UNHCR
The UN Refugee Agency

HEALTH ACCESS AND UTILIZATION SURVEY

"HAUS 2023"

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AMONG "SYRIAN REFUGEES LIVING IN NON-CAMP SETTING" IN JORDAN

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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 367 Syrian households residing in the non-camps settings were interviewed during the survey for this year while 403 Syrian households participated in the same exercise conducted in 2021. We are particularly thankful to UNHCR for extending the valuable support for carrying out this important exercise.

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ACRONYMS

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

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Executive Summary

Household demographics

In 2023, 367 Syrian households were interviewed about their health access and utilization practices. The Syrian household's members were equally divided between males and females. While half of household members were under 18 years old, 31 per cent of households had a female head of household, half of heads of household were between 35 and 59 years old, and 10 per cent were older than 60 years.

In the 2023 survey, there was an increase in Syrian households living in Amman in comparison to 2021, while the number of Syrian households living in Mafraq decreased since the 2021 study. All of the households that participated in the study reported that the first member of their family came to Jordan before 2021. The average Syrian household size was 5.8 members per household, while the average monthly income for the Syrian household was 232 JOD.

Ninety-seven per cent of Syrian households possessed a security card from the Ministry of Interior, with 91 per cent reporting that their cards were issued in the same governorate they live in. These findings slightly differ from results recorded in 2021, where 99.5 per cent reported that they possess a security card, with 93 per cent living in the location it was issued in.

General awareness on health care access

Awareness of access to UNHCR-supported facilities and MOH facilities at subsidized costs was comparable to the 2021 study, with 67 vs. 65 per cent and 65 vs. 63 per cent, respectively. 69 per cent of heads of household reported that they understood information regarding subsidized health care access, yet awareness of issuing a white card at MOH facilities was only 49 per cent.

Health service and health seeking behaviour

Twenty-eight per cent of the surveyed Syrian household members needed to access healthcare services in the past month (past month of data collection), with a decrease of 10 per cent compared to 2021 results. For those who accessed healthcare services in 2023, 39 per cent went to private clinics or hospitals, 33 per cent accessed governmental facilities, and 23 per cent went to private pharmacies. It is worth mentioning that access to pharmacies dropped by 10 per cent, access to private hospitals or clinics increased by 4 per cent, and access to government hospitals increased by 9 per cent as compared to the 2021 survey results. Among the survey respondents, 92 per cent in 2023 received the needed healthcare service from the first health facility they accessed, compared to 89 per cent in 2021. While the majority of the interviewed household members could access the healthcare facilities, 8 per cent could not, mainly due to not being able to afford the cost of

the needed services. The average paid amount at the first healthcare facility accessed was JOD 27 in 2023. Vast majority of Syrians (97 per cent) were satisfied with the services provided by the first healthcare facility accessed. 8 per cent of Syrians who needed healthcare services were referred to a second healthcare facility, versus 14 per cent in 2021.

Expenditure on health care and impact

More Syrians in 2023 noticed an increase in health care costs since a year passed, 43 per cent in 2023 compared to 31 per cent in 2021. This increase made 61 per cent of Syrians unable to afford necessary medications, with 54 per cent reported inability to visit doctors or medical facilities when needed health care. Furthermore, a significant decrease of 34 per cent was observed among Syrians in 2023 who reported that the health cost increase had made them unable to afford necessary medical procedures. To cope with cost increase, 62 per cent of Syrians adopted a number of coping strategies, with 39 per cent managed to reduce visits to healthcare providers, 37 per cent reached out to NGO's clinics for free healthcare services (16 per cent increase compared to 2021 study), 35 per cent relied on savings or borrowed money, and 26 per cent stopped or reduced medication use. For 38 per cent of Syrian heads of household, the preferred source for medical information was through phone, and for 29 and 25 per cent, it was through text messages and the internet (UNHCR website and Facebook), respectively.

Childhood vaccinations (not including COVID-19)

In 2023, fewer Syrians knew about the free vaccination services in MOH facilities in comparison to the 2021 study (87 vs. 96 per cent). While 96 per cent of Syrian children (0-5 years old) possessed a vaccination card, over 95 per cent of Syrian children took the MMR and polio vaccination, mostly taken at governmental health centres, similar to the 2021 survey results.

Sexual & Reproductive Health

Ninety per cent of mothers (non-single between 17 and 49 years old) stated that they received antenatal care, a 6 per cent increase compared to the 2021 survey results. Around 60 per cent of mothers visited healthcare centres more than four times for antenatal care, a drop of 14 per cent compared to the 2021 survey results. 21 per cent of mothers who received antenatal care reported that they faced difficulties when receiving the service, mainly due to their inability to afford service fees.

Most of the mothers (68 per cent) gave birth by normal vaginal delivery, and 31 per cent delivered through a caesarean section. With regards to the amount spent on delivery, the average amount spent on delivery was 244 JODs, with 46 per cent gave birth at governmental hospitals and 45 per cent in private hospitals. 44 per cent of females who paid for delivery fees did not get any financial assistance for the delivery; 34 per cent received full financial support, and 21 per cent received partial financial support.

With regards to family planning, the awareness of services available in Jordan to prevent unwanted pregnancies was 53 per cent among mothers (non-single between 15 and 49 years old) in 2023. Furthermore, 45 per cent of respondents said that they heard information about family planning in the past year. While half of the sample was aware of available services to prevent unplanned pregnancy, 26 per cent tried to obtain contraceptive methods, a decrease of 3 per cent compared to the 2021 survey results. 36 per cent visited an MOH health facility to receive contraceptives, 31 per cent visited a private doctor, and 10 per cent went to NGO's clinics.

Nutrition including Infant and Young Child Feeding "IYCF"

Out of infants and young children between zero and 59 months, 11 per cent were noticed to have nutritional and growth difficulties in 2023, of which 41 per cent requested assistance and only 2 per cent were registered in a professional assistance programme. With regards to breastfeeding initiation for infants, 86 per cent were breastfed, and half of those were breastfed during the first hour.

Chronic Diseases

The prevalence of chronic diseases among surveyed Syrian households' members was 16 per cent in 2023 compared to 19 per cent in 2021, with the top recorded chronic cases of hypertension (39 per cent in 2023 vs. 36 per cent in 2021) and diabetes (29 per cent in 2023 vs. 21 per cent in 2021), followed by asthma or COPD and ischaemic heart disease. With regards to the ability to receive medical care or medications in the past 3 months for household members suffering from chronic diseases, 75 per cent reported that they were able to receive health care for their chronic condition; the average monthly amount spent on chronic diseases was JOD 41.8.

25 per cent of household members with chronic diseases reported that they could not access medical care for their condition, largely due to their inability to afford the service fees (63 per cent), 13 per cent due to medication unavailability, and 10 per cent due to transportation costs.

Disability

6 per cent of the surveyed household members were living with disabilities. This Percentage was one per cent less than what was found in the 2021 survey. The top disability types reported by Syrian household members included physical disability at 55 per cent (63 per cent in 2021), followed by mental disability at 15 per cent in 2023 (8 per cent in 2021), and sensory disability at 14 per cent in 2023 (19 per cent in 2021). The leading disability causes for household members living with disability were "natural/at birth, 42 per cent", followed by accidents (21 per cent) and war (20 per cent). These causes in 2021 were 64, 26, 8 per cent, respectively.

With regards to the support members living with disabilities received, 71 per cent did not receive any support due to unaffordability (54 per cent), and 16 per cent claimed unavailability of service to treat their conditions.

COVID-19

Eighty-two per cent of household members over the age of 18 years received COVID-19 vaccinations, with 6 per cent receiving a single shot, 87 per cent stated that they received 2 shots, and 7 per cent reported receiving the third booster shot of the COVID-19 vaccine. Household members who did not receive the COVID-19 vaccine referred to reasons related to: “was not advised by friends and family” (20 per cent), “lack of trust in vaccinations” (19 per cent), and due to pregnancy (19 per cent).

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 over 5.6 million Syrians registered as refugees, with the highest number of registered refugees in Turkey with over 3.6 million refugees, followed by Lebanon with over 800,000, Jordan hosting over 659,000, Iraq with over a quarter of a million, and Egypt and other north African countries with over 180,000. Currently, Syrian refugees are hosted mainly in urban settings (79 per cent), and the minority live in camps, including refugees hosted in Za'atari, Azraq camps, Emirati Jordanian (EJC) camp and Garden Park.

Since the eruption of the Syrian refugee crisis, UNHCR is supporting the provision of healthcare services to all camp residents and vulnerable Syrian refugees in urban settings. While UNHCR maintain essential health services for vulnerable Syrian refugees, it will continue to work 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) has adopted several health care access policies ranging from free access, subsidies policies to prohibiting policies. However, since March 2019, GoJ allowed Syrians registered with UNHCR to access healthcare 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-profit, affordability and quality of care can be an issue. UNHCR has developed the Health Access and Utilization Survey (HAUS) in the form of a household telephonic survey that is simple, flexible, and cost-effective to identify factors that may affect refugees' ability to access and successfully utilize appropriate health services when needed. HAUS allows for measurement of indicative disease prevalence, health status, health expenditure, awareness, and access to key health services in a representative sample of the population. HAUS also pinpoints barriers and facilitators in the ability to access and successfully use appropriate healthcare services.

Identifying healthcare needs, utilization behaviours, and barriers will enable UNHCR to engage with a wide range of actors, promote shared responsibility, and advocate for an

appropriate resource base to ensure that refugees receive protection and assistance. UNHCR partnered with Headway Jordan to conduct a survey among Syrian refugees living in non-camp settings to understand their health Access and utilization practices. Headway took on the responsibility to conduct the main tasks associated with the survey implementation, data analysis, and report writing. This report details the findings of the 2023 survey.

Objectives

- Evaluate awareness regarding the availability of healthcare services for urban refugees.
- Estimate the proportion of registered urban refugees seeking care in the preceding 3 months, types of care sought, whether care sought was received and in which type of facilities, and difficulties faced in obtaining care.
- Assess the use of public healthcare and private facilities and the reasons for seeking care at those facilities.
- Assess access to care and barriers experienced by different groups of seekers.
- Estimate coverage for key health and nutrition indicators, including polio and measles immunization in children aged 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 telephonic interviews with registered refugees in the UNHCR ProGres Database who are 18 years of age or older across all 12 governorates in Jordan. The sample was distributed by country of origin of family members who are registered in UNHCR database, and respondents were chosen randomly from the ProGres database provided by UNHCR.

