

HEALTH ACCESS AND UTILIZATION SURVEY

“HAUS 2024”



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AMONG “SYRIANS LIVING IN NON-CAMP SETTING” JORDAN

August 2024

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 452 Syrian households residing in non-camp settings were interviewed during the survey for this year, while 367 Syrian households participated in the same exercise conducted in 2023 and 403 in 2021. We are particularly thankful to UNHCR for extending their valuable support throughout this exercise.

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Executive Summary



Household demographics

In urban areas, the average Syrian household consists of 5.5 members, with an equal split between males and females. Nearly half of the household members are under 18 years old. Among household members aged 15 or older, 59 per cent were married, and 33 per cent were single.

In terms of education levels, 21 per cent of respondents have completed secondary education, 65 per cent have received elementary to basic education, and only 5 per cent hold a university degree.

At the household level, 71 per cent of households are headed by males, with 63 per cent of them being 36 years old or older. Only 19 per cent of household heads have completed either secondary education or a university degree (13 and 6 per cent, respectively). Almost all households have been living in Jordan before 2022, with the average household income being around 220 JOD. About 97 per cent of household heads stated they possess a security card, with 92 per cent of them obtaining the card in their current living location. However, 76 per cent of them holds a valid security card.



General awareness on health care access

In terms of accessing healthcare, 63 per cent are aware of subsidized healthcare in MOH facilities, with the majority learning this information from a public healthcare facility or from neighbours, and 90 per cent believe they understand all the information on this matter. 43 per cent were aware of the ability to obtain a white card from the nearest MOH primary health care centre to get the non-insured Jordanian rate. Yet only 25 per cent mentioned having a white card, with the top reason for not possessing a white card for the remaining 75 per cent was being unaware of the procedures to obtain a white card (73 per cent) or not having the required documents (7 per cent).



Health service and health seeking behaviour

In the previous month, 95 per cent of household members in need of health-care services reported that they received the necessary care with 3 per cent increase from 2023 and 6 per cent increase from 2021 surveys. Close to half sought health care services from a private clinic or hospital, with a trending increase since 2021, also 27 per cent sought care through a MOH facility compared to 33 per cent in 2023 survey, while 22 per cent utilized private pharmacies. Of the 90 per cent who paid for services, reported an average of 37 JOD as fees for the care received.

Out of the 5 per cent (34 individuals) unable to access health care, 59 per cent could not afford the cost of service, and 9 per cent reported that the facility refused to provide health-care services. In their subsequent attempt to seek care (10 per cent of total members who needed to access health care in the past month, were referred/ attempted to seek health

care from a second facility), 33 per cent sought care in a private pharmacy, 30 per cent visited a private health care facility, and 30 per cent to a governmental facility. Only 58 per cent of those were able to obtain the service, and the majority incurred costs. Moreover, 76 per cent of those who failed to receive the requested service cited costs as the main barrier to accessing health care.



Expenditure on health care and impact

In terms of healthcare expenditure, the average household spends 76 JOD per month on healthcare services, with 90 of households spending 150 JOD or less. Nearly half of households have experienced an increase in healthcare costs over the past year, leading to challenges in affording necessary medications, medical visits, and essential healthcare. While 29 per cent of households did not require a coping strategy to meet healthcare needs compared to 38 per cent in 2023 survey, among those who did, the most common strategies included reducing visits to healthcare providers, spending from savings or borrowing money, mitigating the use of medications, and seeking more affordable services provided by NGOs. The preferred communication channels for healthcare information among refugees were phone calls, text messages, and WhatsApp (48, 40, 32 per cent, respectively).



Childhood vaccinations (not including COVID-19)

Regarding children's vaccinations in Ministry of Health (MOH) facilities, 87 per cent of households had knowledge of free access to routine immunization for children, and 98 per cent possessed a vaccination schedule card for their children, with 96 per cent being aware of the details in the card, marking a 11 per cent increase in awareness than 2023 survey. Moreover, 97 per cent of children received the MMR vaccination, and 96 per cent received polio vaccinations, primarily from governmental facilities.



Sexual & Reproductive Health

Among non-single women of reproductive age, 35 per cent reported being mothers of a child under 2 years old. During their pregnancy, 92 per cent received antenatal care (similar to 2023 results), with the majority attending at least 4 visits. Of those, 14 per cent experienced difficulties with the cost of services or waiting times at medical facilities.

In 60 per cent of cases, babies were delivered through normal vaginal delivery, with 90 per cent of mothers paying for delivery services. Almost all deliveries took place in a hospital, with over half in a government hospital and over a third in a private hospital, mainly due to preference. Regarding medical fees, 52 per cent received no support with the bill, and less than a quarter received full support with a decrease since 2023 with almost 10 per cent, which averaged around 265.2 JOD, and in 90 per cent of cases, was less than 550 JOD. However the average amount spent on delivery in government hospitals was 152.8 JOD, and 393.7 JOD in private clinics or hospitals.

As for family planning, 34 per cent of mothers were advised or given information on family planning after delivery, less by 8 per cent since 2023 HAUS. Currently, 32 per cent of non-single women of reproductive age are using contraceptive methods such as pills,

intrauterine devices (IUDs), or male condoms (28, 39, 10 per cent, respectively), which were reported as the most preferred methods by non-single women in reproductive age (23, 25, and 12 per cent, respectively).

At the household level, awareness of family planning services stood at 47 per cent, with 33 per cent receiving information about it in the past year. Of households that received this information, 47 per cent received it from healthcare employees, and just over a quarter attempted to obtain contraceptive methods in the same period, mostly from Ministry of Health facilities (37 per cent).



Nutrition including Infant and Young Child Feeding “IYCF”

For children under 5 years old, only 15 per cent were reported to have difficulties with growth or nutrition, a 4 per cent increase than 2023 findings. Additionally, only 27 per cent sought professional assistance, and a mere 5 per cent were currently enrolled at the time of the survey for nutrition program. For children under 2 years, 83 per cent were ever breastfed, with 56 per cent being breastfed the day before the survey interview. Among infants aged 0-5 months, 57 per cent were breastfed during the first hour of birth.

Furthermore, for children between 6-23 months, 23 per cent consumed minimum of five out of the main eight food groups (Minimum Dietary Diversity “MMD”) in the 24 hours before the survey interview.



Chronic Diseases

In urban Syrian households, the prevalence of chronic diseases reached 17 per cent, similar to last year’s prevalence, with hypertension and diabetes being the most prevalent conditions. Moreover, 79 per cent were able to access healthcare or medication for their chronic disease in the past 3 months, despite barriers such as the cost of service and lack of medication. Additionally, 55 per cent of them sought these services at a private pharmacy, and only 15 per cent reported not paying for services. However, for those who did pay, the average expenditure on chronic disease medication was around 48 JOD monthly.



Disability

Five per cent of individuals living in households were reported to have some form of disability, with nearly 76 per cent of them disclosing that they were experiencing physical or sensory impairments. Half of these impairments were attributed to natural causes. When asked about the support they received for their disabilities, 23 per cent stated that they required medical support, and 7 per cent reported using assistive devices. Additionally, a significant portion of the respondents (64 per cent) did not receive any support. The reasons provided for this lack of support included high costs (47 per cent), unavailability of services (22 per cent), and unawareness of where to seek help (13 per cent), consistent with 2023 HAUS difficulties for disability.

Background and Methodology

Background

Syria remains the world's largest displacement crisis with more than 13 million people have either fled the country or are displaced within its borders. According to the latest numbers on Syrian refugees and asylum seekers published by the United Nations High Commissioner for Refugees (UNHCR), there are around 5 million Syrians registered as refugees, with the highest number of registered refugees is in Turkey with around 3 million refugees, followed by Lebanon with around 800 thousand, Jordan over 620,000 refugees, Iraq over a quarter of a million, and Egypt and other north African countries over 180,000. In Jordan Currently, Syrian refugees are hosted mainly in urban settings (80 per cent) and the minority live in camps including refugees hosted in Zaatari, Azraq camps, Emirati Jordanian (EJC) camp and Garden Park.¹

Since the eruption of the Syrian refugee's crisis, UNHCR is supporting the provision of primary health care services and emergency lifesaving secondary health care to camps refugees while in Urban settings. Since the beginning of 2024, UNHCR is supporting a limited number of urban Syrian refugees in one clinic in Amman at Primary health care level. UNHCR jointly with Ministry of health is working to encourage Syrian refugees to increasingly utilize the governmental health services at the Primary and Secondary health care levels.

Since 2012, Government of Jordan (GoJ) adopted several health care access policies ranged from free access, subsidies policies to prohibiting policies. However, since March 2019 GoJ allowed Syrians registered with UNHCR to access health-care services at the non-insured Jordanian rate when they use all types of health services provided by the Ministry of Health. This is a subsidized rate that is used for Jordanians who don't have government health insurance. Though the non-insured Jordanian rate is normally affordable for non-vulnerable individuals this is expected to cause considerable hardship for many refugees.

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 a form of 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 the estimation of proportion of households with chronic disease conditions and disabilities, for, health status, health expenditure and awareness and access to key health services in a representative sample of the population. HAUS also pinpoint barriers and facilitators to the ability to access and successfully use appropriate health-care services.²

¹ <https://www.unhcr.org/countries/jordan>

² <https://www.unhcr.org/sites/default/files/2023-04/HAUS-Plus-Manual.pdf>

Hence, identifying health-care needs, utilization behaviours and barriers will enable UNHCR to engage with a wide range of actors promoting shared responsibility, advocates for an appropriate resource, and ensuring refugees receive protection and assistance.

Therefore, UNHCR partnered with Headway Jordan to conduct survey among Syrian refugees living in non-camp setting to understand their Health Access and utilization practices. Headway took the responsibility to conduct the main tasks associated with the survey implementation, data analysis, and report writing.

This report details the findings of 2024 survey.

Objectives

- Measure key health care indicators related to awareness, utilization, access, quality of service, barriers, etc;
- Evaluate awareness regarding the availability of health-care services for urban refugees;
- Determine the extent of impact the UNHCR policies have on health care access and utilization behavior;
- Estimate the proportion of registered urban refugees seeking care in the preceding month, types of care sought, whether or not care sought was received and in which type of facilities, difficulties faced in obtaining care;
- Quantify the level of knowledge of available health care service available to refugees;
- Assess the use of public health-care and private facilities and the reasons for seeking care at those facilities;
- Identify and 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 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 member who are registered at UNHCR database, and respondents were chosen randomly from the ProGres Database provided by UNHCR using simple random technique.

the global HAUS+ questionnaire adopted for Jordan context was used to collect the necessary information for the survey. and it was tested by Headway Jordan. The Adopted tool collected information on nine areas including Demographic information, Child immunization Nutrition, Infant and Young Child Feeding Practices, Sexual and

Reproductive Health (SRH) practices, Chronic Diseases, mental illness and disability, access to health care in the last three months.

Respondents' lists used during pilot phase and fieldwork were obtained randomly from UNHCR ProGres data base implementing simple random techniques. Iteration rates and required calculations were obtained from previous HAUS studies conducted among similar segments.

