

**AMONG “AZRAQ CAMP REFUGEES”  
JORDAN  
July 2024**

## Acknowledgements

Research for this study was conducted by Headway Jordan using the UNHCR Health Access and Utilization Survey (HAUS) tools and protocols. We would like to extend our sincere appreciation to the respondents who volunteered their valuable time to participate in the survey. A total of 616 households residing in Azraq camp were interviewed during the survey this year. We are particularly thankful to UNHCR for extending their valuable support throughout this exercise.

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# Executive Summary



## Household demographics

The average household size in Azraq camp was six members, with an equal split between males and females. More than half of the household members were under 18 years old. Among the total household members aged 15 years or older, 59 per cent were married, and 36 per cent were single.

Regarding education levels, 18 per cent of respondents had completed secondary education, 64 per cent were between elementary and basic education, and only 5 per cent held a university degree.

On a household level, 74 per cent of households in Azraq camp headed by Males, with two-thirds of them being 36 years or older. Only 21 per cent of household heads had completed either secondary education or a university degree (13 and 8 per cent, respectively). Almost all households had been living in Jordan before 2023, with the average household income around 130 JOD. Of all households' head, around 98 per cent stated they possess a security card, of which 98 per cent issued the card in their living location.



## General Awareness on health care access

Regarding health care access, almost all households stated they were aware that they can access health-care facilities supported by UNHCR or other partners and have free access to vaccinations in camp. However, regarding access to subsidized health care in MOH facilities, only 59 per cent said they were aware of this information, and 44 per cent received information about it in the past year.



## Health service and health seeking behaviour

In the past month, 91 per cent of household members who needed health-care services reported receiving the service. NGO clinics were the top mentioned provider for health-care services at 79 per cent, while 12 per cent sought services from out-of-camp facilities. Of the 17 per cent who reported paying for services, 90 per cent said they paid a sum equal to 300 JOD or less.

Out of the 105 individuals (9 per cent) who were unable to access health care, 31 per cent stated that the service was unavailable, 23 per cent reported that the facility refused to provide health-care services, and 14 per cent were unable to afford the service. In their second attempt to seek care, 33 per cent went to a private clinic and 32 per cent visited a governmental facility. Only 69 per cent were able to obtain the service, and slightly more than a third of them paid an average of 73.4 JOD for the service. Additionally, 43 per cent of those who failed to receive the requested service cited costs as the main barrier to accessing health care.



### Healthcare access outside camp

Outside of camp health care seeking behaviour revealed that 85 per cent of households obtained health-care services from in-camp facilities in the past 3 months. However, if in-camp services were unavailable, the services were mainly sought from private health-care facilities, followed by governmental facilities, and private pharmacies. The average bill reached 357 JOD for the 96 per cent who paid for the service.



### Expenditure on health care and impact

Regarding health care expenditure, the average monthly expenditure per household reached an average of 66 JOD. When it comes to medical information, 39 per cent of respondents preferred to receive information by text messages, 34 per cent by phone, and 34 per cent from health-care employees.



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

Almost all the interviewed parents of children possessed a vaccination schedule card, and 95 per cent were aware of the details in the child's vaccination schedule card. Specifically, 97 per cent of children received the MMR vaccination, and 94 per cent received their polio vaccinations. These vaccinations mainly occurred at in-camp or governmental clinics.



### Sexual & Reproductive Health

According to the survey, out of 215 mothers of children younger than 2 years old, 98 per cent received antenatal care, and around 90 per cent of them had at least four visits to antenatal care services. Only 11 per cent experienced difficulties in obtaining services, citing reasons such as long waiting times and transportation issues.

Sixty-nine per cent of mothers stated they had a vaginal delivery. The average delivery cost (for the 23 mothers who paid for delivery) was 263 JOD, and 69 per cent of deliveries occurred at in-camp hospitals, with 18 per cent and 12 per cent occurring in governmental facilities and private clinics, respectively.

Additionally, 62 per cent of mothers received advice on contraceptive methods, and 37 per cent reported using contraceptive methods, with pills and IUD being the most common methods used. Also, 97 per cent stated they were satisfied with the contraceptive method they are using, with IUD and pills being the most favoured methods for family planning for 20 per cent and 19 per cent respectively.

Furthermore, it was reported that 81 per cent of respondents agreed that the decision on the number of children to have is jointly decided between the husband and the wife. Awareness of in-camp services to prevent unplanned pregnancy was at 73 per cent, with 54 per cent received information about the topic last year, mostly through health-care employees. Finally, only 37 per cent reported they tried to obtain contraceptives in the past year, with 87 per cent went to NGO clinic for it.





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

For children under 5 years old, only 13 per cent were reported to have difficulties with growth or nutrition, and 69 per cent of them sought professional assistance, yet less than half were registered for it. Almost all children below 2 years were breastfed at some point in their lives, with 69 per cent being breastfed the day before the survey interview. Among infants aged between 0-5 months, 56 per cent were breastfed during the first hour of birth.



## Chronic Diseases

The prevalence of chronic diseases in Azraq camp was reported at 12 per cent, with hypertension and diabetes being the most prevalent conditions. Moreover, 84 per cent had access to health care or medication for their chronic disease in the past 3 months, despite barriers such as lack of medication and long waiting times. Additionally, 58 per cent sought these services at Azraq camp comprehensive clinic, and 21 per cent paid for the service with expenditure on chronic cases averaging around 113.8 JOD monthly.



## Disability

Seven per cent of household members were reported to live with some form of disability. Among them, almost 75 per cent disclosed that they were experiencing physical or sensory impairments. The majority of these individuals attributed the cause of their disabilities to natural factors. When questioned about the support they received for their disabilities, 28 per cent mentioned receiving medical assistance, 22 per cent stated that they used assistive devices, and 11 per cent reported undergoing physical rehabilitation. Furthermore, a significant portion of the respondents, accounting for 39 per cent, did not receive any support. The reasons provided for this lack of support included unavailability of services (47 per cent), high costs (21 per cent), and a belief that the support was not necessary (14 per cent).



## COVID-19

Ninety-two per cent of household members aged 18 years or older have received COVID-19 vaccinations. Among them, 3 per cent received a single shot, 89 per cent stated they received two shots, and 8 per cent reported receiving the third booster shot of the COVID-19 vaccine. For household members who have not received the COVID-19 vaccine, reasons cited include being under the limited age at the time (19 per cent), pregnancy (16 per cent), and “lack of trust in vaccinations” at 15 per cent.

# Background and Methodology

## Background

Jordan had a long, and exemplary history in hosting refugees, with Jordan being second with regards to number of refugees per capita worldwide, hosting refugees from different countries including Syria, Iraq, Yemen, Sudan, and Somalia, and integrates them into key national systems such as Health and Education.

By the end of 2023, about 720,000 refugees who are registered in UNHCR database are hosted in Jordan with almost 50 per cent being children (Under 18 Years old), of the total number of refugees in Jordan about 650,000 are of Syrian origins, and about 82 per cent are living in local communities (outside refugee camps in Jordan).

Opened in 2014 to avoid overcrowding in Zaatari camp, Al Azraq Camp for Refugees currently hosts around 41,000 Syrian refugees. About 14.7 km<sup>2</sup> in size, the camp has four operational villages. The village-based approach aims to foster a greater sense of ownership and community among residents. Some of the key facilities in Azraq camp include a hospital, health clinics, a solar power plant, schools, and community centres.

UNHCR and partners continue to support refugees with access to quality primary health services in the camp including acute and chronic health consultations, sexual reproductive health, vaccination, mental health, dental health, nutrition, and paediatric services. Advanced services, including laboratory tests, X-ray imaging, an emergency department, general surgeries, delivery and in patient paediatric, are available in the camp's hospital. The primary challenge lies in ensuring the continuation of the services to meet the health-care needs of refugees, given the constraints of the current funding situation.

Hence, identifying health-care 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 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 Al Azraq Camp for Refugees to understand their health access and utilization practices. Headway was responsible for the main tasks associated with the survey implementation, data analysis, and report writing.

This report details the findings of HAUS conducted in Al Azraq Camp for Refugees.

## Objectives

- Evaluate awareness regarding the availability of health-care services.
- Estimate the proportion of registered 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.
- Assess the use of public health care and private facilities and the reasons for seeking care at those facilities.
- Assess access to care and barriers experienced by different groups of seekers.
- Estimate coverage for key health and nutrition indicators including polio and measles immunization in children 9 – 59 months, use of antenatal care, family planning, skilled attendance at delivery, and infant and young child feeding practices.
- Estimate the proportion of households with injuries, chronic conditions, mental illness, or disability and the support they receive.
- Formulate a baseline data across the key health care metrics measured.

## Survey methodology

A quantitative approach was adopted to elicit the required information areas through telephone interviews with registered refugees in UNHCR ProGres Database who are 18 years of age living in Al Azraq Camp for Refugees and being present there for the preceding 3 months. Respondents were chosen randomly from the ProGres Database provided by UNHCR using simple random technique.

A structured questionnaire was used to collect necessary information for the survey, the global HAUS+ questionnaire adopted for Jordan context and tested by Headway Jordan. Adopted tool tested 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, access to health care in the past month COVID-19 attitude and practice.

Tool was scripted using the KOBO platform with an average interview length of 12-15 minutes. 616 telephonic interviews were conducted by 14 trained enumerators from June 05 to June 09, 2024. The sample size was calculated based on key statistical metrics.