A structured questionnaire was used to collect the necessary information for the survey. The global HAUS+ questionnaire was adopted for the Jordan context and tested by Headway Jordan. The adopted tool tested eleven areas, including demographic information, child immunization nutrition, Infant and Young Child Feeding Practices (IYCF), Sexual and Reproductive Health (SRH) practices, chronic diseases, mental illness and disability, access to health care in the last three months, COVID-19 attitude and practice, and vaccine coverage, access to health services and health seeking behaviour, healthcare expenditure, awareness of available health services, and communication.

The tool was scripted using the KOBO platform, with an average interview length of 12-15 minutes. 367 telephonic interviews were conducted by 12 trained enumerators from 19 June to 2 July 2023. The sample size was calculated based on key statistical metrics.

Once all the 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

In 2023, 367 Syrian households were interviewed to understand their health access and utilization practices in Jordan, compared to 403 Syrian households in 2021. In 2023, 38 per cent of Syrians' heads of household were between 18 and 35 years old, 51 per cent were between 35 and 59 years old, and 10 per cent were over 60 years old. In 2023, 31 per cent of Syrian heads of household were female, compared to 28 per cent in 2021.

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

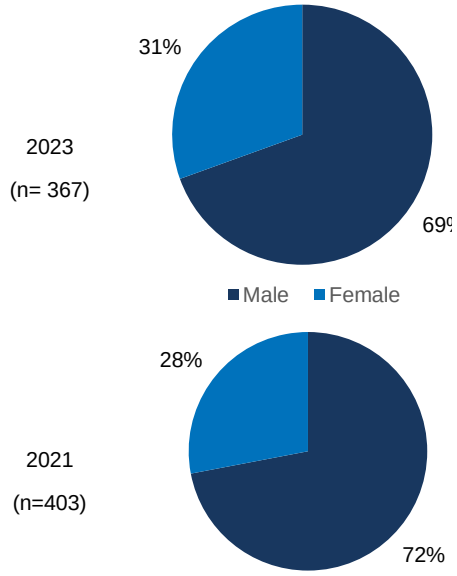
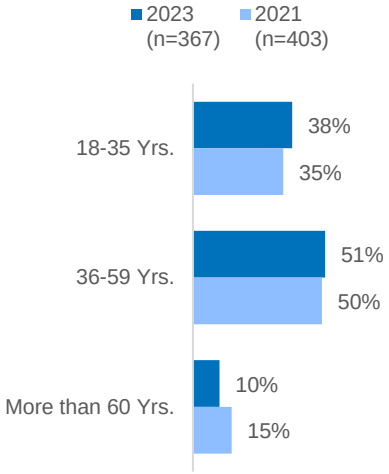


Figure 2. Head of HH Age
Percentage of head of household



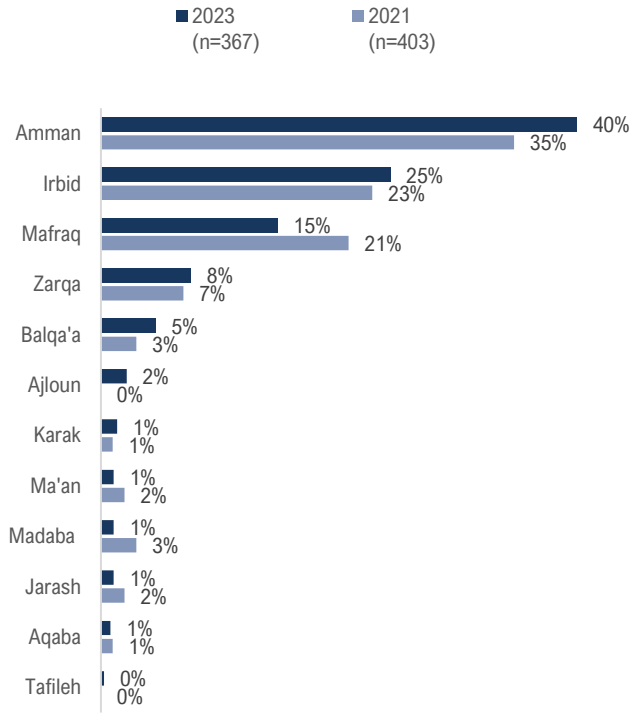
Note: figures do not add up to 100 per cent due to rounding

Residence

Eighty per cent of Syrian households were living in Amman, Irbid, and Mafraq in 2023, similar to the 2021 survey. Compared to the 2021 survey, more Syrian households were found to be living in Amman, and fewer Syrian households were living in Mafraq. All Syrian households surveyed reported that the first member of their household who came to Jordan, had been residing in Jordan for more than 2 years (before 2021).

Figure 3. Region

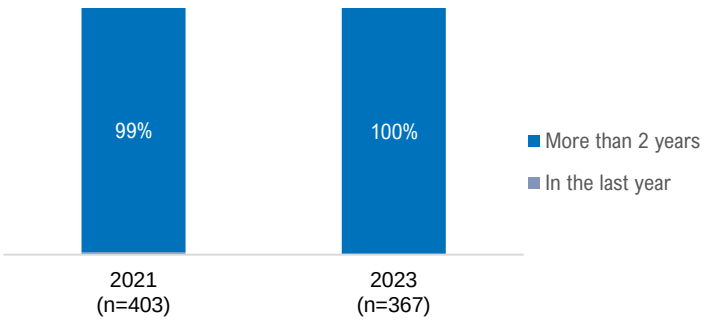
Percentage of head of household



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

Figure 4. Duration since first family member arrived to Jordan

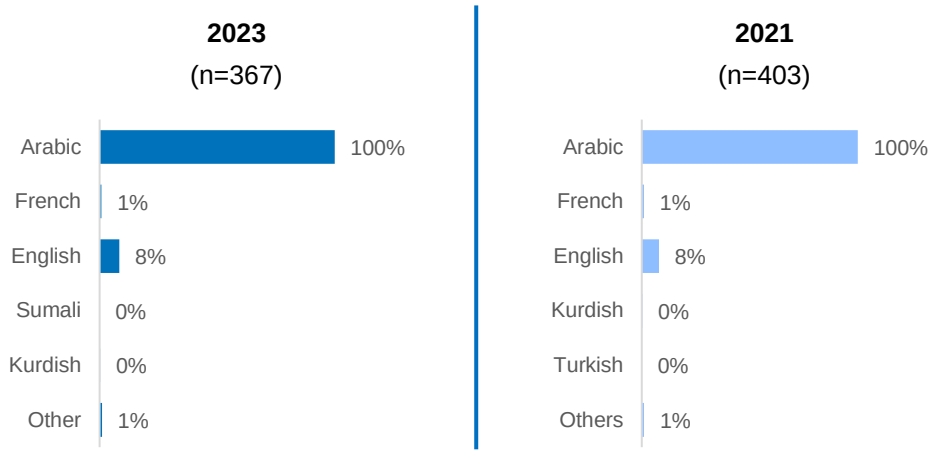
Percentage of head of household



Languages spoken

With regards to languages spoken by the head of household, similar results were found in 2023 and 2021, where 100 per cent reported they speak Arabic, 8 per cent speak English, and one per cent can speak French.

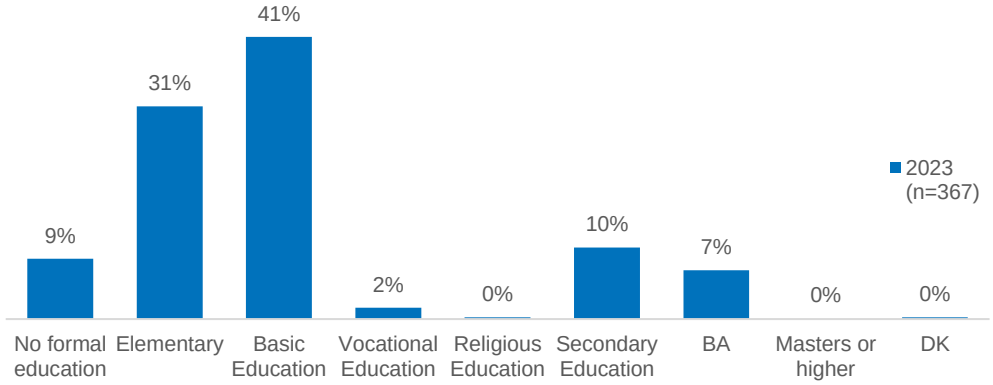
Figure 5. Languages spoken
Percentage of head of household



Education level

In 2023, 72 per cent of Syrian heads of household had completed basic and elementary education, with 9 per cent reported no formal education and only 7 per cent have an undergraduate qualification.

Figure 6. Head of HH Education level (2023)
Percentage of head of household

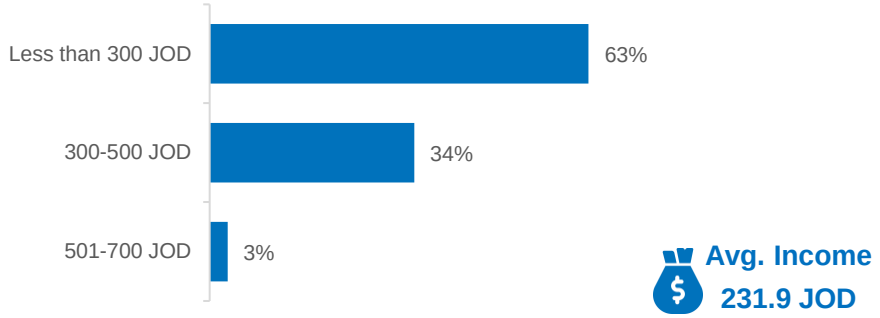


Monthly household income

The average Syrian household income in 2023 was 231.9 JOD with almost two-third of Syrian households reported that they were making a monthly income that was less than 300 JOD.

Figure 7. Monthly household income (2023)

Percentage of households

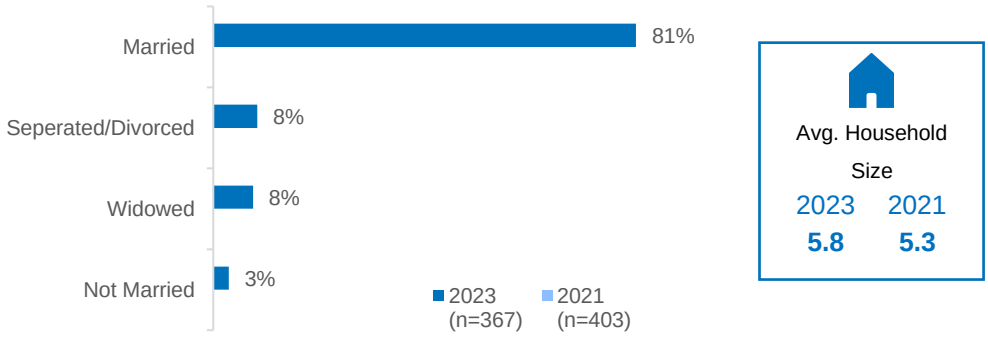


Household size and marital status

The average Syrian household size in 2023 was 5.8 members per household compared to 2021 which was 5.3 members per household. Majority of the heads of household (81 per cent) were married, 8 per cent, 8 per cent, and 3 per cent were widowed, separated/divorced, or never married, respectively.