The [HAUS Plus Sample Size Calculator](#) was used to calculate the sample size needed for the survey. The sample size calculator to power statistically significant test over time for indicators of proportion was used to calculate the initial sample size. The key indicator used to look for its significant change over time was knowledge of right to subsidized access to governmental health services. The confidence level was set at 95%, and the design effect (DEEF) at 1.00. Then the initial sample size calculated was adjusted upward considering the number of households to be contacted for individual level indicators. The target group of non-single women at reproductive age was chosen to be the target group to be considered as it is a target group for many key indicators of interest including childhood vaccination coverage, antenatal care coverage, skilled birth attendance and knowledge and access to family planning services. A second level adjustment was made to the anticipated household non-response, and it was assumed at 40%. The sample size calculated based on the initial sample size and the two-level adjustment was 431 Households.

The tool was scripted using KOBO platform with an average interview length of 12-15 minutes. 452 telephonic interviews were conducted by 12 trained enumerators from August 12 to 23 2024. 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

The 2024 Health Access and Utilization Survey (HAUS) conducted interviews with 452 Syrian households residing in non-camp settings in Jordan. The primary goal was to gain a comprehensive understanding of their health access and utilization practices in Jordan, as compared to 367 households surveyed in 2023 and 403 households in 2021. Among these households, 71 per cent were headed by males, marking an increase from the 69 per cent recorded in the 2023 study. Additionally, 37 per cent of the household heads were between the ages of 18 and 35, while only 11 per cent were 60 years old or older. This distribution of gender and age groups remained consistent with the surveys conducted in the preceding two years.

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

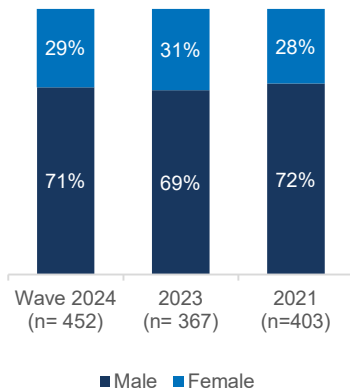
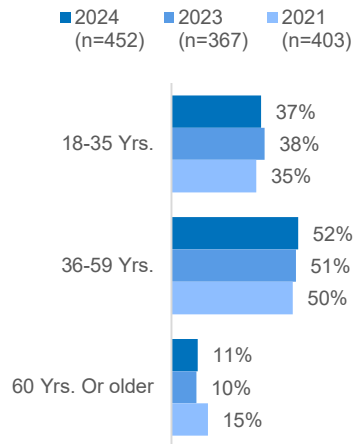


Figure 2. Head of HH Age
Percentage of head of household



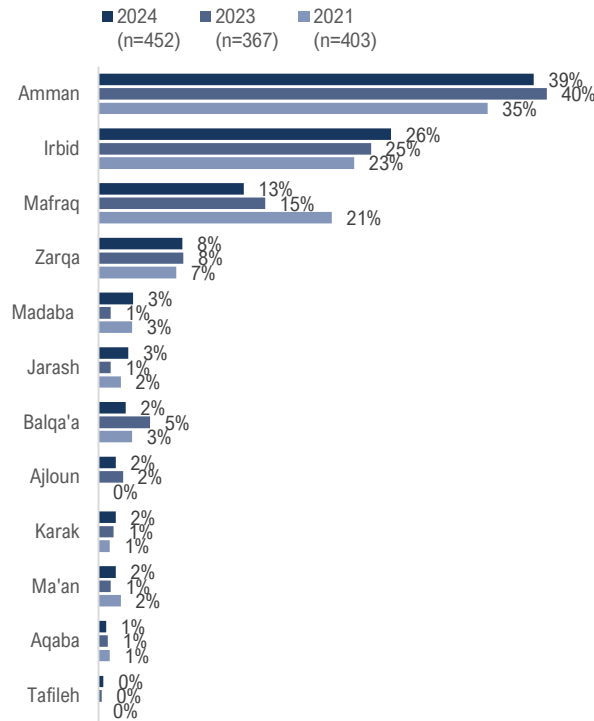
Note: figures do not add up to 100 per cent due to rounding

Residence

The geographic distribution of Syrian households across governorates in the 2024 HAUS closely mirrored that of 2023. While a majority of households were located in Amman, over half of the Syrian households were dispersed across other governorates, including 26 per cent in Irbid and 13 per cent in Mafraq. Notably, all households had arrived in Jordan before 2022.

Figure 3. Region

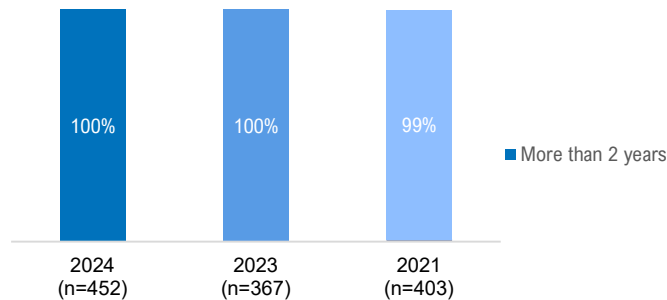
Percentage of head of household



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

Figure 4. Duration since first family member arrived to Jordan

Percentage of head of household



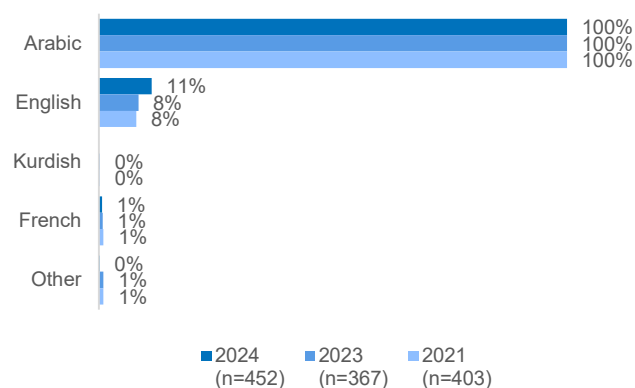
Note: figures do not add up to 100 per cent due to rounding

Languages spoken

While all of surveyed heads of household reported they speak the Arabic language, the 2024 survey also revealed that a slightly larger proportion of Syrian heads of households reported proficiency in the English language compared to the previous year's surveys.

Figure 5. Languages spoken

Percentage of head of household

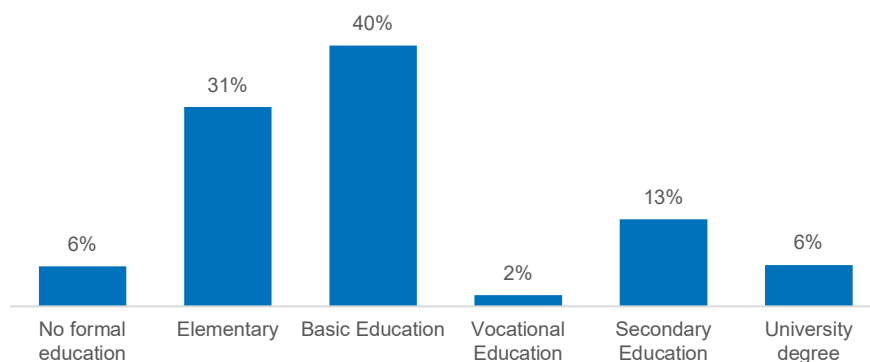


Education level

The majority of Syrian heads of household did not complete secondary education (40 per cent completing basic education and 31 per cent completing elementary level), and only 6 per cent did not complete any sort of formal education. On the other side, only 6 per cent obtained a higher education degree.

Figure 6. Head of HH Education level (2024)

Percentage of head of household



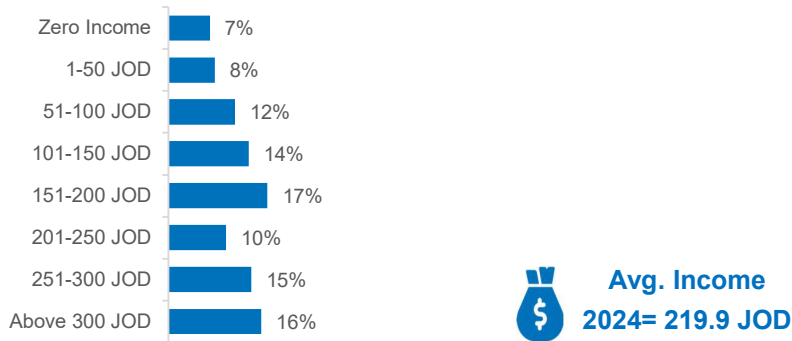
Note: figures do not add up to 100 per cent due to rounding

Monthly household income

The average monthly household income was nearly 220 JOD, with the majority of households reporting an income of less than 300 JOD. Approximately 16 per cent fell into the more than 300 JOD income brackets.

Figure 7. Monthly household income (2024)

Percentage of households



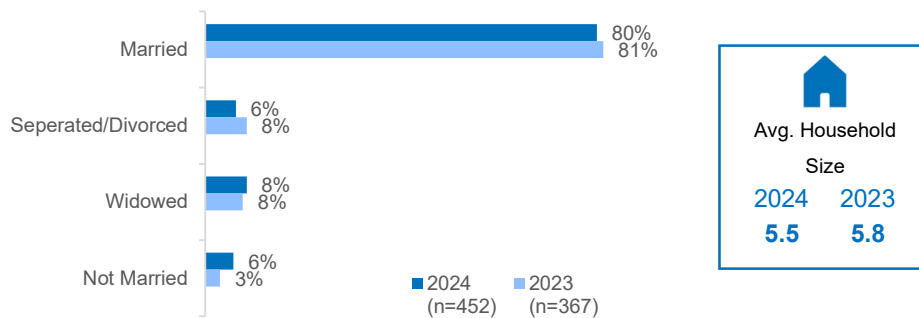
Note: figures do not add up to 100 per cent due to rounding

Household size and marital status

The majority of Syrian heads of household were married, with only 6 per cent being single. The average Syrian household size in 2024 was 5.5 members.

Figure 8. Head of HH Marital status

Percentage of head of household



Security Card

The possession of security cards remained consistent, with the majority obtaining the card in the same location they reside. However, 24 per cent were not currently carrying a valid security card.

Figure 9. Possession of a security card

Percentage of head of household

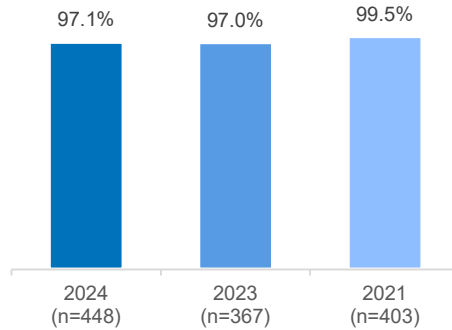


Figure 10. Card issued in the same place they live in

Percentage of head of household in possession of a security card

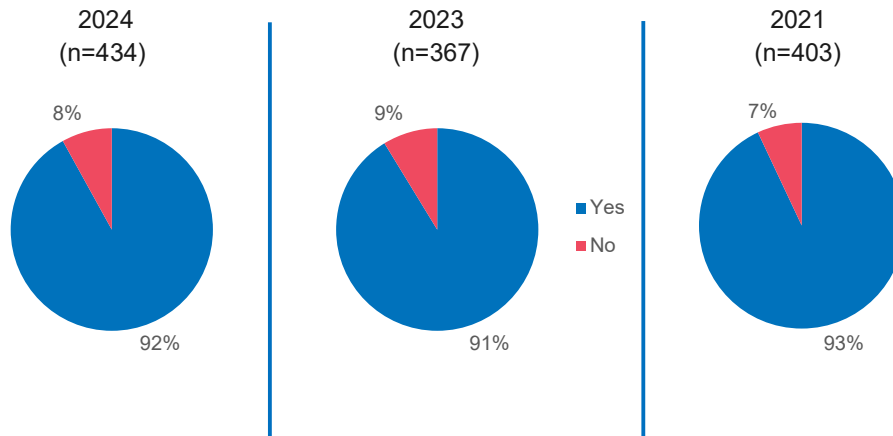


Figure 11. Security card is valid (2024)

Percentage of head of household in possession of a security card



Household Members Demographics

Gender and age

The Syrian households were evenly divided between male and female members, with nearly half below 18 years old, and over a quarter between 18 and 35 years of age. These two demographic parameters remained constant over the past years when the surveys were conducted.