Once all data was collected and quality was ensured, the raw data was cleaned and validated for missing values and inconsistencies, coding of close-ended questions was done automatically by the data collection system during scripting of the questionnaire, and the data was later tabulated and analysed using Microsoft office tools (365) to develop this report.

# Detailed Findings

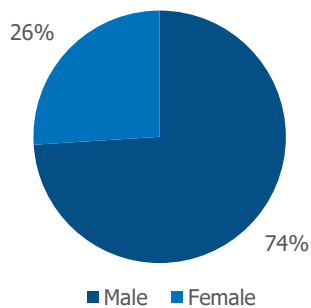
## Head of Household Demographics

### Gender and age

Seventy-four per cent of heads of households interviewed at Al Azraq Refugee Camp were males, with most of them aged between 36-59 years old at 59 per cent, while 34 per cent were in the age bracket of 18-35 years.

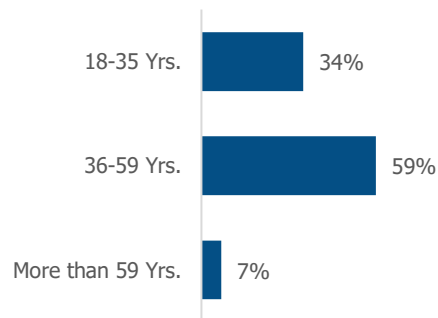
**Figure 1. Head of HH Gender**

Percentage of head of household



**Figure 2. Head of HH Age**

Percentage of head of household



All heads of households interviewed reported that they had been living in Jordan for more than two years.

**Figure 3. Duration since first family member arrived in Jordan**

Percentage of head of household

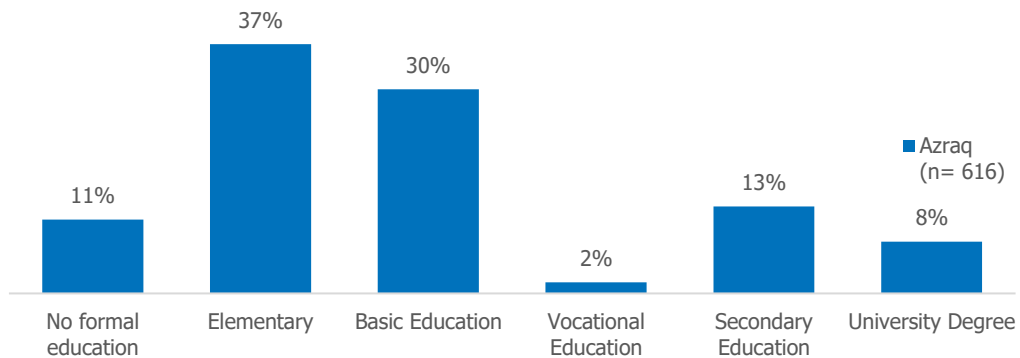


## Languages spoken and Education level

Most heads of households, around 79 per cent, have completed education levels below secondary education. Additionally, 13 per cent of the population mentioned that they are proficient in speaking the English language.

### Figure 4. Head of HH Education level

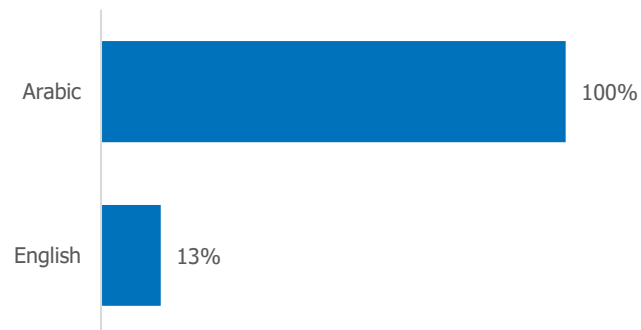
Percentage of head of household



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

### Figure 5. Languages spoken

Percentage of head of household (n= 616)

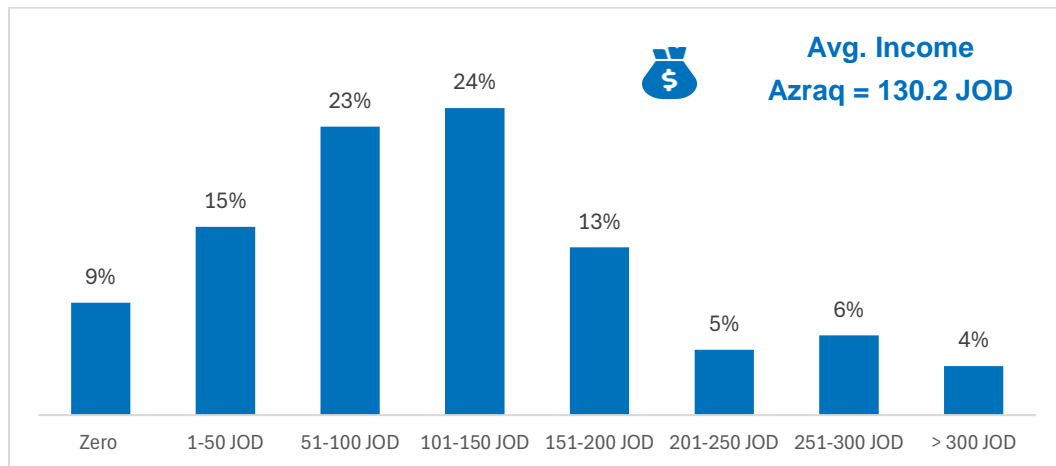


## Monthly household income

According to recent data, 91 per cent of households reported earning less than 300 JOD, while 8 per cent stated their income falls in the range of 300-500 JOD. On average, households reported an income of 130.2 JOD.

### Figure 6. Monthly household income

Percentage of households

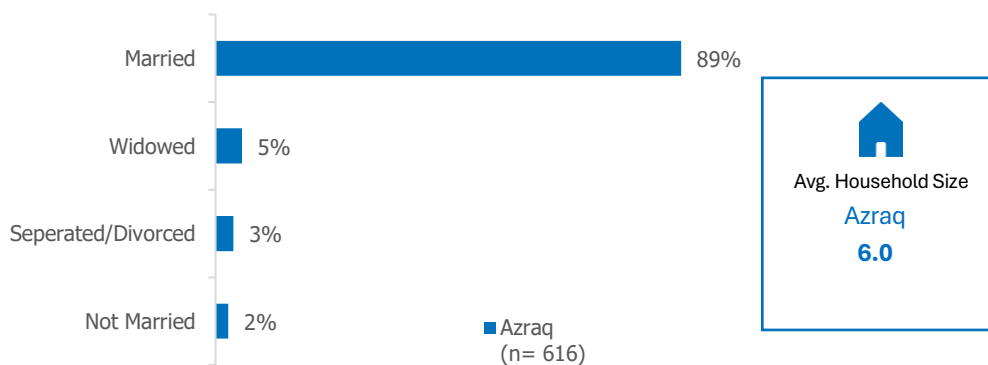


## Household size and marital status

The average household size in Azraq camp was 6 members per household. With regards to the marital status 89 per cent of heads of household stated they are currently married and 5 per cent were widowed, 3 per cent were separated or divorced and 2 per cent were single.

### Figure 7. Head of HH Marital status

Percentage of head of household



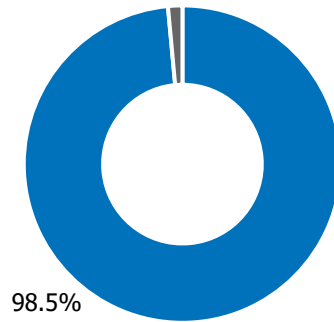
Note: figures do not add up to 100 per cent due to rounding

## Security Card

Approximately 99 per cent of households have confirmed that they currently possess a security card issued by the Ministry of Interior (MOI). Almost all of the households reported that they obtained the security card from the same location where they live .

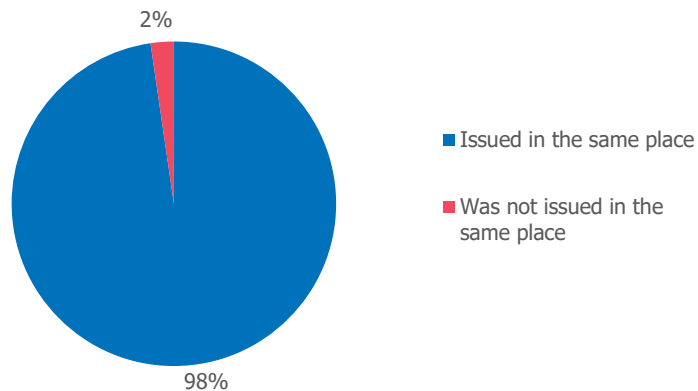
### Figure 8. Possession of a security card

Percentage of head of household (n= 616)



### Figure 9. Card issued in the same place they live in

Percentage of head of household who possess a security card (n= 607)



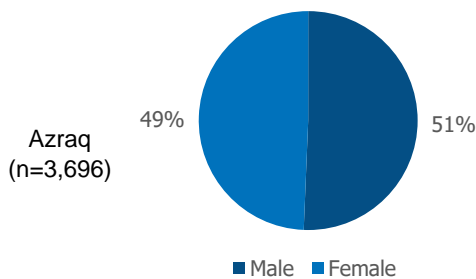
# Household Members Demographics

## Gender and age

The gender split of household members at Al Azraq Camp was almost evenly split between male and female members; furthermore, the younger generations represented 59 per cent of the total household members, while only 2 per cent were 60 years old or older.