Figure 8. Marital status (2023)

Percentage of head of household



Security Card

In 2023, fewer Syrian heads of household (97 per cent) stated that they hold a security card issued by the Ministry of interior in Jordan compared to 2021, where almost all Syrian households reported that they were in possession of a security card. Ninety-one per cent of the respondents in 2023 reported that they had their security card issued in the area where they were currently living.

Figure 9. Possession of a security card

Percentage of head of household

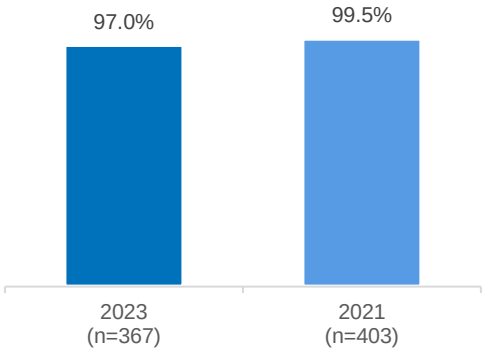
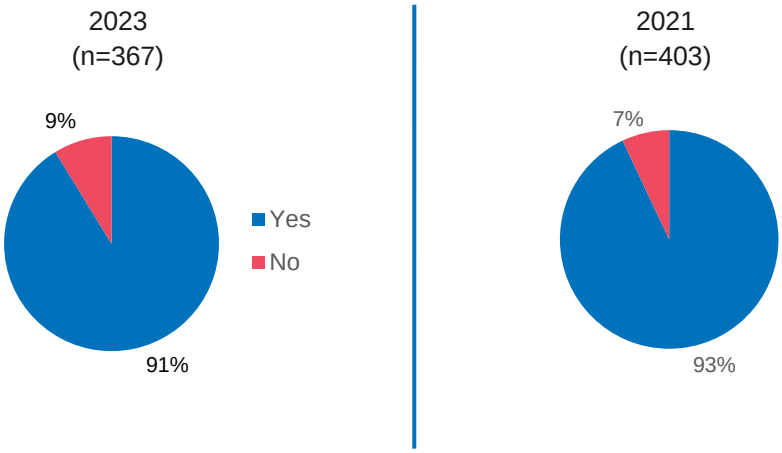


Figure 10. Card issued in the same place they live in

Percentage of head of household



Household Members Demographics

Gender and age

The gender of the surveyed households was equally distributed between males and females. Half of the household members were less than 18 years old; similar results were seen in the 2021 survey.

Figure 11. HH members Gender
Percentage of household members

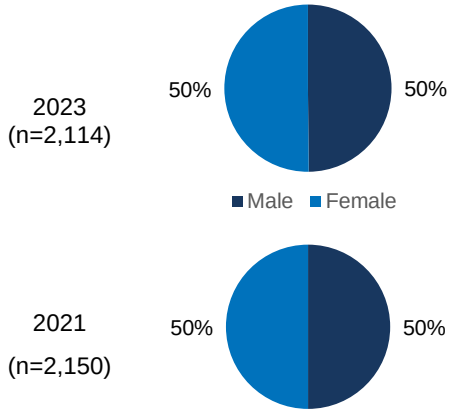
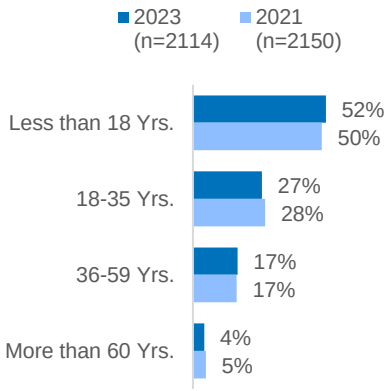


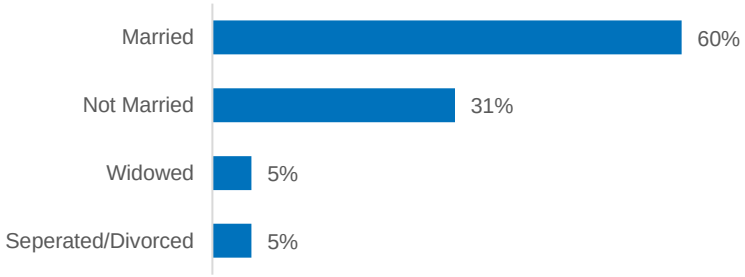
Figure 12. HH members Age
Percentage of household members



Marital status

Sixty per cent of the household members who are older than 15 years were married, five per cent were separated or divorced, and five per cent were widowed.

Figure 13. Marital status (2023 (n=1,175))
Percentage of household members over the age of 15 years old



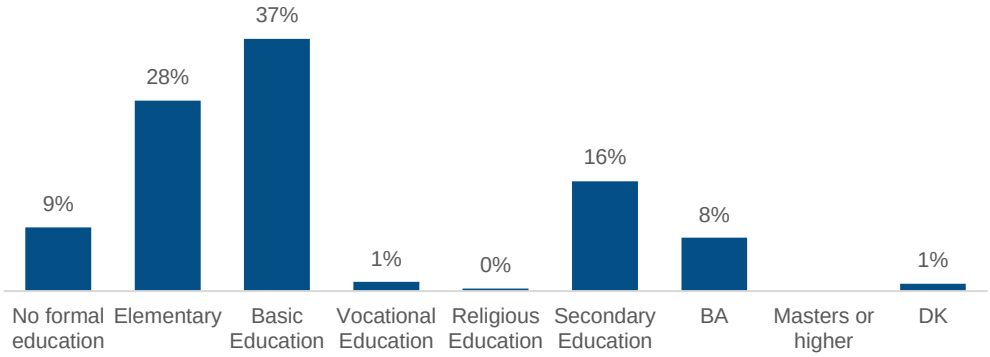
Note: figures do not add up to 100 per cent due to rounding

Education level

Sixteen per cent of household members completed secondary education and eight per cent reported that they carry a bachelor's degree.

Figure 14. HH members Education level (2023 (n=1,124))

Percentage of household members over 16 years old



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

General awareness on Health care Access

Access to healthcare facilities

In 2023, more heads of Syrian households reported that they have access to UNHCR-supported health facilities as well as to MOH medical facilities to receive subsidized health care, an increase in access to both facilities of two per cent in 2023 compared to the 2021 survey (67 vs. 65 per cent and 65 vs. 63 per cent, respectively). While 69 per cent believed they understood information related to accessing subsidized healthcare services, only 49 per cent reported they were aware that they could access MOH medical facilities for the issuance of a white card to help them utilize subsidized healthcare services.

Table 1. Awareness of health care accessibility indicators

Percentage of head of household

	2023 (n=367)	2021 (n=403)
Access to UNHCR supported health facilities	67%	65%
Access to subsidized health care at MOH medical facilities	65%	63%
Access MOH medical facilities to issue a white card	49%	**
Understood information regarding accessing subsidized health care	69%	**

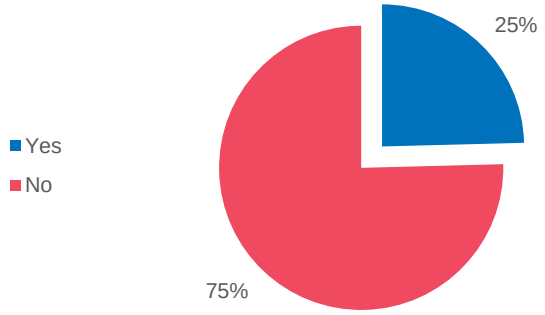
** Was not measured in 2021 survey

White Card

When asked if they own a white card, only 25 per cent of household members were in possession of a white card from the nearest MOH facility for accessing subsidized health care.

Figure 15. Possession of a white card (2023)

Percentage of household members



Household Health Demographics

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

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

	2023 N=2,114	2021 N=2,150
MMR vaccination (Infants between 9-59 months)	227	179
Polio vaccination (Infants between 9-59 months)	222	179
Received COVID-19 vaccination (Over 18 years old)	827	-
Antenatal care (Women of reproductive age 15 – 49 Years old)	127	143
Using family planning (Women of reproductive age 15 – 49 years old)	114	-
Tried to use family planning in the past year (Women of reproductive age 15 – 49 years old)	90	-
Used healthcare services in the past month	588	812
Has a Chronic disease	330	409
Living with disability	123	156

Health Service and Health Seeking Behaviour

Required healthcare services in the past month

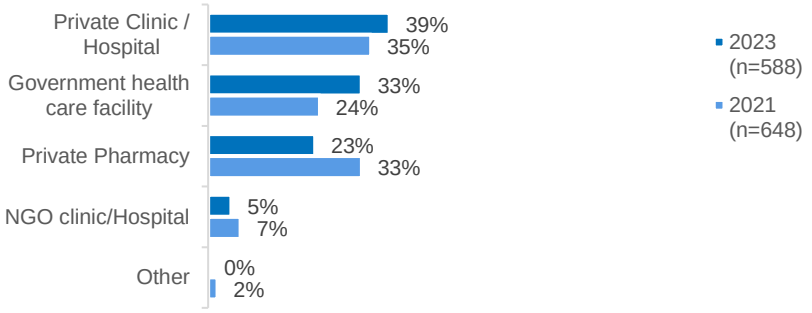
When respondents were asked about needing to access healthcare services during the past month (prior to data collection), 28 per cent of all household members reported that they required access to healthcare services, a 10 per cent decrease since 2021.

Figure 16. Needed to access healthcare services in the past month
Percentage of household members

Sought healthcare services (first location sought)

Private clinics and hospitals were the first locations where care was sought, as 39 per cent of household members who needed to access healthcare services stated they went to these locations, an increase of 4 per cent since 2021, followed by government healthcare facilities at 33 per cent (24 per cent in 2021). In 2023, in comparison to 2021, household members were less likely to access private pharmacy and NGOs clinics when they needed healthcare services.

Figure 17. First location the healthcare service was sought at
Percentage of household members who accessed healthcare facility in the past month



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

Ninety-two per cent of household members managed to receive healthcare services at the first location accessed, an increase of three per cent compared to 2021. With regard to Syrians who could not receive the healthcare services they needed at the first facility sought, 51 per cent of household members could not receive the services due to the inability to cover the fees of the services, an increase of seven per cent over the previous survey. The second reason of not receiving the needed services was due to issues they faced with healthcare services providers, similar to the results of the 2021 survey.