Figure 12. HH members Gender
Percentage of household members

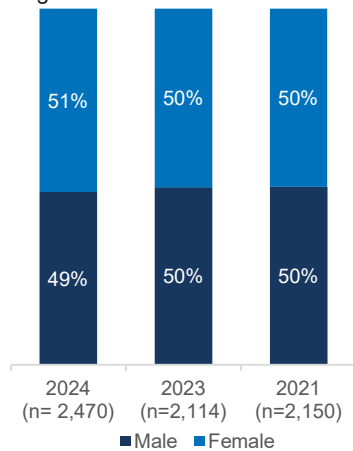
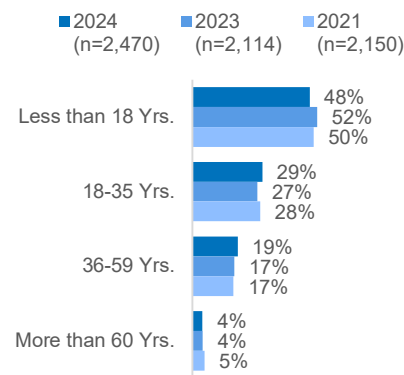


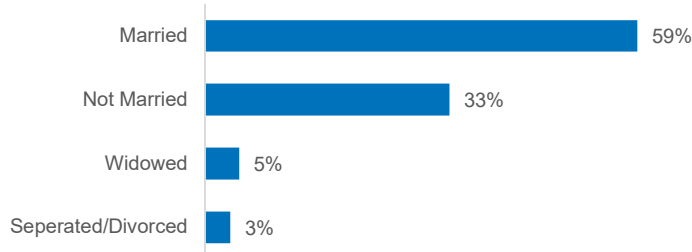
Figure 13. HH members Age
Percentage of household members



Marital status

Almost 60 per cent of household members who were 15 years old were married, with 33 per cent were currently single.

Figure 14. HH members Marital status (2024 (n=1,450))
Percentage of household members 15 years old or older

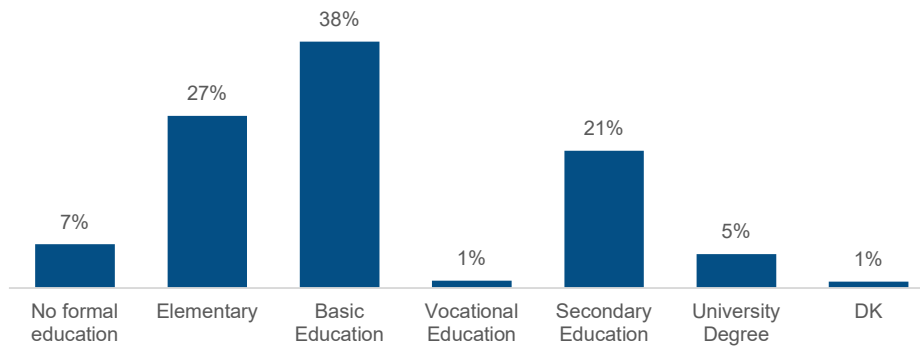


Education level

For household members aged 16 or older, the most commonly completed education level was basic education at 38 per cent, moreover, secondary education and university degrees were at 21 per cent and 5 per cent, respectively.

Figure 15. HH members Education level (2024 (n=1,389))

Percentage of household members 16 years old or older



General awareness on Health care Access

Access to health-care facilities

The awareness level regarding access to subsidized health care in MOH facilities have remained relatively steady, with a slight decrease of 2 per cent since 2023, however, 90 per cent of individuals who were aware of the access to subsidized health care services were able to comprehend information about accessing MOH facilities at subsidized cost. Regarding the knowledge of ability to obtain a white card from the nearest MOH primary health care facility to get the non-insured rate, 43 per cent of the sample reported being aware of this information.

Table 1. Health care accessibility indicators

Percentage of head of household

	2024 (n=452)	2023 (n=367)	2021 (n=403)
Aware about the access to MOH facilities at a subsidized cost	63%	65%	63%
Understood information regarding accessing subsidized health care (2024, n=286) >> head of household who are aware of Access to subsidized health care at MOH medical facilities	90%	69%*	**
Aware about visiting the nearest MOH facility to issue a white card	43%***	49%	**

*Different eligibility criteria in 2023 survey (head of households)

** Was not measured in the survey

*** An option "Do not of know what is a white card" was added in (year) wave

The majority of respondents who indicated they are aware of subsidized health care learned about it at a public clinic or hospital (68 per cent), 26 per cent from neighbours or relatives, and 14 per cent obtained this information from UNHCR's communication channels.

Table 2. Source of information on subsidized health care (2024)

Percentage of head of household who are aware of Access to subsidized health care at MOH medical facilities

Information Source	2024 (n= 286)
Public clinic or hospital	68%
Neighbours/Relatives	26%
UNHCR communication channels (Help line, Help Site, WhatsApp, Facebook)	14%
Community Health Volunteers	2%
NGO clinics	1%
Service guide for health care issued by Ministry of Health	1%
Other	5%

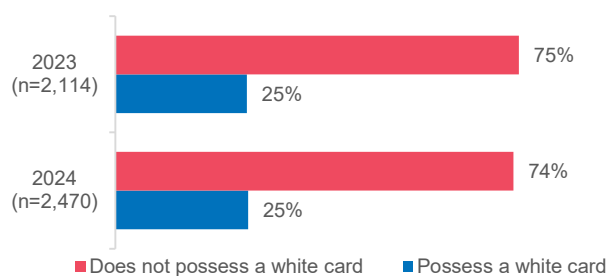
White Card

According to the 2024 survey, only 25 per cent of household members reported possessing a white card. Among those who did not possess it, the primary reason was lack of knowledge about the process of issuing the card (73 per cent), followed by 7 per cent who did not have the necessary documents and 5 per cent who stated they did not need it.

It was found in the data that 20 per cent of Syrian households have no idea what the white card is.

Figure 16. Possession of a white card

Percentage of household members (n= 2,470)



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

Table 3. Reasons for not possessing a white card (2024)

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

	2024 (n= 1,837)
I don't know how to issue the white card	73%
I have a problem in the required documents (Valid ASC, MOI card issues, rental contract)	7%
I am not interested/ don't want to approach the centre to seek services	5%
The health centre refused to issue the card	2%
Other	7%
Don't Know the reason why the HH member does not possess the White Card	6%

Household Health Demographics

The table below summarizes the number of Syrian household members living outside of refugee camps across different health demographics.

Table 4. Snapshot of family members certain health parameters

Number of household members

	2024 N=2,470	2023 N=2,114	2021 N=2,150
MMR vaccination (Children between 9-59 months)	264	227	179
Polio vaccination (children between 9-59 months)	259	222	179
Antenatal care (Women of reproductive age and have child less than 2 Years old)	135	127	143
Using family planning (Non-single Women of reproductive age 15 – 49 years old)	127	114	-
Tried to use family planning in the past year (2024, Households with at least one non-single women in reproductive age) (2023, Non-single Women of reproductive age 15 – 49 years old)	102*	90	-
Used health-care services in the past month	645	588	812
Has a Chronic disease	417	330	409
Living with disability	133	123	156

*Different eligibility criteria in (year) survey

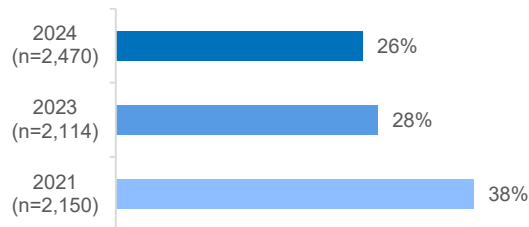
Health Service and Health Seeking Behaviour

Required health-care services in the past month

Of the total household members, 26 per cent reported needing to access health care services in the past month, which reflects a 2 per cent decrease since 2023.

Figure 17. Needed to access health-care services in the past month

Percentage of household members

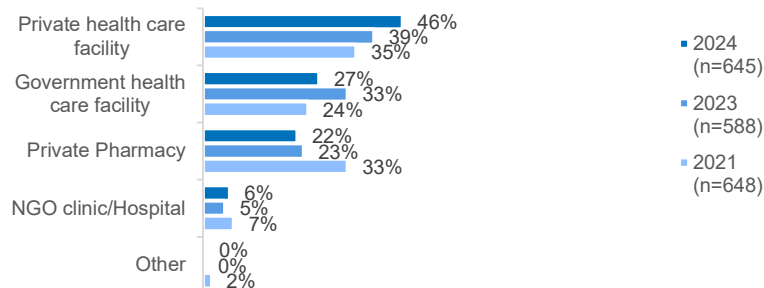


Sought health-care services (first location sought)

When Syrian household members needed to access health care, the top locations sought were private health care facility, governmental health facility, and private pharmacies (46, 27, and 22 per cent, respectively). It is noteworthy that there is a significant growing number of Syrian refugees seeking health care in private facilities, this year compared to than in the previous years. Additionally, the demand for governmental health care facilities was significantly lower than 2023.

Figure 18. 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

In 2024, health care was accessed at the first facility in 95 per cent of cases, a higher rate than the previous years. Of the cases that couldn't access health care, the primary reason for the inability to receive it was the cost of the service.

Figure 19. Received health-care services in first facility

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

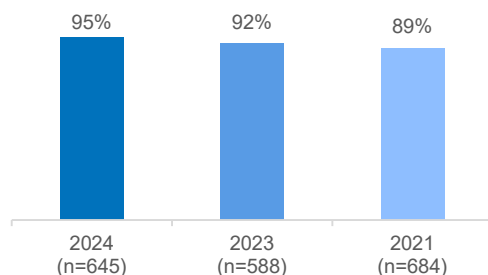


Table 5. Reasons for inability to receive health-care services in first facility

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

	2024 (n=34)	2023 (n=49)	2021 (n=73)
Couldn't afford user fees	59%	51%	44%
Don't like the health services/staff	-	12%	12%
Health centre refuse to provide services	9%	8%	42%
Too far / Transport issues	3%	4%	5%
I don't carry the proper documents	-	2%	-
Didn't know where to go	-	0%	3%
Others	29%	22%	11%
I Don't Know	3%	8%	-

Like 2023 finding, the majority of Syrians paid fees to obtain the service at first location sought, however, the average was 37 JODs

Figure 20. Paid for health-care service in first facility

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

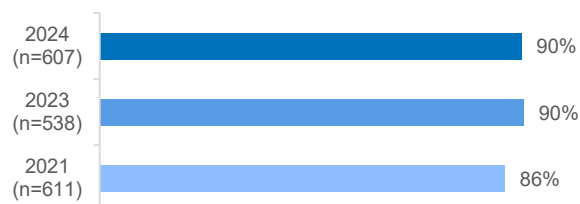


Table 6. Amount spent on health-care services in first facility

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

	2024	2023	2021
Base	530	480	525
Max	1,200 JOD	1,300 JOD	1,500 JOD
AVG	37 JOD	27 JOD	37 JOD
90tile	60 JOD	50 JOD	60 JOD

Definitions:

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

Max = The maximum value paid

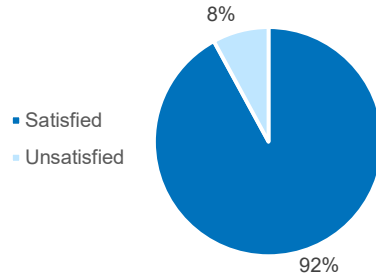
Count = Number of payments

Mean = The straight average of payments

Most members were satisfied with care received in first facility.