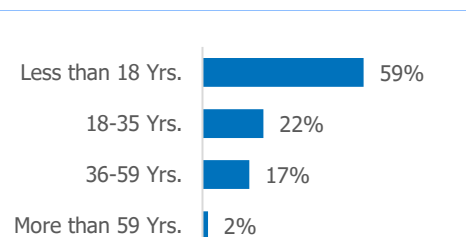
**Figure 10. HH members Gender**

Percentage of household members



**Figure 11. HH members Age**

Percentage of household members

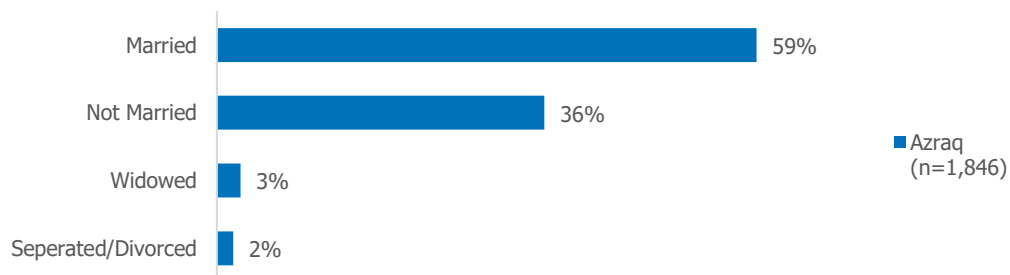


## Marital status

Of the 1,846 household members aged 15 years or more, 59 per cent were married, 36 per cent were single, and 5 per cent were previously married.

**Figure 12. HH members Marital status**

Percentage of household members aged 15 years old or older



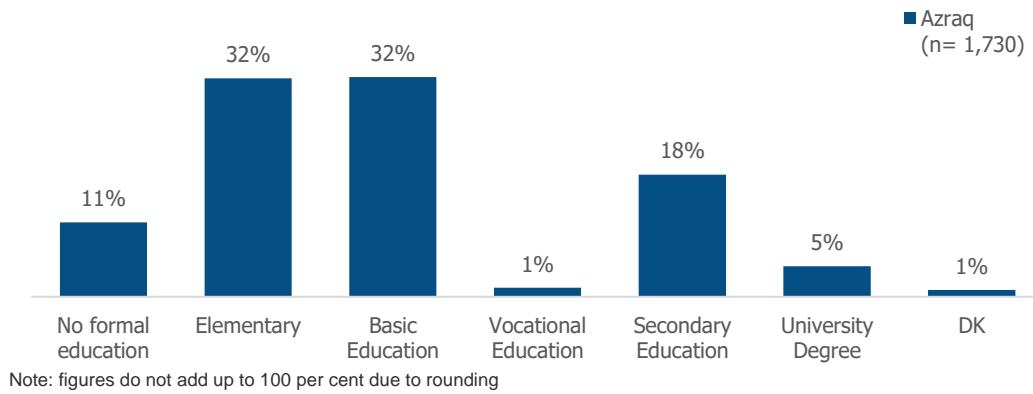


## Education level

About 32 per cent of household members aged 16 years old or older have basic education as their highest level of education. Noting that a similar number of members have completed elementary education. Additionally, only 18 per cent have completed secondary education, and 11 per cent have not received any formal education.

### Figure 13. HH members Education level

Percentage of household members aged 16 years old or older



# General Awareness on Health Care Access

## Access to healthcare facilities

Almost all households were aware they can access health care in UNHCR and partner health facilities, similarly 98 per cent stated they were aware of the availability of free children’s vaccinations at the Camp’s vaccination clinics. However, the number of households aware of the availability of subsidized health care at MoH medical facilities was at 59 per cent, and only 44 per cent reported receiving information about accessing the subsidized health care.

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

Percentage of head of household

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

# Household Health Demographics

The table below summarizes the counts of Azraq camp's household members across different health demographics.

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

Number of household members

	Azraq n=3,696
MMR vaccination (Children between 9-59 months)	436
Polio vaccination (Children between 9-59 months)	425
Received COVID-19 vaccination (aged 18 years old or older)	1,404
Antenatal care (Women of reproductive age and have child less than 2 Years old)	211
Using family planning (non-single Women of reproductive age 15 – 49 years old)	202
Needed health-care services in the past month	1,233
With Chronic Disease	434
Living with disability	254

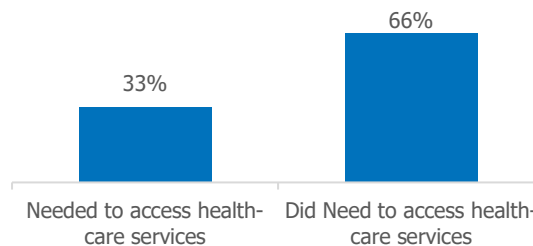
# Health Service and Health Seeking Behaviour

## Required health-care services in the past month

The data reveals that in the month leading up to the survey, 33 per cent of household members required access to health-care services for medical conditions

### Figure 14. Needed to access health-care services in the past month

Percentage of household members (n= 3,696)



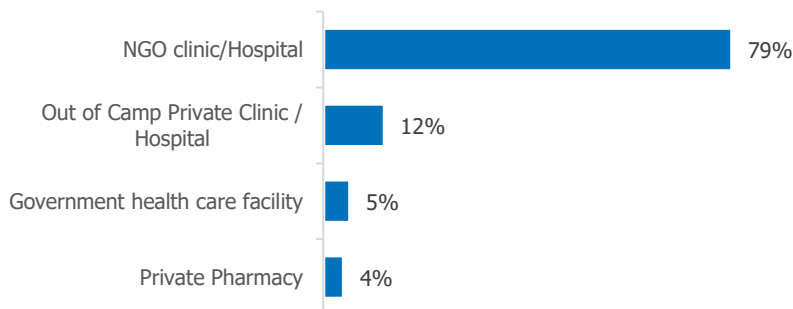
Note: figures do not add up to 100 per cent due to rounding

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

over 90 per cent of respondents expressed a preference for NGO clinics, hospitals, or private clinics and hospitals outside the camp. 79 per cent opting for NGO clinics or hospitals and 12 per cent preferring private facilities.

### Figure 15. First location the health-care service was sought at

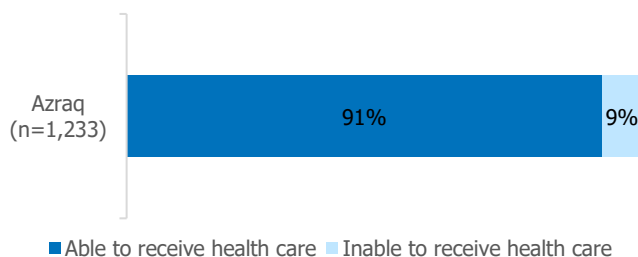
Percentage of household members who needed to access health-care facility in the past month (n= 1,233)



The survey revealed that 91 per cent of those who needed to access health care in the past month were able to do so at the first location they visited. When asked about the reasons for not receiving medical services at the first location, 31 per cent cited unavailability of service, 23 per cent reported refusal of service by the health-care center, and 14 per cent mentioned inability to pay for medical care services.

**Figure 16. Received health-care services in first facility**

Percentage of household members who needed to access health-care facility in the past month (n= 1,233)



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

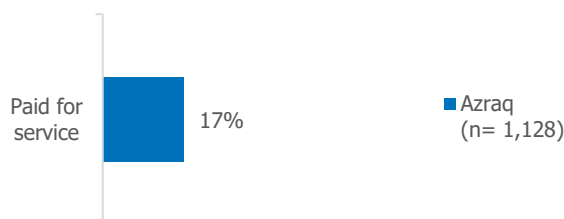
Percentage of household members who couldn't access health-care service in first facility

Reason	Azraq (n=105)
Service not available	31%
Health centre refuse to provide services	23%
Couldn't afford user fees	14%
Don't like the health services/staff	12%
Long waiting Time/Waiting for appointment	11%
Don't have time due work/take care of children	2%
Shortage in Medicine	0%
Others	9%
DK / NA	3%

With regards to costs of medical service, 17 per cent of members who accessed health-care services claimed they had to pay for the medical service received.

**Figure 17. Paid for health-care service in first facility**

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



Respondents reported paying an average of 101.4 Jordanian Dinar (JOD) for medical health care at the first facility they visited. While 90 per cent paid a sum equal to or lower than 300 JOD, the maximum value paid by a respondent was 2,200 JOD.

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

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

Azraq	
Base	194
Max	2,200 JOD
AVG	101.4 JOD
90th percentile	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

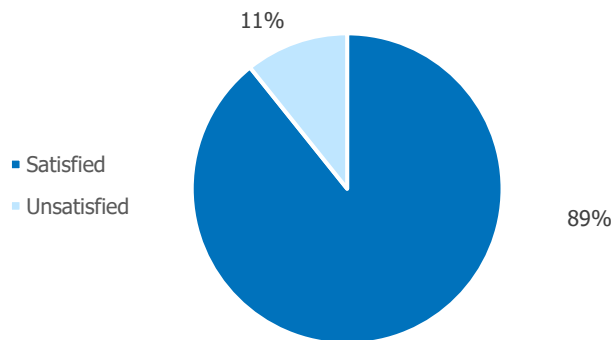
Mean = The straight average of payments

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

Satisfaction rates of medical services received at first location reached 89 per cent.