Figure 18. Received healthcare services in first facility

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

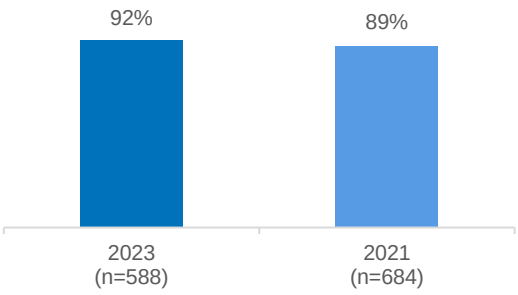


Table 3. Reasons for inability to receive healthcare services in first facility

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

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

Like 2021 finding, majority of Syrians paid fees to obtain the service at first location sought.

Figure 19. Paid for healthcare service in first facility

Percentage of household members who received healthcare service in first facility

The average fees paid for healthcare service was 27 JOD in 2023 compared to 37 JOD in 2021.

Table 4. Amount spent on healthcare services in first facility

Percentage of household members who received healthcare facility in first facility

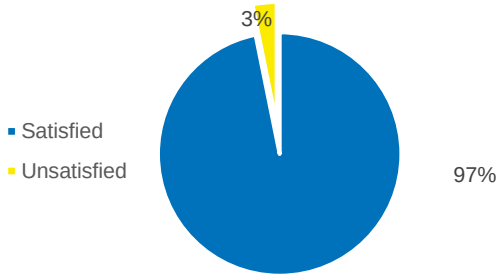
	2023	2021
Base	480	525
Max	1,300 JOD	1,500 JOD
AVG	27 JOD	37 JOD
90th per centile	50 JOD	60 JOD

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

At the end of the visit, 96 per cent of household member who received healthcare services reported they were satisfied with the overall services received in first Location.

Figure 20. Satisfaction with healthcare services provided in first location (2023)

Percentage of household members who received healthcare services in first location



Sought healthcare services (second location sought)

Only eight per cent of household members reported need to be referred to a second location to receive health care for the same health condition they sought at first location, compared to 14 per cent in 2021.
The most visited type of health facilities in the second attempt or referred to, were private clinics and hospitals (39 per cent), followed by governmental healthcare facilities (28 per cent). A notable decrease of 16 per cent in visits to private healthcare clinics in 2023 was observed compared with the 2021 survey results.

Figure 21. Referred to second healthcare facility

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

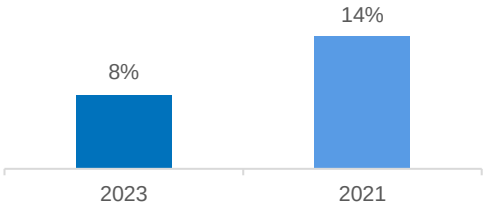
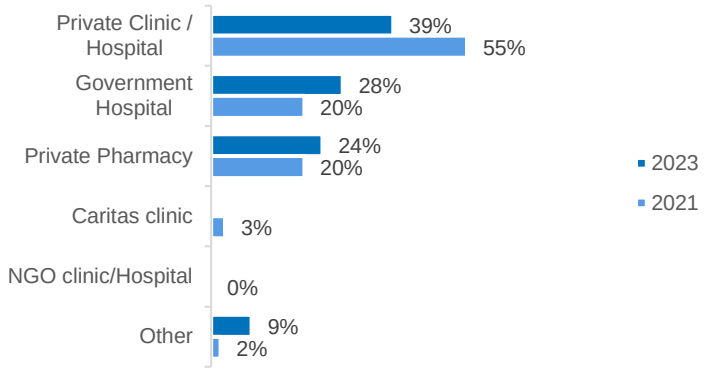


Figure 22. Second location the healthcare service was sought at
Percentage of household members who were referred to access second healthcare facility



Over-two thirds of Syrian household members received the needed healthcare service at the second location. The average fee paid at the second referred facility was 41 JOD, and almost all Syrians were satisfied with the medical healthcare services received there.

Figure 23. Received healthcare services in second attempt (2023)
Percentage of household members who accessed second healthcare facility

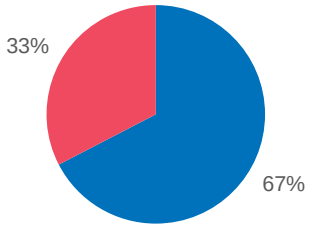


Figure 24. Paid for healthcare service/referral (2023)
Percentage of household members who accessed second healthcare facility

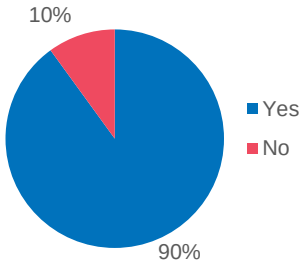
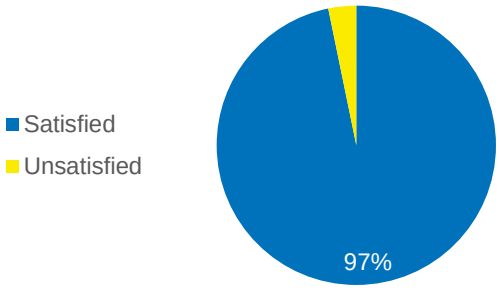


Figure 25. Satisfaction with healthcare services provided in second location (2023)
Percentage of household members who received healthcare services in second location



Expenditures and impact on household economics

More Syrian heads of household in the 2023 survey stated that they noticed an increase in the past year with regards to health care costs in comparison to 2021 (43 vs. 31 per cent), a 12 per cent increase. This increase had impacted the Syrian household as such: 61 per cent were unable to afford necessary medications, 54 per cent said they could not visit doctors or medical facilities when needed, and 36 per cent were unable to afford necessary medical procedures. Only six per cent reported they were not impacted by the increase in medical expenses, vs. 12 per cent in 2021.

Figure 26. Noticing an increase in health care costs in past year
Percentage of head of household

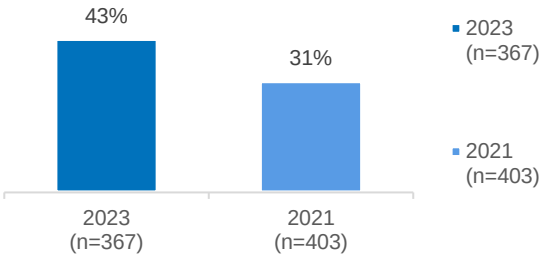
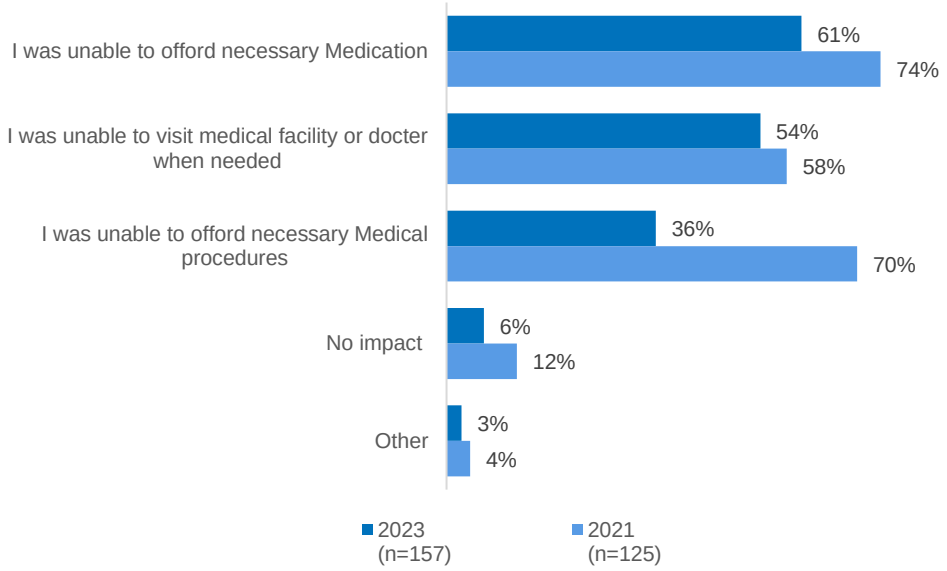


Figure 27. Impact due to increase in health care costs
Percentage of head of household who noticed an increase in health care costs in the past year



Seventy-eight per cent of Syrian households' expenditures on health care were between 0-100 JOD, and 20 per cent were between 100-500 JOD, with the highest household contribution being 1,500 JOD.

The average expenditure by Syrian households on healthcare services in Jordan was 74 JOD, with 90 per cent of the sample spent less than 150 JOD on health care.

Table 5. Amount spent on healthcare services (2023)

Percentage of head of household

	2023
Base	367
Max	1500 JOD
AVG	74 JOD
90 tile	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

In 2023, due to the impact of an increase in health care expenses, 62 per cent of Syrian households reported using a coping strategy to fulfil their medical and health needs, with 39 per cent reported reducing visits to healthcare providers as a coping strategy, 37 per cent searching for free health care in NGO's clinics, 35 per cent using personal savings or borrowing money, and 26 per cent reducing or stopping purchases and using medications.

In comparison to 2021, there was an increase in the search for free healthcare services as a coping strategy of 16 per cent. A nine per cent increase in respondents who relied on borrowing or spending from savings to meet healthcare needs was observed. Fewer Syrian households would reduce or stop using the medication they require as a coping strategy.

Figure 28. Adopted a coping strategy (2023)

Percentage of heads of household

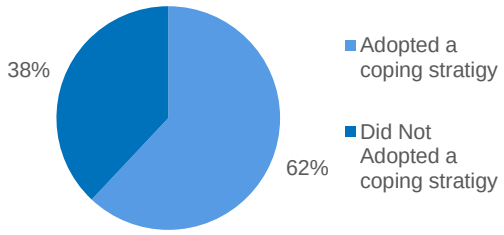


Table 6. Coping strategies implemented

Percentage of head of household who adopted a coping strategy

	2023 (n=226)	2021 (n=110)
Reduced visits to healthcare provider	39%	44%
Searched for free healthcare services by NGO's	37%	21%
Spent from Saving/Borrow	35%	26%
Reduced/stopped using medications	26%	35%
Other	8%	4%

The preferred sources for medical information's by Syrian households were phone, text messages, and the Internet and Facebook mostly (38, 29, and 25 per cent, respectively).