Figure 21. Satisfaction with health-care services provided in first location (2024)

Percentage of household members who received health-care services in first location (n=607)



Sought health-care services (second location sought)

In 10 per cent of cases, individuals needed to visit a second facility for health care. Out of these, 33 per cent received care at a private pharmacy, and while 30 per cent received care from a private health care facility, and the same for governmental medical care facility. However, behaviour regarding accessing health care in these locations differ in 2024 with a decreasing trend towards accessing private health care facility, and the opposite to public ones.

Figure 22. Referred/Sought a second health-care facility

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

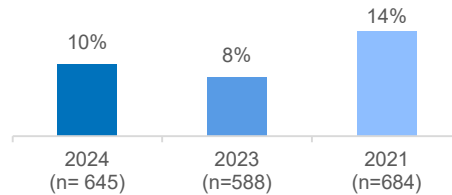
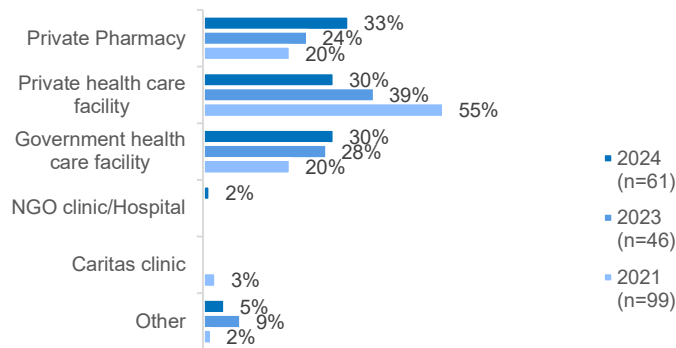


Figure 23. Second location the health-care service was sought at

Percentage of household members who were referred to access second health-care facility



At the second health-care facility, 58 per cent of individuals seeking care were able to receive it, with 89 per cent of them having to pay for the services. It was observed that in 2024, fewer Syrians were able to access services at the second facility compared to the findings of 2023.

Figure 24. Received health-care services in second attempt

Percentage of household members who accessed second health-care facility

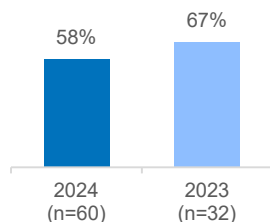
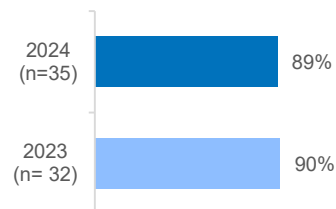


Figure 25. Paid for second health-care service/referral

Percentage of household members who accessed second health-care facility



The primary obstacle mentioned for not receiving care was the cost of the service. However, 94 per cent of those who did receive care reported being satisfied with the services they received.

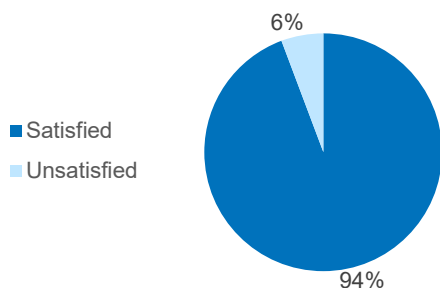
Table 7. Reasons for inability to receive health-care services in second facility

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

	2024 (n= 25)
Couldn't afford user fees	76%
Service wasn't available	4%
Health centre refuse to provide services	4%
I don't Carry the proper documents	-
Too far / Transport issues	4%
Others	28%

Figure 26. Satisfaction with health-care services provided in second facility (2024, n=35)

Percentage of household members who received health-care services in second facility



Expenditures and impact on household economics

Nearly half of the households reported an increase in health care costs, marking a 6 per cent increase since the 2023 HAUS results. While 9 per cent reported no impact, the rise in costs led to 59 per cent of Syrian households being unable to afford necessary medication, preventing 48 per cent from visiting medical facilities or doctors, and causing 27 per cent to not conducting necessary medical procedures.

Furthermore, the three reasons mentioned earlier reported by less Syrians in 2024 compared to previous years.

Figure 27. Noticing an increase in health care costs in past year

Percentage of head of household

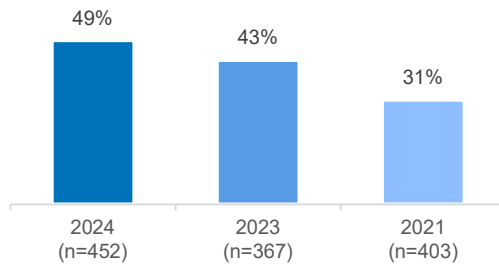
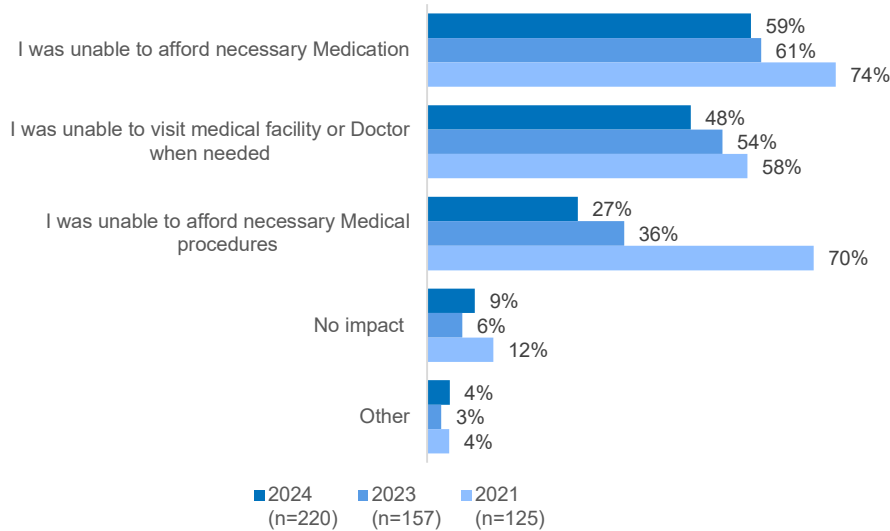


Figure 28. Impact due to increase in health care costs

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



The average monthly amount spent on health care was 76 JOD, with a slight increase from 2023 by 2 JODs

Table 8. Amount spent monthly on health-care services

Percentage of head of household

	2024	2023
Base	452	367
Max	4,999 JOD	1,500 JOD
AVG	76 JOD	74 JOD
90tile	150 JOD	150 JOD

Definitions:

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

Max = The maximum value paid

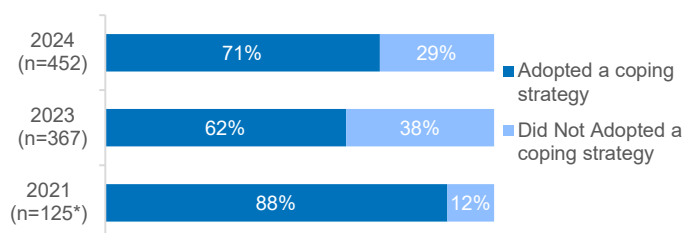
Count = Number of payments

Mean = The straight average of payments

The survey revealed that 29 per cent of respondents did not implement any strategy to manage healthcare costs. Of those who did, 41 per cent chose to reduce their visits to healthcare providers, marking a 2 per cent increase from the previous year. Additionally, 37 per cent used their savings or incurred debt to cover healthcare expenses, resulting in a 30 per cent decrease in medication usage, which is a 4 per cent increase from the previous year. Interestingly, 12 per cent fewer respondents searched for free healthcare from NGO facilities than last year.

Figure 29. Adopted a coping strategy

Percentage of heads of household



*Different eligibility criteria in 2021 survey (households that noticed an increase in health care expenses)

Table 9. Coping strategies implemented

Percentage of head of household who adopted a coping strategy

	2024 (n=319)	2023 (n=226)	2021 (n=110)
Reduced visits to health-care provider	41%	39%	44%
Spent from Saving/Borrow	37%	35%	26%
Reduced/stopped using medications	30%	26%	35%
Searched for free health-care services by NGO's	25%	37%	21%
Other	6%	8%	4%

In 2024, telecommunication services such as phone calls, text messages, and WhatsApp messages were the preferred means for receiving healthcare information, with 48, 40, and 32 per cent of respondents preferring these channels, respectively. These communication channels were preferred by more Syrians in 2024 compared to the previous year.

Table 10. Preferred source to receive information on health care

Percentage of head of household

Information Source	2024 (n=452)	2023 (n=367)
Phone	48%	38%
Text Messages	40%	29%
WhatsApp	32%	21%
Internet (UNHCR website and Facebook)	18%	25%
Health-care employees	7%	12%
Billboards	2%	0%
Brochures, other Written documents	2%	0%
Others	7%	3%

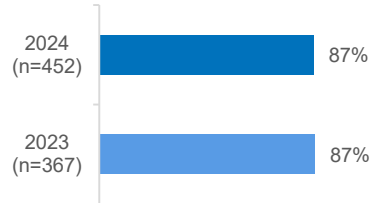
Childhood Vaccinations

Vaccinations access

Levels of awareness about children's free vaccination availability at MOH facilities remained high among Syrian households.

Figure 30. Aware of free children vaccination at MOH health facilities

Percentage of head of household



Almost all children between 9-59 months old were in possession of vaccination schedule card.

Figure 31. Aware of child vaccination schedule card

Percentage of household children between the ages 9-59 months (n=280)



Figure 32. Possession of baby vaccination schedule card

Percentage of household children between the ages 9-59 months



MMR vaccination

MMR vaccinations scored high rates of receipt by Syrian children at 97 per cent, with almost all getting vaccinated in a governmental facility.

