HEALTH ACCESS AND UTILIZATION SURVEY

"HAUS 2025"

AZRAQ CAMP

AMONG "AZRAQ CAMP REFUGEES" IN JORDAN

December 2025

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 701 households residing in Azraq camp were interviewed during the survey this year, and 616 households in 2024. We are particularly thankful to UNHCR for providing valuable support throughout this exercise.

List of acronyms

UNHCR	United Nations High Commissioner for Refugees (the UN Refugee Agency)
HAUS	Health Access utilization Survey
HH	Household
JOD	Jordanian Dinar
MoH	Ministry of Health
NGO	Non-Governmental Organization
MMR	Measles, Mumps, and Rubella
SRH	Sexual and Reproductive Health
IUD	Intrauterine Devices
IYCF	Infant and Young Child Feeding
IMC	International Medical Center
CHV	Community Health Volunteers

Contents

Executive Summary 8

Background and Methodology 11

Detailed Findings 13

- Head of Household Demographics 13
- Household Members Demographics 16
- General Awareness on Healthcare Access 18
- Household Health Demographics 19
- Health Service and Health Seeking Behaviour 20
- Childhood Vaccinations 28
- Sexual & Reproductive Health 31
- Nutrition including Infant and Young Child Feeding “IYCF” 37
- Chronic Diseases 39
- Disability 45

Discussion 47

Conclusion 49

Recommendations 50

Limitations to the Study 51

About UNHCR 52

About Headway 52

List of Figures

FIGURE 1. HEAD OF HH GENDER....13
FIGURE 2. HEAD OF HH AGE....13
FIGURE 3. HEAD OF HH EDUCATION LEVEL....14
FIGURE 4. LANGUAGES SPOKEN....14
FIGURE 5. MONTHLY HOUSEHOLD INCOME....15
FIGURE 6. HEAD OF HH MARITAL STATUS....15
FIGURE 7. HH MEMBER'S GENDER....16
FIGURE 8. HH MEMBER'S AGE....16
FIGURE 9. HH MEMBERS MARITAL STATUS....16
FIGURE 10. HH MEMBERS EDUCATION LEVEL....17
FIGURE 11. NEEDED TO ACCESS HEALTHCARE SERVICES IN THE PAST MONTH....20
FIGURE 12. FIRST LOCATION THE HEALTHCARE SERVICE WAS SOUGHT AT....20
FIGURE 13. RECEIVED HEALTHCARE SERVICES IN FIRST FACILITY....21
FIGURE 14. PAID FOR HEALTHCARE SERVICE IN FIRST FACILITY....21
FIGURE 15. SATISFACTION WITH HEALTHCARE SERVICES PROVIDED IN FIRST LOCATION....22
FIGURE 16. REFERRED TO SECOND HEALTHCARE FACILITY....23
FIGURE 17. SECOND LOCATION THE HEALTHCARE SERVICE WAS SOUGHT AT....23
FIGURE 18. RECEIVED HEALTHCARE SERVICES IN SECOND ATTEMPT....23
FIGURE 19. PAID FOR HEALTHCARE SERVICE/REFERRAL....23
FIGURE 20. SATISFACTION WITH HEALTHCARE SERVICES PROVIDED IN SECOND LOCATION....24
FIGURE 21. RECEIVED REQUIRED HEALTHCARE SERVICES THROUGH CAMP SERVICES IN THE PAST 3 MONTHS....25
FIGURE 22. SOUGHT CARE OUTSIDE OF CAMP....25
FIGURE 23. LOCATION OUTSIDE OF CAMP THE HEALTHCARE SERVICE WAS SOUGHT AT....26
FIGURE 24. RECEIVED CARE OUTSIDE OF CAMP....26
FIGURE 25. AWARE OF FREE CHILDREN'S VACCINATION AT IN CAMP VACCINATION CLINICS....28
FIGURE 26. AWARE OF CHILDREN VACCINATION SCHEDULE CARD....28
FIGURE 27. POSSESSION OF CHILDREN VACCINATION SCHEDULE CARD....28
FIGURE 28. RECEIVED MMR VACCINATION....29
FIGURE 29. LOCATION RECEIVED MMR VACCINATIONS AT....29
FIGURE 30. RECEIVED POLIO VACCINATION....30
FIGURE 31. LOCATION RECEIVED POLIO VACCINATIONS AT....30
FIGURE 32. MOTHER OF CHILDREN YOUNGER THAN 2 YEARS OLD....31
FIGURE 33. RECEIVED ANTENATAL CARE....31
FIGURE 34. NUMBER OF ANTENATAL CARE VISITS....31
FIGURE 35. ENCOUNTERED DIFFICULTIES TO RECEIVE ANTENATAL CARE....32
FIGURE 36. TYPE OF DELIVERY....33
FIGURE 37. LOCATION FOR INFANT DELIVERY....33
FIGURE 38. LOCATION SOUGHT FAMILY PLANNING SERVICES AT....34
FIGURE 39. TYPE OF CONTRACEPTIVE METHOD USED....35
FIGURE 40. PREFERRED TYPE OF CONTRACEPTIVE METHOD....35
FIGURE 41. SATISFACTION WITH CONTRACEPTIVE METHOD USED....36
FIGURE 42. DECISION ON NUMBER OF CHILDREN....36
FIGURE 43. NOTICED DIFFICULTIES WITH INFANT GROWTH OR NUTRITION DURING THE PAST MONTH....37
FIGURE 44. REQUESTED PROFESSIONAL ASSISTANCE....37
FIGURE 45. REGISTERED TO PROFESSIONAL ASSISTANCE NUTRITION PROGRAM....37
FIGURE 46. CHILDREN WHO WERE EVER BREASTFED....38
FIGURE 47. TIMING OF BREASTFEEDING INITIATION....38
FIGURE 48. CHILD WAS BREASTFED YESTERDAY DURING THE NIGHT OR DAY....38
FIGURE 49. CHILD WAS FED SOLID/SEMI-SOLID FOOD DURING THE NIGHT OR DAY....38
FIGURE 50. PREVALENCE OF CHRONIC DISEASES....39
FIGURE 51. TYPE OF CHRONIC DISEASE....39

FIGURE 52. ABILITY TO OBTAIN MEDICAL CARE OR MEDICATIONS IN THE PAST 3 MONTHS FOR HIS CHRONIC DISEASE 43
FIGURE 53. LOCATION TO OBTAIN MEDICAL CARE OR MEDICATIONS FROM FOR HIS CHRONIC DISEASE 43
FIGURE 54. PAID FOR MEDICAL CARE OR MEDICATIONS FOR HIS CHRONIC DISEASE 44
FIGURE 55. PREVALENCE OF DISABILITY 45
FIGURE 56. DISABILITY TYPE LIVING WITH 45
FIGURE 57. TYPE OF SUPPORT RECEIVED FOR DISABILITY 46

List of Tables

TABLE 1. AWARENESS OF HEALTHCARE ACCESSIBILITY INDICATORS 18
TABLE 2. SNAPSHOT OF FAMILY MEMBERS CERTAIN HEALTH PARAMETERS 19
TABLE 3. REASONS FOR INABILITY TO RECEIVE HEALTHCARE SERVICES IN FIRST FACILITY 21
TABLE 4. AMOUNT SPENT ON HEALTHCARE SERVICES IN FIRST FACILITY 22
TABLE 5. AMOUNT SPENT ON HEALTHCARE SERVICES IN SECOND FACILITY 24
TABLE 6. REASONS FOR INABILITY TO RECEIVE HEALTHCARE SERVICES IN SECOND FACILITY 24
TABLE 7. PAID FOR SERVICE SOUGHT OUTSIDE OF CAMP 26
TABLE 8. AMOUNT SPENT ON HEALTHCARE SERVICES 27
TABLE 9. PREFERRED SOURCE TO RECEIVE INFORMATION ON HEALTHCARE 27
TABLE 10. DIFFICULTIES ENCOUNTERED TO RECEIVE ANTENATAL CARE 32
TABLE 11. AMOUNT SPENT ON DELIVERY SERVICE 33
TABLE 12. AWARENESS AND USAGE OF FAMILY PLANNING SERVICES IN JORDAN 34
TABLE 13. SOURCE OF INFORMATION ABOUT FAMILY PLANNING IN JORDAN 36
TABLE 14. TYPE OF CHRONIC DISEASE - OTHERS 39
TABLE 15. AMOUNT SPENT ON CHRONIC DISEASE 44
TABLE 16. REASONS PREVENTED RECEIVING MEDICAL CARE OR MEDICATIONS FOR CHRONIC DISEASE 44
TABLE 17. CAUSE OF DISABILITY 45
TABLE 18. REASONS PREVENTED RECEIVING SUPPORT FOR DISABILITY 46

Executive Summary

Household demographics

The 2025 HAUS interviewed 701 households in Azraq Refugee Camp. The data showed that 66 per cent of household heads were male, with nearly 60 per cent aged 36–59 years and 36 per cent aged 18–35 years. Most household heads (66 per cent) had education below secondary level, including 17 per cent with no formal education. English proficiency was reported by 6 per cent.

The majority (87 per cent) of households reported monthly incomes below 300 JOD, with an average income of 159.1 JOD, reflecting an increase of nearly 30 JOD compared to 2024. The average household size was 5.6 members. Most household heads were married (84 per cent), while 7 per cent were widowed, 5 per cent were separated or divorced, and 4 per cent were single.

Household members showed near-equal gender distribution. Individuals under 18 years constituted 59 per cent of the population, while those aged 60 years and above represented 2 per cent. Among members aged 15 years or older, 58 per cent were married, 36 per cent single, and 6 per cent previously married.

Among members aged 16 years or older, basic education was the most common level attained, followed by elementary education (28 per cent), 17 per cent completed secondary education, and 14 per cent had no formal education.

General Awareness on healthcare access

Most households were aware of health services provided by UNHCR and partners, as well as the free childhood vaccinations available in camp clinics. Awareness of subsidized Ministry of Health services was reported by 56 per cent of households, while 42 per cent indicated they had received information about how to access these subsidized services.

Health service and health seeking behaviour

Of household members, 25 per cent sought healthcare during the month preceding the survey. Nearly two-thirds preferred NGO clinics, while 20 per cent preferred private facilities outside the camp, and 14 per cent were split between pharmacies and government services. There was a 15 per cent decline in attempts to access NGO clinics. Among those seeking care, 93 per cent accessed services at the first location visited. Among the remaining 7 per cent, barriers included service unavailability (33 per cent), issues with staff (28 per cent), refusal of service (19 per cent), and inability to pay (14 per cent).