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

Percentage of head of household

Information Source	%
Phone	38%
Text Messages	29%
Internet (UNHCR website and Facebook)	25%
WhatsApp	21%
Healthcare employees	12%
Billboards	0%
Brochures, other Written documents	0%
Others	3%

Childhood Vaccinations[1]

Vaccinations access

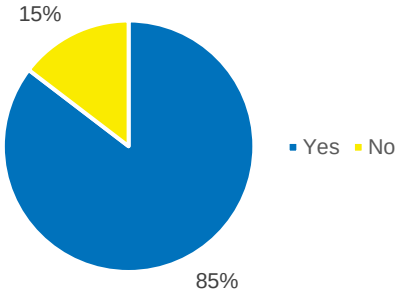
Syrian households' awareness of free access to children's vaccinations in Jordan had decreased in 2023 since 2021 (87 vs. 96 per cent).

Figure 29. Aware of free children vaccination at MOH health facilities
Percentage of head of household

*Different eligibility criteria in 2021 survey (parents of children between 1-5 Years old)

With regards to children's vaccination information, 85 per cent reported they were aware of the children's vaccination schedule.

Figure 30. Aware of child vaccination schedule card (2023)
Percentage of household children between the ages 9-59 months (n=260)



96 per cent of infants possessed a vaccination schedule card.

Figure 31. Possession of baby vaccination schedule card
Percentage of household children between the ages 9-59 months

[1] *The eligibility criteria for this section (Childhood Vaccinations) were different in 2023 than 2021, where in 2021 Childhood Vaccinations questions were asked about one randomly selected child under 5 years old, while in 2023 the same were asked about all infants between 9-59 months*

MMR vaccination

In 2023, 96 per cent of Syrian children received MMR vaccinations, an increase of two per cent since 2021. Furthermore, all Syrian children received MMR vaccinations in governmental hospitals/facilities. However, only 1 caregiver to a children who received MMR vaccination stated that they faced difficulty which was the transportation costs.

Figure 32. Received MMR vaccination

Percentage of household children between 9-59 months

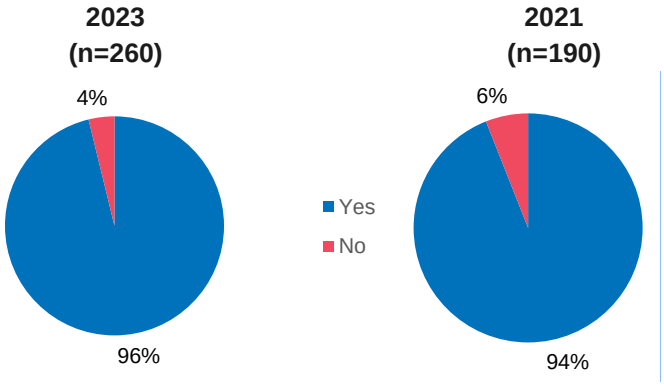
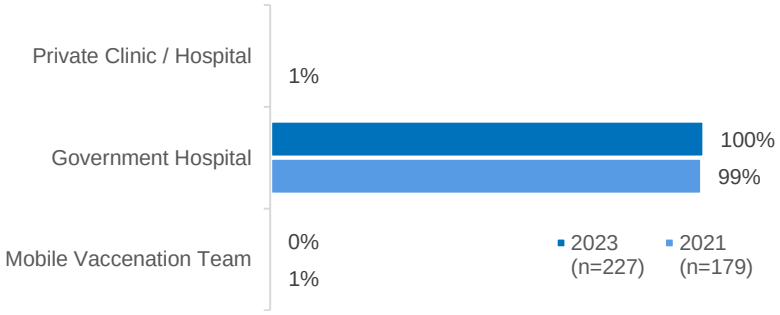


Figure 33. Location received MMR vaccinations at

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



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

Polio vaccination

Like the MMR vaccination, most Syrian children under the age of 5 years received the Polio vaccine (95 per cent). Almost similar results were recorded in 2021. Additionally, almost all had received Polio vaccinations in governmental hospitals and facilities without any difficulty.

Figure 34. Received Polio vaccination

Percentage of household children between 9-59 months

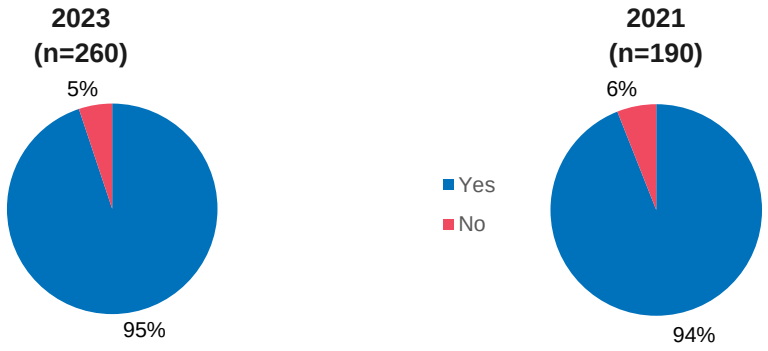
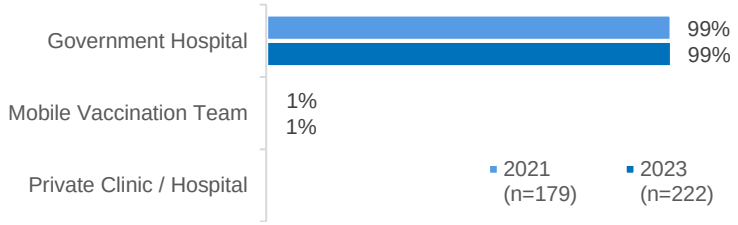


Figure 35. Location received Polio vaccinations at

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

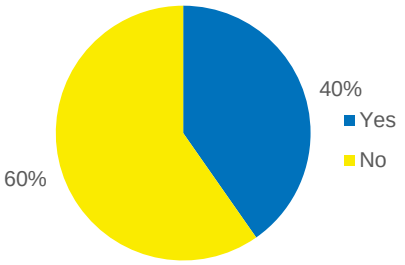


Sexual & Reproductive Health

Motherhood to 2-year-old infant

Forty per cent of non-single females in reproductive age were mothers of two-years old children and younger, a decrease of six per cent since 2021.

Figure 36. Mother of infant younger than 2 years old (2023)
Percentage of non-single women in reproductive age



Antenatal care

Ninety per cent of mothers had received antenatal care, which is an increase of six per cent compared to the 2021 survey. More than half of the sample reported making more than four visits, less than results found in 2021 by 14 per cent. A quarter of the sample made between 3 to 4 visits for antenatal care, higher than the findings in 2021. During these visits, only 21 per cent of mothers faced difficulties getting antenatal care (27 persons), similar to the results of the 2021 survey.

Figure 37. Received antenatal care
Percentage of mothers of a child younger 2 years of age

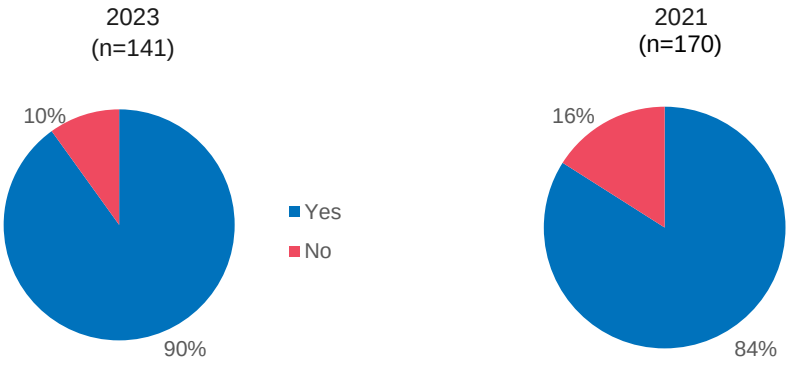
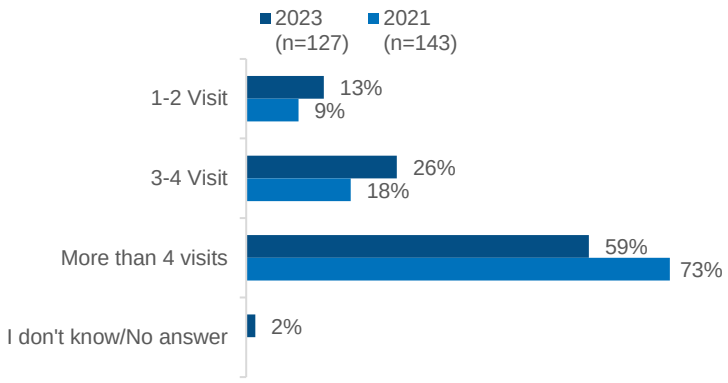


Figure 38. Number of antenatal care visits

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



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

Figure 39. Encountered difficulties to receive antenatal care

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

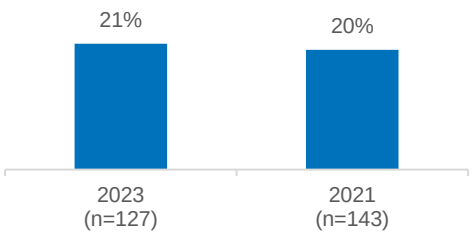


Table 8. Difficulties encountered to receive antenatal care

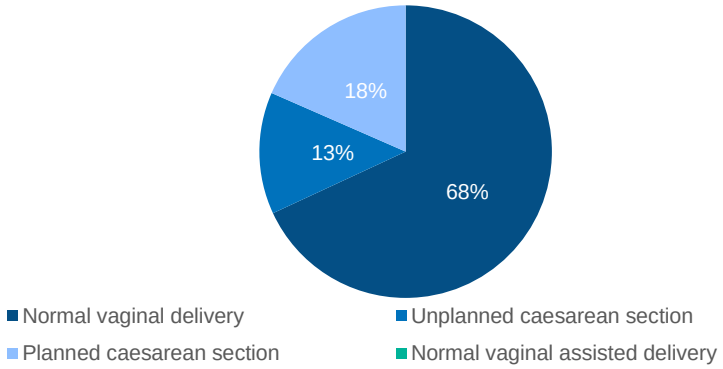
Percentage of mothers of a child younger 2 years of age who encountered difficulties to receive antenatal care

	2023 (n=27)	2021 (n=28)
Couldn't afford user fees	81%	44%
Too far / Transport issues	19%	3%
Long Wait	7%	-
Don't like the health services/staff	4%	-
Others	0%	42%

Delivery

When the time to deliver came, 68 per cent reported they delivered by Normal Vaginal Delivery, while 31 per cent said they had surgical intervention (c-section) either planned or unplanned, 18 and 13 per cent, respectively, and none had an assisted delivery. Eighty-two per cent of mothers reported they had to pay for delivery procedures. Thirty-eight per cent of mothers had paid a sum between 100 and 250 JODs for delivery, 30 per cent between 0 and100 JOD, and 30 per cent paid a sum between 250 and 750 JOD. An average of 244 JOD was paid for delivery.

