was scripted using the KOBO platform with an average interview length of 12-15 minutes. 566 telephonic interviews were conducted by 12 trained enumerators from 22 June to July 1, 2023. The sample size was calculated based on key statistical metrics. Once all data was collected and quality was ensured, the raw data was cleaned and validated for missing values and inconsistencies. Coding of close ended questions was done automatically by the data collection system during scripting of the questionnaire, and the data was later tabulated and analysed using Microsoft Office tools (365) to develop this report.

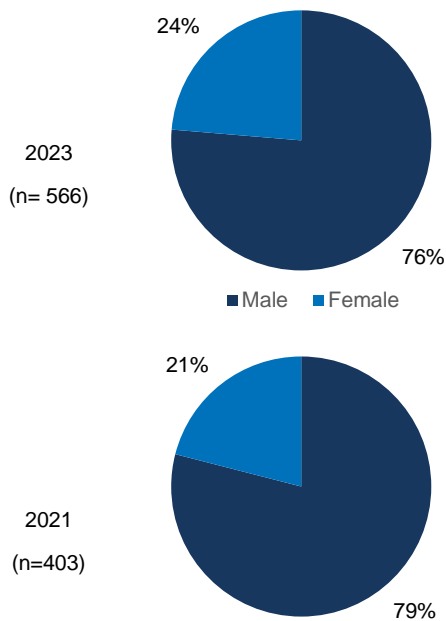
# Detailed Findings

## Head of Household Demographics

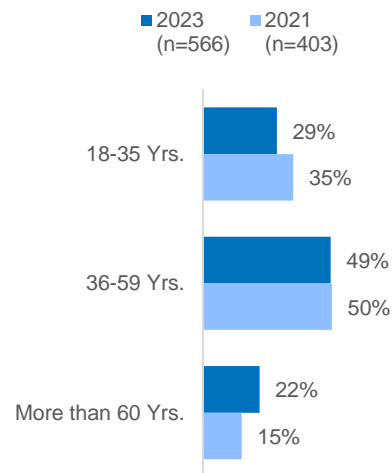
### Gender and age

566 non-Syrian households (HH) living in non-camp settings were interviewed in the 2023 Health Access and Utilization Survey to understand their health access and utilization practices in Jordan, compared to 403 in 2021. Male heads of household represented 76 per cent of total households; an increase of 3 per cent in female heads of household is reported in 2023 in comparison to 2021 results; meanwhile, almost half of heads of households were between 36-59 years old and 29 and 22 per cent between 18-35 and over 60 years old, respectively.

**Figure 1. Head of HH Gender**  
Percentage of head of household



**Figure 2. Head of HH Age**  
Percentage of head of household

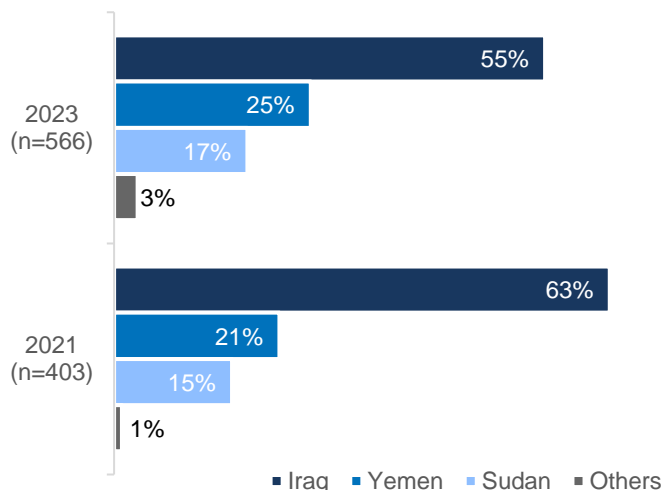


Note: figures do not add up to 100 per cent due to rounding

Over half of heads of households (55 per cent) in the sample were Iraqis, compared to 63 per cent in 2021. The second reported country of origin was Yemen (25 per cent in 2023 vs. 21 per cent in 2021), followed by refugees coming from Sudan at 17 per cent in 2023 compared to 15 per cent in 2021.

### Figure 3. Refugee’s country of origin

Percentage of head of household

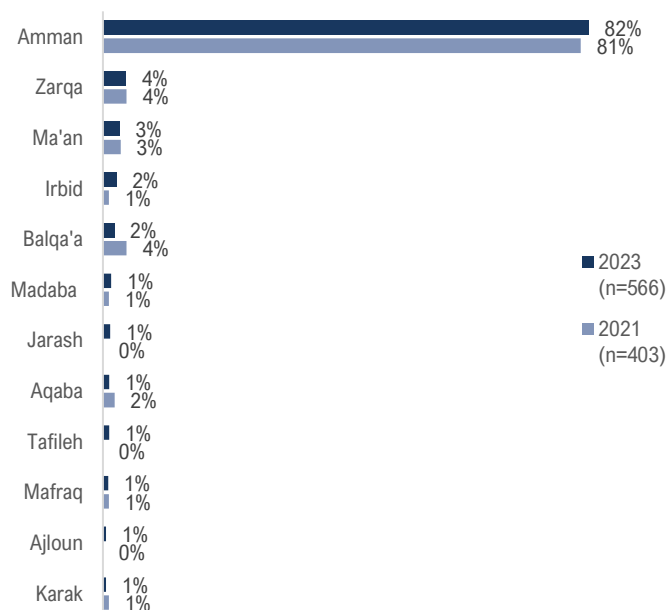


### Residence

Similar to the 2021 study, over 80 per cent of non-Syrian households lived in Amman, while the remaining non-Syrian were distributed among the different governorates in Jordan, with almost all non-Syrian households living in Jordan before 2021.

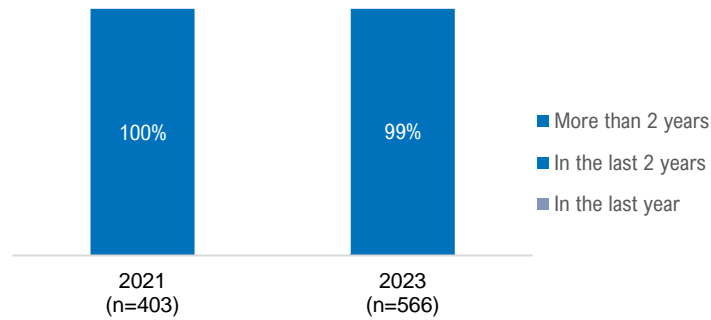
### Figure 4. Region

Percentage of head of household



Note: figures do not add up to 100 per cent due to rounding

**Figure 5. Duration since first family member arrived to Jordan**  
 Percentage of head of household

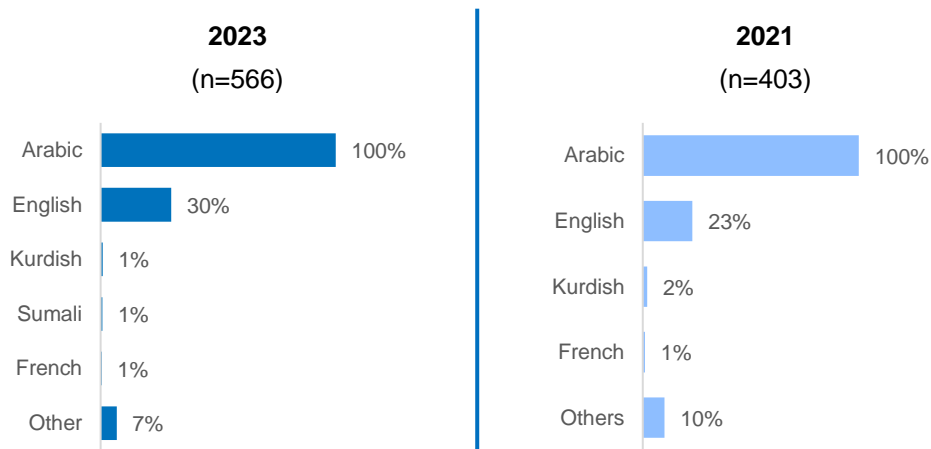


Note: figures do not add up to 100 per cent due to rounding

### Languages spoken

Similar to 2021 results, all non-Syrian heads of household speak Arabic, with an increase in the percentage of heads of household who speak English compared to 2021 results (30 per cent in 2023 and 23 per cent in 2021).

**Figure 6. Languages spoken**  
 Percentage of head of household



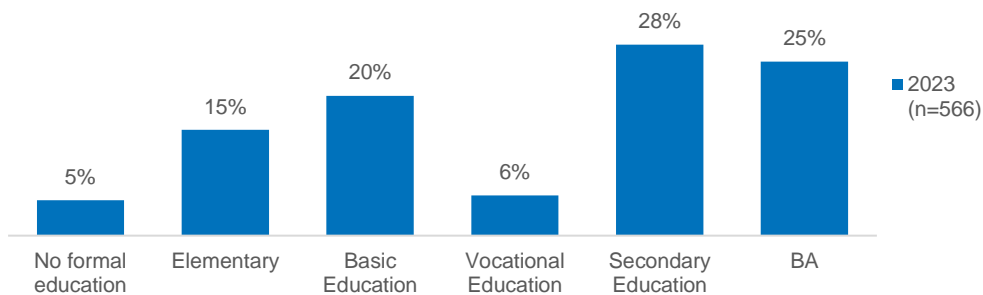


## Education level

25 per cent of non-Syrian heads of household carried a bachelor's degree, with 28 per cent completing secondary education, and only 5 per cent reported not receiving any formal education.