**Figure 18. Satisfaction with health-care services provided in first location**

Percentage of household members who received health-care services in first location (n= 1,128)

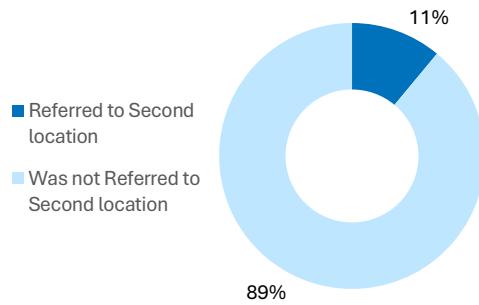


### Sought health-care services (second location sought)

Out of the 1,233 members in need of medical services, 11 per cent indicated the necessity of seeking care from a second health-care facility. Among these individuals, 33 per cent chose a private clinic, 32 per cent visited a governmental hospital, and 23 per cent sought assistance from an NGO clinic.

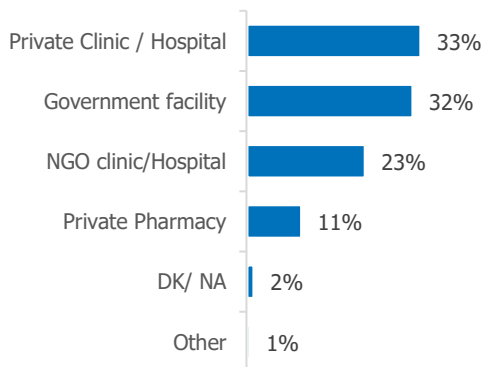
**Figure 19. Referred to second health-care facility**

Percentage of household members who needed to access health-care facility in the past month (n= 1,233)



**Figure 20. Second location the healthcare service was sought at**

Percentage of household members who were referred to second health-care facility (n= 133)

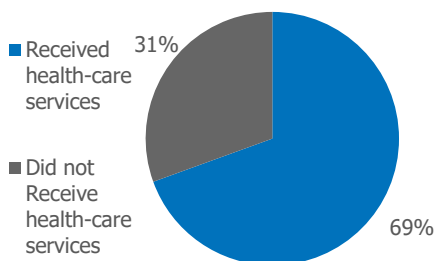


Note: figures do not add up to 100 per cent due to rounding

69 per cent of those seeking care from a secondary location successfully obtained the necessary health care, with 36 per cent reporting the need to make payments.

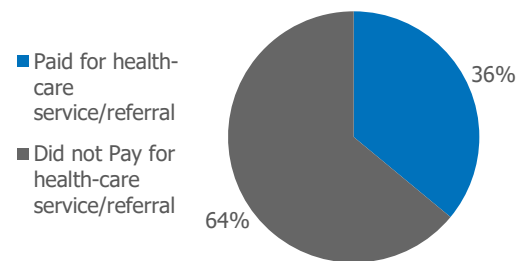
**Figure 21. Received health-care services in second attempt**

Percentage of household members who accessed second health-care facility (n= 133)



**Figure 22. Paid for health-care service/referral**

Percentage of household members who accessed second health-care facility (n= 91)



The highest payment made at the secondary location amounted to 500 JOD, while the average payment hovered around 73 JOD. Notably, 93 per cent of individuals expressed satisfaction with the health-care services received at the secondary location.

### Table 5. Amount spent on health-care services in second facility

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

Azraq	
Base	33
Max	500 JOD
AVG	73.4 JOD
90th percentile	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 23. Satisfaction with health-care services provided in second location

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



In the second location, some individuals were unable to access health-care services for various reasons. These reasons included the inability to afford the services, unavailability of the required service, or the denial or pending status of a transfer request to another location (43, 20, and 13 per cent, respectively).

### Table 6. Reasons for inability to receive health-care services in second facility

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

	Azraq (n=40)
Couldn't afford user fees	43%
Service not available	20%
Refused or waiting for approval on transfer to second health-care center	13%
Health center refuse to provide services	8%
Others	15%
DK / NA	3%

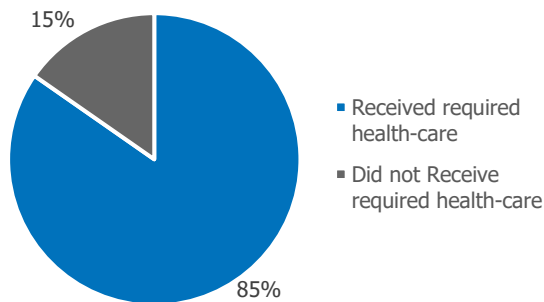


## Seeking health-care services outside of camp

Over the past 3 months, 85 per cent of households reported receiving necessary health-care services within the camp facilities at least once.

### Figure 24. Received required health-care services through camp services in the past 3 months

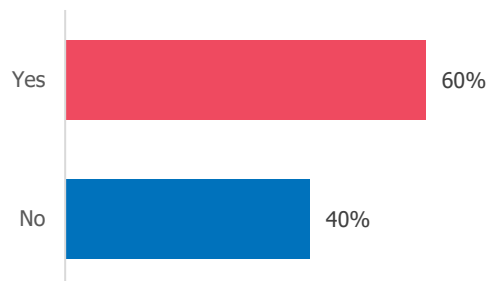
Percentage of head of household (n=616)



Among those unable to access health-care services within the camp, 60 per cent sought services from health-care facilities outside the camp.

### Figure 25. Sought care outside of camp

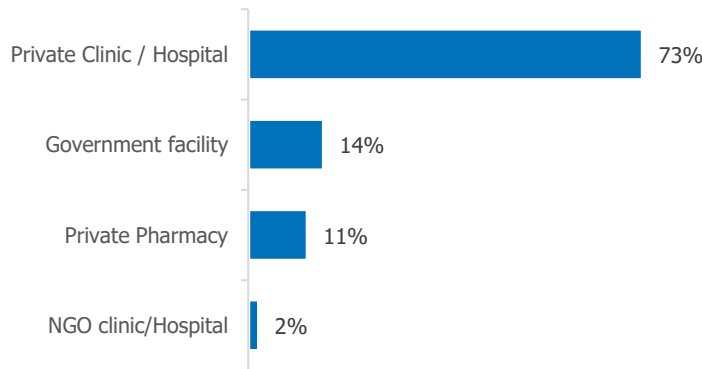
Percentage of head of household who did not receive required health-care services through camp services (n= 94)



The majority (73 per cent) of these households sought care from private clinics or hospitals, while 14 per cent visited government health-care facilities, and 11 per cent obtained care from private pharmacies.

**Figure 26. Location outside of camp where healthcare service was sought**

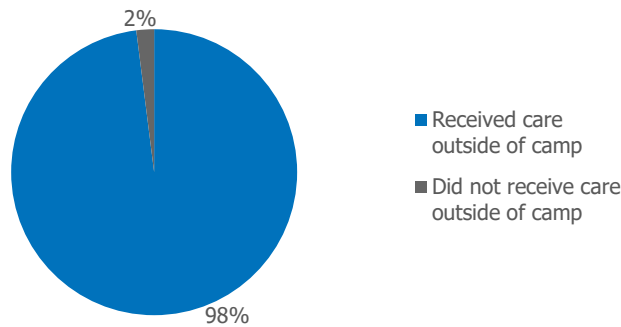
Percentage of household members who sought care outside of camp (n=56)



Ninety-eight per cent of households in Azraq camp successfully accessed health care from facilities outside the camp, with 96 per cent reporting that they had to pay for the services. Among those who paid for health care, 90 per cent stated that they paid an average of 357.6 JOD for the services.

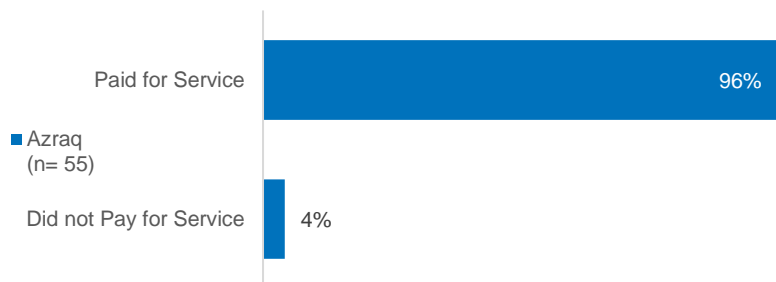
**Figure 27. Received care outside of camp**

Percentage of heads of household who sought care outside of camp (n= 56)



**Table 7. Paid for Service Sought outside of camp**

Percentage of head of household who received care outside of camp



	Azraq
Base	53
Max	5,000 JOD
AVG	357.6 JOD
90 tile	730 JOD

## Expenditures on healthcare

On average, households in the camp spent around 66 JOD on health care in the past month, with some households reporting expenses as high as 3,000 JOD.

**Table 8. Amount spent on health-care services**

Percentage of head of household

	<b>Azraq</b>
Base	616
Max	3,000 JOD
AVG	66.1 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

When it comes to seeking information on healthcare services, Azraq camp residents prefer to receive information through text messages, phone calls, or from health-care employees, with 39 per cent, 34 per cent, and 34 per cent, respectively.