Healthcare costs were incurred by 32 per cent of service users, an increase from 17 per cent in 2024. The average expenditure was 52.7 JOD, with 90 per cent paying 112 JOD or less. Satisfaction with first-point services reached 93 per cent.

Secondary healthcare location was sought by 12 per cent, mainly at government facilities (32 per cent), private clinics (25 per cent), and pharmacies (22 per cent). Pharmacy utilization doubled since 2024, while private hospital use declined by 8 per cent. Of total

referrals 72 per cent were successfully obtained care, with 55 per cent incurring costs. The average secondary-care bill was 41.4 JOD. Satisfaction reached 95 per cent.
Financial constraints (53 per cent), pending referral approvals (25 per cent), and service unavailability (13 per cent) were the main barriers at secondary care. Preferred communication channels were phone calls (57 per cent), SMS (36 per cent), and WhatsApp (29 per cent).

Outside of camp healthcare behaviour

Over the past three months, 78 per cent of households accessed in-camp health services at least once, representing a decline compared to previous findings. Among those unable to access in-camp services, 72 per cent sought care outside the camp, a 12 per cent increase since 2024.
Private clinics or hospitals were used by 76 per cent, government facilities by 13 per cent, and private pharmacies by 9 per cent. The success rate for receiving care outside the camp was 94 per cent. Additionally, 95 per cent incurred costs, with an average expenditure of 150 JOD.

Expenditure on healthcare and impact

Households reported an average monthly healthcare expenditure of 54 JOD. Some households reported expenses as high as 2,000 JOD.

Childhood vaccinations (not including COVID-19)

Awareness of free childhood vaccinations was reported by 99 per cent of respondents. Similarly, 97 per cent were aware of vaccination schedules, and 99 per cent possessed vaccination cards.
Among children aged 9–59 months, 98 per cent received MMR vaccination, and 99 per cent received the polio vaccination. In-camp clinics provided 79 per cent of these vaccinations, reflecting a 9 per cent decrease compared to 2024.

Sexual & Reproductive Health

Out of all non-single women of reproductive age, 37 per cent had children under two years. Antenatal care coverage reached 99 per cent, with most mothers attending at least four visits. During ANC visits, 8 per cent reported challenges, mainly long waiting times and transportation issues.
Normal deliveries accounted for over two-thirds of births, while 30 per cent were caesarean sections. After delivery, 19 per cent incurred delivery-related costs, averaging 222 JOD. The majority (63 per cent) of deliveries occurred at the camp hospital, while 37 per cent occurred outside the camp.
Family planning information was received by 62 per cent of mothers postpartum. Contraceptive use among non-single women reached 43 per cent, a 6 per cent increase since 2024. Awareness of family planning was 72 per cent, while contraceptive acquisition declined by 10 per cent. NGO clinics were used by 88 per cent of contraceptive users. Oral contraceptives (36 per cent) and IUDs (29 per cent) were the most common methods.

Satisfaction with contraceptives was reported by 96 per cent. Healthcare professionals were the main sources of information on family planning (73 per cent).

Nutrition including Infant and Young Child Feeding "IYCF"

Growth and nutrition challenges in the past month was experience by 11 per cent of children aged 0–5 years old. Over two-thirds sought professional help, while 35 per cent were enrolled in nutrition assistance programs, down from 47 per cent in 2024. Breastfeeding was reported for 89 per cent of children. Early initiation within one hour occurred in 59 per cent of cases.

On the day before the survey, 63 per cent of children aged 0–23 months were breastfed, and 93 per cent of children aged 6–23 months consumed solid or semi-solid food.

Chronic Diseases

The prevalence of chronic diseases at the household member level reached 13 per cent. Hypertension (30 per cent), diabetes (19 per cent), ischemic heart disease (16 per cent), and asthma (12 per cent) were most common.

Care or medication for chronic conditions was accessed in 82 per cent of cases, mainly from in-camp comprehensive clinics (56 per cent). The average expenditure was 50.9 JOD, though some reported costs up to 2,000 JOD.

Among those unable to access care, barriers included medication shortages (39 per cent), inability to pay (28 per cent), and long waiting times (6 per cent).

Disability

Disability prevalence was reported at 6 per cent. Physical disabilities accounted for 52 per cent, and sensory impairments for 28 per cent. Natural causes (60 per cent), accidents (22 per cent), and conflict (10 per cent) were the main causes.

Medical support was obtained in 36 per cent of cases, 15 per cent received assistive devices, and 5 per cent received rehabilitation, while 46 per cent received no support. Barriers included service unavailability (35 per cent), inability to afford costs (30 per cent), and lack of knowledge of services (22 per cent).

Background and Methodology

Background

Jordan had a long and exemplary history of hosting refugees, with Jordan being the second largest host in term of the number of refugees per capita worldwide, hosting refugees from various countries such as: Syria, Iraq, Yemen, Sudan, and Somalia, and including them in key national systems such as health and education.

As of September, Jordan hosted approximately 488,000 refugees registered with UNHCR, with the majority originating from Syria. These figures fluctuate daily due to voluntary returns to Syria.

Opened in 2014 to avoid overcrowding in Zaatari camp, and according to latest fact sheet (June 2025), Al Azraq Camp for Refugees hosts approximately 38,000 Syrian refugees. Covering about 14.7 km2, the camp has four operational villages. Some of the key facilities include a hospital, health clinics, a solar power plant, schools, and community centres, the camp is managed by the Syrian Refugee Affairs Directorate (SRAD) and UNHCR.[1]

Based on the Azraq camp health information report updated to June, 27th 2025, the camp witnessed a 1 per cent increase in the number of acute health conditions, and recorded 26 alerts of disease outbreak which included bloody diarrhea, acute jaundice syndrome, suspected meningitis, and suspected measles. With regards to chronic health condition, the total number of cases with chronic conditions had increased by one per cent with hypertension, diabetes remaining the most common conditions refugees required medical care for.[2]

By the end of June, 2025, the total number of reported antenatal clinic visits was 547, of which 77 per cent were conducted in the first trimester, and 92 per cent had complete antenatal care by the time they delivered (defined as four or more visits).

Identifying healthcare needs, utilization patterns, and barriers will enable UNHCR to engage with a wide range of actors, promote shared responsibility, and advocate for appropriate resource mobilization to ensure that refugees receive necessary protection and assistance.

UNHCR partnered with Headway Jordan to conduct the Health Access and Utilization Survey (HAUS) among refugees living in Azraq Refugee Camp to understand their health access and utilization practices, and compare findings with the 2024 HAUS findings. Headway was also responsible for the main tasks associated with the survey implementation, data analysis, and report writing.

[1] ***Jordan: Azraq Refugee Camp***

[2] ***Azraq Health Information System Summary Report: First Half 2025***

Objectives

- Measure key healthcare indicators related to awareness, utilization, access, quality of service, barriers, etc;
- Evaluate awareness regarding the availability of healthcare services for in-camp refugees;
- Determine the extent of impact the UNHCR policies have on healthcare access and utilization behavior;
- Estimate the proportion of registered in-camp 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 healthcare service available to refugees;
- Assess the use of camp facilities, public healthcare 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 aged 18 years and above living in Al Azraq Camp for Refugees and who had been present there for the preceding 3 months. Respondents were chosen randomly from the ProGres database provided by UNHCR using a simple random sampling technique.

A structured questionnaire was used to collect the required information for the survey, the global HAUS+ questionnaire was adopted for Jordan context and tested by Headway Jordan. The adopted tool covered nine 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; and access to healthcare in the past month.

Tool was scripted using KOBO platform and the average interview lasted 12-15 minutes. A total of 701 telephonic interviews were conducted by 11 trained enumerators from 19 to 30 October 2025. The sample size was calculated based on key statistical parameters.

Once all data were collected and quality checked, the raw data was cleaned and validated for missing values and inconsistencies, coding of close ended questions was performed automatically within 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

In the 2025 Health Access and Utilization Survey (HAUS), a total of 701 households were interviewed in Azraq Refugee Camp. The findings revealed that 66 per cent of household heads were male, with nearly 60 per cent aged 36 to 59 years. Additionally, 36 per cent of household heads were aged 18 to 35-years.

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

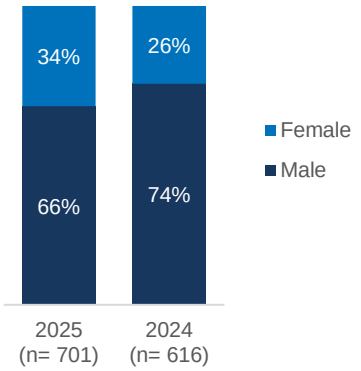
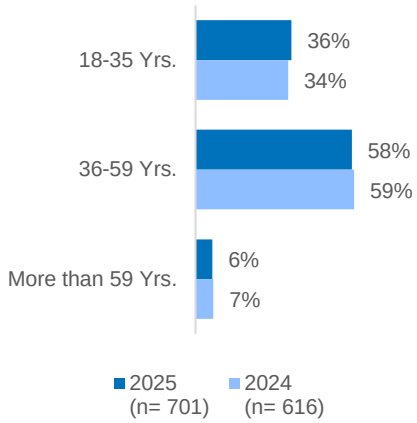


Figure 2. Head of HH age
Percentage of head of household

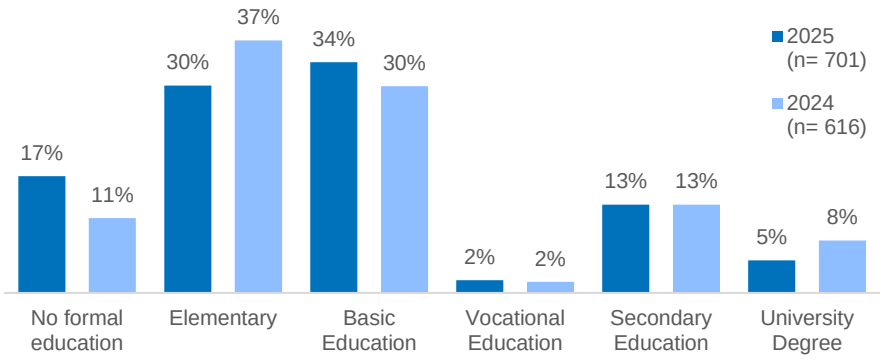


Languages spoken and Education level

Most heads of households, around 66 per cent, had education levels below secondary, with 17 per cent having not completed any formal education. Furthermore, 6 per cent of the population reported proficiency in the English language.