### Figure 7. Head of HH Education level (2023)

Percentage of head of household



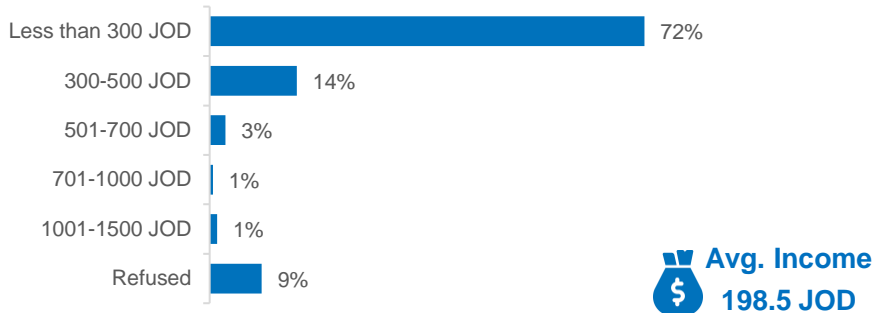
Note: figures do not add up to 100 per cent due to rounding

## Monthly household income

72 per cent of non-Syrian households reported an income below 300 JODs per month, as the average household income was 198.5 JOD, with only 2 per cent reporting an income over 700 JOD.

### Figure 8. Monthly household income (2023)

Percentage of households

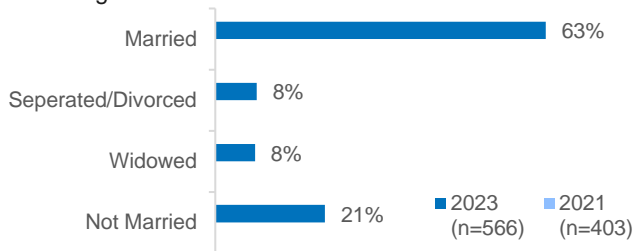


## Household size and marital status

The average non-Syrian household size in 2023 was similar to the 2021 study, with 3.7 members per household. For 63 per cent of heads of households, the marital status was recorded as married, 21 per cent were single, 8 per cent were widowed, and 8 per cent were either separated or divorced.

### Figure 9. Head of HH Marital status (2023)

Percentage of head of household



Avg. Household Size	
2023	2021
3.7	3.7

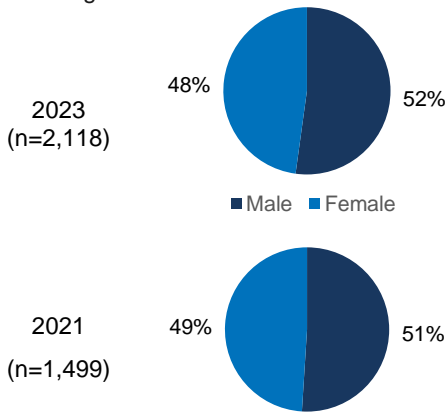
# Household Members Demographics

## Gender and age

In 2023 and 2021 surveys, males in households were slightly higher than females, as for age: 30 per cent were under 18 years old in comparison to 32 per cent in 2021, 35 per cent in the 2023 study were between 18-35 years old, a one per cent increase from the 2021 results, 25 per cent in 2023 were between 36-59 years old, similar to the 2021 results, and a two per cent increase from the 2021 results in individuals over 60 years old.

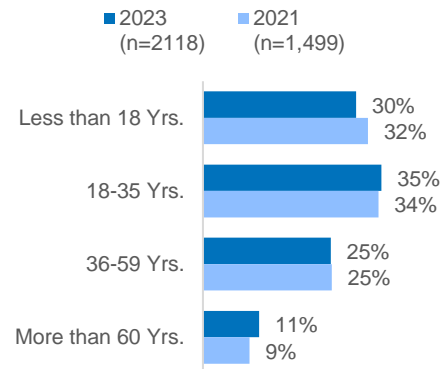
**Figure 10. HH members Gender**

Percentage of household members



**Figure 11. HH members Age**

Percentage of household members



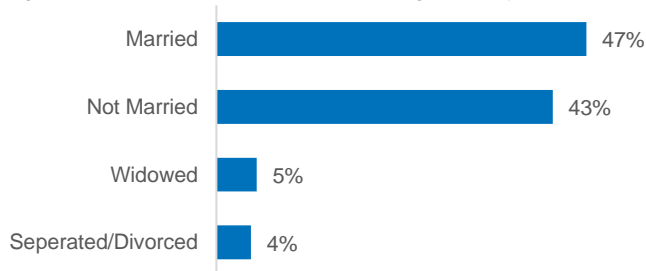
Note: figures do not add up to 100 per cent due to rounding

## Marital status

The marital status of non-Syrian household members who were over 15 years old in 2023 was as follows: 47 per cent were married, and 43 per cent were single, five and four per cent were either widowed or separated or divorced respectively.

**Figure 12. HH members Marital status (2023 (n=1,609))**

Percentage of household members over the age of 15 years old



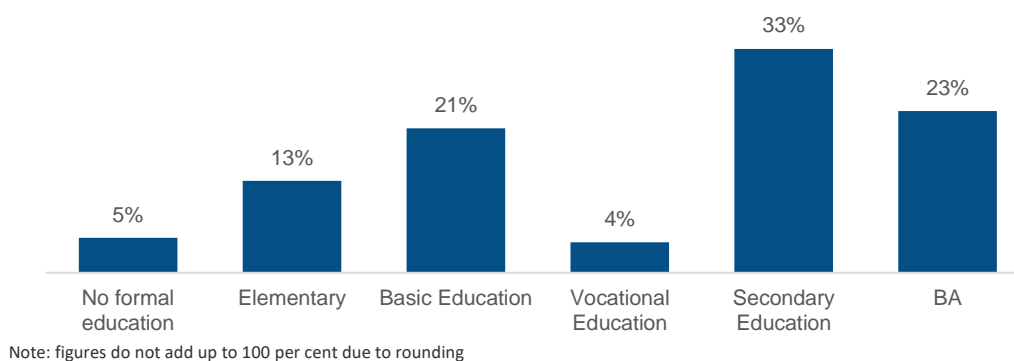
Note: figures do not add up to 100 per cent due to rounding

## Education level

The non-Syrian household education level was almost similar to that of the heads of household. Twenty-three per cent reported they carry a bachelor's degree, 33 per cent completed a secondary education, and only five per cent did not complete any formal education.

### Figure 13. HH members Education level (2023 (n=1,559))

Percentage of household members over 16 years old



# General Awareness on Health Care Access

## Access to health-care facilities

In 2023, a 9 per cent higher awareness of access to UNHCR supported health-care facilities was recorded as compared to the 2021 study results. Although more than two-thirds stated they understood information with regards to accessing MOH health-care facilities at subsidized costs, fewer non-Syrian households were aware of access to MOH health-care facilities at subsidized costs (48 in 2023 vs. 50 per cent in 2021), and only 43 per cent non-Syrian heads of household were aware of access to MOH medical facilities to issue a white card.

**Table 1. Awareness of health care accessibility indicators**

Percentage of head of household

	2023 (n=566)	2021 (n=403)
Access to UNHCR supported health facilities	62%	53%
Access to subsidized health care at MOH medical facilities	48%	50%
Access MOH medical facilities to issue a white card	43%	**
Understood information regarding accessing subsidized health care	69%	**

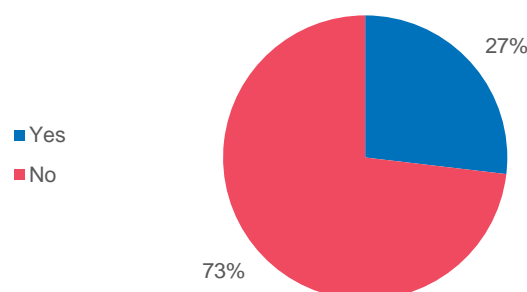
\*\* Was not measured in 2021 survey

## White Card

In 2023, only 27 per cent of non-Syrian households' members reported that they possessed a white card.

**Figure 14. Possession of a white card (2023)**

Percentage of household members



# Household Health Demographics

The below table summarizes the counts of non-Syrian household members across different health demographics.

**Table 2. Snapshot of family members certain health parameters**

Number of household members

	2023 N= 2,118	2021 N=1,499
MMR vaccination (Infants between 9-59 months)	142	84
Polio vaccination (Infants between 9-59 months)	140	84
Received COVID-19 vaccination (Over 18 years old)	1,359	-
Antenatal care (Women of reproductive age 15 – 49 Years old)	63	72
Using family planning (Women of reproductive age 15 – 49 years old)	70	
Tried to use family planning in the past year (Women of reproductive age 15 – 49 years old)	47	48
Used health-care services in the past month	511	413
With Chronic Disease	484	398
Living with disability	180	158

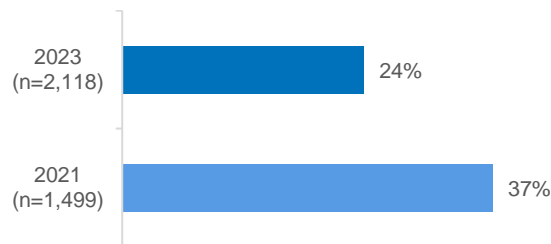
# Health Service and Health Seeking Behaviour

## Required health-care services in the past month

Thirteen per cent less household members needed to access a health-care facility in the month prior to data collection, according to 2023 survey results (24 per cent) as compared to the 2021 survey (37 per cent).

### Figure 15. Needed to access health-care services in the past month

Percentage of household members

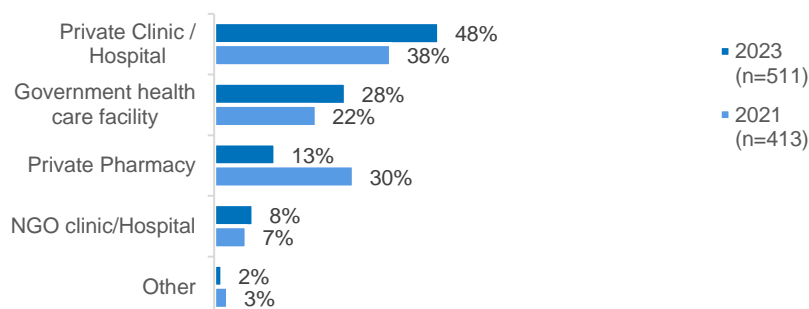


## Sought health-care services (first location sought)

Higher numbers of non-Syrian household members in 2023 opted to receive health care in a private clinic or hospital compared to the 2021 study (48 vs. 38 per cent, respectively). Similar observation was seen with regards to Governmental health-care facilities, with 28 per cent in 2023 compared to 22 per cent in the 2021 study. A significant decline was observed in visitors to private pharmacies in 2023 (13%) compared to the 2021 survey (30%).