Figure 33. Received MMR vaccination

Percentage of household children between 9-59 months

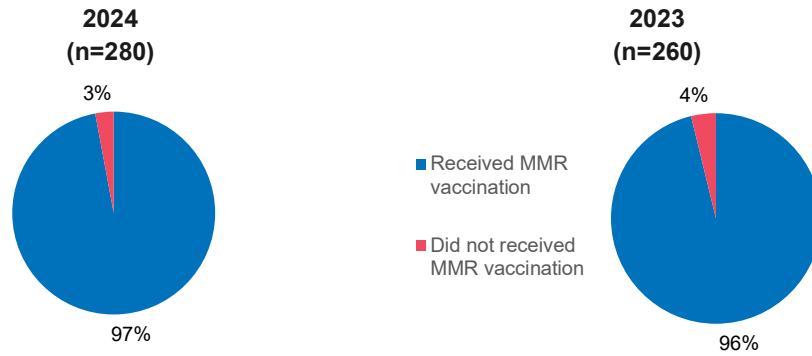
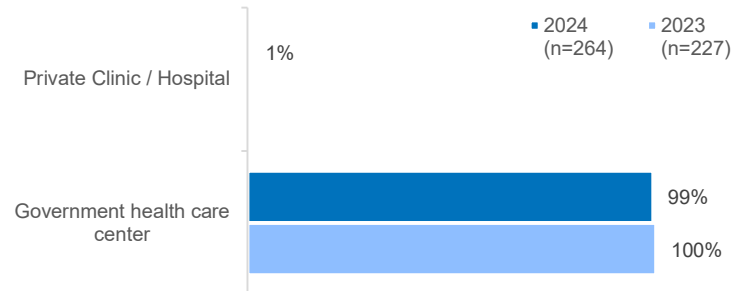


Figure 34. Location received MMR vaccinations at

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



Polio vaccination

Similar to MMR, 96 per cent of children reported receiving Polio vaccination, also almost all received the polio vaccine in a governmental facility.

Figure 35. Received Polio vaccination

Percentage of household children between 9-59 months

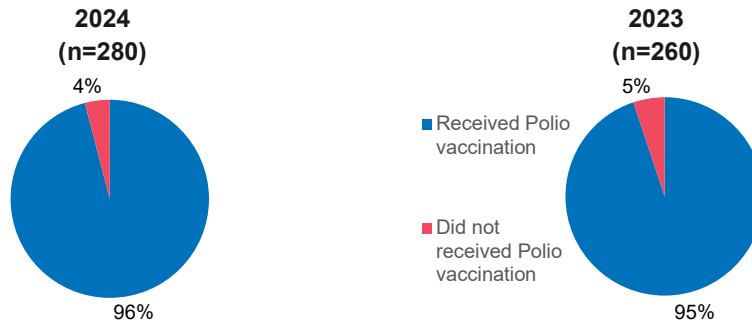
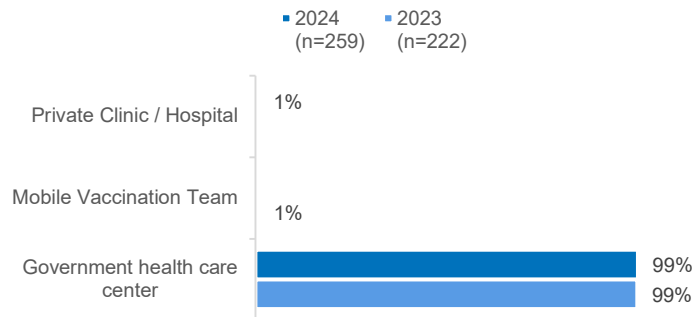


Figure 36. Location received Polio vaccinations at

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

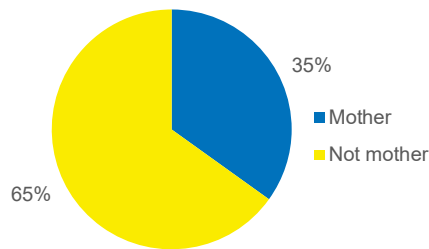


Sexual & Reproductive Health

Mothers of a 2-year-old child

The survey found that 35 per cent of non-single women of reproductive age reported having at least one child under the age of 2 years.

Figure 37. Mother of children younger than 2 years old (2024)
 Percentage of non-single women in reproductive age (n=422)



Antenatal care

Ninety-two per cent of mothers received antenatal care during pregnancy, marking a 2 per cent increase from the previous year's results, with 83 per cent making at least 4 visits.

Figure 38. Received antenatal care
 Percentage of mothers of a child younger than 2 years old

Year	Sample Size (n)
2024	147
2023	141

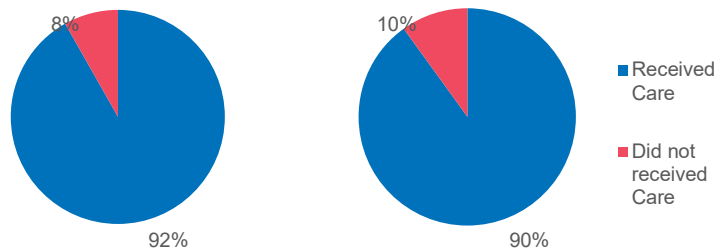
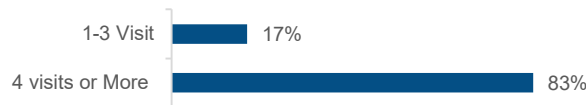


Figure 39. Number of antenatal care visits (2024)
 Percentage of mothers of a child younger than 2 years old who received antenatal care (n=135)



The main challenges in obtaining antenatal care were the cost of services (68 per cent) and long waiting times (21 per cent), for the 14 per cent who reported facing difficulties in receiving care.

Figure 40. Encountered difficulties to receive antenatal care

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

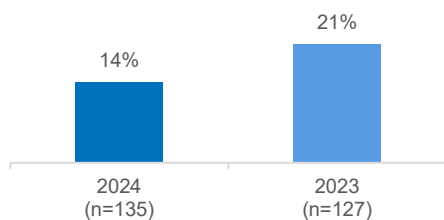


Table 11. Difficulties encountered to receive antenatal care

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

	2024 (n=19)	2023 (n=27)
Couldn't afford user fees	68%	81%
Long Wait	21%	7%
Too far / Transport issues	11%	19%
Don't like the health services/staff	5%	4%
Others	11%	0%

Delivery

The majority of mothers had vaginal deliveries, with the average delivery fees reaching 265.2 JOD, representing a 22 JOD increase from the previous year.

Figure 41. Type of child's delivery (2024)

Percentage of mothers of a child younger than 2 years old (n=147)

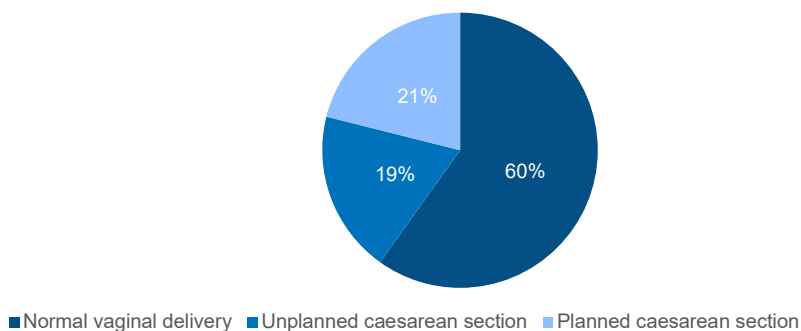


Table 12. Amount spent on child's delivery service

Percentage of mothers of a child younger than 2 years old who paid for delivery

	2024	2023
Base	132	115
Max	1,500 JOD	1,800 JOD
Avg	265.2.0 JOD	243.6 JOD
90tile	550 JOD	500 JOD

Definitions:

90tile = 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

Table 13. AVG Amount spent on delivery services – per type and location of delivery

Average of amount paid for delivery services

	AVG Normal vaginal delivery	AVG Unplanned caesarean section	AVG Planned caesarean section
Government Hospital	86.31 JOD	307.5 JOD	278 JOD
Private Hospital	333 JOD	529.88 JOD	338.89 JOD
Home delivery	100 JOD	0 JOD	0 JOD
Other	200 JOD	800 JOD	575 JOD

Government hospitals were the most frequently mentioned facilities for childbirth, followed by private hospitals at 40 per cent. Moreover, 22 per cent of respondents received full assistance with their delivery medical fees, a significant 10 per cent less than 2023 survey. 53 per cent of respondents received no assistance, a significant 9 per cent increase compared to 2023 survey.

Figure 42. Location for delivery

Percentage of mothers of a child younger than 2 years old

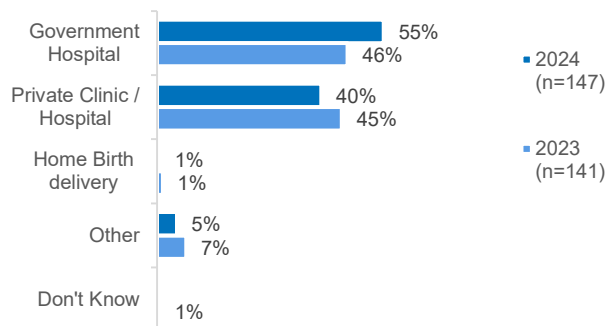


Figure 43. Reasons for selecting private hospital/clinic

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

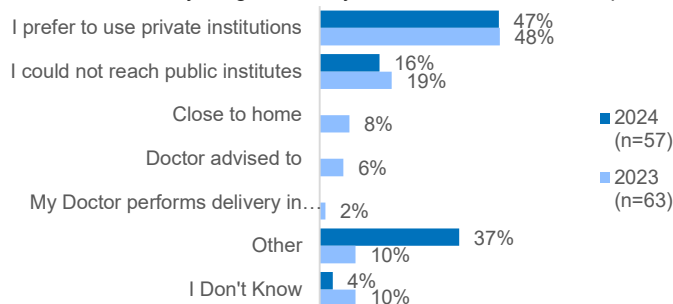
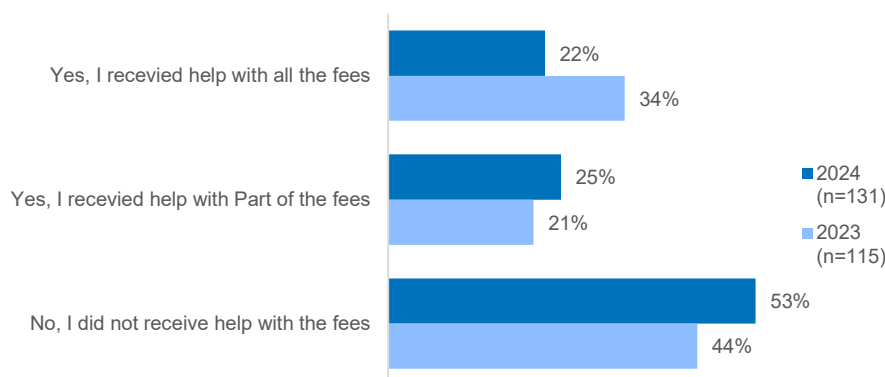


Figure 44. Received financial support to pay child's delivery fees

Percentage of mothers who paid for delivery



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

Family planning

The data shows a 6 per cent decrease in awareness level among heads of household regarding services for preventing unwanted pregnancies. Additionally, 33 per cent of respondents reported receiving information about family planning in the past year, and 34 per cent of women were advised to use contraceptives after delivery, a decrease since 2023.

In the past year, 32 per cent of non-single women in reproductive age used contraceptive methods, while 27 per cent attempted to obtain family planning services.