**Table 9. Preferred source to receive information on health care**

Percentage of head of household

<b>Information Source</b>	<b>Azraq (n= 616)</b>
Text Messages	39%
Phone	34%
Health-care employees	34%
WhatsApp	20%
Internet (UNHCR website and Facebook)	20%
Brochures, other Written documents	4%
Billboards	4%
Others	9%

# Childhood Vaccinations

## Vaccinations access

The survey results showed that 98 per cent of the respondents were aware that they could obtain free children's vaccinations from in-camp clinics.

### Figure 28. Aware of free children's vaccination at in camp vaccination clinics

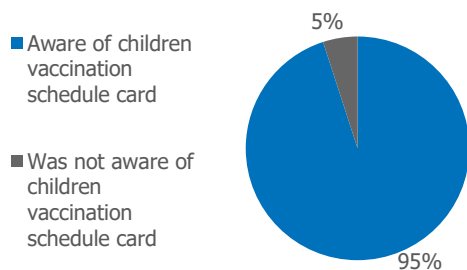
Percentage of head of household



Additionally, 95 per cent of the respondents reported that they were familiar with their children's vaccination schedule cards, and almost all of them were currently in possession of their children's vaccination schedule cards.

### Figure 29. Aware of children vaccination schedule card

Percentage of household children between the ages 9-59 months (n= 450)



### Figure 30. Possession of children vaccination schedule card

Percentage of household children between the ages 9-59 months

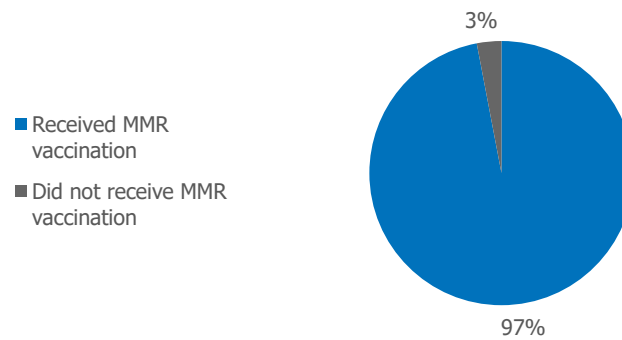


## MMR vaccination

97 per cent of the children in the study had received their MMR vaccinations. Most of these vaccinations (88 per cent) were obtained from in-camp clinics, while 12 per cent were obtained from government clinics.

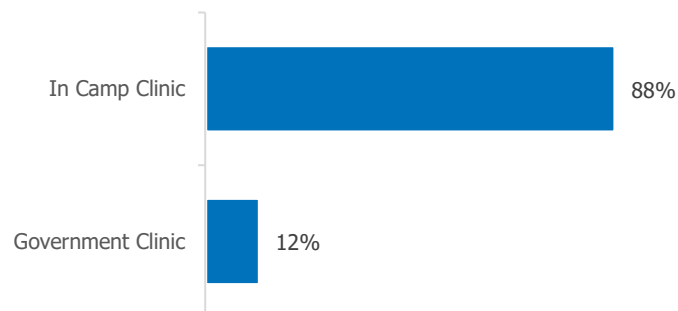
### Figure 31. Received MMR vaccination

Percentage of household children between 9-59 months (n=450)



### Figure 32. Location received MMR vaccinations at

Percentage of household children between 9-59 months and received MMR vaccination (n=436)



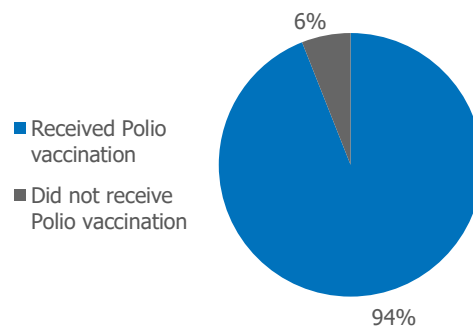
## Polio vaccination

The majority (94 per cent) of children between 9-59 months had received the Polio Vaccination. For the remaining 6 per cent, the primary reason for not obtaining the Polio vaccination was a misunderstanding about the vaccination.

Of those who received the Polio vaccination, 88 per cent received it from in-camp clinics, with only 12 per cent going to government clinics for the vaccination.

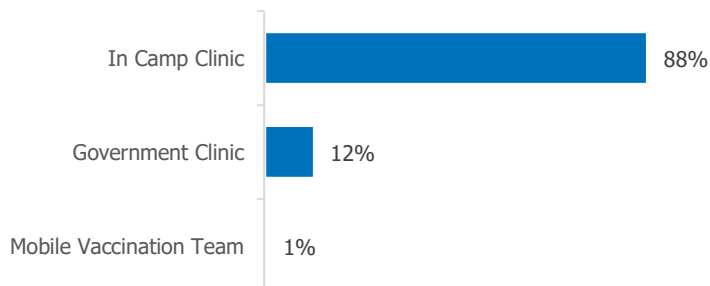
### Figure 33. Received Polio vaccination

Percentage of household children between 9-59 months (n=450)



### Figure 34. Location received Polio vaccinations at

Percentage of household members between 9-59 months who received Polio vaccination (n=425)



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

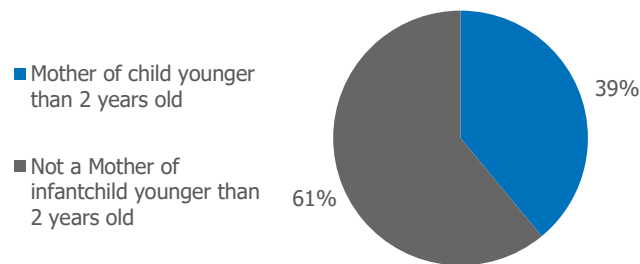
# Sexual & Reproductive Health

## Motherhood to 2-year-old infant

The survey found that 39 per cent of women of reproductive age who were not single had a child under the age of two.

### Figure 35. Mother of children younger than 2 years old

Percentage of non-single women in reproductive age (n= 550)

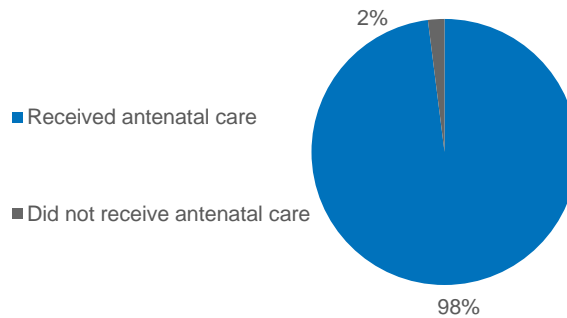


## Antenatal care

Among these mothers, 98 per cent reported receiving antenatal care during their pregnancy, with the majority attending at least 4 visits.

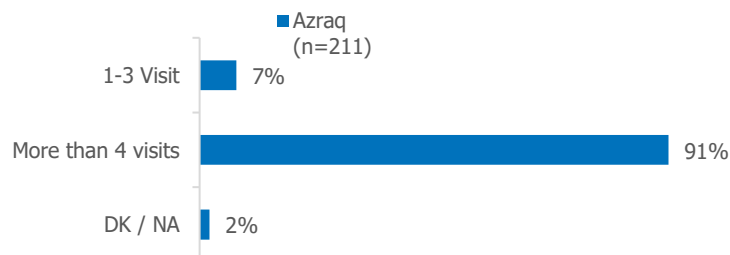
### Figure 36. Received antenatal care

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



### Figure 37. Number of antenatal care visits

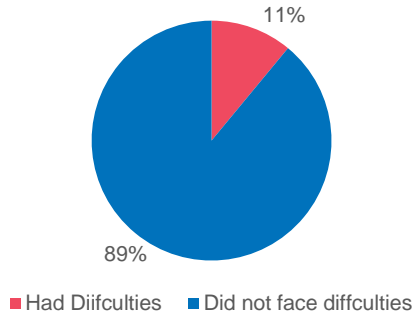
Percentage of mothers of a child younger than 2 years of age who received antenatal care



Interestingly, only 11 per cent of the mothers faced difficulties in obtaining antenatal care, with the most reported issue being long waiting times (70 per cent) followed by transportation problems (30 per cent).

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

Percentage of mothers of a child younger 2 years of age who received antenatal care (n=211)



**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=23)
Long Wait	70%
Too far / Transport issues	30%
Couldn't afford user fees	9%
Don't like the health services/staff	9%
Others	4%

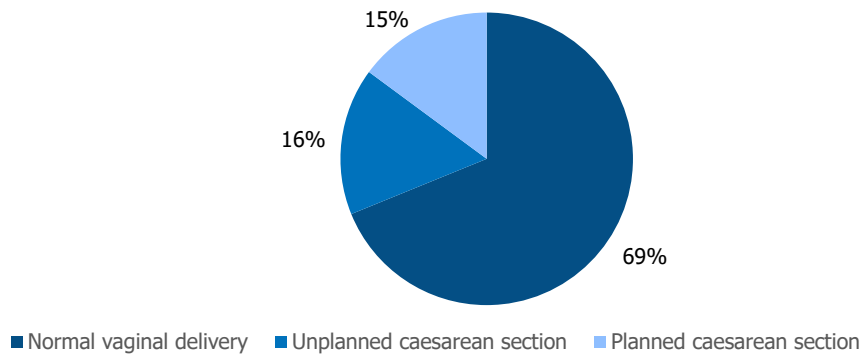


## Delivery

Over two-thirds of mothers delivered normally, while 31 per cent underwent a caesarean section. Nine per cent of mothers reported paying for the delivery service, with the average cost of 263 JOD.