### Figure 16. First location the health-care service was sought at

Percentage of household members who needed to access health-care facility in the past month

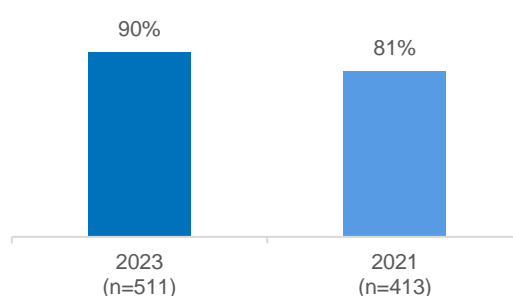


Note: figures do not add up to 100 per cent due to rounding

Ninety per cent of non-Syrian members who needed health care in 2023 received the health-care service in the first facility sought, with a nine per cent increase compared to the 2021 survey results. The top reason reported for inability to receive health-care service was the unaffordability of associated user fees (similar to 2021 results), while the second barrier to receiving health care at the first facility was rejection by the healthcare provider, with a significant decrease since 2021.

### Figure 17. Received health-care services in first facility

Percentage of household members who needed to access health-care facility in the past month



### Table 3. Reasons for inability to receive health-care services in first facility

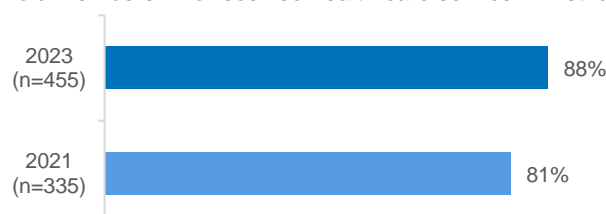
Percentage of household members who couldn't access health-care service in first facility

	2023 (n=50)	2021 (n=78)
Couldn't afford user fees	48%	45%
Health centre refuse to provide services	16%	42%
Didn't know where to go	6%	1%
Don't like the health services/staff	4%	9%
I don't Carry the proper documents	4%	-
Too far / Transport issues	-	5%
Others	32%	15%

In 2023, 88 per cent of non-Syrian household members had to pay for the health-care service received at the first location, a seven per cent increase compared to the 2021 study.

### Figure 18. Paid for health-care service in first facility

Percentage of household members who received health-care service in first facility





The average amount spent on health-care services in the first facility in 2023 was 81 JOD compared to 75.3 JOD in the 2021 survey.

**Table 4. Amount spent on health-care services in first facility**

Percentage of household members who received and paid for health-care service in first facility

	2023	2021
Base	398	273
Max	5,000 JOD	6,000 JOD
AVG	81 JOD	75.3 JOD
90th per centile	100 JOD	99 JOD

Definitions:

90cile = The value where 90 per cent of the observations are below it

Max = The maximum value paid

Count = Number of payments

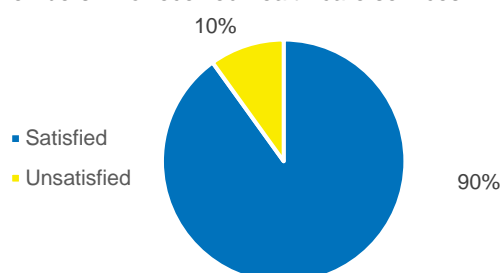
Mean = The straight average of payments

Note: figures do not add up to 100 per cent due to rounding

90 per cent of non-Syrian household members were satisfied with healthcare services received in the first facility.

**Figure 19. Satisfaction with health-care services provided in first location (2023)**

Percentage of household members who received health-care services in first location

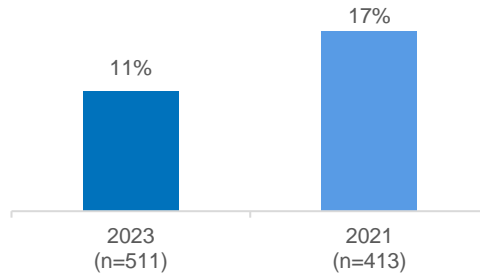


### Sought health-care services (second location sought)

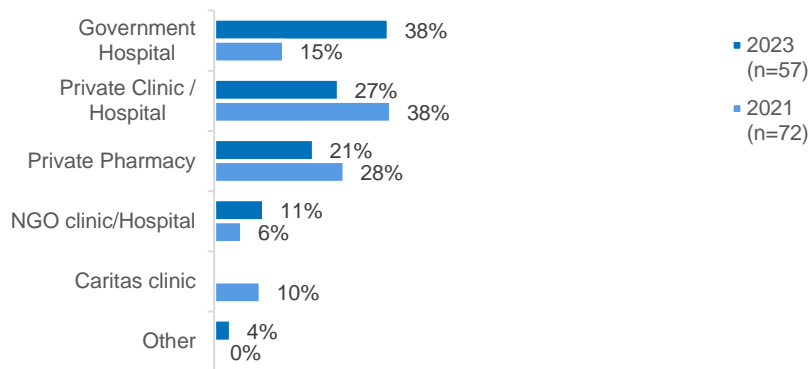
A decrease of six per cent was observed among household members who needed to access healthcare facilities in the past month in 2023 (11%) as compared to the results of the survey in 2021 (17%) with 38 per cent seeking care at public hospitals and 27 per cent selecting a private clinic or hospital.

**Figure 20. Referred to second healthcare facility**

Percentage of household members who needed to access health-care facility in the past month



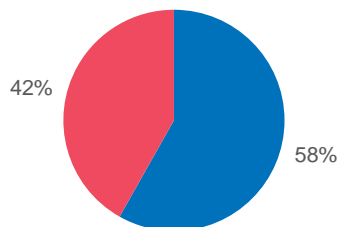
**Figure 21. Second location the health-care service was sought at**  
 Percentage of household members who were referred to access second healthcare facility



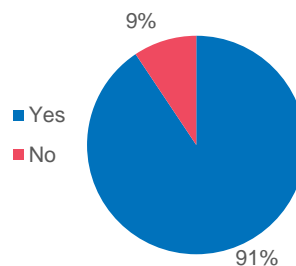
Note: figures do not add up to 100 per cent due to rounding

58 per cent of non-Syrian household members who accessed health-care services in the second facility reported they received the health-care service requested, while 91 per cent stated they needed to pay for health care, and 94 per cent of referred household members were satisfied with the healthcare services received.

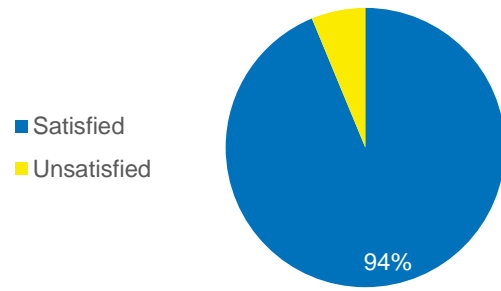
**Figure 22. Received health-care services in second attempt (2023, n= 55)**  
 Percentage (the denominator) of household members who accessed second healthcare facility



**Figure 23. Paid for health-care service/referral (2023, n= 32)**  
 Percentage (the denominator) of household members who accessed second healthcare facility



**Figure 24. Satisfaction with health-care services provided in second location (2023, n= 32)**  
 Percentage of household members who received health-care services in second location

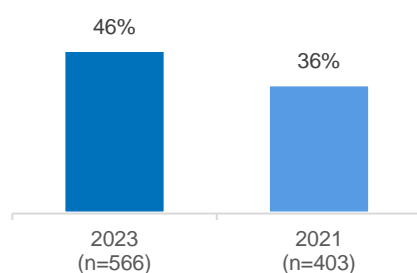


## Expenditures and impact on household economics

2023 data showed that 46 per cent of non-Syrian heads of households noticed that the costs associated with health care increased in the past year (46% in 2023 compared to 36% in 2021). Ninety-four per cent stated they were impacted by this increase, 70 per cent reported they were unable to access necessary medications, 60 per cent reported to be unable to visit health-care facility when needed, while 44 per cent of non-Syrian heads of household said they were unable to afford necessary medical procedures. There was a decrease of 26 per cent in respondents who could not afford necessary medical procedures due to the impact of health-care costs since 2021 study.

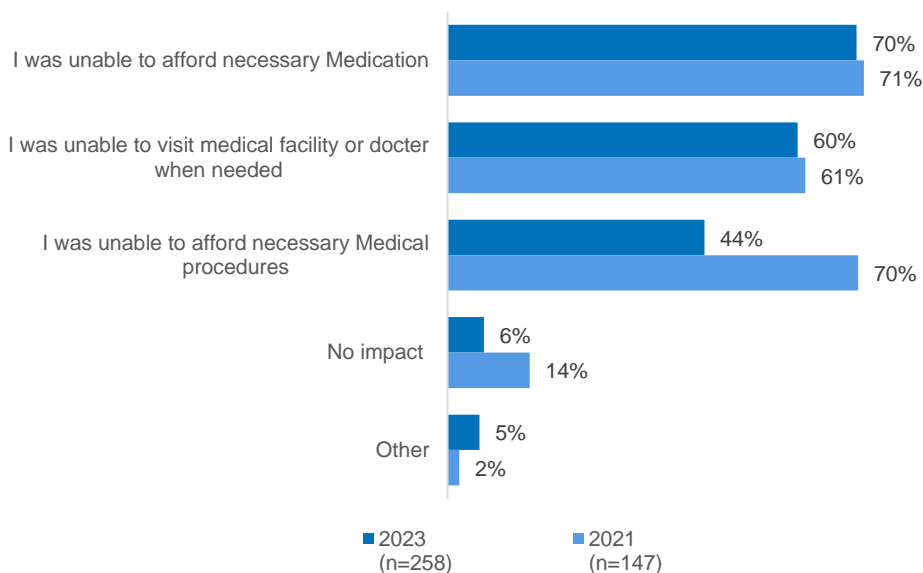
**Figure 25. Noticing an increase in health-care costs in past year**

Percentage of head of household



**Figure 26. Impact due to increase in health-care costs**

Percentage of head of household who noticed an increase in health-care costs in the past year



The average expenditure on health care in the past month according to the data collected was 112 JOD, with 90 per cent of households reporting they had to pay 200 JOD or less for health-care services.