Figure 3. Head of HH education level

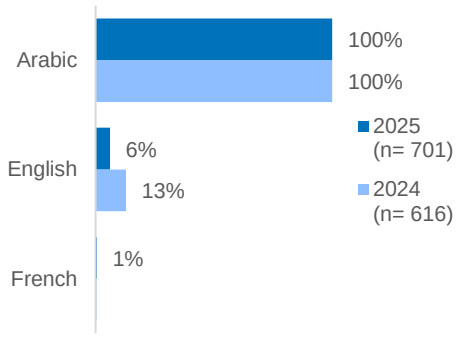
Percentage of head of household



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

Figure 4. Languages spoken

Percentage of head of household

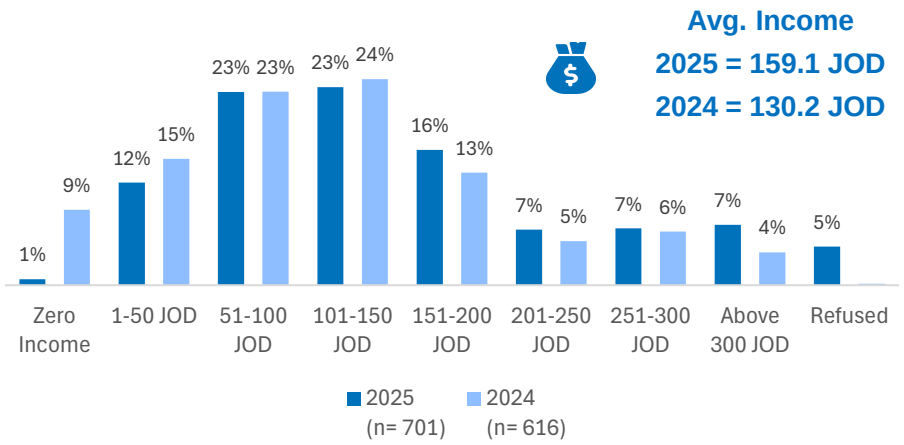


Monthly household income

Of all households, 87 per cent reported a monthly income of less than 300 JOD, while 7 per cent of households stated that their monthly income is above 300 JOD. The average reported income among households was 159.1 JOD, with an increase of close to 30 JOD since last year's survey.

Figure 5. Monthly household income

Percentage of households



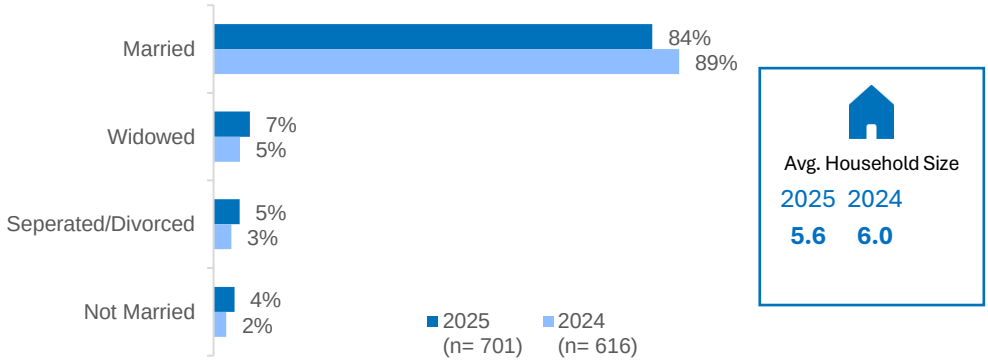
Note: figures do not add up to 100 per cent due to rounding

Household size and marital status

The average household size within Azraq camp was reported to be 5.6 individuals per household. Regarding the marital status of household heads, it was found that 84 per cent were currently married, while 7 per cent were widowed. Additionally, 5 per cent were separated or divorced, and 4 per cent were single.

Figure 6. Head of HH marital status

Percentage of head of household



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

Household Members Demographics

Gender and age

The distribution of household members at Al Azraq Camp revealed a nearly equal gender representation, with male and female members comprising similar proportions. Furthermore, individuals from the younger demographic constituted a significant majority, representing 59 per cent of the total household population, while those aged 60 years and older accounted for 2 per cent.

Figure 7. HH member's gender
Percentage of household members

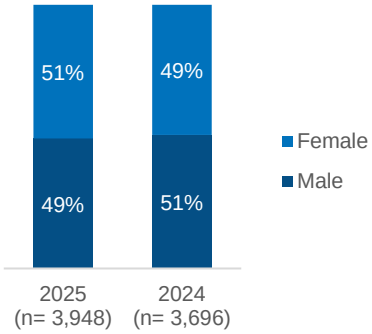
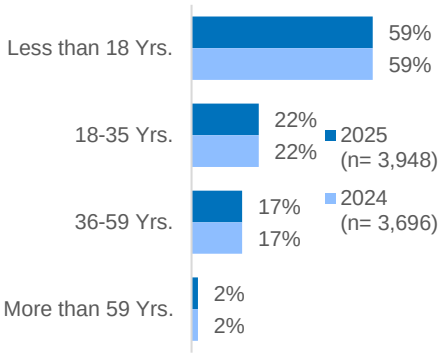


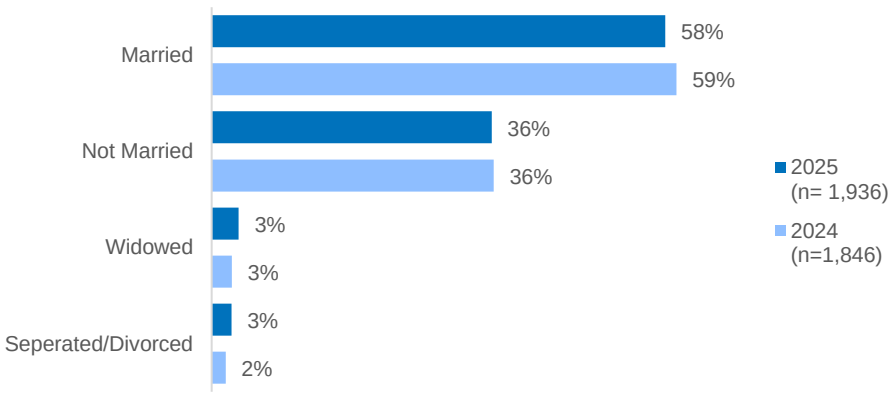
Figure 8. HH member's age
Percentage of household members



Marital status

Among the household members aged 15 years and older, totalling 1,936 individuals, 58 per cent were married, 36 per cent were single, and 6 per cent had been in previous marriages.

Figure 9. HH members marital status
Percentage of household members aged 15 years old or older

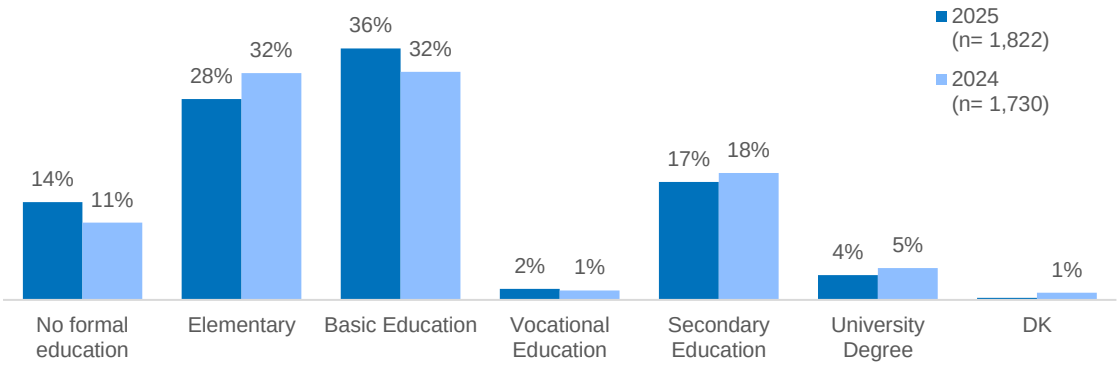


Education level

The predominant level of education attained among household members aged 16 years or older was basic education. Following this, 28 per cent of individuals had completed elementary education, while 17 per cent had completed secondary education. Furthermore, 14 per cent of the population had not received any formal education.

Figure 10. HH members education level

Percentage of household members aged 16 years old or older



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

General Awareness on Healthcare Access

Access to healthcare facilities

The majority of households were familiar with the healthcare services provided by UNHCR and its partner organizations. A similar proportion of respondents recognized the availability of free vaccinations for children at the vaccination clinics within the camp. However, 56 per cent of households demonstrated awareness of the subsidized healthcare options available at MoH medical facilities, while 42 per cent reported having received information regarding access to these subsidized healthcare services.

Table 1. Awareness of healthcare accessibility indicators
Percentage of head of household

	2025 (n=701)	2024 (n=616)
Access to UNHCR and partners supported health facilities	99%	99%
Access to subsidized healthcare at MOH medical facilities	56%	59%
Received information regarding accessing subsidized health care	42%	44%
Knowledge of free vaccinations in camp's vaccination clinics	99%	98%

Household Health Demographics

The table presented below provides a summary of the number of household members within the Azraq camp, categorized by various health demographics.

Table 2. Snapshot of family members certain health parameters
Number of household members

	2025 n=3,948	2024 n=3,696
MMR vaccination (Children between 9-59 months)	494	436
Polio vaccination (Children between 9-59 months)	487	425
Antenatal care (Women of reproductive age and have child less than 2 Years old)	222	211
Using family planning (non-single Women of reproductive age 15 – 49 years old)	225	202
Needed healthcare services in the past month	982	1,233
With Chronic Disease	507	434
Living with disability	239	254

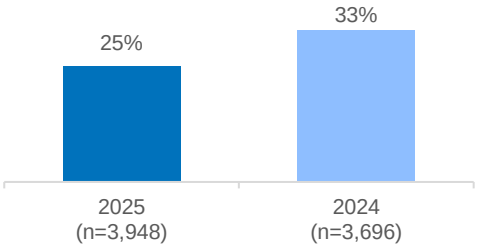
Health Service and Health Seeking Behaviour

Required healthcare services in the past month

Of all household members 25 per cent sought healthcare services for a medical conditions during the month preceding the interview.