### Figure 39. Type of delivery

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



### Table 11. Amount spent on delivery service

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

	Azraq
Base	23
Max	800 JOD
Avg	263.3 JOD
90tile	542.8 JOD

Definitions:

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

Max = The maximum value paid

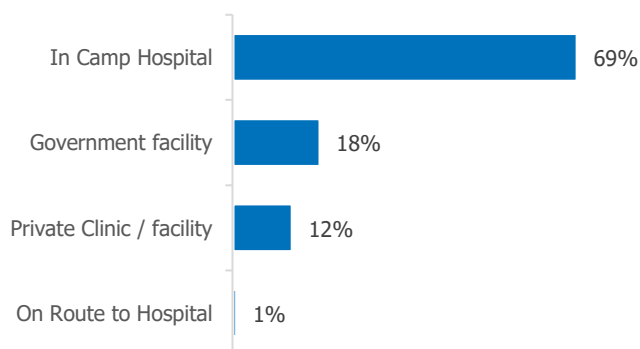
Count = Number of payments

Mean = The straight average of payments

96 per cent of mothers chose to deliver in Azraq camp hospital; on the other hand, 30 per cent delivered in a non-camp facility, either at a governmental facility or a private facility, with only 1 per cent delivering on route to the hospital.

### Figure 40. Location for infant delivery

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



## Family planning

After delivery, 62 per cent of mothers were provided with information about family planning. However among mothers of children younger than 2 years old only 37 per cent currently reporting using contraceptives.

The survey also found that awareness levels about family planning among households with at least one non-single woman of reproductive age were at 73 per cent. However, only 37 per cent tried to obtain contraceptive methods in the past year, despite 54 per cent acquiring information about family planning in the same period.

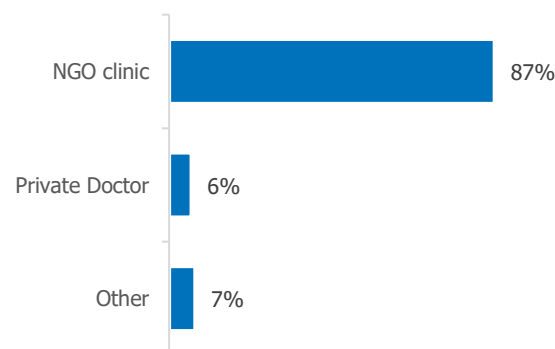
**Table 12. Awareness and usage of family planning services in Jordan**

	Azraq
Awareness of any available services to prevent unplanned pregnancy (Azraq, n=516) >> HH with at least one non-Single women in reproductive age	73%
Heard information about family planning in the past year (Azraq, n=516) >> HH with at least one non-Single women in reproductive age	54%
Advised/Provided with any contraceptive methods after delivery (Azraq, n=215) >> mothers of an infant younger 2 years of age	62%
Currently using any contraceptive methods (Azraq, n=550) >> non-single women in reproductive age	37%
Tried to obtain contraceptive methods in the past year (Azraq, n=516) >> HH with at least one non-Single women in reproductive age	37%

Most non-single women at reproductive age chose to go to an NGO clinic seeking family planning services with 87 per cent.

**Figure 41. 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 (n= 188)

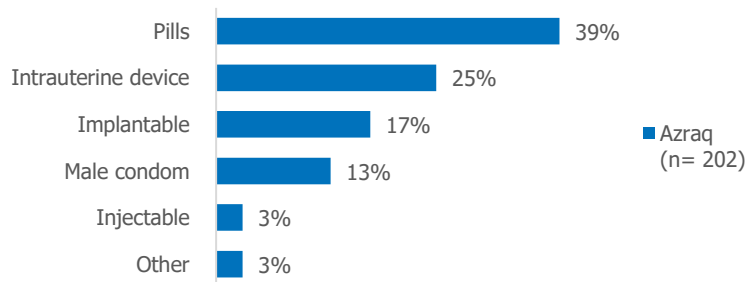


Note: figures do not add up to 100 per cent due to rounding

It's interesting to note that among the preferred contraceptive methods, pills were the top choice as stated by 39 per cent of respondents, with 25 per cent of respondents using intrauterine devices (IUD) despite it being the most preferred method for 20 per cent of women of reproductive age. In addition, 36 per cent of respondents did not have a specific favourite contraceptive method.

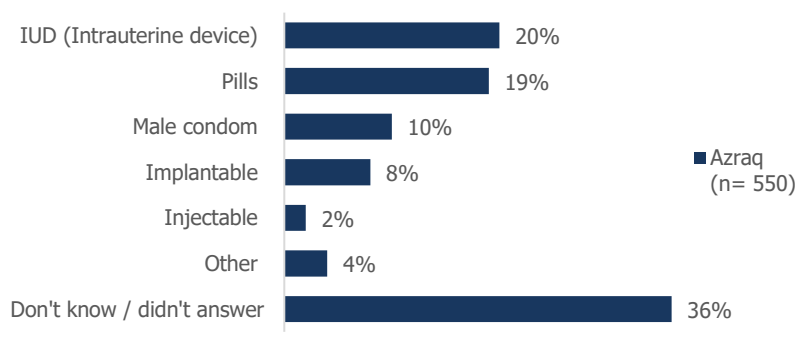
**Figure 42. Type of contraceptive method used**

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



**Figure 43. Preferred type of contraceptive method**

Percentage of non-single women in reproductive age

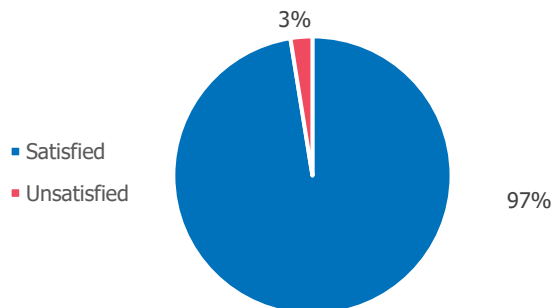


Note: figures do not add up to 100 per cent due to rounding

Moreover, 97 per cent of females using contraceptive methods stated they were satisfied with the method they use.

**Figure 44. Satisfaction with contraceptive method used**

Percentage of non-single women in reproductive age currently using contraceptive method (n= 202)



Regarding the source of information on family planning services, the majority mentioned health-care employees (70 per cent) followed by community health volunteers (30 per cent).

**Table 13. Source of information about family planning in Jordan**

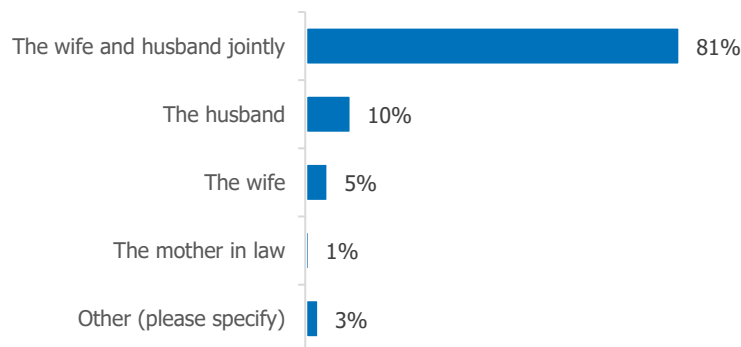
Percentage of HH with at least one non-Single woman at reproductive age who heard information about family planning in the past year

Information Source	Azraq (n= 279)
Health-care employees	70%
Community Health Volunteers	30%
Social Event	16%
Audio, Radio, other Social Media Sources	2%
Billboards	2%
Broachers, other Written documents	1%
Others	6%

Finally, when asked who decides on the number of children, 81 per cent stated that it was the decision of both the husband and the wife.

**Figure 45. Decision on number of children**

Percentage of non-single women in reproductive age (n= 550)



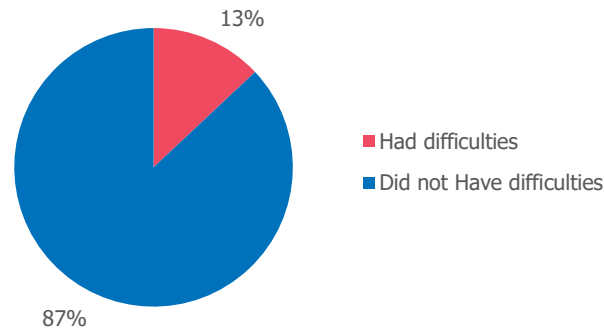
# Nutrition including Infant and Young Child Feeding “IYCF”

## Nutrition and Growth

Over the past month, 13 per cent of children aged 0-5 years experienced challenges related to their growth or nutrition.

### Figure 46. Noticed difficulties with infant growth or nutrition during the past month

Percentage of children between the ages of 0 – 59 months (n= 537)

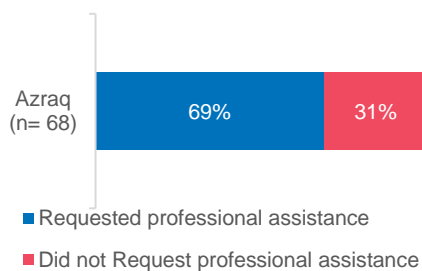


## Seeking professional support

Among these children, over two-thirds sought professional help, and less than half are currently enrolled in a professional nutrition assistance program.