Table 14. Awareness and usage of family planning services in Jordan

Percentage of female household members between 15-49 years old

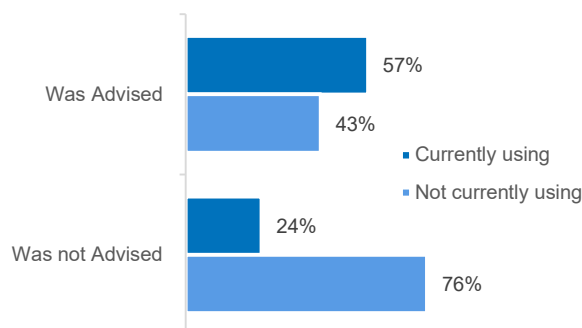
	2024	2023	2021
Awareness of free antenatal Care and family planning service at MOH facilities (2024, n=452) >> Heads of Household	44%	_**	_**
Awareness of any available services to prevent unplanned pregnancy (2024, n=390) >> Households with at least one non-single women in reproductive age (2023, n=141) >> mothers of a child younger than 2 years old	47%	53%	40%*
Heard information about family planning in the past year (2024, n=390) >> Households with at least one non-single women in reproductive age (2023, n=141) >> mothers of a child younger than 2 years old	33%	45%	49%*
Advised/Provided with of any contraceptive methods after delivery (2023 (n=141) and 2024 (n=147)) >> mothers of a child younger than 2 years old	34%	42%	_**
Currently using any contraceptive methods (2023 (n=351) and 2024 (n=422)) >> non-single women in reproductive age	32%	33%	_**
Tried to obtain contraceptive methods in the past year (2024, n=390) >> Households with at least one non-single women in reproductive age (2023, n=351 // 2021, n=358) >> non-single women in reproductive age	27%	26%	29%

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

** Was not measured in (year) survey

Figure 45. Usage of contraceptives by Mothers of children younger than 2 years old (2024)

Percentage of mothers of a child younger than 2 years old, (n=147)



In 2024, 27 per cent of households with at least one non-single women in reproductive age tried to obtain a contraceptive in the past year, with MOH being the top facility households would seek for family planning care in 2024, similar to results found in 2023. Followed closely by private doctors at 30 per cent in 2024.

Figure 46. tried to obtain contraceptives in the past year

(2024, n=390) >> Households with at least one non-single women in reproductive age
 (2023, n=351) >> non-single women in reproductive age

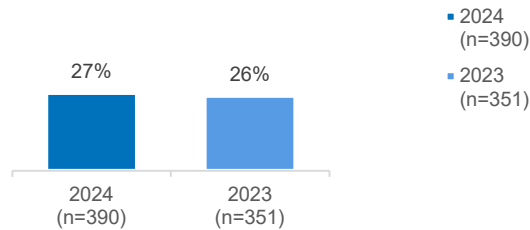
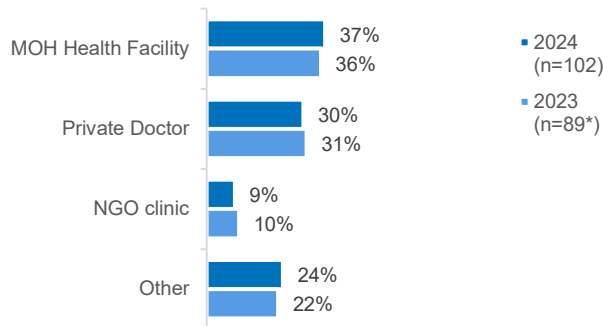


Figure 47. Location sought family planning services at

Percentage of Households with at least one non-single women in reproductive age who tried to obtain contraceptive methods in the past year



*Different eligibility criteria in 2023 survey (non-single women in reproductive age who tried to obtain contraceptive methods in the past year)

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

The most sought-after and used family planning products were pills, IUDs, and male condoms, and these were also their preferred contraceptive products.

Figure 48. Usage of contraceptive method

non-single women in reproductive age

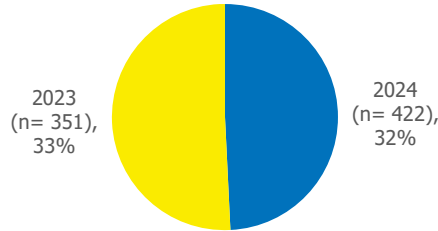


Figure 49. Type of contraceptive method used (2024)

Percentage of non-single women in reproductive age who are currently using a contraceptive method

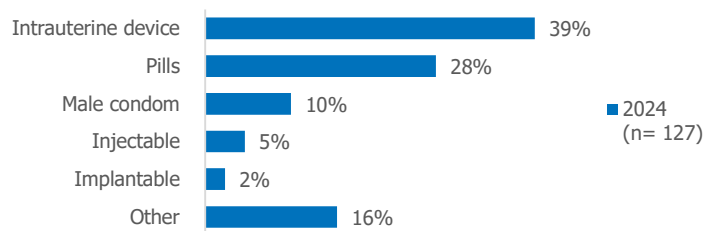
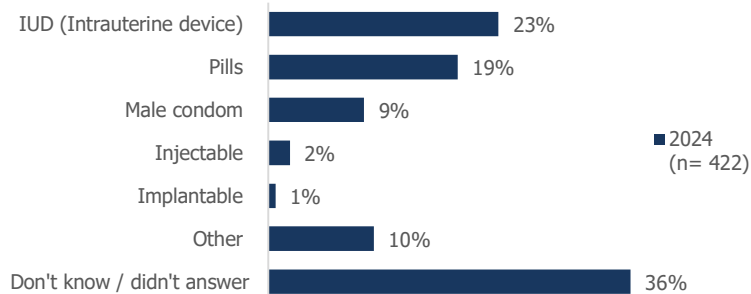


Figure 50. Preferred type of contraceptive method (2024)

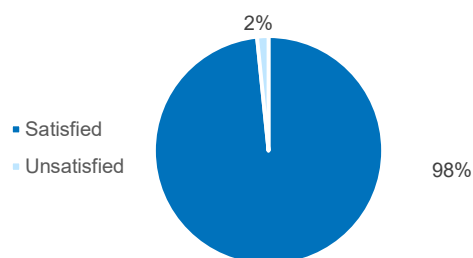
Percentage of non-single women in reproductive age



Furthermore, the satisfaction rates with family planning products were high among non-single females in reproductive age.

Figure 51. Satisfaction with contraceptive method used (2024)

Percentage of non-single women in reproductive age currently using contraceptive method (n= 127)



Health care employees, social media, and other media channels remained the top sources of information for family planning services.

Figure 52. Heard information about family planning in the past year

(2024, n=390) >> Households with at least one non-single women in reproductive age

(2023, n=141) >> mothers of a child younger than 2 years old

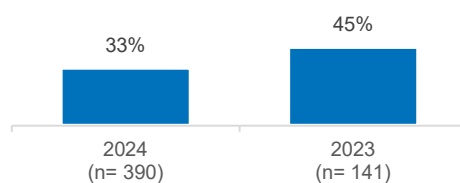


Table 15. Source of information about family planning in Jordan

Percentage of Households with at least one non-single women in reproductive age who heard information about family planning in the past year

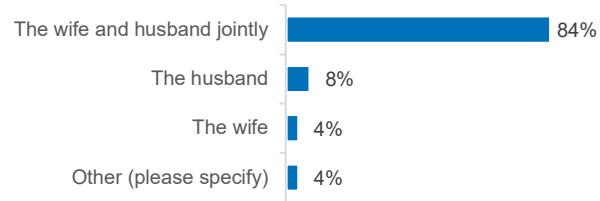
Information Source	2024 (n=125)	2023 (n=63*)	2021 (n=175*)
Health-care employees	47%	62%	37%
Community Event	31%	29%	31%
Audio, Radio, other Social Media Sources	18%	8%	22%
Billboards	2%	3%	6%
Brochures, other Written documents	4%	2%	11%
Others	24%	10%	19%

*Different eligibility criteria in 2021 & 2023 survey (non-single women in reproductive age who heard information of available services to prevent unplanned pregnancy)

Regarding decisions about the number of children, 84 per cent stated that it was the decision of both the partners.

Figure 53. Decision on number of children (2024)

Percentage of non-single women in reproductive age (n= 422)



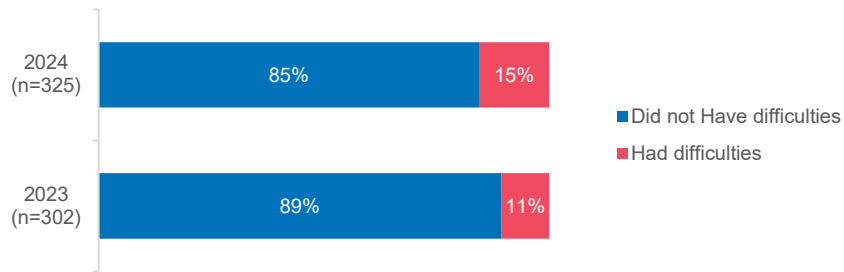
Nutrition including Infant and Young Child Feeding “IYCF”

Nutrition and Growth

In the past month, 15 per cent of children aged 0-5 years faced challenges related to their growth or nutrition, an increase of 4 per cent in the reported cases in 2024 than 2023

Figure 54. Noticed difficulties with child’s growth or nutrition during the past month

Percentage of children between the age of 0 – 59 months (n= 325)



Seeking professional support

Only 27 per cent of children with growth or nutrition difficulties their families requested professional assistance compared to 41 per cent last year, and a 5 per cent of them were currently enrolled in a professional assistance nutrition program.

Figure 55. Requested professional assistance

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

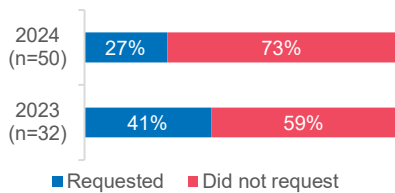
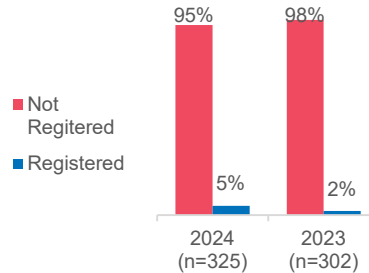


Figure 56. Registered to professional assistance nutrition program

Percentage of children between 0-59 months (n= 325)



Breastfeeding

When it comes to breastfeeding, 83 per cent of children under two were ever breast fed at some point in their lives, with 43 per cent of under six months being early initiated with breastfeeding within the first hour after birth (43 per cent), and the remaining starting after the first hour (57 per cent).

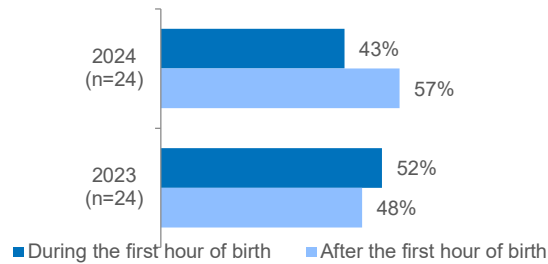
Figure 57. Children who were ever breastfed

Percentage of children between 0-23 months



Figure 58. Timing of breastfeeding initiation

Percentage of infants between 0-5 months and were breastfed ever



Of the children who were breastfed, 56 per cent were breastfed the day before the interview. However, among those older than 6 months, 93 per cent had started consuming solid/semi-solid food.

Figure 59. Child was breastfed during the night or day

Percentage of children between 0-23 months and were breastfed ever (n=105)

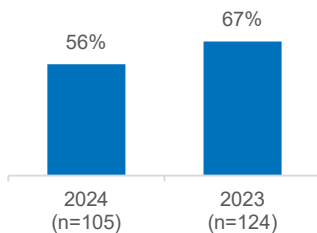
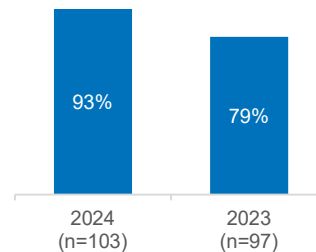


Figure 60. Child was fed solid/semi-solid food during the night or day

Percentage of children between 6-23 months (n=103)



The top mentioned types of food consumed by children between 6-23 months old are grains, roots, and tubers at 80 per cent, followed by dairy products at 77 per cent, and continued consumption of mother's milk at 45 per cent.