Figure 11. Needed to access healthcare services in the past month

Percentage of household members

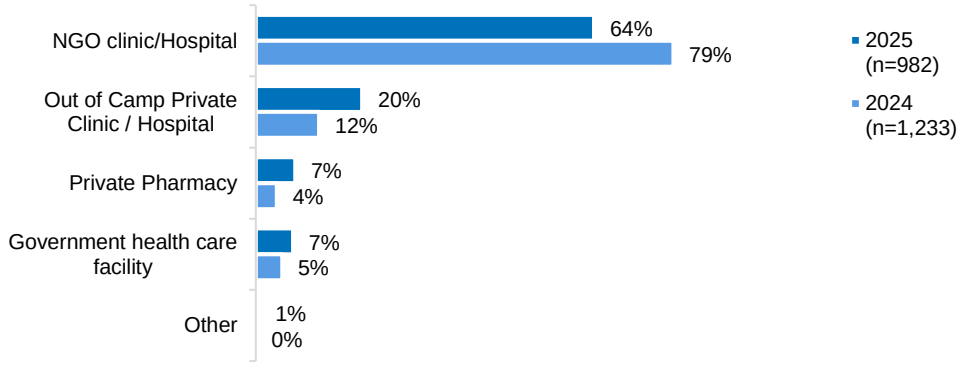


Sought healthcare services (first location sought)

When individuals required health care, nearly two-thirds expressed a preference for utilizing services offered by non-governmental organization (NGO) clinics. In contrast, 20 per cent of individuals indicated a preference for seeking care from private facilities located outside the camp, while 14 per cent were split between private pharmacies and government services. Notably, there has been a significant decline of 15 per cent in the number of households attempting to access services from NGO clinics.

Figure 12. First location the healthcare service was sought at

Percentage of household members who needed to access healthcare facility in the past month



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

The survey indicated that 93 per cent of individuals who required access to healthcare in the past month successfully obtained it at the first location they visited. Among the 7 per cent who were unable to access healthcare at the initial site, 33 per cent attributed this to the unavailability of services, 28 per cent reported issues with healthcare personnel, 19 per cent cited refusal of service at the healthcare center, and 14 per cent indicated an inability to pay for medical services.

Figure 13. Received healthcare services in first facility

Percentage of household members who needed to access healthcare facility in the past month

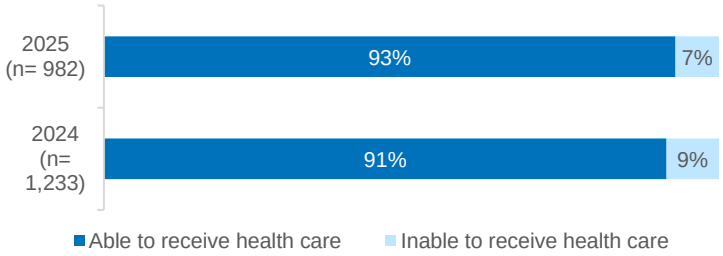


Table 3. Reasons for inability to receive healthcare services in first facility

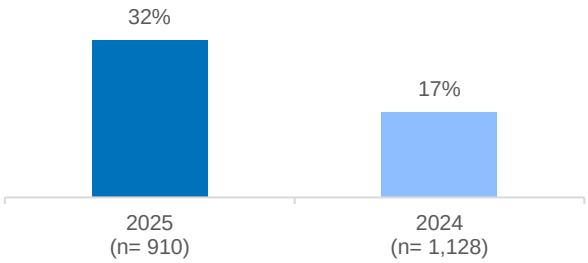
Percentage of household members who couldn't access healthcare service in first facility

	2025 (n=69)	2024 (n=105)
Service not available	33%	31%
Don't like the health services/staff	28%	12%
Health centre refuse to provide services	19%	23%
Couldn't afford user fees	14%	14%
Long waiting Time/Waiting for appointment	7%	11%
Others	14%	9%

In relation to the costs associated with medical services received, it was reported that 32 per cent of members who utilized healthcare services reported having incurred expenses for the medical services provided. This figure demonstrates a significant increase compared to the 2024, which recorded a rate of 17 per cent.

Figure 14. Paid for healthcare service in first facility

Percentage of household members who received healthcare service in first facility



The average expenditure for healthcare among members was 52.7 JOD, representing about half of the average reported in the 2024 survey. Notably, 90 per cent of respondents reported payments equal to or below 112 JOD, while the highest reported expenditure was 1,080 JOD.

Table 4. Amount spent on healthcare services in first facility

Percentage of household members who received and paid for healthcare service in first facility

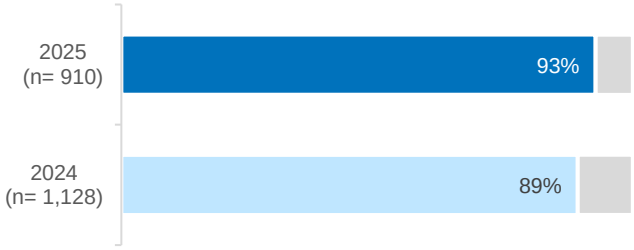
	2025	2024
Base	287	194
Max	1,080 JOD	2,200 JOD
AVG	52.7 JOD	101.4 JOD
90th percentile	112 JOD	300 JOD

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

The satisfaction rates for medical services attained at the initial location was 93 per cent.

Figure 15. Satisfaction with healthcare services provided in first location

Percentage of household members who received healthcare services in first location



Sought healthcare services (second location sought)

Among all members who required medical services in the past month, 12 per cent indicated that they sought care from a secondary healthcare facility. Within this group, 32 per cent opted for government facilities, 25 per cent visited private clinics, and 22 per cent obtained care from pharmacies. Notably, there was a significant decline in the usage of private hospitals, dropping by 8 per cent. Conversely, the utilization of pharmacies increased substantially, with usage doubling since the 2024 HAUS survey.

Figure 16. Referred to second healthcare facility

Percentage of household members who needed to access healthcare facility in the past month

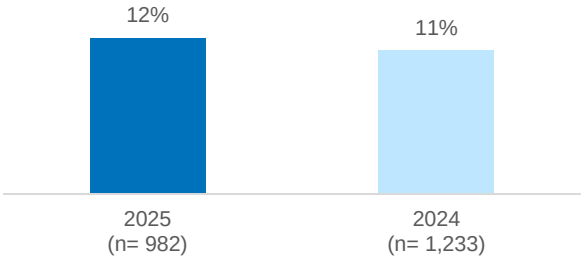
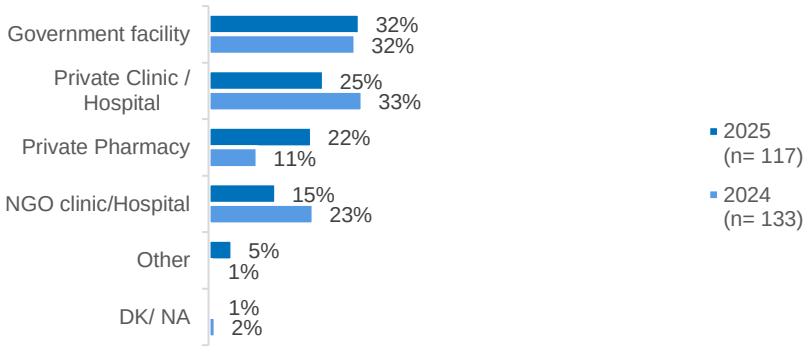


Figure 17. Second location the healthcare service was sought at

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



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

A total of 72 per cent of referral cases to a secondary healthcare facility successfully obtained the necessary medical services, while 55 per cent of those individuals reported incurring costs associated with the services.

Figure 18. Received healthcare services in second attempt

Percentage of household members who accessed second healthcare facility

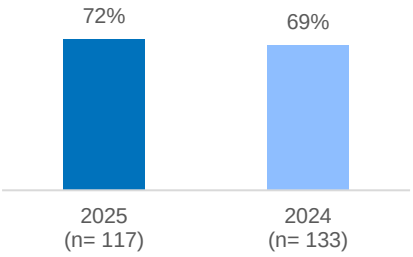
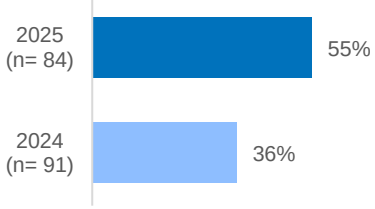


Figure 19. Paid for healthcare service/referral

Percentage of household members who accessed second healthcare facility



The average billing amount for the secondary healthcare services decreased to 41.4 JOD per individual, down from 73.4 JOD. The highest bill documented in 2025 was 200 JOD. Importantly, 95 per cent of patients reported satisfaction with the healthcare services received at secondary facilities.

Table 5. Amount spent on healthcare services in second facility

Percentage of household members who received and paid for healthcare service in second facility

	2025	2024
Base	46	33
Max	200 JOD	500 JOD
AVG	41.4 JOD	73.4 JOD
90th percentile	129 JOD	300 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

Figure 20. Satisfaction with healthcare services provided in second location

Percentage of household members who received healthcare services in second location

In the second location, a number of individuals reported inability to access healthcare services due to various factors. Specifically, 53 per cent cited financial constraints as a barrier to obtaining the necessary services, while 25 per cent indicated that they were awaiting referral approvals. Additionally, 13 per cent reported that the required services were not available.

Table 6. Reasons for inability to receive healthcare services in second facility

Percentage of household members who couldn't access healthcare service in second facility

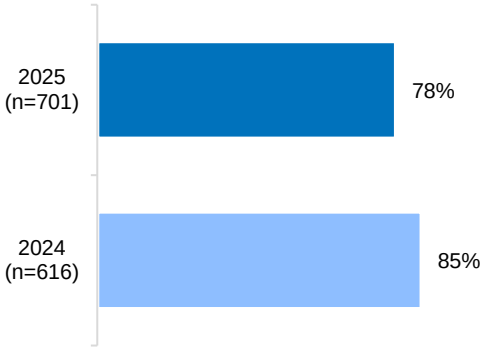
	2025 (n=32)	2024 (n=40)
Couldn't afford user fees	53%	43%
Refused or waiting for approval on transfer to second healthcare center	25%	13%
Service not available	13%	20%
Health centre refuse to provide services	0%	8%
Others	9%	15%

Seeking healthcare services outside of camp

Over the past three months, 78 per cent of households reported receiving healthcare services from the camp facilities at least once. However, there has been a decline in the use of healthcare from these in-camp facilities.

Figure 21. Received required healthcare services through camp services in the past 3 months

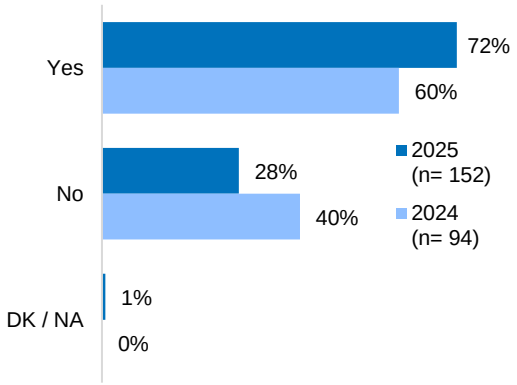
Percentage of head of household



Among the individuals who were unable to access healthcare services within the camp, 72 per cent sought assistance from healthcare facilities outside the camp. This represents a 12 per cent increase compared to the findings from 2024.