Figure 40. Type of infant's delivery (2023)
Percentage of mothers of a child younger 2 years of age



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

Table 9. Amount spent on infant's delivery service (2023)
Percentage of mothers of a child younger 2 years of age who paid for delivery

	2023
Base	115
Max	1,800 JOD
Avg	243.6 JOD
90 tile	500 JOD

Definitions:
90cile = The value where 90 per cent of the observations are below it
Max = The maximum value paid
Count = Number of payments
Mean = The straight average of payments

In 2023, more mothers stated they had delivered their new-born in a government hospital (46 vs. 43 per cent in 2021). Mothers who delivered in private hospitals reduced to 45 per cent, with only one per cent saying they delivered at home. Even though delivery in a private hospital became a less favourite choice, 46 per cent said they preferred to deliver in a private hospital. Nineteen per cent said they could not reach government hospitals, and eight per cent stated private hospitals were closer to their homes.

Figure 41. Location for infant delivery

Percentage of mothers of a child younger 2 years of age

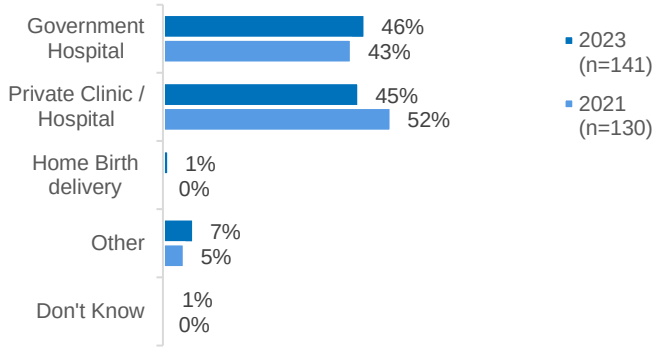
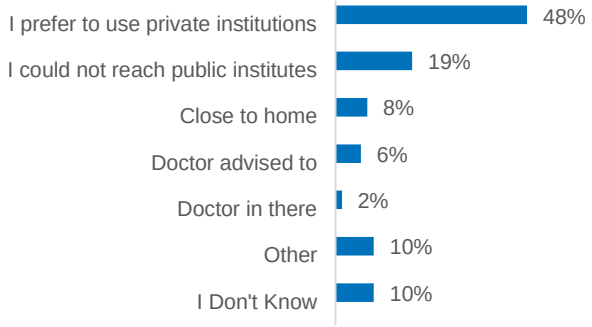


Figure 42. Reasons for selecting private hospital/clinic (2023)

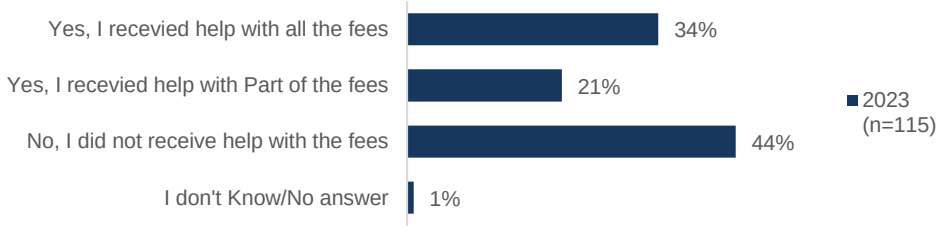
Percentage of mothers of a child younger 2 years of age who delivered in private hospital/clinic



Forty-four per cent of mothers who paid for delivery reported they did not get any support to pay the medical fees for delivery, while 21 per cent reported receiving partial support and 34 per cent received full support to pay for delivery fees.

Figure 43. Received financial support to pay delivery fees (2023)

Percentage of mothers who paid for delivery



Family planning

Half of females in reproductive age were aware of the available services to prevent unplanned pregnancy, while less than half of those non-single females (45 per cent) heard information about family planning in the past year. The top two sources for this information were healthcare employees (62 per cent) and social events (29 per cent); similar results were found in 2021.

While more than half of the sample were aware about the services of family planning, only 26 per cent in 2023 and 29 per cent in 2021 tried to obtain contraceptive methods in the past year.

In 2023, 42 per cent of non-single females were provided with or advised to use contraceptive methods after delivering a baby, with only 33 per cent stating they were currently using contraceptive methods.

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

Percentage of female household members between 15-49 years old

	2023	2021
awareness of any available services to prevent unplanned pregnancy (2023, n=141) >> mothers of an infant younger 2 years of age	53%	40%*
Heard information about family planning in the past year (2023, n=141) >> mothers of an infant younger 2 years of age	45%	49%*
Advised/Provided with of any contraceptive methods after delivery (2023, n=141) >> mothers of an infant younger 2 years of age	42%	-**
Currently using any contraceptive methods (2023, n=351) >> non-single women in reproductive age	33%	-**
Tried to obtain contraceptive methods in the past year (2023, n=351 // 2021, n=358) >> non-single women in reproductive age	26%	29%

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

** Was not measured in 2021 survey

Table 11. Source of information about family planning in Jordan

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

Information Source	2023 (n=63)	2021 (n=175*)
Healthcare employees	62%	37%
Social Event	29%	31%
Audio, Radio, other Social Media Sources	8%	22%
Billboards	3%	6%
Broachers, other Written documents	2%	11%
Others	10%	19%

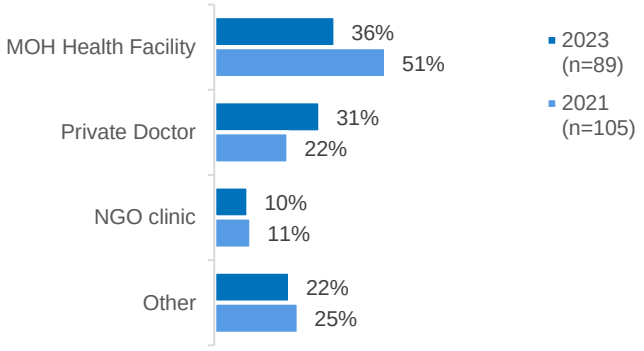
*Different eligibility criteria in 2021 survey (non-single women in reproductive age who heard information of available services to prevent unplanned pregnancy)

MOH facilities were the top location that females accessed to receive family planning services with 36 per cent, a 15 per cent decrease compared to findings of females in 2021.

More females in 2023 stated going to a private doctor to seek family planning services at 31 per cent, with 18 per cent seeking family planning services at pharmacies.

Figure 44. Location sought family planning services at

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



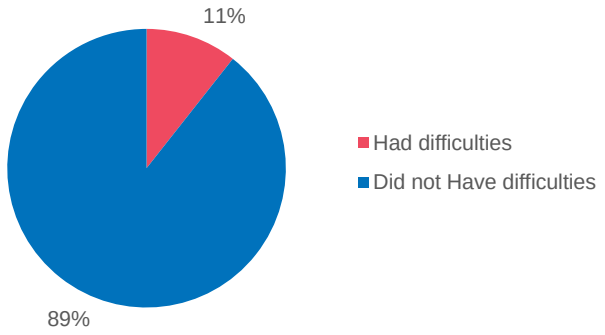
Note: figures do not add up to 100 per cent due to rounding

Nutrition including Infant and Young Child Feeding "IYCF"

Nutrition and Growth

For children between 0-59 months; 11 per cent were having growth or nutrition difficulties in 2023.

Figure 45. Noticed difficulties with child growth or nutrition during the past month (2023)
Percentage of children between the age of 0 – 59 months (n= 302)



Seeking professional support

Of children who had difficulties related to growth or nutrition, only 41 per cent requested professional assistance, and only two per cent were registered in a professional nutrition programme.

Figure 46. Requested a professional assistance (2023)

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

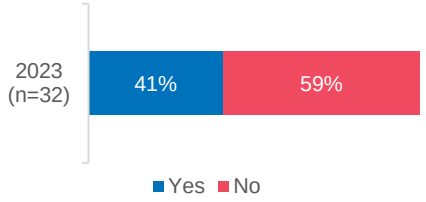
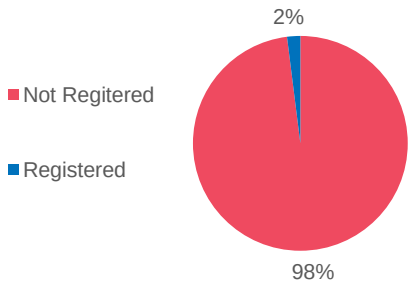


Figure 47. Registered to professional assistance nutrition programme (2023)
Percentage of children between 0-59 months with difficulty in growth or nutrition (n= 302)

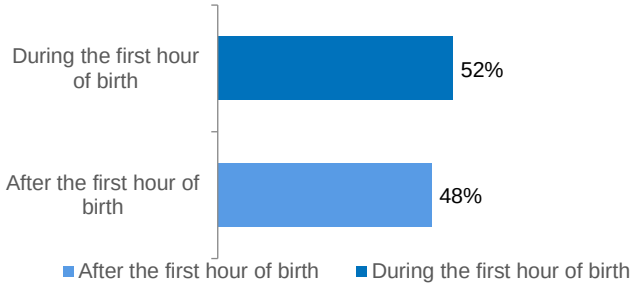


Breastfeeding

Of children between the ages of 0-24 months, 86 per cent were breastfed and 52 per cent began breastfeeding during the first hour.

Figure 48. children who were ever breastfed (2023)
Percentage of children between 0-24 months

Figure 49. Infants breastfeeding start time (2023)
Percentage of infants between 0-6 months (n= 24)



Sixty-seven per cent of children between 0 and 24 months were breastfed during the night or day, and 79 per cent of children between 6 and 24 months began consuming solid or semi-solid food.

Figure 50. Infant was breastfed during the night or day (2023)

Percentage of children between 0-24 months (n=124)

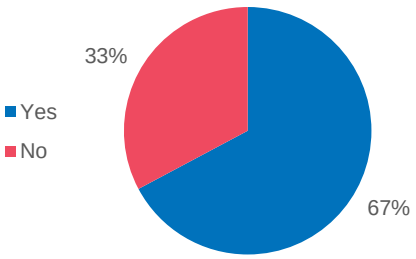
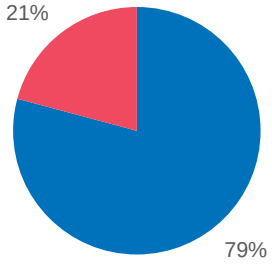


Figure 51. Infant was fed solid/semi-solid food during the night or day (2023)
Percentage of children between 6-24 months (n=97)



Chronic Diseases

Of all the surveyed household members, 16 per cent reported they were suffering from chronic disease, a three per cent decrease since 2021. The top chronic diseases reported by household members suffering from chronic disease(s) were hypertension, diabetes, asthma and COPD (39, 29, 17 per cent respectively).