19 per cent of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day

Figure 61. type of solid/semi-solid food the child was fed (2024)

Percentage of children between 6-24 months who were fed solid/semi-solid food during the night or day (n= 95)

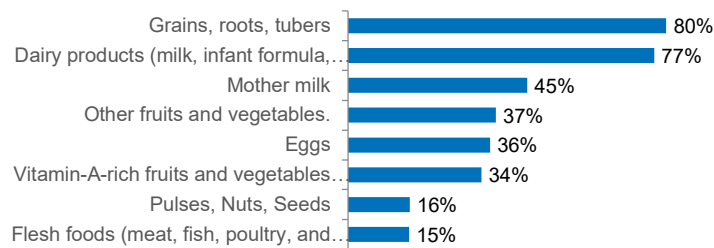
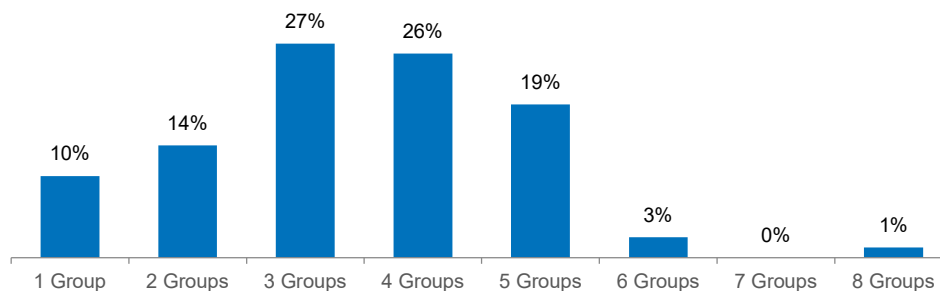


Figure 62. Number of solid/semi-solid food categories the child was fed (2024)

Percentage of children between 6-23 months who were fed solid/semi-solid food during the night or day (n=95)



Chronic Diseases

The prevalence of chronic diseases among Syrian refugees in 2024 was 17 per cent, consistent with the 2023 HAUS study results. Hypertension was the most reported condition at 37 per cent, followed by diabetes at 28 per cent, and asthma at 15 per cent.

Figure 63. Prevalence of chronic diseases

Percentage of household members

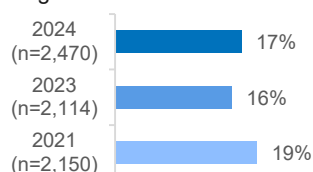


Figure 64. Type of chronic disease

Percentage of all household members suffering from chronic disease

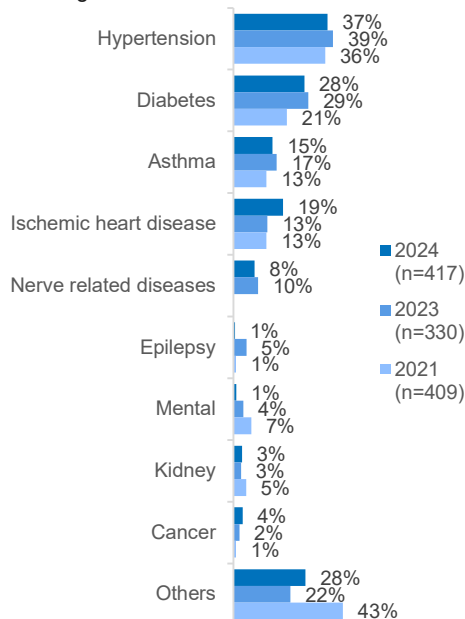


Table 16. Type of chronic disease - others

Percentage of all household members suffering from chronic disease

	2024 (n=417)	2023 (n=330)	2021 (n=409)
Thyroid	8%	8%	5%
Blood disorders (Anaemia, Thalassemia, ...)	2%	3%	1%
Rheumatism	2%	1%	3%
Disk & other	-	1%	13%
Cholesterol	0%	1%	1%
Allergy	-	0%	2%
Muscle disease	5%	5%	-
Others	12%	9%	18%

Out of the 414 individuals with chronic diseases, 79 per cent were able to access the necessary healthcare for their condition. Among them, 55 per cent obtained healthcare from a private pharmacy, while 34 per cent sought care from a public facility.

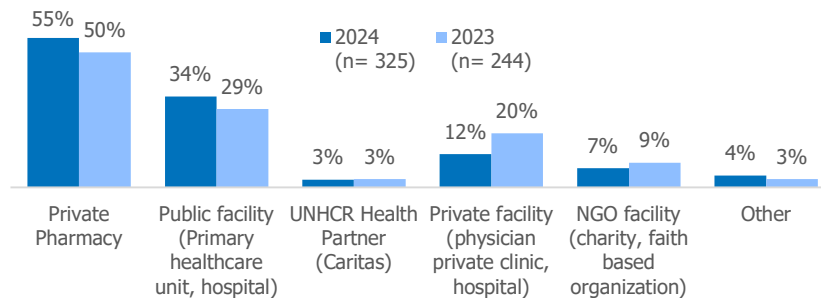
Figure 65. Ability to obtain medical care or medications in the past 3 months for his chronic disease

Percentage of household members suffering from chronic disease



Figure 66. Location to obtain medical care or medications from for his chronic disease (2024)

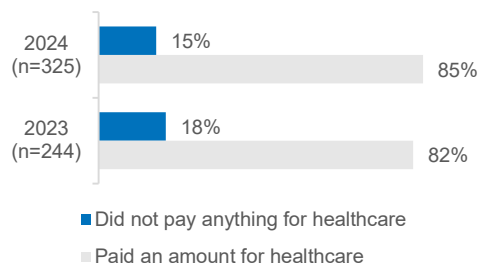
Percentage of household members suffering from chronic disease and was able to obtain medical care or medications in the past 3 months for his chronic disease (n=325)



The majority of household members living with chronic conditions (85 per cent) reported paying for medical care related to their health condition, which is consistent with the 2023 survey findings.

Figure 67. Paid for monthly medical care or medications for his chronic disease

Percentage of household members suffering from chronic disease and was Able to obtain medical care or medications in the past 3 months for his chronic disease



The average expenditure on chronic diseases medications among those who paid for healthcare for their condition was 48 JOD. While 90 per cent of respondents paid 50 JOD or less for their care, some individuals reported spending as much as 650 JOD on managing their chronic medication. These results indicate an increase compared to the 2023 findings.

Table 17. Amount spent monthly on medication for chronic disease

Percentage of household members suffering from chronic disease and was able to obtain medical care or medications in the past 3 months for his chronic disease and paid for medication

	2024	2023
Base	276	244
Max	650 JOD	3,000 JOD
Avg	48 JOD	41.8 JOD
90tile	50 JOD	50 JOD

Definitions:

90tile = 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

Among the 21 per cent who were unable to obtain healthcare for their condition, the majority cited inability to afford healthcare fees (67 per cent), while 15 per cent stated that medication or healthcare was not available.

Table 18. Reasons prevented receiving medical care or medications for chronic disease

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

	2024 (n=89)	2023 (n=83)	2021 (n=196)
Couldn't afford user fees	67%	63%	85%
Medication/ health care is unavailable	15%	13%	9%
Could not afford commuting fees	3%	10%	6%
Long waiting time	3%	7%	3%
Didn't know where to go	-	0%	4%
Don't like the health services/staff	-	0%	4%
Due to COVID-19	-	-	1%
Others	16%	22%	5%
I Don't Know	2%	0%	-

Disability

Five per cent of Syrian households have members living with a disability. The most common impairments reported were physical (50 per cent), sensory (26 per cent), and intellectual (16 per cent). Notably, there has been a significant increase in the number of sensory health cases since 2023.

Figure 68. Prevalence of disability

Percentage of all household members

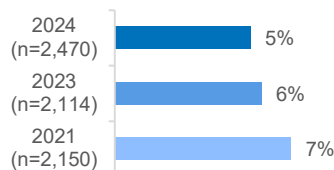
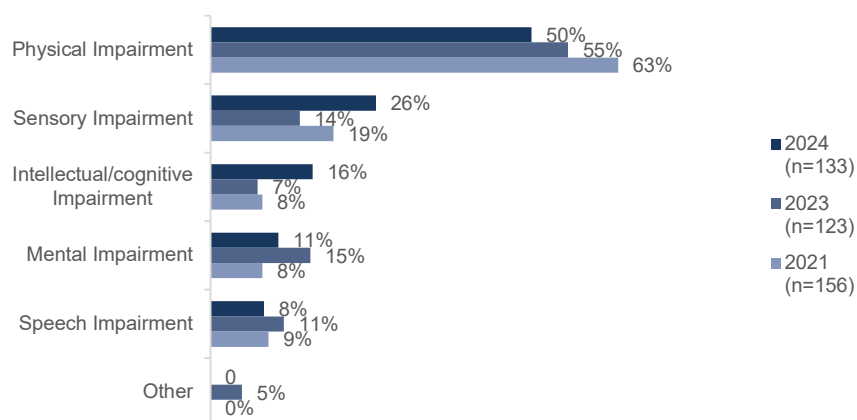


Figure 69. Disability type living with

Percentage of household members with disability



The primary cause of disability, as reported by 51 per cent of members, was natural causes, while accidents and war were mentioned as the cause by 31 per cent and 11 per cent respectively.

Table 19. Cause of disability

Percentage of household members with disability

	Natural (At birth)	Accident (House, road, ...)	War	Violence	Other	I Don't Know
2024 (n=133)	51%	31%	11%	0%	5%	3%
2023 (n=123)	42%	21%	20%	3%	14%	2%
2021 (n=156)	64%	26%	8%	1%	-	-

Regarding support, 23 per cent of respondents received medical assistance, 7 per cent used assistive devices, and 4 per cent required psychological support. However, 64 per cent reported not receiving any support, with reasons including inability to afford associated costs (47 per cent), lack of available services (22 per cent), and not knowing where to seek help (13 per cent).

Figure 70. Type of support received for disability

Percentage of household members with disability

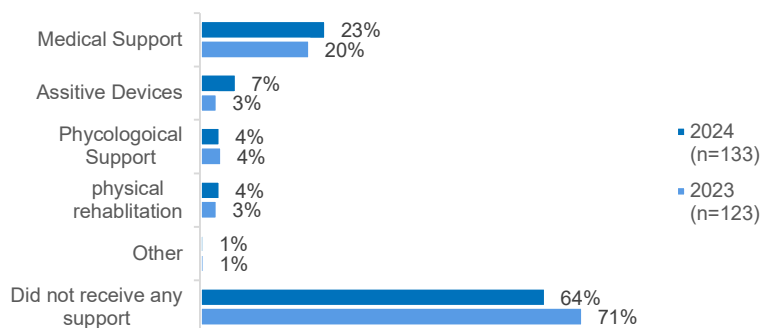


Table 20. Reasons prevented receiving support for disability

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

	2024 (n=85)	2023 (n=87)
Couldn't afford user fees	47%	54%
Service is unavailable	22%	16%
Didn't know where to go	13%	10%
Too far / Transport issues	-	2%
Felt it was unnecessary	6%	1%
Others	8%	9%
I Don't Know	13%	14%

Discussion

The 2024 Health Access and Utilization Survey (HAUS) yielded valuable insights into the healthcare access of Syrian households in urban areas. While there were similarities to the 2023 survey, variations were observed across different parameters. The average household size was 5.5 members, with a near-equal gender distribution and a substantial proportion of individuals under 18, indicating a need for further assessment of the younger generation's healthcare needs.