Figure 22. Sought care outside of camp

Percentage of head of household who did not receive required healthcare services through camp services

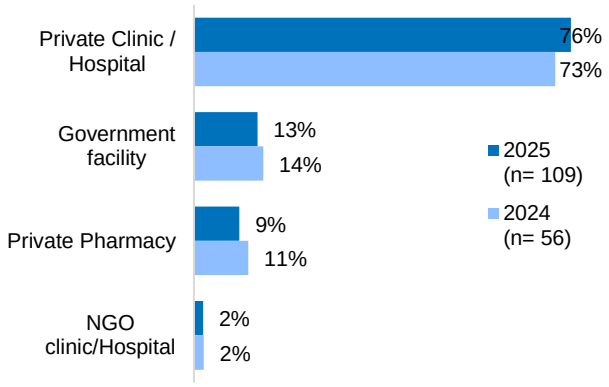


Note: figures do not add up to 100 per cent due to rounding

In the majority of instances where individuals sought care from out-of-camp facilities, it was noted that 76 per cent opted to visit private clinics or hospitals. In contrast, 13 per cent used government healthcare facilities, while 9 per cent sought assistance from private pharmacies.

Figure 23. Location outside of camp the healthcare service was sought at

Percentage of household members who sought care outside of camp



In Azraq camp, the success rate for receiving healthcare services from external facilities was reported at 94 per cent. Additionally, 95 per cent of individuals indicated that they had incurred costs for these services. The average expenditure for healthcare services was 150 JOD, representing a reduction of more than half compared to 2024, and 90 per cent of respondents reported their expenses fell below 306 Jordanian Dinars.

Figure 24. Received care outside of camp

Percentage of heads of household who sought care outside of camp

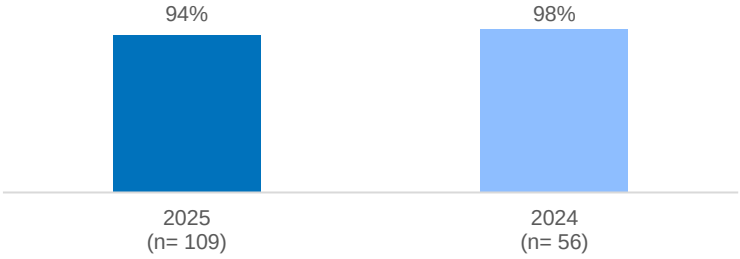
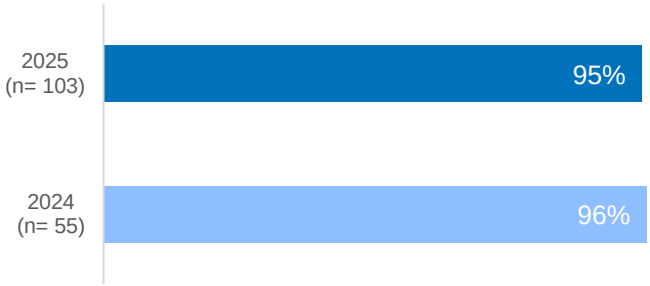


Table 7. Paid for service sought outside of camp

Percentage of head of household who received care outside of camp



	2025	2024
Base	98	53
Max	2,000 JOD	5,000 JOD
AVG	150 JOD	357.6 JOD
90 tile	305 JOD	730 JOD

Expenditures on health-care

On average, households in the camp incurred healthcare-related expenses totalling approximately 54 JOD over the past month. Some households, however, reported expenditures reaching as high as 2,000 JOD.

Table 8. Amount spent on healthcare services

Percentage of head of household

	2025	2024
Base	701	616
Max	2,000 JOD	3,000 JOD
AVG	53.9 JOD	66.1 JOD
90tile	100 JOD	150 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

With regards to preferred channels for receiving information about healthcare services, Azraq camp residents preferred to receive information through phone calls (57 per cent), text messages (36 per cent), or WhatsApp Messages (29 per cent).

Table 9. Preferred source to receive information on healthcare

Percentage of head of household

Information Source	2025 (n=701)	2024 (n=616)
Phone	57%	34%
Text Messages	36%	39%
WhatsApp	29%	20%
Healthcare employees	14%	34%
Internet (UNHCR website and Facebook)	14%	20%
Brochures, other Written documents	2%	4%
Billboards	1%	4%

Childhood Vaccinations

Vaccinations access

The survey findings revealed that 99 per cent of the participants were aware of the availability of free vaccinations for children at camp clinics.

Figure 25. Aware of free children's vaccination at in camp vaccination clinics
Percentage of head of household

Furthermore, 97 per cent of respondents indicated that they were knowledgeable about their children's vaccination cards, and nearly all reported that they currently possessed the vaccination card.

Figure 26. Aware of children vaccination schedule card
Percentage of household children between the ages 9-59 months

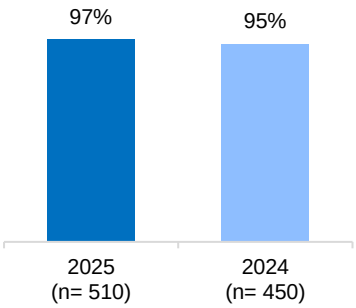
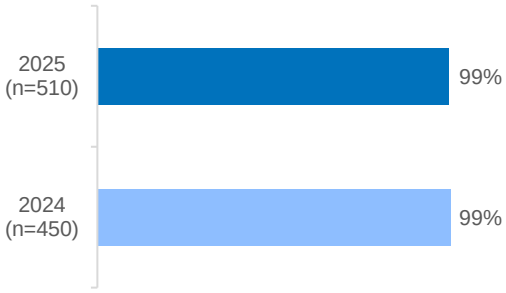


Figure 27. Possession of children vaccination schedule card
Percentage of household children between the ages 9-59 months



MMR vaccination

Of children between 9-59 months old, 98 per cent had received their MMR vaccinations. Notably, the majority of these vaccinations, at 79 per cent (a drop of 9 per cent since last year's survey), were administered through in-camp clinics, while 20 per cent were obtained from government clinics.

Figure 28. Received MMR vaccination

Percentage of household children between 9-59 months

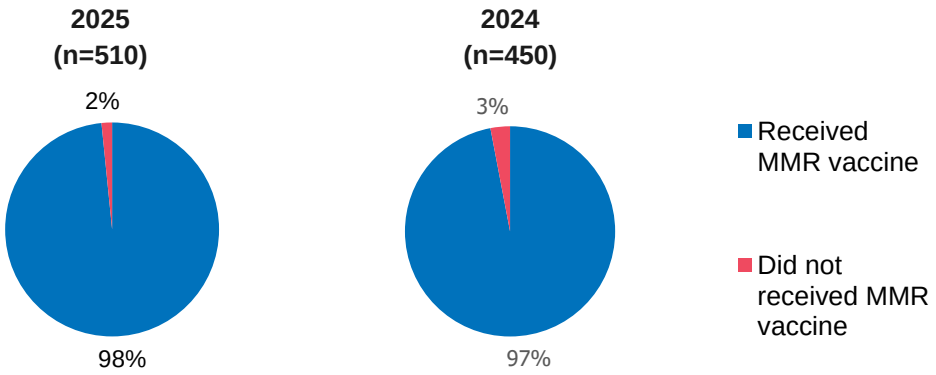
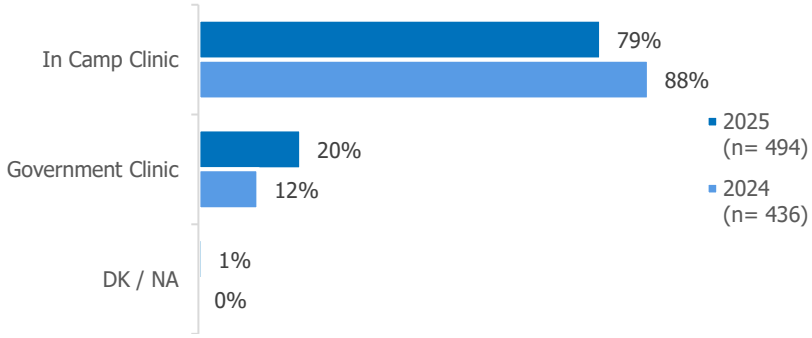


Figure 29. Location received MMR vaccinations at

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



Polio vaccination

The majority, specifically, 99 per cent, of children aged 9 to 59 months had received the Polio vaccination. Among those vaccinated, 79 per cent obtained the immunization from in-camp clinics (a decrease of 9 per cent since last year), while 21 percent accessed government clinics for the vaccination.

Figure 30. Received Polio vaccination
Percentage of household children between 9-59 months

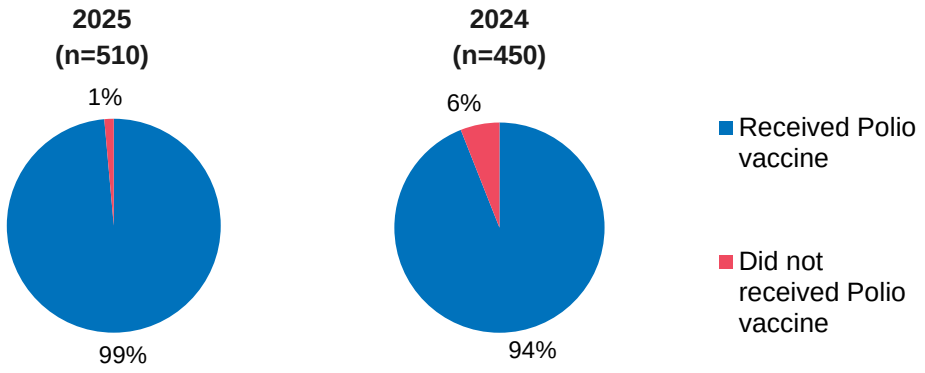
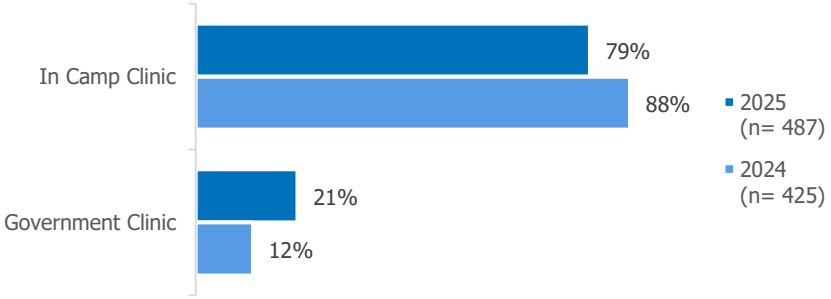


Figure 31. Location received Polio vaccinations at
Percentage of household members between 9-59 months who received Polio vaccination



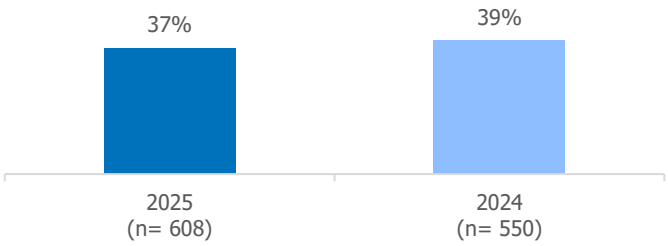
Note: figures do not add up to 100 per cent due to rounding

Sexual & Reproductive Health

Motherhood to 2-year-old infant

The percentage of women of reproductive age who are not single and has a child under the age of two was 37 per cent.