**Table 5. Amount spent on health-care services (2023)**

Percentage of head of household

	<b>2023</b>
Base	566
Max	4999 JOD
AVG	112 JOD
90 tile	200 JOD

Definitions:

90cile = The value where 90 per cent of the observations are below it

Max = The maximum value paid

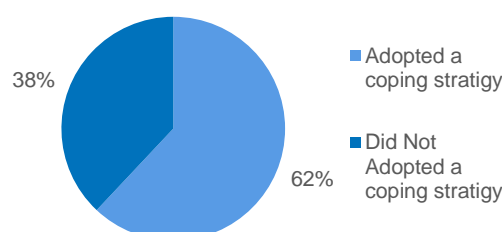
Count = Number of payments

Mean = The straight average of payments

Due to the impact of the increase in healthcare costs, 62 per cent resorted using a coping mechanism to meet their healthcare needs, with 48 per cent choosing to reduce visits to health-care providers (57 per cent in 2021 with a 9 per cent decrease), and 46 per cent reported they had to either borrow money or spend from savings (19 per cent increase compared to the 2021 study results). In 2023, less heads of non-Syrian households reported to reduce or stop necessary medications compared to 2021 results (35 per cent in 2023 to 47 per cent in 2021), with the percentage of households searching for free health-care services in NGO's doubling since 2021 (28 vs. 13 per cent).

**Figure 27. Adopted a coping strategy (2023)**

Percentage of heads of household



**Table 6. Coping strategies implemented**

Percentage of head of household who adopted a coping strategy.

	2023 (n=351)	2021 (n=127)
Reduced visits to health-care provider	48%	57%
Spent from Saving/Borrow	46%	27%
Reduced/stopped using medications	35%	47%
Searched for free health-care services by NGO's	28%	13%
Other	5%	1%

The preferred sources for medical information by non-Syrian household were phone, text messages, and the Internet (UNHCR website and Facebook) and what's app (55, 28, 24 and 24 per cent, respectively).

**Table 7. Preferred source to receive information on health care (2023)**

Percentage of head of household

<b>Information Source</b>	<b>%</b>
Phone	55%
Text Messages	28%
Internet (UNHCR website and Facebook)	24%
WhatsApp	24%
Health-care employees	10%
Brochures, other Written documents	1%
Billboards	1%
Others	2%

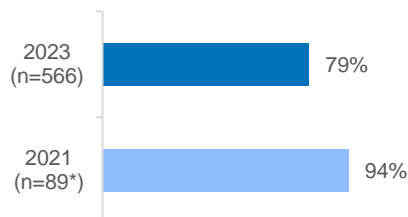
# Childhood Vaccinations<sup>4</sup>

## Vaccinations access

Awareness of free children's vaccinations in 2023 was at 79 per cent.

### Figure 28. Aware of free children vaccination at MOH health facilities

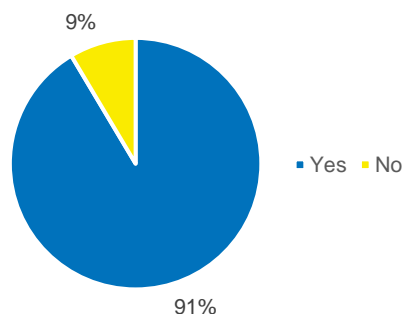
Percentage of head of household with at least one child between 9-59 months old.



With regards to children's vaccinations information, 91 per cent of parents of children between 9-59 months stated they were aware of their child's vaccination schedule.

### Figure 29. Aware of child vaccination schedule card (2023)

Percentage of household children between the ages 9-59 months (n=152)



In 2023, almost all non-Syrian households possessed their children's vaccination card.

### Figure 30. Possession of infant's vaccination schedule card

Percentage of household children between the ages 9-59 months



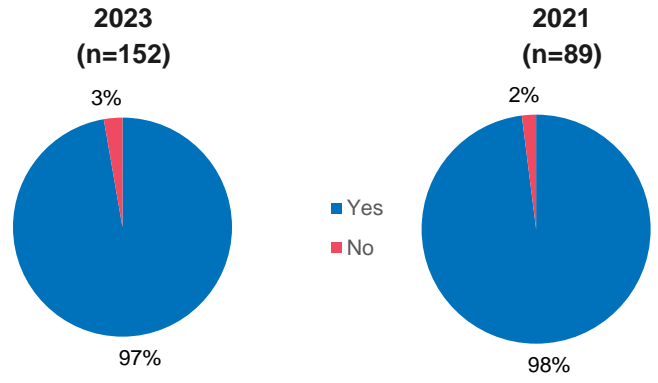
<sup>4</sup> The eligibility criteria for this section (Childhood Vaccinations) were different in 2023 than 2021, where in 2021 Childhood Vaccinations questions were asked about one randomly selected child under 5 years old, while in 2023 the same were asked about all infants between 9-59 months.

## MMR vaccination

In 2023 study, 97 per cent of non-Syrian children between 9-59 months had received their MMR vaccination, with almost all receiving the MMR vaccination in Governmental facilities similar to results in 2021.

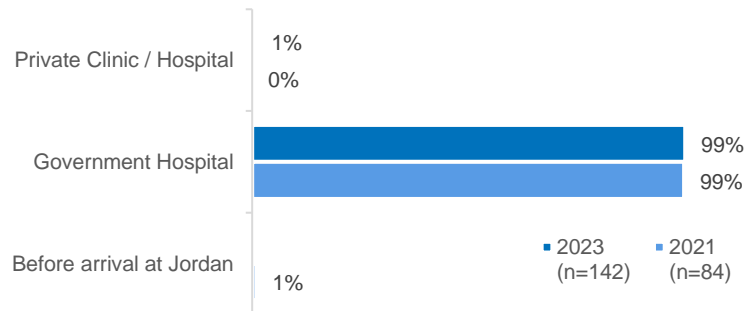
**Figure 31. Received MMR vaccination**

Percentage of household children between 9-59 months



**Figure 32. Location received MMR vaccinations at**

Percentage of household children between 9-59 months and received MMR vaccination



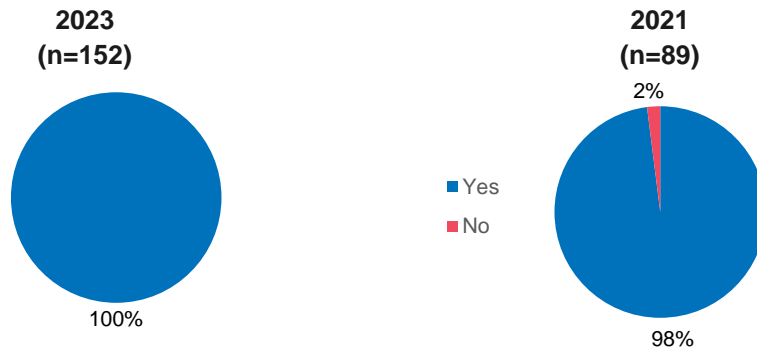


## Polio vaccination

With regards to Polio vaccination, all households in 2023 reported that their child had received the vaccine, while 12 members reported they don't know if their child received it, and similar to MMR vaccination almost all had received their vaccination in governmental facilities.

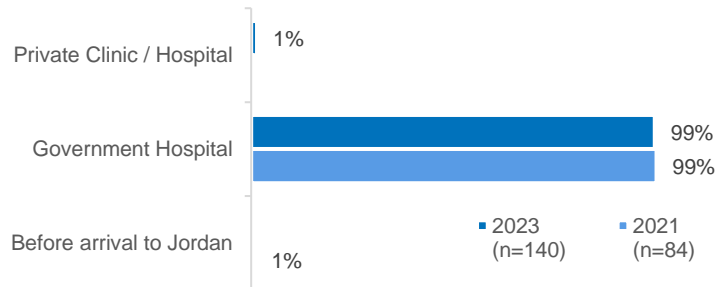
**Figure 33. Received Polio vaccination**

Percentage of household children between 9-59 months



**Figure 34. Location received Polio vaccinations at**

Percentage of household members between 9-59 months who received Polio vaccination



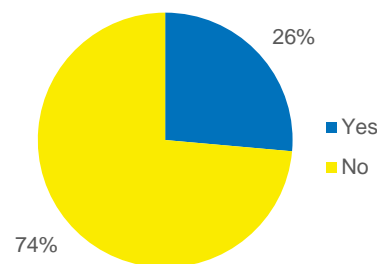
# Sexual & Reproductive Health<sup>5</sup>

## Motherhood to 2-year-old infant

In 2023, 26 per cent of non-single females of reproductive age were mothers of a two-year-old child or younger.