Sixty-three percent of households reported awareness of the Ministry of Health (MOH) subsidized healthcare services, a figure that aligns with previous surveys. Despite this awareness, there has been a 10 percent increase in the trend of seeking healthcare services from private facilities compared to last year, alongside a 6 percent decline in households opting for MOH healthcare services. Moreover, the primary barrier cited by households in accessing healthcare is the cost of services. This highlights the need for increased awareness and knowledge regarding the availability of MOH subsidized healthcare for Syrian refugees as a long-term sustainable solution.

Despite the possession of security cards was high at 97 percent among respondents, and many obtained them at their current place of residence., nearly a quarter of households possessing security cards reported that they don't have validity date. This per cent needs to be taken into account when the policy of access to governmental services will be changed to be linked to MOI card validity for Syrian refugees. With regards to the white card, the rate of white card possession remained low, with the highest percentage of individuals being unaware of the procedures to obtain one, and 20 per cent do not know what the white card is, this underscores a critical gap in health communication and education. Tailored outreach efforts are needed to guide families through the governmental healthcare system, along with strengthening the dissemination efforts of the MOH healthcare service guide. Improving access to information should be through the preferred communication channels per the survey findings, such as mobile messaging platforms. This can enhance understanding and utilization of available healthcare resources.

The financial strain faced by urban Syrian communities is evident in the average monthly expenditure on healthcare services and household coping strategies. The rising costs of healthcare over the past year have led many families to reduce healthcare visits or borrow money to cover expenses. This highlights the need for financial assistance programs and policies aimed at lowering healthcare expenditures for low-income households.

A high level of access to antenatal care was maintained, with a high percent of complete ANC coverage. Improvements were noticed in accessing governmental facilities for delivery support. Considering stopping the cash assistance for supporting deliveries, there was a significant increase in the number of people who reported not receiving assistance to pay for deliveries compared to 2023.

The uptake of family planning services among non-single women of reproductive age presents both challenges and opportunities. While many women received antenatal care,

the low percentage of mothers receiving advice on family planning after delivery points to an area for improvement. As a result, roughly a third of Syrian women of reproductive age were found to be using contraceptive methods on an overall level, however more than half of women who were advised to use contraceptives reported that they are currently using contraceptives. Furthermore, according to the recent Population and Family Health Survey in Jordan, 60 per cent of married women use contraceptives. Addressing this gap requires integrating family planning education into maternal health services to better support women's reproductive health needs and family planning.

The childhood vaccination coverage for MMR and Polio has consistently exceeded 95%, with the majority of children receiving these vaccinations at public healthcare centers. This reflects a strong level of awareness and accessibility regarding these two vaccines.

Additionally, this year's survey introduced an important new indicator to measure child food poverty which is the Minimum Dietary Diversity (MDD). The survey revealed a concerning finding with 23 per cent only of children between 6 and 23 months consuming the minimum required number of food groups, which is five out of eight.

The cost of healthcare services presents significant challenges for Syrians living with chronic conditions outside of camps, with two-thirds reporting issues related to affordability since 2021. This situation is largely due to many relying on private pharmacies for medication. However, a 5 per cent increase this year in accessing public healthcare facilities suggests that individuals are adopting coping mechanisms to manage the high costs associated with chronic medication.

The survey also sheds light on the considerable challenges encountered by individuals with disabilities, particularly in accessing support and resources. The lack of assistance, combined with high costs and limited-service availability, points to a critical gap in support systems. These findings underscore the need to explore opportunities to reassess the costs for disabled Syrians living outside of camps and to find ways to alleviate these costs, either fully or partially.

The data collected in this year's survey will be compared with the 2025 HAUS data to gain insights into the effectiveness of any interventions related to accessing and utilizing healthcare services among Syrians living outside of camps.

Conclusion

The 2024 HAUS emphasized the difficulties and obstacles encountered by Syrian families in urban areas, particularly in terms of awareness level on accessing healthcare, barriers for access, and socioeconomic conditions. These families have an average of 5.5 members per household, with a significant portion being under 18 years old, leading to diverse health needs.

Despite a high awareness of healthcare services, especially subsidized care, obstacles to access remain significant. A considerable number of households do not have a white card, mainly due to a lack of knowledge about the required procedures, which hinders their ability to access necessary health services. The reported healthcare expenses highlighted the financial burden on these households, with many spending up to 150 JOD per month, and coping strategies often involve reducing healthcare visits or relying on savings.

The study indicated strong participation in vaccination and antenatal care services among mothers. However, challenges persist regarding awareness of and access to family planning. There is a critical need for improved communication channels and educational initiatives to enhance knowledge about healthcare services and family planning resources.

Chronic diseases, particularly hypertension and diabetes, are widespread among the population, underscoring the importance of ongoing healthcare access and management. Nevertheless, many individuals report obstacles to treatment, including high costs and inadequate availability of medications.

Finally, the study reveals that individuals with disabilities encounter significant challenges, with many lacking essential supports due to high costs and the unavailability of services. This highlights the necessity for targeted interventions to provide adequate support and resources for disabled individuals within their communities.

Overall, the findings necessitate a comprehensive approach to address access to healthcare and economic challenges faced by Syrian households, ensuring that they receive the necessary support to enhance their quality of life in urban settings. Enhanced policy measures and community-based initiatives are crucial to bridging the identified gaps in this study, ultimately fostering a healthier and more knowledgeable population.

Recommendations

1. The level of awareness regarding access to subsidized health care at MOH Medical Facilities has remained moderate, consistent with the 2023 survey. To address this, it is recommended to implement awareness campaigns and/or organize regular workshops in urban areas. These initiatives will engage families in discussions about healthcare options, available services, and the importance of preventative care.
2. The number of refugees in possession of white cards is low. Targeted outreach campaigns to educate households about the governmental healthcare system and the procedures for obtaining white cards are recommended. Effective information dissemination can be achieved through mobile messaging platforms and social media.
3. The adoption of family planning methods among the sampled population is low compared to those using contraceptives at the national level. To address this, it is recommended to conduct further in-depth analysis to understand the low adoption rates among refugees' population. In addition to strengthening the efforts on increasing the level of awareness about availability, accessibility, and affordability of family planning methods in Jordan for refugees.
4. While the infant and young child feeding indicators, such as early initiation of breastfeeding and timely introduction of complementary feeding, are higher among refugees compared to the hosting population, efforts to ensure refugees' inclusion in national programs should continue.
5. The burden of chronic diseases among refugees is high, with the main barrier to access being affordability. Long-term solutions should focus on creating awareness about affordable access to the public health-care system. Additionally, there is a high prevalence of disability, with a majority of disabled persons reporting no services provided for their disability. This highlights the need for in-depth analysis and better inclusion of this group.

Limitations to the Study

- The study was absolutely dependent on the respondent to disclose the requested information on every household individual and the respondent's ability to recall the requested information. Inadequacy to recall the information on the household members leaves a possibility to favouritism and preference to bias the information disclosed by the respondent regardless of all assorted preventative measures applied.
- Response bias, this type of surveys doesn't allow verification and validation of the provided information. For example, household income, vaccination location, delivery fees and location, etc.
- The interviews were conducted exclusively with active refugees registered in UNHCR database 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 2024 study could not be tracked with 2021 and 2023 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.

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	2024	2023	2021
1	% Of head of household who were aware of access to UNHCR supported health facilities	**	67%	65%
2	% Of head of household who were aware of access to subsidized health care at MOH medical facilities	63%	65%	63%
3	% Of head of household who were aware of access to nearest MOH medical facilities to issue a white card to get subsidized rate	43%***	49%	**
5	% Of head of household who understood information regarding accessing subsidized health care	90%	69%*	**
6	% Of household members who possess a white card	25%	25%	**
7	% Of household members who needed to access health-care services in the past month	26%	28%	38%
8	% Of household members who needed to access health-care facility in the past month and received health-care services in first facility	95%	92%	89%
9	% Of household members who received health-care facility in first attempt and paid for health-care service in first facility	90%	90%	86%
10	% Of household members who referred/sought to second health-care facility	10%	8%	14%
11	% Of household members who received health-care services in second facility	58%	67%	**
12	% Of head of household who noticed an increase in health care costs in past year	49%	43%	31%
13	% Of head of household who were impacted due to increase in health care costs	91%	94%	88%
14	% Of head of household who adopted a coping strategy	71%	62%	88%*
15	% Of head of household who were aware of free children vaccination at MOH health facilities	87%	87%	96%*
16	% Of household children between the ages 9-59 months who possess of baby vaccination schedule card	98%	96%	95%
17	% Of household children between the ages 9-59 months who received MMR vaccination	97%	96%	94%
18	% Of household children between the ages 9-59 months who received Polio vaccination	96%	95%	94%
19	% Of non-single women in reproductive age who were mother of a child younger than 2 years old	35%	40%	**
20	% Of mothers of a child younger than 2 years old who received antenatal care	92%	90%	84%
21	% Of head of household who Aware of free antenatal Care and family planning service at MOH facilities	44%	**	**

22	% households with non-single mothers who were aware of available services to prevent unplanned pregnancy in Jordan	47%	53%	40%*
23	% Of households with non-single mothers who heard information about family planning in the past year	33%	45%	49%*
24	% Of mothers of a child younger than 2 years old who were advised/provided with of any contraceptive methods after delivery	34%	42%	-.**
25	% Of non-single women in reproductive age who were currently using any contraceptive methods	32%	33%	-.**
26	% Of households with non-single women in reproductive age who tried to obtain contraceptive methods in the past year	27%	26%	29%
27	% Of children between the age of 0 – 59 months who faced difficulties with growth or nutrition during the past month	15%	11%	**
28	% Of children between 0-59 months with difficulty in growth or nutrition who requested a professional assistance	27%	41%	**
29	% Of children between 0-59 months with difficulty in growth or nutrition and were registered to professional nutrition assistance program	5%	2%	**
30	% Of children between 0-24 months who were breastfed ever	83%	86%	**
31	% Of children between 0-24 months who were breastfed during the night or day	56%	67%	**
32	% Of children between 6-24 months who were fed solid/semi-solid food	93%	79%	**
33	% Of Percentage of children between 6-24 months who achieved Minimum Dietary Diversity	23%	**	**
34	% Of Percentage of household members who were suffering from chronic diseases	17%	16%	19%
35	% Of Percentage of household members who were Able to obtain medical care or medications in past 3 months for his chronic disease	79%	75%	**
36	% Of Percentage of household members who were living with disability	5%	6%	7%
37	% Of Percentage of household members living with disability who did not receive any support	69%	71%	**
38	% Of Percentage of household members over 18 years old who received COVID-19 vaccination	**	82%	**

*Different eligibility criteria in (year) survey

** Was not measured in (year) survey

*** An option "Do not of know what is a white card" was added in this wave

HEALTH ACCESS AND UTILIZATION SURVEY AMONG “SYRIANS LIVING IN NON-CAMP SETTING”

August 2024



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