Figure 52. Prevalence of chronic diseases

Percentage of household members

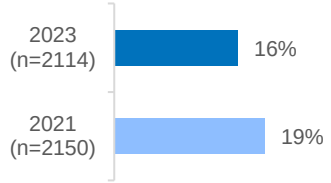


Figure 53. Type of chronic disease

Percentage of all household members suffering from chronic disease

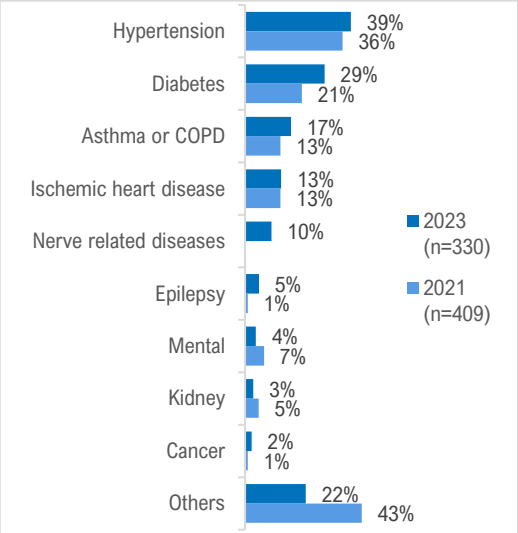


Table 12. Type of chronic disease - others

Percentage of all household members suffering from chronic disease

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

With regards to access to medical care and medications in the past three months in 2023, access was higher at 75 per cent, with a 27 per cent increase since 2021. Expenditure on healthcare services for chronic diseases on average reached 42 JOD, as 90 per cent of respondents' answers were below 50 JOD, 96 per cent of the expenditure on chronic diseases was between 0 and 100 JOD, and the maximum reported bill reached 3,000 JOD.

Figure 54. Ability to obtain medical care or medications in past 3 months for his chronic disease (2023)

Percentage of household members suffering from chronic disease (n=330)

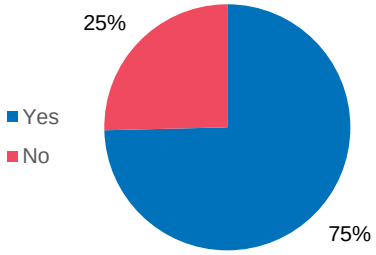


Table 13. Amount spent on chronic disease (2023)

Percentage of household members with chronic disease

	2023
Base	244
Max	3000 JOD
Avg	41.8 JOD
90tile	50 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

Twenty-five per cent of household members with chronic disease were unable to access medical care or medication due to their inability to afford medical fees (63 per cent), a 22 per cent decrease compared to the 2021 survey results. Unavailability of medication was reported at 13 per cent, an increase of four per cent since 2021, and 10 per cent could not afford transportation costs, compared to six per cent in 2021.

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

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

	2023 (n=83)	2021 (n=196)
Couldn't afford user fees	63%	85%
Medication is unavailable	13%	9%
Could not afford commuting fees	10%	6%
Long waiting time	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	22%	5%
I Don't Know	0%	-

Disability

Six per cent of household members were living with disability, with 55 per cent living with physical disability, 15 per cent with mental disability, and 14 per cent with sensory disability.

Figure 55. Prevalence of disability

Percentage of all household members

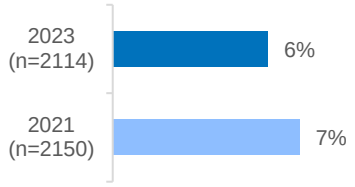
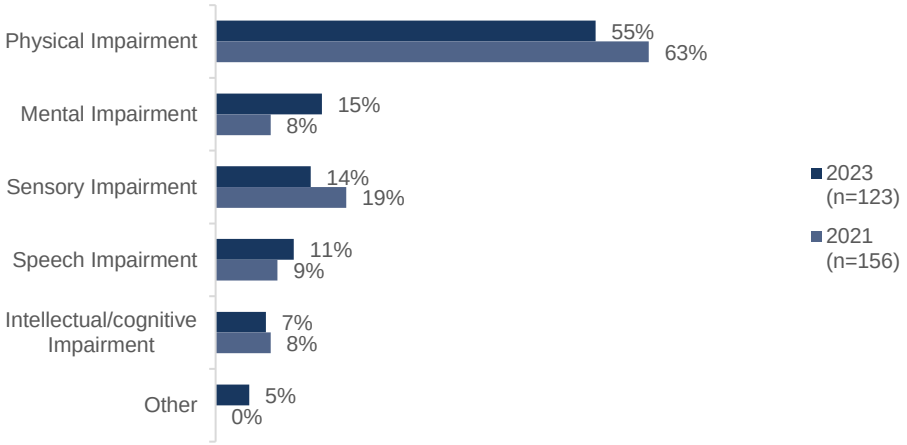


Figure 56. Disability type living with

Percentage of household members with disability



Forty-two per cent of disabilities were due to natural causes (22 per cent lower than 2021 results), 21 per cent were due to accidents (5 per cent less than in 2021), and war and violence were the third and fourth causes of disability among Syrian household members.

Table 15. Cause of disability

Percentage of household members with disability

	Natural (At birth)	Accident (House, road, …)	War	Violence	Other	I Don't Know
2023 (n=123)	42%	21%	20%	3%	14%	2%
2021 (n=156)	64%	26%	8%	1%	-	-

While 71 per cent reported they didn't receive any support for disabilities, 20 per cent of household members living with disabilities said they had received medical support. Among others, the top reason that prevented them from getting support for their disability was their inability to afford associated fees (54 per cent), and 16 per cent said that the needed service was unavailable. Only one per cent felt they did not need any support.

Figure 57. Type of support received for disability (2023)

Percentage of household members with disability

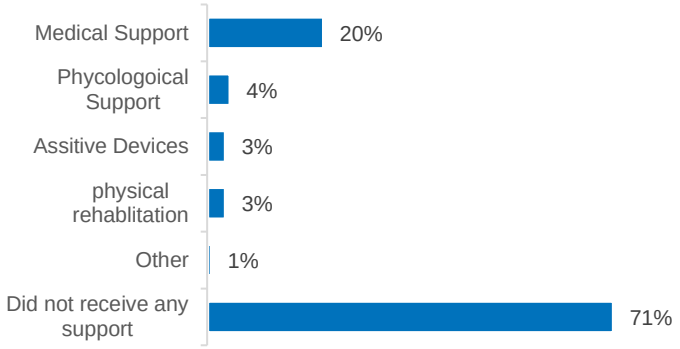


Table 16. Reasons prevented receiving support for disability (2023)

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

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

Covid-19 Vaccination

COVID-19 vaccinations schedule

After the COVID-19 vaccination was made available, 82 per cent reported that they had received their shots, with 87 per cent reporting they received two shots, only seven per cent receiving three shots, and six per cent receiving one shot. None of the respondents reported receiving four COVID-19 Shots. The top three reasons for not receiving COVID-19 were not being advised, not trusting vaccination, and pregnancy (20, 19, 19 per cent, respectively). Six per cent said they were less than the eligible age to be vaccinated at the time.

Figure 58. Received COVID-19 vaccination

Percentage of household members over 18 years old

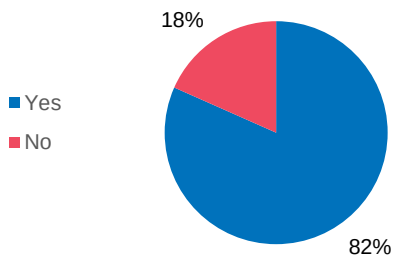


Figure 59. Number of shots received

Percentage of household members who received COVID-19 vaccinations

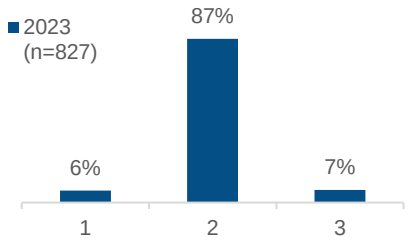


Table 17. What prevented receiving vaccination

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

	2023 (n= 186)
I was not advised by friends or family	20%
I don't trust vaccinations	19%
Pregnancy	19%
Medical condition	11%
less than age	6%
Didn't know where to go	2%
I don't Carry the proper documents	2%
Felt it was unnecessary	2%
Do not trust COVID-19 Vaccination	1%
Couldn't afford user fees	1%
I don't have time (due to work/Children)	1%
Vaccination is unavailable	1%
Too far / Transport issues	1%
Afraid to share personal information	1%
I have an appointment in the future	1%
I did not have enough information about COVID-19 vaccination	1%
Other	10%
I don't Know	12%

Discussion

The findings of the 2023 Health Access and Utilization Survey (HAUS) among Syrians living in non-camp settings show some variations in healthcare services uptake, access behaviours, utilization trends, and reported barriers. However, some similarities were reported between the 2021 and 2023 surveys for some indicators attributable to the stability of the healthcare policies for refugees, access conditions and seeking behaviours.

Even though, the inclusion/exclusion criteria and sampling techniques were similar to 2021 survey, there were some variations reported in 2023, such as a slight increase in the average size of HH (from 5.3 to 5.8), which can be attributed to sampling bias or increased fertility rate among Syrian refugees. Additionally, female-headed households increased from 28 per cent to 31 per cent, closer to the findings in other surveys (VAF Q1 2023 at 40 per cent).

Most of refugees were possessing MOI card with more refugees reporting their card was issued outside of the governorate they reside in. This indicates an increase in the mobility for asylum seekers within the country for seeking economic opportunities. However, documentation validity may limit the issuance of the white card in the governorate of residence and limit the opportunities to get healthcare service at subsidized rate at the public health facilities located in the governorate of residence. Age and gender breakdown were like previous surveys, while level of education was still reported low with only 24 per cent reported having secondary education or higher.

The awareness level of access to subsidized healthcare services at Ministry of Health (MOH) facilities and UNHCR-supported services slightly increased. Even though, over two third of the refugees understood the administrative requirements to access MOH facilities, only a quarter of the Syrian households were in possession of a white card.

In 2023, less Syrian households needed to access healthcare services in the past month compared to data collected in 2021. In terms of facilities accessed, a higher Percentage of Syrian refugees reported that they managed to access governmental and private facilities for healthcare services in 2023 compared to 2021, with a greater proportion stated that they received the needed healthcare service in the first facility accessed at high satisfaction rates. A significant decrease was reported among those who decided to use private pharmacies as a first place to seek care. Though a greater number of Syrian refugees paid to obtain healthcare services, the associated expenses have reduced since 2021. This may indicate an improvement in utilization of public healthcare system. For the Syrian refugees who were unable to access needed healthcare, financial barriers were recorded as the leading cause reported by a greater proportion of surveyed households in 2023 compared to 2021.