### Figure 35. Mother of infant younger than 2 years old (2023)

Percentage of non-single women in reproductive age



## Antenatal care

Eighty-five per cent of mothers of children younger than 2 years old reported receiving antenatal care, an increase of 6 per cent compared to 2021 results. Sixty-nine per cent reported visiting the antenatal care facility more than 4 times (a decrease of 5 per cent since 2021), 13 per cent made 1-2 visits, and 18 per cent stated going 3-4 times. During these visits, more females in 2023 encountered difficulties receiving antenatal care, (a 2 per cent increase over 2021 results), with the top difficulty was related to the affordability of service costs at 59 per cent (79 per cent in the 2021 study), 29 per cent had difficulty with long waiting times to receive service (64 per cent in 2021), and 12 per cent had difficulty with transportation and distance to health-care facility.

### Figure 36. Received antenatal care

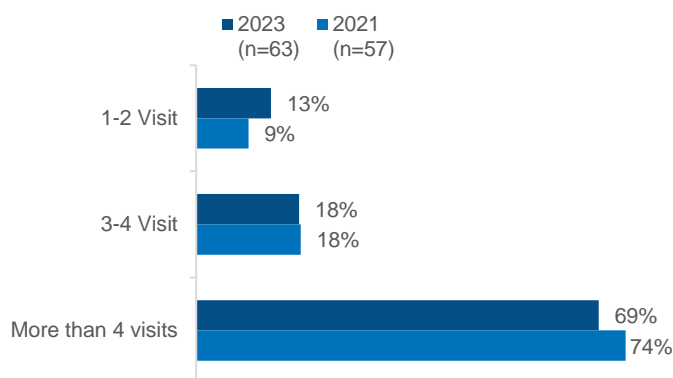
Percentage of mothers of a child younger 2 years of age



### Figure 37. Number of antenatal care visits

<sup>5</sup> The eligibility criteria for this section (Sexual & Reproductive Health) were different in 2023 than 2021, where in 2021 Sexual & Reproductive Health questions were asked about women that were pregnant in the past 2 years, while in 2023 the same were asked about mothers of an infant younger than 2 years old.

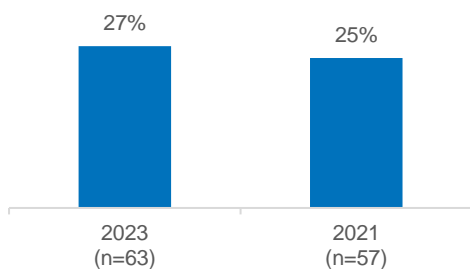
Percentage of mothers of a child younger than 2 years of age who received antenatal care



Note: figures do not add up to 100 per cent due to rounding

**Figure 38. Encountered difficulties to receive antenatal care**

Percentage of mothers of a child younger 2 years of age who received antenatal care



**Table 8. Difficulties encountered to receive antenatal care**

Percentage of mothers of a child younger 2 years of age who encountered difficulties to receive antenatal care

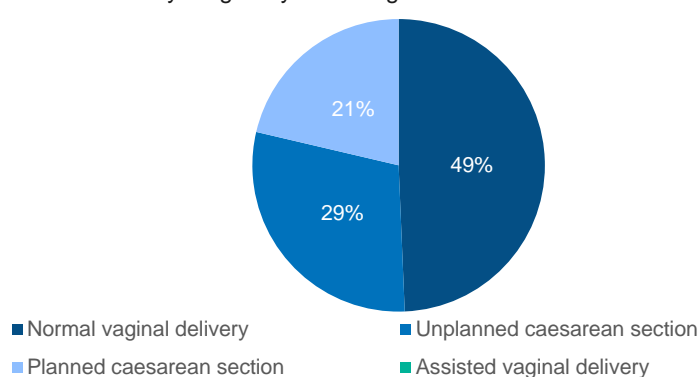
	2023 (n=17)	2021 (n=14)
Couldn't afford user fees	59%	79%
Long Wait	29%	64%
Too far / Transport issues	12%	-
Can't afford transport	-	21%
Others	12%	14%

## Delivery

When time to deliver came, 49 per cent reported they had Normal Vaginal Delivery, while 50 per cent said they had surgical intervention Caesarean Section (CS) either planned or unplanned, 21 and 29 per cent, respectively, and none had an Assisted Normal Vaginal Delivery, during which 90 per cent reported paying a sum equal to or lower than 665 JOD with an average of 370 JOD being paid per delivery. Mothers who delivered normally paid an average of 264.1 JOD, while women who delivered by caesarean section paid 468.8 JOD (475.9 JOD for unplanned caesarean section and 456.5 JOD for planned caesarean section).

**Figure 39. Type of infant's delivery (2023)**

Percentage of mothers of a child younger 2 years of age



Note: figures do not add up to 100 per cent due to rounding

**Table 9. Amount spent on infant's delivery service (2023)**

Percentage of mothers of a child younger 2 years of age who paid for delivery.

	2023
Base	58
Max	1999 JOD
Avg	370 JOD
90 tile	665 JOD

Definitions:

90cile = The value where 90 per cent of the observations are below it

Max = The maximum value paid

Count = Number of payments

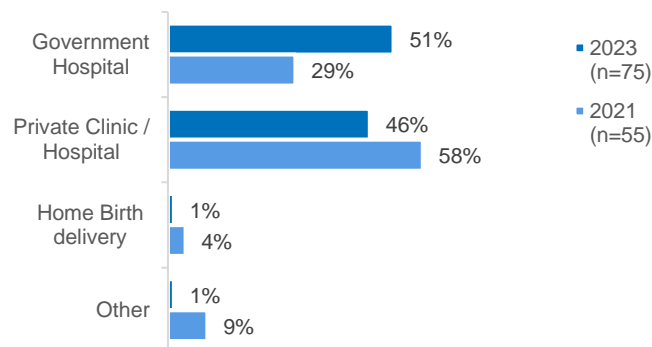
Mean = The straight average of payments

In 2023, more mothers stated they delivered their new-born in a governmental hospital (51 vs. 29 per cent in 2021); at the same time, delivery in private hospitals reduced to 46 per cent, with only one per cent saying they delivered at home.

Even though Delivery in private hospitals were less common, 44 per cent of women who delivered in private hospitals said they preferred to deliver in private facility. On the other hand, 29 per cent said they could not reach Governmental facility and 6 per cent stated that their doctor was working in a private hospital.

#### Figure 40. Location for infant delivery

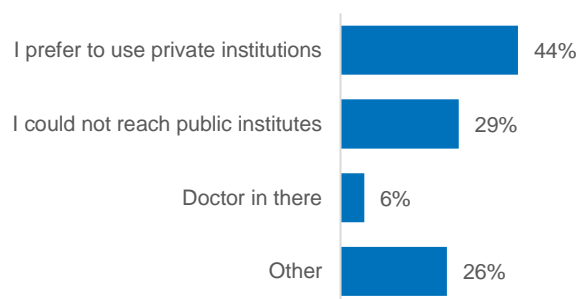
Percentage of mothers of a child younger 2 years of age



Note: figures do not add up to 100 per cent due to rounding

#### Figure 41. Reasons for selecting private hospital/clinic (2023)

Percentage of mothers of a child younger 2 years of age who delivered in private hospital/clinic



Fifty-two per cent of mothers who paid for delivery reported they did not get any support to pay the medical fees for delivery, while 24 per cent reported receiving partial support and 24 per cent received full support to pay for delivery fees.

#### Figure 42. Received financial support to pay infant's delivery fees (2023)

Percentage of mothers who paid for delivery



## Family planning

While 37 per cent of mothers with children younger than 2 years old were aware of the available service to prevent unplanned pregnancy, only 26 per cent stated they heard information about family planning in the past year, with the top three sources for information about family planning in Jordan were health-care employee (42 per cent), audio and other social sources (26 per cent), and social event at 21 per cent.

While 37 per cent of the sample were aware about the services of family planning in Jordan, only 17 per cent (less than half) in 2023 tried to obtain contraceptive methods in the past year. In 2023, 32 per cent of mothers were provided with or advised to use contraceptive methods after delivering a baby, and 25 per cent of mothers reported they were currently using contraceptive methods.

**Table 10. Awareness and usage of family planning services in Jordan**

Percentage of female household members between 15-49 years old

	2023	2021
Awareness of any available services to prevent unplanned pregnancy (2023, n=75) >> mothers of an infant younger 2 years of age	37%	25%*
Heard information about family planning in the past year (2023, n=75) >> mothers of an infant younger 2 years of age	26%	39%*
Advised/Provided with of any contraceptive methods after delivery (2023, n=75) >> mothers of an infant younger 2 years of age	32%	-.**
Currently using any contraceptive methods (2023, n=284) >> non-single women in reproductive age	25%	-.**
Tried to obtain contraceptive methods in the past year (2023, n=284 // 2021, n=229) >> non-single women in reproductive age	17%	21%

\*Different eligibility criteria in 2021 survey (non-single women in reproductive age)

\*\* Was not measured in 2021 survey

**Table 11. Source of information about family planning in Jordan**

Percentage of non-single women in reproductive age who heard information about family planning in the past year

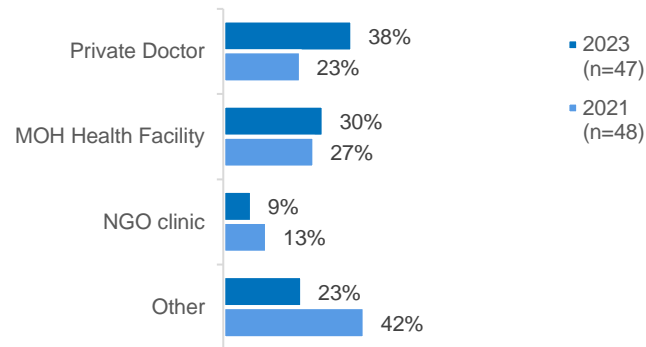
Information Source	2023 (n=19)	2021 (n=90*)
Health-care employees	42%	40%
Audio, Radio, other Social Media Sources	26%	26%
Social Event	21%	31%
Billboards	5%	13%
Broachers, other Written documents	-	14%
Others	5%	14%

\*Different eligibility criteria in 2021 survey (non-single women in reproductive age)

In 2023, private doctor or a clinic was the top preferred location for non-single mothers to obtain family planning services; 30 per cent preferred to go to MOH health facility and only 9 per cent received family planning services from an NGO clinic.