Figure 32. Mother of children younger than 2 years old
Percentage of non-single women in reproductive age

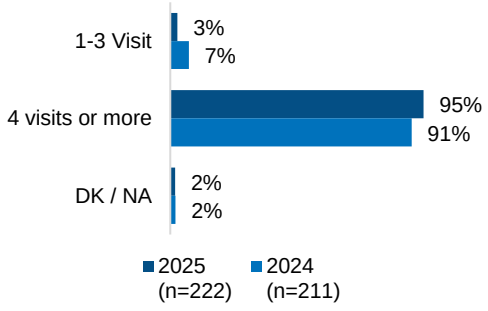


Antenatal care

Among the mothers surveyed, 99 per cent indicated that they received antenatal care throughout their pregnancy, with the majority having completed a minimum of four visits.

Figure 33. Received antenatal care
Percentage of mothers of a child younger 2 years of age

Figure 34. Number of antenatal care visits
Percentage of mothers of a child younger than 2 years of age who received antenatal care



During the process of obtaining antenatal care, 8 per cent of mothers encountered challenges, with the most frequently reported issue being long waiting times, followed by transportation difficulties.

Figure 35. Encountered difficulties to receive antenatal care

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

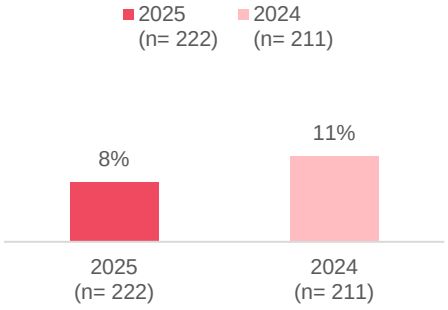


Table 10. Difficulties encountered to receive antenatal care

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

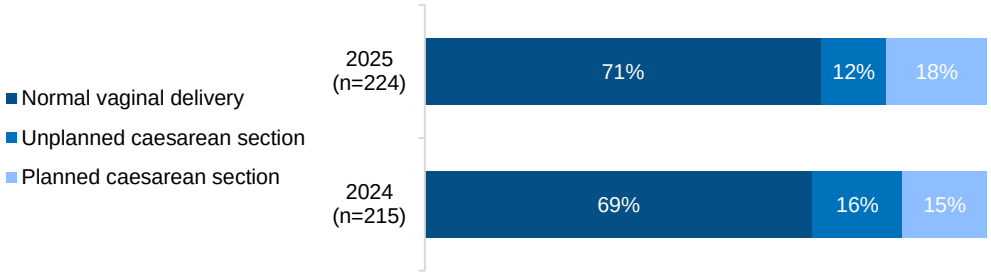
	Azraq (n=17)	2024 (n=23)
Long Wait	65%	70%
Too far / Transport issues	35%	30%
Couldn't afford user fees	12%	9%
Don't like the health services/staff	6%	9%
Others	12%	4%

Delivery

The delivery practices in Azraq camp are largely consistent with those reported in HAUS 2024. Specifically, more than two-thirds of mothers experienced normal deliveries, while 30 per cent underwent caesarean sections. Following delivery, 19 per cent of mothers indicated that they had incurred costs for delivery services, with the average expenditure estimated at approximately 222 JOD.

Figure 36. Type of delivery

Percentage of mothers of a child younger 2 years of age (n= 215)



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

Table 11. Amount spent on delivery service

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

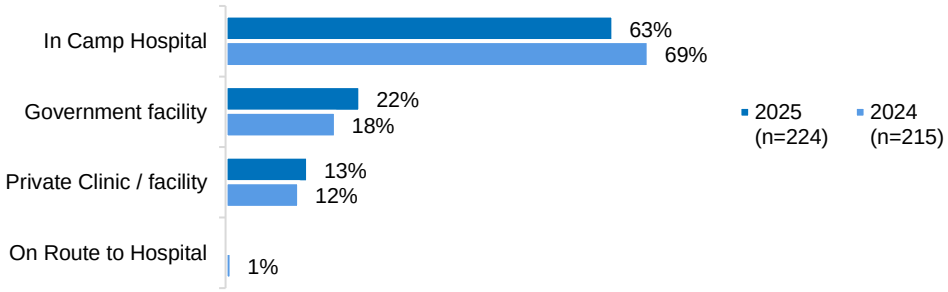
	2025	2024
Base	42	23
Max	650 JOD	800 JOD
Avg	222.5 JOD	263.3 JOD
90tile	494 JOD	542.8 JOD

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

The delivery occurred at the Azraq camp hospital in 63 per cent of cases; whereas, 35 per cent of deliveries took place in non-camp facilities, including both governmental and private healthcare establishments.

Figure 37. 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

Family planning

Following delivery, 62 per cent of mothers received information regarding family planning. Among non-single women of reproductive age, 43 per cent were utilizing contraceptives, representing a 6 per cent increase compared to the findings from the 2024 Health Assessment Unit Survey (HAUS).

Additionally, the survey indicated that awareness of family planning among households with at least one non-single woman of reproductive age stood at 72 per cent. Nevertheless, 27 per cent of respondents reported attempts to acquire contraceptive methods in the past year, marking a 10 per cent decrease in contraceptive acquisition compared to the previous year. It is noteworthy that 43 per cent of households with at least one non-single women of reproductive age received information about family planning during the same period; however, this reflects an 11 per cent decline compared to the 2024 HAUS results.

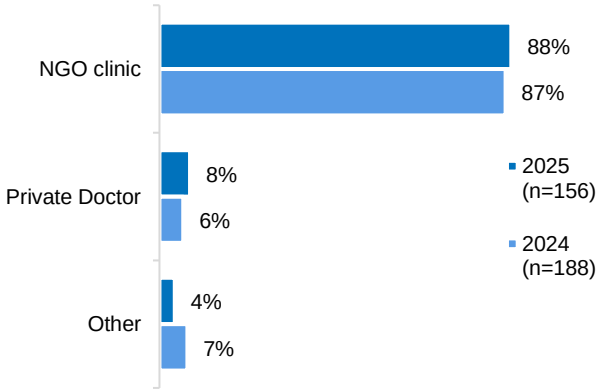
Table 12. Awareness and usage of family planning services in Jordan

	2025	2024
Awareness of any available services to prevent unplanned pregnancy (2024, n=516 // 2025, n= 581) >> Households with at least one non-single women in reproductive age	72%	73%
Heard information about family planning in the past year (2024, n=516 // 2025, n= 581) >> Households with at least one non-single women in reproductive age	43%	54%
Tried to obtain contraceptive methods in the past year (2024, n=516 // 2025 n= 581) >> Households with at least one non-single women in reproductive age	27%	37%
Advised/Provided with of any contraceptive methods after delivery (2024 n=215 // 2025 n=224) >> mothers of a child younger than 2 years old	62%	62%
Currently using any contraceptive methods (2024 n=550 // 2025 n=608) >> non-single women in reproductive age	43%	37%

The majority of non-single women of reproductive age, specifically 88 per cent, opted to utilize services offered by NGO clinics for family planning. These findings are consistent with the data reported in 2024.

Figure 38. Location sought family planning services at

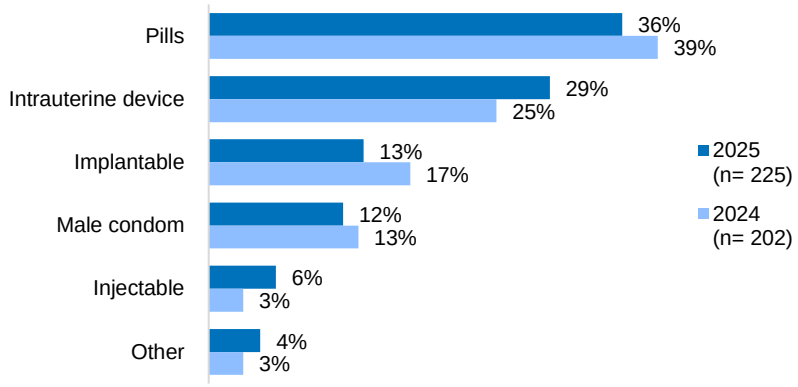
Percentage of HH with at least one non-Single women in reproductive age who tried to obtain contraceptive methods in the past year



It is noteworthy that among the reported contraceptive methods utilized, oral contraceptive pills have consistently remained the leading choice, as indicated by 36 per cent of respondents (compared to 39 per cent in 2024). Furthermore, there has been a 4 per cent increase in the usage of intrauterine devices (IUDs), with 29 per cent of respondents reporting their use in 2025, up from 25 per cent in the previous year.

Figure 39. Type of contraceptive method used

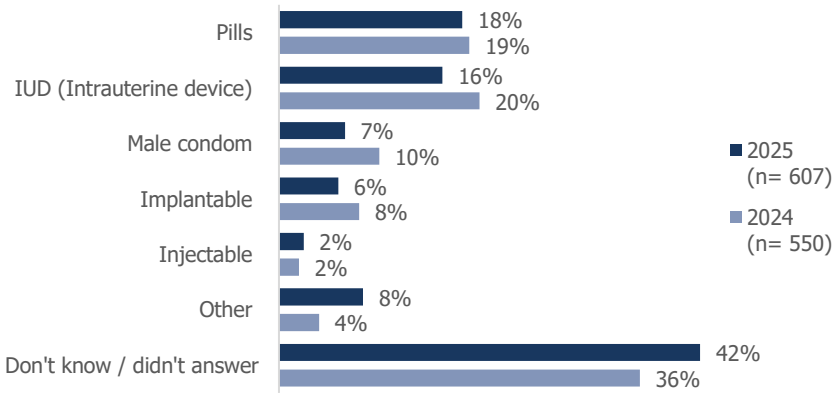
Percentage of non-single women in reproductive age who are currently using a contraceptive method



Additionally, 42 per cent of respondents did not express a particular preference for a specific contraceptive method. Among those who reported a preferred method, the two most popular choices were oral contraceptive pills (18 per cent) and IUDs (16 per cent).