A greater proportion of Syrian refugees noticed an increase in health care costs in the past year in the 2023 survey (compared to 2021), contributing to different coping strategies by refugees for reducing healthcare costs. A greater proportion of surveyed households reported borrowing money or spending their savings to meet their healthcare needs in 2023 compared to the 2021 survey. The Percentage of refugees accessing the NGO's clinics also

increased compared to the 2021 survey. Fewer surveyed refugees reported to have reduced the visits to the health facilities or stopped or reduced the usage of necessary medication.

Most Syrian children (age 9-59 months) from the surveyed households received MMR and Polio vaccinations, and awareness of the availability of free children's vaccinations in MOH healthcare facilities remained high. Almost all of the respondents said that they received the vaccinations at governmental facilities, so it remains the main source for receiving vaccines as it was provided free of charge.

Access to antenatal care showed an improvement, with about 90 per cent receiving some antenatal care during pregnancy. However, the full antenatal care coverage was not optimal, with 59 per cent making four or more visits in 2023 compared to 73 per cent in 2021. Financial difficulties were recorded as a main barrier to access antenatal care in 2023. At the time of delivery, the percentage of Syrian females who selected to give birth in a governmental hospital was slightly higher than that in a private hospital, indicating a positive trend of a higher dependence on public health facilities for obstetric services. The caesarean section rate was recorded to be still high at 31 per cent (according to the Demographic Health Survey (DHS) 2018 findings, CS rate was recorded as 22 per cent among Syrians and 26 per cent among Jordanians). Financial support to access obstetric services was provided for more than half of Syrian households (either full or partial support) because of extensive cash for health programmes implemented mainly by UNHCR and Medair.

Awareness about services to prevent unplanned pregnancies was not optimal (53 per cent), as less than half of women at reproductive age heard information about family planning in the past year. Only a third stated they were using contraceptives, and only 26 per cent tried to obtain contraceptive methods in the past year. MOH facilities and private doctors were reported as the highest-accessed places to obtain contraceptives. However, fewer women utilized MOH facilities (36%) to obtain contraceptives in 2023 compared to the 2021 survey (51%), indicating barriers to access these services at public health facilities. The proportion of surveyed females accessing contraceptive methods at private clinics increased by nine per cent in 2023 compared to 2021 (22 per cent in 2021 vs. 31 per cent in 2023).

Some Syrians reported that their children have difficulties in nutrition or growth, and even though almost half requested professional assistance, only two per cent were registered in a professional nutrition support programmes. For breastfeeding practices, half of Syrian children who were breastfed ever began breastfeeding during the first hour of delivery.

The prevalence of chronic diseases among Syrian households was lower in 2023 compared to 2021, with hypertension, diabetes, asthma, and COPD remained to be the most stated chronic diseases that Syrian households' members reported suffering from. Moreover, a quarter of household members suffering from chronic disease did not have access to medical care or medications for their chronic condition in past 3 months. Financial challenges (63%) were reported as the top barrier for receiving the needed healthcare services for chronic diseases, followed by the unavailability of medication (13%).

The prevalence of disability in Syrian households was almost similar to 2021, with more than half of disability cases being physical, followed by mental disability. Furthermore, the top three causes of disability in 2023 were natural (since birth), accidents, and war related. More than two-thirds of the surveyed households reported that they did not receive any support for their condition, mostly due to lack of finances and service availability.

Finally, the COVID-19 vaccination was received by most of the Syrian household's members over the age of 18 years, and for those who did not receive COVID-19 vaccinations, the counter advice from friends and family to receive the vaccination, trust issues, pregnancy, and medical conditions were reported as the top barriers for receiving COVID-19 vaccination.

Conclusion

The 2023 HAUS follow-up survey aims to track the changes in health access and utilization behaviours, estimate some generic health indicators, and measure the barriers encountered in the context of new health care access policies and changes in services provided by UN agencies, International NGOs, and local actors. Some key indicators, including chronic diseases prevalence, Polio and MMR vaccination coverage in children under five years didn't change. Other indicators, including awareness about the policies of refugees' access to public healthcare services and uptake of family planning methods slightly changed. A major change was noticed in the indicators related to accessing the pharmacies as the first choice when seeking health care, decreased full ANC coverage, and increased cost as a major barrier for accessing healthcare services. Indicators related to postpartum family planning and infant and young child feeding practices were collected for the first time in this survey.

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

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

Recommendations

1- Awareness among refugees about their access privileges has improved slightly but is still not optimal. Awareness raising interventions are needed to take place targeting urban refugees' country wide.

2- Minimal number of refugees possess white cards, indicating that supply side barriers exist. A second round of workshops with the ministry of health targeting primary healthcare centres frontline staffing is highly recommended.

3- Some specific indicators related to reproductive health need further improvement through better inclusion of refugees on the preventive side. Better uptake of antenatal care will contribute positively to reducing perinatal complications and eliminating behavioural and structural barriers to contraceptives will improve utilization rates, resulting in better health outcomes for Women of Reproductive Age (WRA).

4- Vaccination coverage indicators are at a satisfactory level, but less refugees are aware of free access. Inclusion of refugees in vaccination awareness campaigns to be maintained to save gains and improve outcomes.

5- Growth and nutrition difficulties are captured in the survey. Proper advocacy of refugees' inclusion in the growth monitoring programmes should continue.

6- The infant and young child feeding indicators, including early initiation of breastfeeding and timely introduction of complementary feeding are higher than the host population. However, efforts to ensure refugees' inclusion in national programmes should continue.

7- The burden of chronic diseases among refugees is high. In the presence of barriers to access to services mainly due to affordability, awareness of the affordable access to the public healthcare system will be the long-term solution. Disability prevalence is still high with an increased mental impairment. A vast majority of disabled persons (71 per cent) reported a lack of access for their disabilities. An in-depth analysis is needed to better understand the needs of this group.

Limitations to the Study

- Recall bias, as the respondent needed to answer questions that dated back up to the last five years.
- The study was exclusively dependent on the respondent's ability to disclose the requested information about every household individual, which in this case is combined with the second limitation of 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, despite the assorted preventative measures applied.
- Response bias: this type of survey doesn't allow verification and validation of the provided information. For example, household income, vaccination location, delivery fees and location, etc.
- The interviews were conducted exclusively with active refugees registered in UNHCR data base with active phone numbers, thus the inability to consolidate findings on all refugees.
- Certain data points in the 2023 study could not be compared with 2021 study due to the differences in some questions, coded answers, eligibility criteria, and skip logics.
- Several participants who were interviewed did not understand if the health case of a specific family member could be classified as chronic or not / disability or not; however, these cases were reclassified in the data cleaning and validation stage.
- The 2021 study was conducted under a very different health situation, "COVID-19 Pandemic", which could have impacted the refugees' experiences and behaviours towards accessing and utilizing healthcare services.

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About UNHCR

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

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

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

About Headway

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

ANNEX "A": Main Indicators

	Indicator	2021	2023
1	% Of head of household who were **aware of access to UNHCR supported health facilities**	65%	67%
2	% Of head of household who were **aware of access to subsidized health care at MOH medical facilities**	63%	65%
3	% Of head of household who were **aware of access MOH medical facilities to issue a white card**	**	49%
5	% Of head of household who **understood information regarding accessing subsidized health care**	**	69%
6	% Of household members who **possess a white card**	**	25%
7	% Of household members who **needed to access healthcare services in the past month**	38%	28%
8	% Of household members who needed to access healthcare facility in the past month and **received healthcare services in first facility**	89%	92%
9	% Of household members who received healthcare facility in first attempt and **paid for healthcare service in first facility**	86%	90%
10	% Of household members who **referred to second healthcare facility**	14%	8%
11	% Of household members who **received healthcare services in second facility**	**	67%
12	% Of head of household who **noticed an increase in health care costs in past year**	31%	43%
13	% Of head of household who were **impacted due to increase in health care costs**	88%	94%
14	% Of head of household who **adopted a coping strategy**	**	62%
15	% Of head of household who were **aware of free children vaccination at MOH health facilities**	87%	96%
16	% Of household infants between the ages 9-59 months who **possess of baby vaccination schedule card**	95%	96%
17	% Of household infants between the ages 9-59 months who **received MMR vaccination**	94%	96%
18	% Of household infants between the ages 9-59 months who **received Polio vaccination**	94%	95%
19	% Of non-single women in reproductive age who were **mother of infant younger than 2 years old**	**	40%
20	% Of mothers of an infant younger 2 years of age who **received antenatal care**	84%	90%
21	% Of mothers of an infant younger 2 years of age who were **aware of available services to prevent unplanned pregnancy in Jordan**	-*	53%

22	% Of mothers of an infant younger 2 years of age who **heard information about family planning in the past year**	**-***	**45%**
23	% Of mothers of an infant younger 2 years of age who were **advised/provided with of any contraceptive methods after delivery**	**-****	**42%**
24	% Of non-single women in reproductive age who were **currently using any contraceptive methods**	**-****	**33%**
25	% Of non-single women in reproductive age who **tried to obtain contraceptive methods in the past year**	**29%**	**26%**
26	% Of infants between the age of 0 – 59 months who **faced difficulties with growth or nutrition during the past month**	******	**89%**
27	% Of infants between 0-59 months with difficulty in growth or nutrition who **requested a professional assistance**	******	**41%**
28	% Of infants between 0-59 months with difficulty in growth or nutrition and were **registered to professional nutrition assistance programme**	******	**2%**
29	% Of infants between 0-24 months who were **breastfed ever**	******	**86%**
30	% Of infants between 0-24 months who **were breastfed during the night or day**	******	**67&**
31	% Of infants between 6-24 months who **were fed solid/semi-solid food**	******	**79%**
32	% Of Percentage of household members who were **suffering from chronic diseases**	**19%**	**16%**
33	% Of Percentage of household members who were **Able to obtain medical care or medications in past 3 months for his chronic disease**	******	**75%**
34	% Of Percentage of household members who were **living with disability**	**7%**	**6%**
35	% Of Percentage of household members living with disability who **did not receive any support**	******	**71%**
36	% Of Percentage of household members over 18 years old who **received COVID-19 vaccination**	******	**82%**

*Different eligibility criteria in 2023 survey

** Was not measured in 2021 survey

HEALTH ACCESS AND UTILIZATION SURVEY

AMONG “SYRIANS LIVING IN NON-CAMP SETTING”

July 2023

UNHCR Branch Office
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