**Figure 43. Location sought family planning services at**

Percentage of non-single women in reproductive age who tried to obtain contraceptive methods in the past year



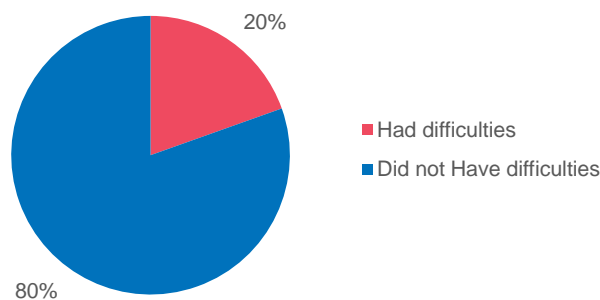
# Nutrition including Infant and Young Child Feeding “IYCF”

## Nutrition and Growth

For children between 0-59 months, 20 per cent were having growth or nutritional difficulties in 2023.

### Figure 44. Noticed difficulties with infant growth or nutrition during the past month (2023)

Percentage of children between the age of 0 – 59 months (n= 181)

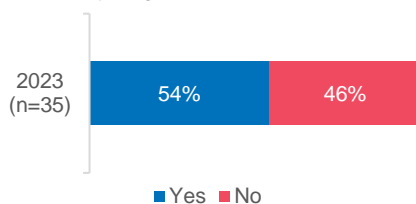


## Seeking professional support

Out of all children with difficulties related to growth or nutrition, 54 per cent requested professional assistance. Only 3 per cent of children between 0-5 years were registered to a professional nutrition program.

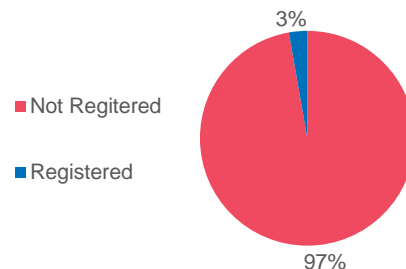
### Figure 45. Requested a professional assistance (2023)

Percentage of children between 0-59 months with difficulty in growth or nutrition



### Figure 46. Registered to professional assistance nutrition program (2023)

Percentage of children between 0-59 months (n= 181)





## Breastfeeding

Out of all non-Syrian children between the ages of 0-24 months, 79 per cent were breastfed ever with 41 per cent began breastfeeding during the first hour.

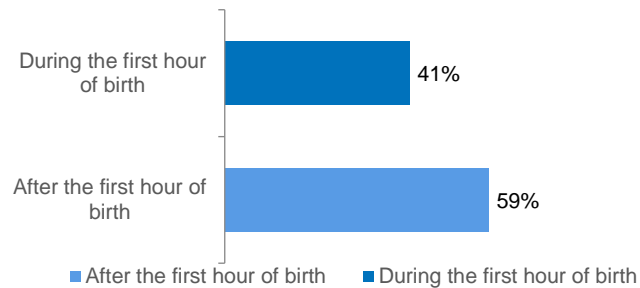
**Figure 47. Infants who were ever breastfed (2023)**

Percentage of children between 0-24 months



**Figure 48. Timing of breastfeeding initiation (2023)**

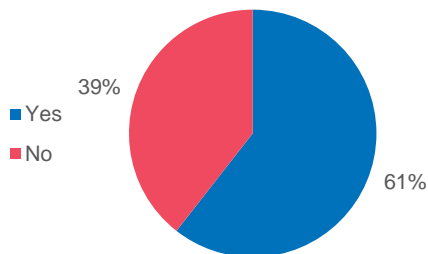
Percentage of children between 0-6 months (n= 19)



61 per cent of children between 0-24 months were breastfed during the night or day. On the other hand, 79 per cent of infants and children between 6-24 months began consuming solid or semi-solid food.

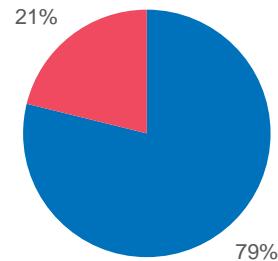
**Figure 49. Infant was breastfed during the night or day (2023)**

Percentage of children between 0-24 months (n=71)



**Figure 50. Infant was fed solid/semi-solid food during the night or day (2023)**

Percentage of children between 6-24 months (n=52)

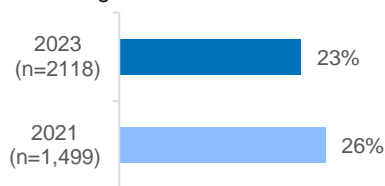


# Chronic Diseases

Out of all interviewed household members, 23 per cent reported they were suffering from chronic disease, a 3 per cent decrease since 2021. The top chronic diseases reported by household members in 2023 who were suffering from chronic disease(s) were Hypertension, Diabetes, and ischemic heart disease (44, 30, 17 per cent respectively).

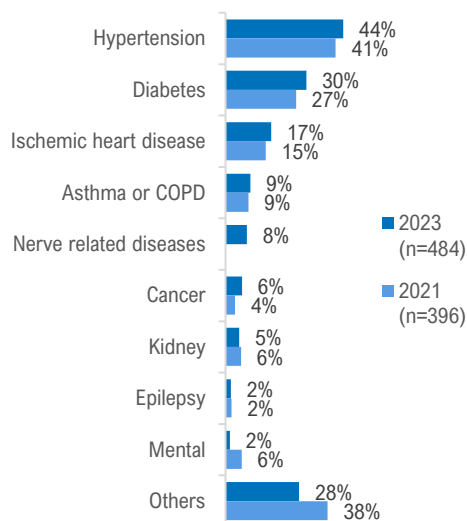
**Figure 51. Prevalence of chronic diseases**

Percentage of household members



**Figure 52. Type of chronic disease**

Percentage of all household members suffering from chronic disease



**Table 12. Type of chronic disease - others**

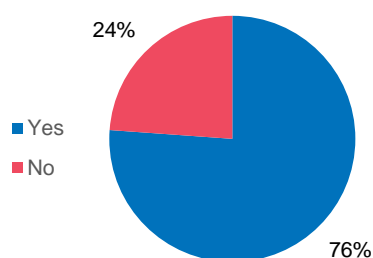
Percentage of all household members suffering from chronic disease

	2023 (n=484)
Thyroid	11%
Blood disorders (Anemia, Thalassemia, ...)	1%
Muscle disease	5%
Rheumatism	2%
Disk & other	2%
Cholesterol	2%
Liver Disease	1%
Allergy	0%
Others	10%

With regards to access to medical care and medications in the past three months, access was high at 76 per cent, with expenditures on health-care services for chronic diseases reaching an average of 69 JOD, as 90 per cent of respondents answered they paid a sum equal to or lower than 100 JOD, with the maximum reported bill reaching 7,000 JOD.

### Figure 53. Ability to obtain medical care or medications in past 3 months for his chronic disease (2023)

Percentage of household members suffering from chronic disease (n=484)



### Table 13. Amount spent on chronic disease (2023)

Percentage of household members with chronic disease

	2023
Base	367
Max	7000 JOD
Avg	69 JOD
90tile	100 JOD

Definitions:

90cile = The value where 90 per cent of the observations are below it

Max = The maximum value paid

Count = Number of payments

Mean = The straight average of payments

24 per cent of household members with chronic disease were unable to access medical care or medication due to the inability to offered medical fees by 69 per cent (a 20 per cent decrease from 2021 results), unavailability of medication at 23 per cent (increased by 12 per cent compared to 2021 results), and 13 per cent could not offered transportation costs (7 per cent in 2021).

### Table 14. Reasons prevented receiving medical care or medications for chronic disease

Percentage of household members with chronic disease who didn't receive medical care/medications

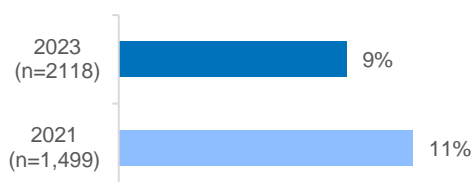
	2023 (n=115)	2021 (n=183)
Couldn't afford user fees	69%	89%
Medication is unavailable	23%	11%
Could not afford transport fees	13%	7%
Long waiting time	4%	2%
Didn't know where to go	4%	0%
Don't like the health services/staff	1%	1%
Due to COVID-19	-	3%
Others	14%	3%
I Don't Know	2%	-

# Disability

The results of the 2023 survey showed that 9 per cent of non-Syrian household members are living with disability, with 51 per cent living with physical disability, 28 per cent with sensory disability, and 13 per cent with mental disability.

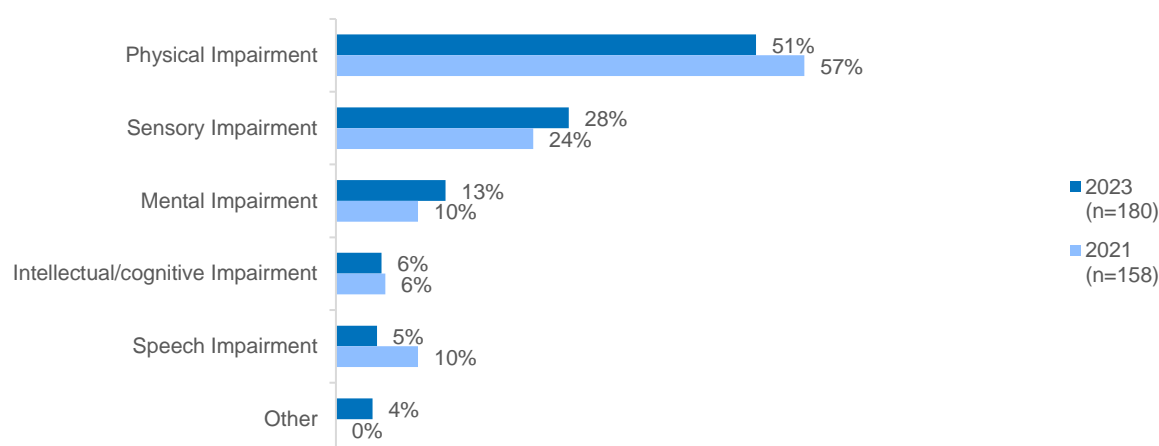
**Figure 54. Prevalence of disability**

Percentage of all household members



**Figure 55. Disability type living with**

Percentage of household members with disability



In 2023, 36 per cent of disabilities were due to natural causes (54 per cent in 2021) and 26 per cent were due to accidents (10 per cent increase compared to the 2021 study). War and violence were the third and fourth causes of disability among non-Syrian household members.