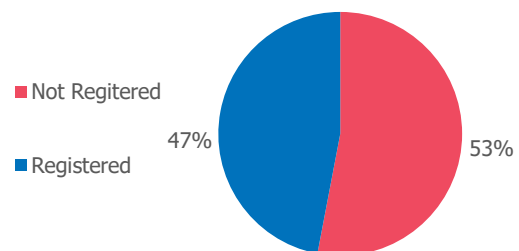
### Figure 47. Requested professional assistance

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



### Figure 48. Registered to professional assistance nutrition program

Percentage of children aged 0-59 months with difficulties in growth or nutrition (n= 68)

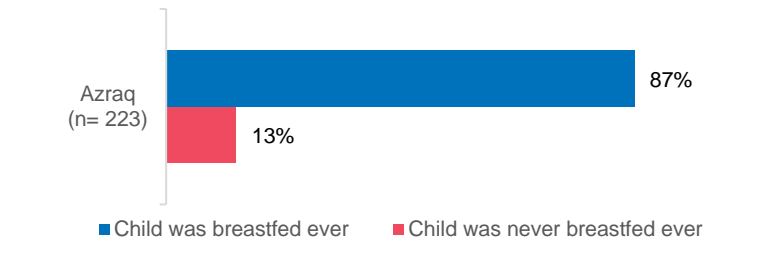


## Breastfeeding

With regard to breastfeeding, 87 per cent of children were breastfed at some point in their lives, with more than half beginning breastfeeding during the first hour after birth (56 per cent), and more one-third began breastfeeding after the first hour (35 per cent).

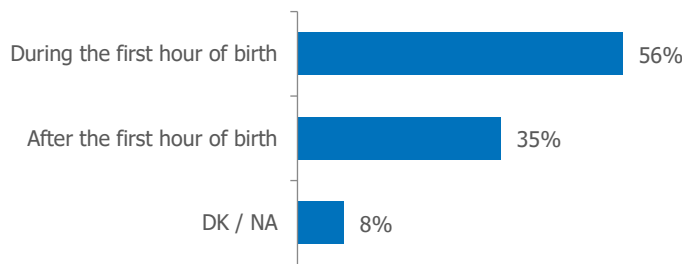
**Figure 49. Children who were ever breastfed**

Percentage of children aged 0-23 months



**Figure 50. Timing of breastfeeding initiation**

Percentage of infants between 0-5 months and were breastfed ever (n= 48)

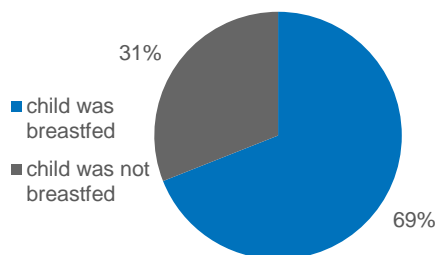


Note: figures do not add up to 100 per cent due to rounding

Additionally, 69 per cent of children aged 0-23 months were breastfed the day before completing the survey interview, and 89 per cent of children aged 6-23 months consumed solid or semi-solid food.

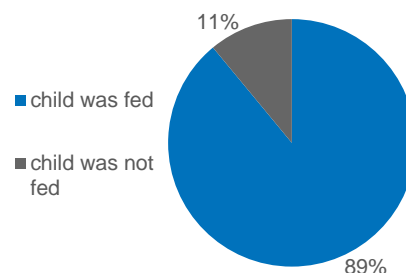
**Figure 51. Child was breastfed yesterday either during the night or day**

Percentage of children aged 0-23 months and were breastfed ever (n= 194)



**Figure 52. Child was fed solid or semi-solid food during the night or day**

Percentage of children between 6-23 months (n= 170)

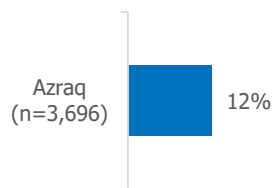


# Chronic Diseases

According to the survey data, out of all the members of households in Al Azraq Camp, 12 per cent reported that they are currently dealing with a chronic disease. Among the 434 individuals suffering from chronic conditions, 37 per cent stated that they are managing hypertension, making it the most prevalent chronic illness. Diabetes was the second most frequently mentioned condition, with 22 per cent of individuals reporting it, followed by ischemic heart disease and asthma at 15 per cent each.

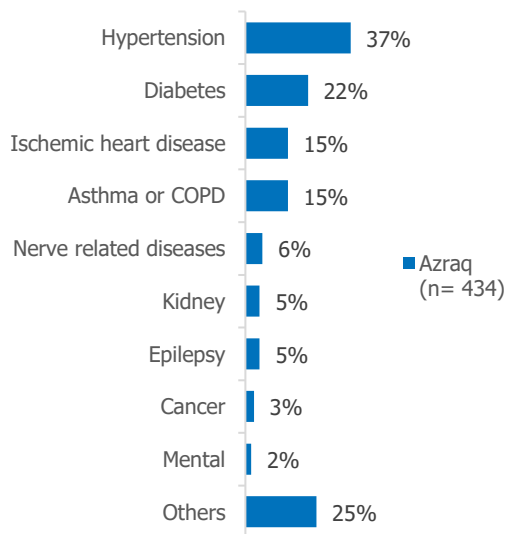
**Figure 53. Prevalence of chronic diseases**

Percentage of household members



**Figure 54. Type of chronic disease**

Percentage of all household members living with chronic disease(s)



**Table 14. Type of chronic disease - others**

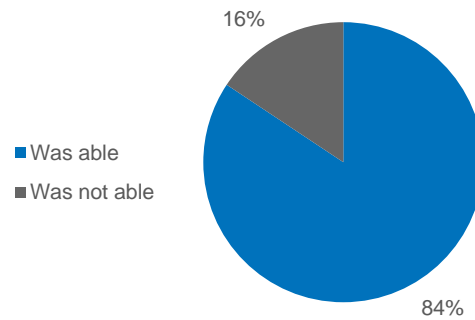
Percentage of all household members living with chronic disease(s)

Azraq	
Thyroid	5%
Muscle disease	5%
Rheumatism	1%
Others	12%
DK / NA	2%

In terms of accessing medical care, 84 per cent of respondents indicated that they were able to receive care or medications for their chronic diseases. Among them, 58 per cent sought treatment at the comprehensive clinic in Azraq camp, while 14 per cent went to health-care facilities outside the camp.

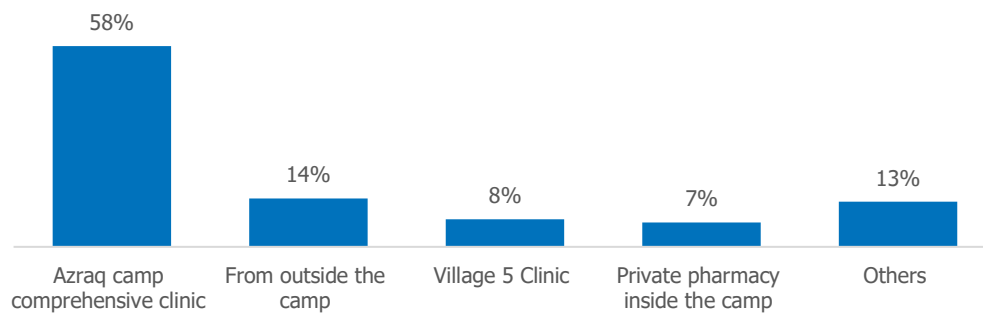
### Figure 55. Ability to obtain medical care or medications in the past 3 months for chronic disease

Percentage of household members suffering from chronic disease (n= 434)



### Figure 56. Location to obtain medical care or medications from for chronic disease

Percentage of household members suffering from chronic disease and who were able to obtain medical care or medications in the past 3 months for his chronic disease (n= 366)

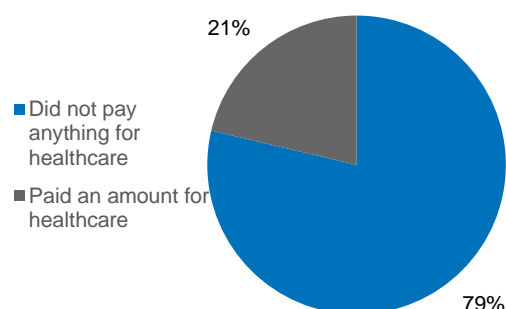




The average expenditure on chronic diseases was reported to be 24.2 Jordanian dinars (JOD). While 90 per cent of respondents paid an average of 200 JOD for their care, some individuals reported spending as much as 3,000 JOD on managing their chronic medication.

### Figure 57. Paid for medical care or medications for chronic disease

Percentage of household members suffering from chronic disease and were able to obtain medical care or medications in the past 3 months for his chronic disease (n= 366)



### 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

	Azraq
Base	78
Max	3,000 JOD
Avg	113.8 JOD
90tile	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 those who were unable to access health care for their condition, 43 per cent cited a lack of medications as the primary barrier. This was followed by 16 per cent who mentioned long waiting times and 15 per cent who reported being unable to afford the cost of health care.

### 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

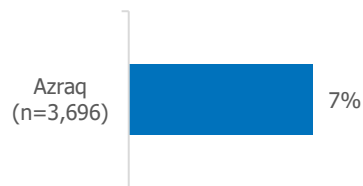
	Azraq (n= 67)
Medication is unavailable	43%
Long waiting time	16%
Couldn't afford user fees	15%
Could not afford transport fees	4%
Others	30%
I Don't Know	10%

# Disability

The prevalence rates of disability at Azraq camp show that 7 per cent of all members are living with disabilities. Among them, physical disabilities and sensory impairments were identified as the top two disabilities, reported by 39 per cent and 34 per cent of respondents, respectively.