Figure 40. Preferred type of contraceptive method

Percentage of non-single women in reproductive age

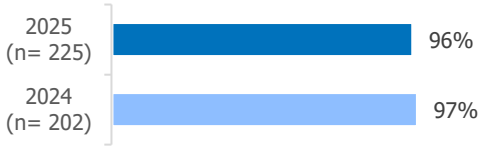


Note: figures do not add up to 100 per cent due to rounding

Furthermore, 96 per cent of females utilizing contraceptive methods reported satisfaction with their chosen method, a rate that is comparable to the satisfaction levels observed in 2024.

Figure 41. Satisfaction with contraceptive method used

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



In terms of sources of information regarding family planning services, the majority identified healthcare professionals as the primary resource, accounting for 73 per cent of responses. This was followed by social events, which comprised 21 per cent, and community health volunteers at 18 per cent (a decrease from 30 per cent in 2024).

Table 13. Source of information about family planning in Jordan

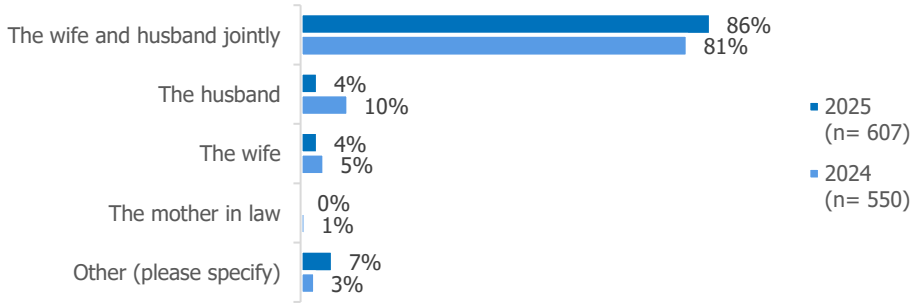
Percentage of HH with at least one non-Single women in reproductive age who heard information about family planning in the past year

	2025 (n=246)	2024 (n=279)
Healthcare employees	73%	70%
Social Event	21%	16%
Community Health Volunteers	18%	30%
Audio, Radio, other Social Media Sources	2%	2%
Billboards	1%	2%
Broachers, other Written documents	0%	1%
Others	0%	6%

In response to inquiries regarding the determination of the number of children, it was reported that this decision was jointly made by husbands and wives, according to 86 per cent of respondents.

Figure 42. Decision on number of children

Percentage of non-single women in reproductive age



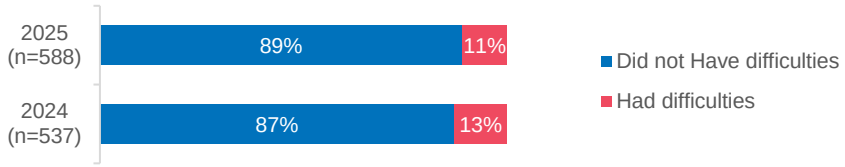
Nutrition including Infant and Young Child Feeding "IYCF"

Nutrition and Growth

Over the past month, 11 per cent of children aged 0-5 years old experienced difficulties related to their growth or nutrition.

Figure 43. Noticed difficulties with infant growth or nutrition during the past month

Percentage of children between the ages of 0 – 59 months



Seeking professional support

Among these children, over two-thirds sought professional help, and 35 per cent are currently enrolled in a professional nutrition assistance program, representing a decrease from 47 per cent in 2024.

Figure 44. Requested professional assistance

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

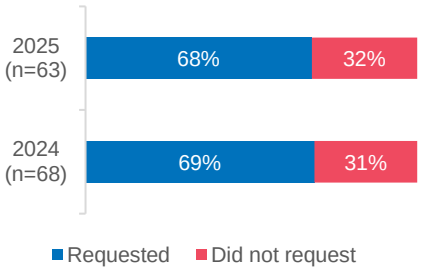
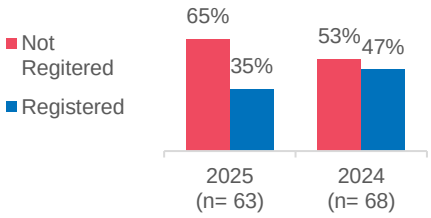


Figure 45. Registered to professional assistance nutrition program

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



Breastfeeding

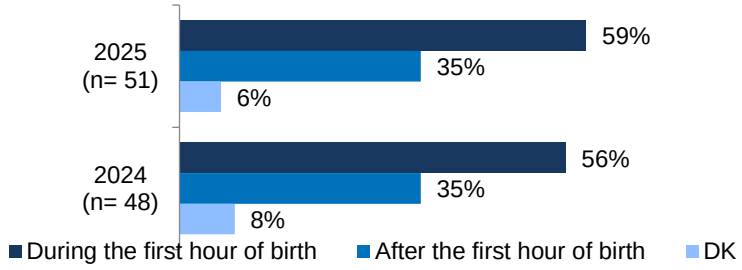
In relation to breastfeeding practices, it is noteworthy that 89 per cent of children have been breastfed at some point in their lives. Among these, over half of the infants (59 per cent) initiated breastfeeding within the first hour following birth, while more than one-third (35 per cent) began breastfeeding after first hour.

Figure 46. Children who were ever breastfed

Percentage of children between 0-23 months

Figure 47. Timing of breastfeeding initiation

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



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

Furthermore, 63 per cent of children aged 0 to 23 months engaged in breastfeeding the day prior to the completion of the survey interview. Additionally, 93 per cent of children aged 6 to 23 months consumed solid or semi-solid foods.

Figure 48. Child was breastfed yesterday during the night or day

Percentage of children between 0-23 months and were breastfed ever

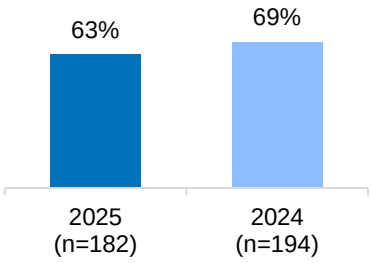
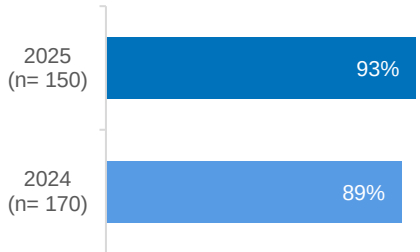


Figure 49. Child was fed solid/semi-solid food during the night or day

Percentage of children between 6-23 months



Chronic Diseases

According to the survey data, 13 per cent of household members in Al Azraq Camp reported living with a chronic disease. Among the 507 individuals identified as suffering from chronic conditions, 30 per cent reported managing a hypertension condition, making it the most prevalent chronic illness. Diabetes ranks as the second most commonly reported condition, with 19 per cent of individuals acknowledging its presence, followed by ischemic heart disease at 16 per cent and asthma at 12 per cent.

Figure 50. Prevalence of chronic diseases
Percentage of household members

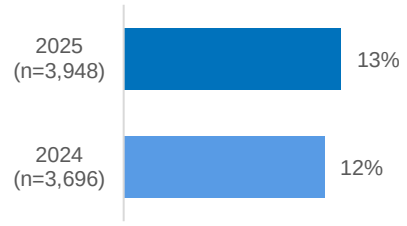


Figure 51. Type of chronic disease
Percentage of all household members living with chronic disease(s)

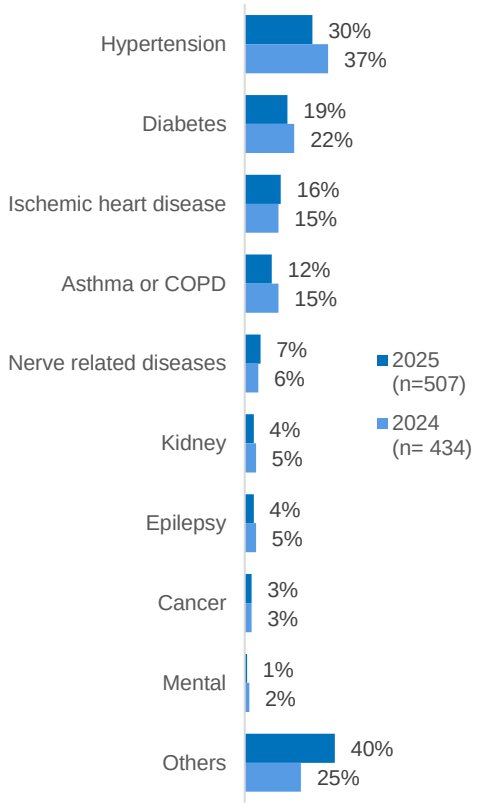


Table 14. Type of chronic disease - others
Percentage of all household members living with chronic disease(s)

	2025	2024
Thyroid	10%	5%
Muscle disease	3%	5%
Rheumatism	1%	1%
Others	33%	12%
DK / NA	0%	2%

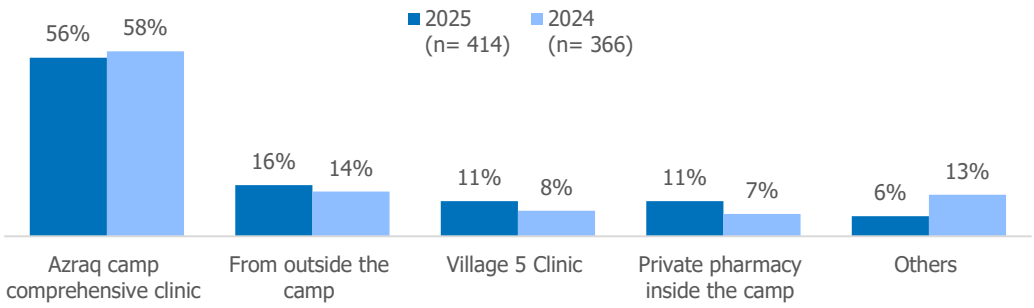
In the context of accessing medical care, 82 per cent of respondents reported that they were able to obtain care or medications for their chronic diseases. Among these individuals, 56 per cent sought treatment at the comprehensive clinic located within Azraq camp, while 16 per cent accessed healthcare facilities outside of the camp.

Figure 52. 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 53. Location to obtain medical care or medications from 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 was 50.9 JOD. Most of the respondents' expenditures (90 per cent) fell below 100 JOD for their care; however, some individuals reported spending as much as 2,000 JOD on managing their chronic condition. Data from 2025 suggests a decrease in the costs associated with medication for chronic disease.