**Table 15. Cause of disability**

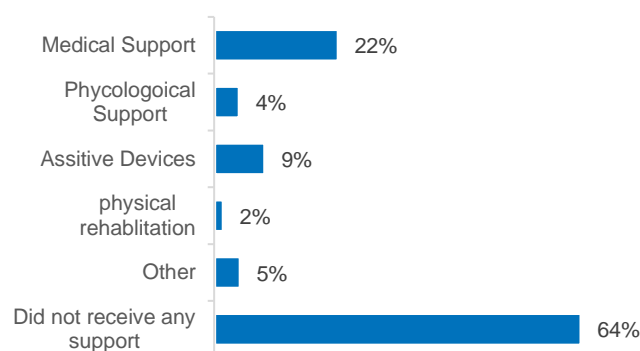
Percentage of household members with disability

	Natural (At birth)	Accident (House, road, ...)	War	Violence	Other	I Don't Know
2023 (n=180)	36%	26%	23%	4%	9%	6%
2021 (n=158)	54%	16%	23%	7%	-	-

While 64 per cent stated they didn't receive any support for disability, 22 per cent of household members living with disability said they had received medical support. Among others who did not receive any support, the top reason that prevented them from getting support for their disability was their inability to afford associated fees with 57 per cent, and 19 per cent said that service was unavailable. Three per cent stated that the support for their disability was seen as unneeded.

### Figure 56. Type of support received for disability (2023)

Percentage of household members with disability



### Table 16. Reasons prevented receiving support for disability (2023)

Percentage of household members with disability who did not receive any support

	2023 (n=115)
Couldn't afford user fees	57%
Service is unavailable	19%
Didn't know where to go	17%
Felt it was unnecessary	3%
Too far / Transport issues	2%
Others	13%
I Don't Know	14%

# Covid-19 Vaccination

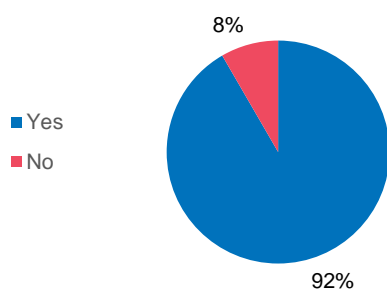
## COVID-19 vaccinations schedule

After the COVID-19 vaccination was made available, 92 per cent reported that they had received their shots, with 81 per cent reporting that they received 2 shots, 14 per cent received 3 shots, 4 per cent received 1 shot and one person reported receiving 4 COVID-19 shots.

The top 3 reasons for not receiving COVID-19 were: lack of trust in the vaccination, not being advised, and pregnancy (44, 16, and 14 per cent, respectively), with 4 per cent saying they were below the required age at the time.

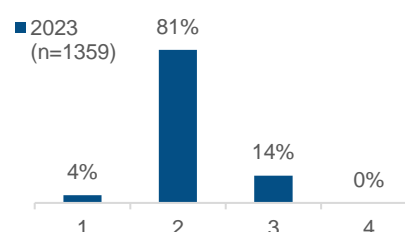
**Figure 57. Received COVID-19 vaccination (n= 1,489)**

Percentage of household members over 18 years old



**Figure 58. Number of shots received**

Percentage of household members who received COVID-19 vaccinations



Note: figures do not add up to 100 per cent due to rounding

**Table 17. What prevented receiving vaccination**

Percentage of household members who did not receive COVID-19 vaccinations

	2023 (n= 124)
I don't trust vaccinations	44%
I was not advised by friends or family	16%
Pregnancy	14%
Medical condition	11%
Less than age	4%
Didn't know where to go	4%
Afraid to share personal information	2%
Vaccination is unavailable	2%
I don't Carry the proper documents	1%
I don't have time (due to work/Children)	1%
Health centre refuse to provide services	1%
Other	10%
I don't Know	6%

# Discussion

The HAUS 2023 study was conducted among non-Syrian refugees living in out-of-camp settings as a follow up to the 2021 HAUS study. Various observations and variations were found in this year's study compared to the same study in 2021, although similar sampling and data collection methodologies were used.

The majority of the demographic characteristics of the 2023 sample were similar to those of the 2021 sample as well as to those of the UNHCR registration database. The homogeneity of the sample was expected due to a halt in registration for new asylum seekers since January 2019. However, there was some minor variation; for instance, female headed household proportion increased by three per cent, attributable to the increase in proportion of women who have divorced or widowed status (7 per cent in 2021 vs. 9 per cent in 2023).

With regards to awareness of access to healthcare facilities, similar to the 2021 HAUS results, more heads of household were aware that they could access health-care services at UNHCR supported health facilities than at MOH medical facilities. However, the awareness gap between the two facilities increased in 2023 HAUS. The low level of awareness (43% aware of access to white card) combined with other access barriers resulted in only 27 per cent in possession of the white card. The white card is the entry point for accessing MOH PHC centres at the subsidized cost.

Less non-Syrians stated that they needed to access healthcare facilities in the past month (a month prior to data collection) than in 2021 (24% compared to 37%). However, there was a big shift in the first place selected to seek health care where access to private pharmacies decreased by more than half and was compensated by more refugees seeking care at private facilities, followed by governmental facilities. These findings, correspond with a non-improvement in the level of awareness of public health services and may be associated with the increased cost of care and being unable to afford the associated cost as reported by the surveyed households.

Furthermore, the association between access barriers related to increase in health care costs and the ability of more people to get needed care at the first facility can be attributed to the reprioritization of health needs over other needs and compensation made through coping strategies such as spending savings or borrowing money (subjected to increase from 27% to 46%).

In 2023, 79 per cent of non-Syrians were aware of free children vaccination services at MOH facilities. The proportion of infants between 9-59 months who had received their MMR and Polio vaccines were 97 per cent and 100 per cent respectively, with almost all receiving the vaccines in governmental centres.

Although the per cent of women receiving at least one ANC visit has increased from 79% to 85%, the indicator of complete ANC coverage has decreased from 74% to 69%. A quarter of the respondents stated that they faced difficulty to receive care largely due to affordability. Almost half of women gave birth through a Caesarean Section (planned or unplanned). The continued alarming proportion of deliveries performed by a Caesarean Section corresponds with the national statistics.

In 2023, half of mothers (51 per cent) delivered their babies at governmental hospitals, which is considered a significant increase compared to only 29 per cent in 2021. This shift can be explained by the policy change of supporting non-Syrian refugees' access to the national health care system at the non-insured Jordanian rate, complemented by providing cash for health, and deliveries taking place at private affiliated hospitals were no longer supported. However, the average incurred cost for each delivery is still high (370 JOD on average) due to the high proportion of those who decided to deliver at private facilities (46 per cent) and high proportion of high cost deliveries made through CS. Additionally, home deliveries decreased significantly from four to one per cent, which is believed to be due to increased support for safe institutional deliveries provided through cash for health interventions.

Family planning indicators deteriorated between the 2021 and the 2023 surveys. Only 17 per cent of non-single Women of Reproductive Age tried to obtain contraceptives in the last year, while only 32 per cent of women who have a child of less than 2 years received advice on contraceptives after delivery. However, with the increased proportion of women who are aware of the availability of family planning methods, the uptake is low. This may suggest that physical, social, or access policy barriers may still be encountered by the refugees.

Of children younger than 5 years old, less than a quarter had difficulties with growth or nutrition, with more than half requesting professional assistance, and only three per cent were enrolled in a professional nutrition program. Most of the children younger than 2 years were breastfed ever with less than half starting breastfeeding during the first hour.

The proportion of non-Syrian households with chronic diseases was lower in 2023 than in 2021 by 3 per cent, with hypertension, diabetes, and ischemic heart diseases remaining the most common chronic diseases that non-Syrian household members are suffering from. Moreover, almost a quarter of household members suffering from chronic diseases did not have access to medical healthcare or medications for their chronic conditions in the past 3 months. Financial challenges were the top barriers to receive the needed health-care services, with the unavailability of medications and high transportation cost increasingly reported as barriers to access the needed care in 2023. The average amount of money spent was 69 JODs per month, which is considered relatively high, reflecting the financial burden of chronic diseases on refugees regardless of their vulnerability.

Disability prevalence among non-Syrian household members was almost similar in 2023 as compared to 2021, with variations reported in the type of disability related to the causes. The proportion of causes of disability has varied significantly and has been found to be



linked to the limited access of new cases to registration. For instance, the proportion of disabilities resulting from accidents increased significantly compared to those due to war or violence. Disabilities resulting from war or violence were high among new arrivals in previous years when the refugees had access to registration. Finally, a big gap was detected in provision of support services for this group, as almost two third of them reported no support was provided for their disability.

Lastly, COVID-19 vaccine coverage was reported to be high, with more than 95 per cent receiving two or more doses of the vaccine. This high coverage rate was achieved due to the free vaccination policy implemented by the government of Jordan for all residents of the country.