Figure 54. Paid for 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

Table 15. Amount spent on 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

	2025	2024
Base	114	78
Max	2,000 JOD	3,000 JOD
Avg	50.9 JOD	113.8 JOD
90tile	100 JOD	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

Among individuals who faced challenges in accessing healthcare for their medical conditions, 39 per cent identified a lack of medications as the predominant barrier. This was followed by 28 per cent who reported an inability to bear the costs associated with healthcare, and 6 per cent who indicated that lengthy waiting times hindered their access to services.

Table 16. Reasons prevented receiving medical care or medications for chronic disease

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

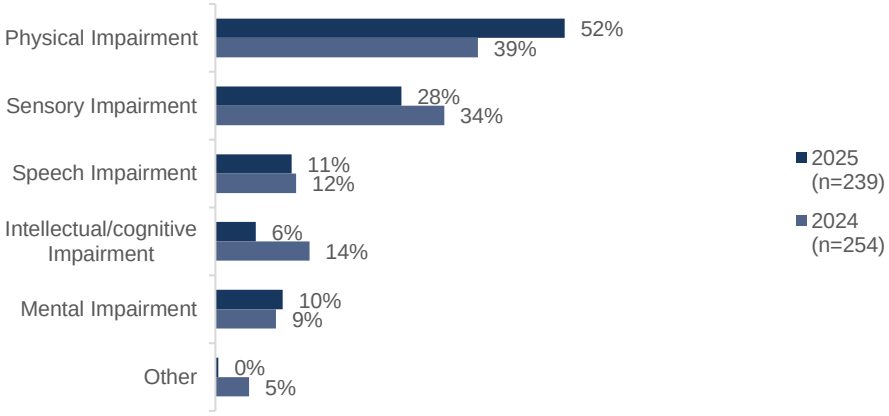
	2025 (n= 89)	2024 (n= 67)
Medication is unavailable	39%	43%
Couldn't afford user fees	28%	15%
Long waiting time	6%	16%
Could not afford transport fees	3%	4%
Others	36%	30%
I Don't Know	8%	10%

Disability

The prevalence of disability within Azraq camp indicates that 6 per cent of the population consists of individuals living with disabilities. Among this group, physical disabilities account for 52 per cent, while sensory impairments account for 28 per cent, identifying these as the two most common forms of disability observed.

Figure 55. Prevalence of disability
Percentage of all household members

Figure 56. Disability type living with
Percentage of household members living with a disability



The primary cause of disability, as reported by 60 per cent of respondents, was natural causes. Accidents account for 22 per cent of the reported cases, while war related injuries comprised 10 per cent.

Table 17. Cause of disability
Percentage of household members living with a disability

	Natural (At birth)	Accident (House, road, …)	War	Violence	Other	I Don't Know
2025 (n= 239)	60%	22%	10%	0%	8%	2%
2024 (n= 254)	65%	15%	15%	1%	4%	2%

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

In the context of support, 36 per cent of respondents reported receiving medical assistance, 15 per cent utilized support devices, and 5 per cent required physical rehabilitation. Notably, 46 per cent indicated that they did not receive any form of support, indicating an increase in the proportion of individuals with disabilities who lack assistance. The reasons cited for this lack of support included service unavailability (35 per cent), which has decreased by 12 per cent since 2024; inability to afford associated costs (30 per cent), reflecting a 9 per cent increase; and a lack of knowledge regarding available support resources, which rose to 22 per cent from 9 per cent in 2024. Furthermore, the proportion of individuals perceiving support as unnecessary declined to 6 per cent from 14 per cent in 2024.

Figure 57. Type of support received for disability

Percentage of household members living with a disability

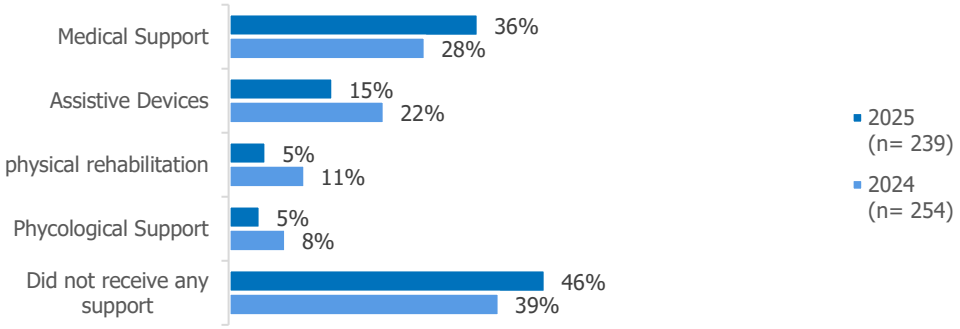


Table 18. Reasons prevented receiving support for disability

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

	2025 (n= 109)	2024 (n= 99)
Service is unavailable	35%	47%
Couldn't afford user fees	30%	21%
Didn’t know where to go	22%	9%
Felt it was unnecessary	6%	14%
Too far / Transport issues	2%	4%

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

Discussion

The 2025 HAUS findings highlight persistent vulnerabilities affecting health access and utilization among refugees in Azraq Camp, shaped by socioeconomic constraints, service availability, and evolving care-seeking patterns. The demographic profile reflects a predominantly young population with large household sizes and low incomes, which reinforces sustained demand for affordable, accessible healthcare services. The low average household income further underscores this financial fragility, as reflected across multiple health domains.

Health awareness remains relatively high for humanitarian partners supported services and childhood immunization, indicating effective information dissemination within camp structures. However, awareness gaps related to subsidized Ministry of Health services suggest uneven access to information, potentially limiting the utilization of available external care pathways.

Health-seeking behaviour demonstrates firm reliance on NGO clinics. However, the observed decline in attempts to access these services and the growing shift toward private pharmacies and out-of-camp providers may reflect pressure on in-camp systems. While first-contact access success remains high, the growing proportion of individuals incurring out-of-pocket expenses (nearly doubling since 2024) signals increasing financial exposure. This is particularly evident in secondary care and out-of-camp care, where costs are almost universal despite reduced average expenditures.

The rise in private pharmacy utilization as a secondary care option may indicate adaptive coping strategies in response to long waiting, referral delays, costs, or service limitations. Financial constraints remain the most prominent barrier at secondary levels of care, reinforcing the link between poverty and foregone or delayed care. Nonetheless, satisfaction rates across all service levels remain high, suggesting a perceived quality among those who manage to access services.

Maternal and reproductive health indicators remain stable overall, with universal antenatal care coverage and high satisfaction with family planning methods. However, declining exposure to family planning information and reduced contraceptive acquisition point to emerging gaps in outreach and continuity of care. The shift in information sources away from community health volunteers further suggests a change in community-level engagement mechanisms.

Nutrition findings reveal stable but fragile child feeding practices. While breastfeeding and complementary feeding rates remain high, the decline in enrolment in nutrition assistance programs among children with growth challenges raises concerns regarding service reach and follow-up.

Chronic diseases continue to affect a significant proportion of the population, with medication availability and affordability posing persistent barriers despite overall reduction in out-of-pocket expenditure.

Persons with disabilities remain among the most underserved groups. Nearly half receive no support, and increasing reports of financial and informational barriers indicate unmet needs. These findings highlight the intersection of disability, poverty, and service awareness as critical determinants of access.

Overall, the 2025 HAUS illustrates that while the health system in Azraq camp continues to meet minimum health care demands, its operating under significant strain due to economic hardship and shifting patterns of service utilization. As a result, refugees increasingly exposed to health-related financial risk, despite maintaining relatively high level of service satisfaction and coverage in key areas.

Conclusion

The 2025 Health Access and Utilization Survey provided a comprehensive overview of healthcare access, utilization, and associated challenges among refugees living in Azraq Camp. The findings reveal sustained reliance on humanitarian health services amid worsening economic conditions and low household incomes. While awareness and utilization of in-camp services remain relatively high, increasing out-of-pocket expenditures and greater reliance on out-of-camp and private pharmacy-based care indicate growing pressure on both households and health systems.

Positive outcomes are evident in areas such as childhood immunization coverage, antenatal care utilization, and satisfaction with health services. However, these achievements coexist with notable gaps, including declining awareness of subsidized healthcare services, reduced engagement in nutrition and family planning programs, and persistent barriers to secondary and chronic disease care driven primarily by financial constraints.

Vulnerable groups including individuals with chronic illnesses, children with nutritional challenges, and persons with disabilities, continue to face disproportionate access barriers, often linked to medication shortages, service costs, or lack of information. The data also suggest evolving patterns of health-seeking behavior that warrant close monitoring, particularly the increased use of pharmacies and private facilities.

Overall, the survey highlights the need for sustained investment in accessible, affordable, and well-communicated healthcare services, alongside targeted interventions to protect households from health-related financial hardship and ensure equitable access for the most vulnerable populations in Azraq Camp.

Recommendations

- While awareness of in-camp services is high, 56 per cent of households were aware of subsidized Ministry of Health services, and 42 per cent had received information on how to access them. Targeted outreach using preferred communication channels (Community Health Volunteers “CHVs”, and WhatsApp) can improve understanding of eligibility, referral procedures, and available services.
- Out-of-pocket health spending on health care cases (that occurred in the past month) increased in 2025, with 32 per cent of care-seekers incurring costs compared to 17 per cent in 2024. Financial constraints remain the primary barrier to secondary care (53 per cent) and continue to limit access to chronic disease services (28 per cent). Strengthening financial protection mechanisms, along with clearer guidance on when and how to use subsidized services can promote more rational use of available healthcare options and reduce household exposure to health-related financial hardship.
- Strengthen routine nutrition screening and follow-up mechanisms to increase enrolment of children with nutrition or growth challenges into assistance programs, given that 35 per cent of affected children were enrolled in 2025, down from 47 per cent in 2024.
- Enhance targeted outreach and expand access to assistive and rehabilitation services to address the high proportion of persons with disabilities receiving no support (46 per cent), particularly those affected by service unavailability, cost barriers, or limited information.
- Strengthen community-level family planning education and enhance postnatal counselling to sustain SRH gains, particularly in light of declining exposure to family planning information (down 11 per cent) and reduced reliance on community health volunteers (12 per cent decline to 18 per cent), despite contraceptive use increasing to 43 per cent.

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, telephonic surveys doesn't allow verification and validation of the provided information. For example, household income, vaccination location, delivery fees and location, etc…

- 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.

HEALTH ACCESS AND UTILIZATION SURVEY

AMONG “REFUGEES LIVING IN AL AZRAQ CAMP” JORDAN

December 2025

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

www.unhcr.org/jo