# Conclusion

The 2023 HAUS follow up survey aims to track the changes in health access and utilization behaviours, estimate some generic health indicators, and measure the barriers encountered in the context of new health care access policies and changes in services provided by UN agencies, International NGOs and local actors. The survey estimated the coverage of some key indicators, including polio and measles vaccination, complete antenatal care, and proportions of chronic diseases and disabilities. Additionally, awareness of health-care policies for refugees, their needs and access barriers were captured. The survey helped in evaluating the efforts made so far to mobilize refugees to access the national health care system and prioritizing key interventions to be designed to address the access barriers. New indicators in 2023 survey were collected for the first-time including nutrition and IYCF practices, Post-Partum Family Planning counselling, and refugees preferred way of receiving information.

All changes captured in this assessment are interrelated and can be articulated within the context of supply and demand sides of the health care system. For instance, the significant decrease in those who needed health-care services can be explained in the context of adaptation strategies to reduce health-care expenditures since it was reported as a major barrier across health care aspects. Additionally, the shift of seeking behaviour to utilize public health facilities can be attributed to the increased awareness among refugees of the privileges and subsidies offered.

Finally, the in-depth analysis of follow up survey findings and articulating it with health sector context, health seeking behaviours and available provisions, will enable a better understanding for refugees' health needs considering Jordan context. Analysis of the survey results will better inform decision making towards health access policies, healthcare interventions, and programmes as well as resources mobilization for better health outcomes.

# Recommendations

- 1- Non-Syrian refugees' awareness of the privileges for accessing public health care facilities at the subsidized cost hasn't improved. Therefore, a countrywide intervention targeting non-Syrian refugees to raise their awareness level on the subsidized cost of accessing ministry of health facilities is recommended.
- 2- The per cent of non-Syrian refugees who are aware about the need to issue a white card is higher than the per cent of refugees who possess one. This can be explained by the fact that supply side barriers still exist. A second round of workshops with ministry of health targeting primary health-care centres frontline staff is highly recommended.
- 3- Preventive reproductive health services are offered free of charge at MOH facilities for non-Syrian refugees. Despite this, key indicators on coverage of complete antenatal care, use of family planning methods, and the location and cost of delivery services

- suggest that there are access barriers for non-Syrian women that need to be addressed.
- 4- Growth and nutrition difficulties are captured in the survey. Proper advocacy of refugees' inclusion in the growth monitoring programs should continue and mobilizing refugees on the availability of these services in the ministry of health facilities is recommended.
  - 5- The infant and young child feeding indicators, including early initiation of breastfeeding and timely introduction of complementary feeding are higher than those of the hosting population. However, efforts for ensuring refugees inclusion in the national programs should continue.
  - 6- The age composition shift towards ageing, and increased burden of chronic diseases among refugees is alarming, compounded by increased barriers of access to services mainly due to affordability. Awareness among refugees on the affordable access to the public healthcare system should be prioritized.
  - 7- Disability prevalence is still high with an increased mental impairment. Most of the disabled persons (64 per cent) reported that no services were provided for their disability. This highlights the need for an in-depth analysis of situation for better inclusion for this group.

# Limitations to the Study

- Recall bias, as the respondents needed to answer questions that dated back up to the last five years.
- The study was exclusively dependent on the respondent to disclose the requested information on every household individual which in this case is combined with the second limitation of this study that is the respondent's ability to recall the requested information. Inadequacy to recall the information by the household members leaves a possibility of favouritism and preference to bias the information despite all assorted preventative measures applied.
- Response bias, this type of survey doesn't allow verification and validation of the provided information. For example, household income, vaccination location, delivery fees and location. The interviews were conducted exclusively with active refugees registered in UNHCR data base with active phone numbers, thus the inability to consolidate findings on all non-registered refugees due to restriction on registration by the government of Jordan.
- Certain data points in the 2023 study could not be tracked with 2021 study due to the differences in some questions, coded answers, eligibility criteria, and skip logics.
- A number of participants who were interviewed, did not understand if the health case of a specific family member can be classified as chronic or not / disability or not, however, these cases were reclassified in the data cleaning and validation stage.
- The 2021 study was conducted under very different health situation "COVID-19 Pandemic", which could have impacted the refugees' experience and behaviours towards accessing and utilizing health-care services.
- The response success rate was at 25 per cent due to the high number of unreachable telephone numbers, which extended the data collection slightly, similar observation was in the 2021 study.

# References

1. Cash for Health provides relief for non-Syrian refugees in Jordan  
<https://www.unhcr.org/jo/16405-cash-for-health-provides-relief-for-non-syrian-refugees-in-jordan.html>
2. HAUS-Plus-Manual, 2023  
<https://www.unhcr.org/libraries/pdf.js/web/viewer.html?file=https%3A%2F%2Fwww.unhcr.org%2Fsites%2Fdefault%2Ffiles%2F2023-04%2FHAUS-Plus-Manual.pdf>
3. UNHCR (2021): Health Access and Utilization Survey (HAUS) Report 2021 non-Syrian segment.  
<https://data.unhcr.org/en/documents/details/90320>
4. External Statistical Report on UNHCR Registered Refugees and Asylum-Seekers Jordan as of 15 July 2023

## About UNHCR

UNHCR, the United Nations High Commissioner for Refugees (the UN Refugee Agency), is a global organization dedicated to saving lives, protecting rights, and building a better future for refugees, forcibly displaced communities, and stateless people.

UNHCR in Jordan is present in three main offices across the Kingdom (Amman, Irbid and Mafraq) and is co-managing Jordan's two main refugee camps for Syrians, Azraq and Zaatari.

UNHCR works closely with the Government of Jordan and numerous other national and international partners and agencies to provide protection and assistance to refugees and asylum-seekers, as well as to Jordanian communities affected by the refugee influx.

## About Headway

With a vision to be a leading insights' provider in Jordan and the region, Headway was established to capitalize on over two decades of market research experience by professionals who are passionate about market research to support the success of organizations by translating data into valuable and actionable insights. Headway's mission is to provide you with the most scientific and accurate insights to support our clients to lead the way.

# ANNEX “A”: Main Indicators

	Indicator	2021	2023
1	% Of head of household who were <b>aware of access to UNHCR supported health facilities</b>	53%	62%
2	% Of head of household who were <b>aware of access to subsidized health care at MOH medical facilities</b>	50%	48%
3	% Of head of household who were <b>aware of access MOH medical facilities to issue a white card</b>	**	43%
5	% Of head of household who <b>understood information regarding accessing subsidized health care</b>	**	69%
6	% Of household members who <b>possess a white card</b>	**	27%
7	% Of household members who <b>needed to access health-care services in the past month</b>	37%	24%
8	% Of household members who needed to access health-care facility in the past month and <b>received health-care services in first facility</b>	81%	90%
9	% Of household members who received health-care facility in first attempt and <b>paid for health-care service in first facility</b>	81%	88%
10	% Of household members who <b>referred to second health-care facility</b>	17%	11%
11	% Of household members who <b>received health-care services in second facility</b>	**	58%
12	% Of head of household who <b>noticed an increase in health-care costs in past year</b>	36%	46%
13	% Of head of household who were <b>impacted due to increase in health-care costs</b>	86%	94%
14	% Of head of household who <b>adopted a coping strategy</b>	**	62%
15	% Of head of household who were <b>aware of free children vaccination at MOH health facilities</b>	94%*	79%
16	% Of household infants between the ages 9-59 months who <b>possess of baby vaccination schedule card</b>	94%	99%
17	% Of household infants between the ages 9-59 months who <b>received MMR vaccination</b>	98%	97%
18	% Of household infants between the ages 9-59 months who <b>received Polio vaccination</b>	98%	100%
19	% Of non-single women in reproductive age who were <b>mother of infant younger than 2 years old</b>	**	26%
20	% Of mothers of an infant younger 2 years of age who <b>received antenatal care</b>	79%	85%
21	% Of mothers of an infant younger 2 years of age who were <b>aware of available services to prevent unplanned pregnancy in Jordan</b>	25%*	37%

22	% Of mothers of an infant younger 2 years of age who <b>heard information about family planning in the past year</b>	39%*	26%
23	% Of mothers of an infant younger 2 years of age who were <b>advised/provided with of any contraceptive methods after delivery</b>	**	32%
24	% Of non-single women in reproductive age who were <b>currently using any contraceptive methods</b>	**	25%
25	% Of non-single women in reproductive age who <b>tried to obtain contraceptive methods in the past year</b>	21%	17%
26	% Of infants between the age of 0 – 59 months who <b>faced difficulties with growth or nutrition during the past month</b>	**	80%
27	% Of infants between 0-59 months with difficulty in growth or nutrition who <b>requested a professional assistance</b>	**	54%
28	% Of infants between 0-59 months with difficulty in growth or nutrition and were <b>registered to professional nutrition assistance program</b>	**	3%
29	% Of infants between 0-24 months who were <b>breastfed ever</b>	**	79%
30	% Of infants between 0-24 months who <b>were breastfed during the night or day</b>	**	61%
31	% Of infants between 6-24 months who <b>were fed solid/semi-solid food</b>	**	79%
32	% Of Percentage of household members who were <b>suffering from chronic diseases</b>	26%	23%
33	% Of Percentage of household members who were <b>Able to obtain medical care or medications in past 3 months for his chronic disease</b>	**	76%
34	% Of Percentage of household members who were <b>living with disability</b>	11%	9%
35	% Of Percentage of household members living with disability who <b>did not receive any support</b>	**	64%
36	% Of Percentage of household members over 18 years old who <b>received COVID-19 vaccination</b>	**	92%

\*Different eligibility criteria in 2023 survey

\*\* Was not measured in 2021 survey

# HEALTH ACCESS AND UTILIZATION SURVEY AMONG “NON-SYRIANS REFUGEES” JORDAN

JULY 2023



UNHCR Branch Office  
P.O. Box 17101  
Amman 11195  
Jordan

[www.unhcr.org/jo](http://www.unhcr.org/jo)