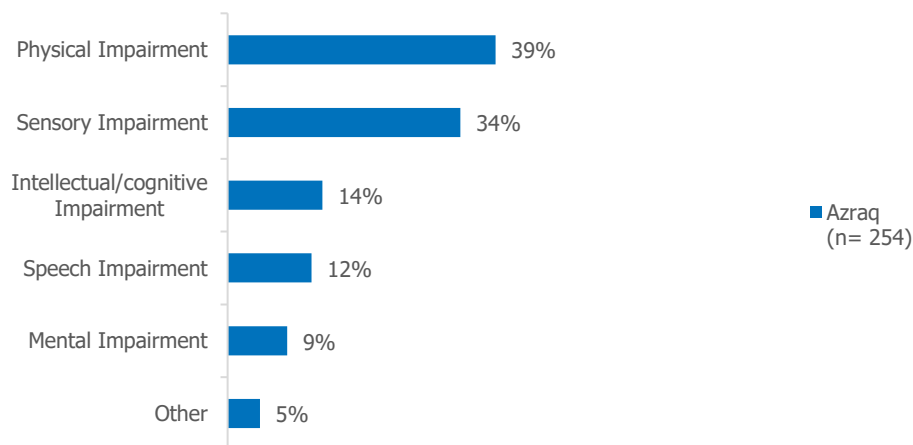
## Figure 58. Prevalence of disability

Percentage of all household members



## Figure 59. Disability type living with

Percentage of household members living with a disability



The leading cause of disability, reported by 65 per cent of members, was natural causes, with accidents and war each being mentioned as the cause by 15 per cent.

## Table 17. Cause of disability

Percentage of household members living with a disability

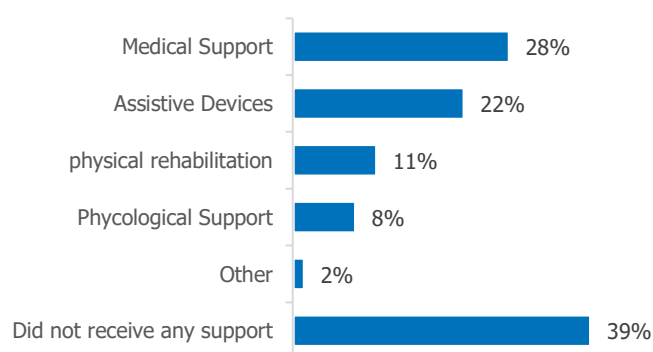
	Natural (At birth)	Accident (House, road, ...)	War	Violence	Other	I Don't Know
Azraq (n= 254)	65%	15%	15%	1%	4%	2%

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

In terms of support, 28 per cent of respondents received medical support, 22 per cent used support devices, and 11 per cent required physical rehabilitation. However, 39 per cent reported not receiving any support, citing reasons such as service unavailability (47 per cent), inability to afford the associated costs (21 per cent), and perceiving support as unnecessary (14 per cent).

### Figure 60. Type of support received for disability

Percentage of household members living with a disability (n= 254)



### Table 18. Reasons prevented receiving support for disability

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

Reason	Azraq (n= 99)
Service is unavailable	47%
Couldn't afford user fees	21%
Felt it was unnecessary	14%
Didn't know where to go	9%
Too far / Transport issues	4%
Others	7%
I Don't Know	14%

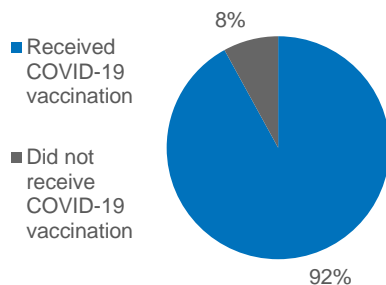
# Covid-19 Vaccination

## COVID-19 vaccinations schedule

Regarding Covid-19 vaccinations, 92 per cent of respondents reported receiving the vaccine, with the majority receiving two doses. Among those who did not receive the vaccine, 19 per cent cited age qualification as a barrier, 16 per cent reported being pregnant at the time, and 15 per cent expressed trust issues with the vaccinations.

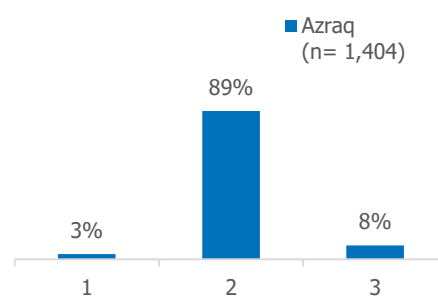
**Figure 61. Received COVID-19 vaccination**

Percentage of household members aged 18 years or older (n= 1,526)



**Figure 62. Number of shots received**

Percentage of household members who received COVID-19 vaccinations



**Table 19. What prevented receiving COVID-19 vaccination**

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

	Azraq (n= 113)
Less than age	19%
Pregnancy	16%
I don't trust vaccinations	15%
I was not advised by friends or family	13%
Medical condition	11%
I don't have time (due to work/Children)	3%
Vaccination is unavailable	2%
Health centre refuse to provide services	1%
Don't have Valid identity documents	0%
Didn't know where to go	0%
Afraid to share personal information	0%
Other	5%
I don't Know	20%

# Discussion

The Health Access Utilization Survey (HAUS) conducted among refugees residing at Al Azraq Camp aimed to establish a foundational assessment of crucial health care-related metrics for all household members at the camp. This includes access to and utilization of health-care services for acute care, chronic conditions, disabilities, antenatal care, sexual and reproductive health, nutrition and infant feeding habits, childhood vaccination, and COVID-19 vaccinations.

The survey gauged current health-care practices and presented key findings that contributed to an understanding of the camp's residents' prevalent health-care practices. Importantly, this survey marks the inaugural HAUS conducted at Al Azraq Camp.

The survey within the Al Azraq refugee camp explored the community's attitudes and behaviours pertaining to the accessibility and utilization of health-care services. Notably, results indicated that an overwhelming majority of households were aware of the health-care facilities supported by UNHCR and humanitarian partners, including the availability of free vaccinations at the camp's clinics. However, awareness of subsidized healthcare in MOH facilities was low, and almost half of respondents received information about it in the past year.

Moreover, the survey revealed a high utilization rate for health care and optimal coverage provided, with the majority of household members requiring health-care services in the past month received them, with NGO clinics being the primary health-care providers. The majority of HHs received healthcare for free with 20 per cent incurred expenses at average of 66 JODs. Of In situations where individuals needed to seek care in a second facility, governmental and private hospitals were equally preferred. However, most of them (69 per cent) successfully obtained the service there.

Interestingly, receiving medical information via text message, phone, and from health-care employees was preferred among camps residents, similar to those in urban areas and as found in the Health Access Utilization Survey 2023. The high awareness and reception of vaccinations were at optimal level and comparable to national rates. Complete Antenatal care coverage reported within global acceptable standards and comparable to the HIS reported rate (92 per cent). The utilization rate for contraceptives was very low (37 per cent) compared to the level of availability and awareness (73 per cent) of which highlighting the impact of other sociocultural barriers that need to be qualitatively analyzed.

The survey also assessed healthcare for children under 5 years old, showing that few encountered difficulties with growth or nutrition, and a high percentage sought professional assistance for these cases. Breastfeeding practices were better than reported national practices and comparable to DHS findings among camp refugees.

The reported prevalence of chronic diseases (12 per cent) was found comparable to the HAUS findings in urban areas while disabilities (7 per cent) were found far below the DHS findings among camp refugees (21.2 per cent). The majority of chronic disease sufferer (84

per cent) were able to obtain their medication as its available free for all camps residents. On contrast, 39 per cent of disability sufferer did not receive any support, citing reasons such as unavailability of services and high costs as major reason falling behind.

COVID-19 vaccination coverage reported very high with most household members over the age of 18 received COVID-19 vaccinations, with the majority receiving two shots.

The data collected from this survey will serve as a baseline for monitoring and evaluating the effectiveness of healthcare interventions among refugees in the Al Azraq Camp. Subsequent surveys in 2025 will track changes and progress in healthcare access and utilization among the camp's residents.

# Conclusion

The Health Access Utilization Survey (HAUS) was conducted among refugees residing at Al Azraq Camp to assess health care-related metrics. The survey revealed that the majority of households were aware of the health-care facilities supported by UNHCR and operational partners in Azraq camp. However, awareness of subsidized health care in MOH facilities was not optimal. The in-camps NGOs are the primary healthcare providers for camps resident while some households still seek out-of-camp services and incur expenses for these services. Service unavailability and inability to afford the service reported as major barriers to getting needed services. The access to the information is highly penetrating with very good access and utilization for vaccination, antenatal care, delivery, and child care.

Chronic disease among Azraq camp resident is a burden, as it is among other population groups, with hypertension and diabetes still being the most reported conditions.

Disability was reported within normal rates. Despite all the support provided, including medical care, assistive devices, and physical rehabilitation, still a substantial percentage didn't receive any care for their disability.

The comprehensive analysis of survey results will provide a detailed understanding of the health needs of refugees within the context of Al Azraq Refugee Camp. This will aid in informing health access policies, measure the impact of health-care interventions, and inform resource mobilization, aiming to improve health outcomes.

# Recommendations

- It is well acknowledged that there is a high level of awareness regarding access to UNHCR-supported health-care facilities in the camp. However, the awareness of subsidized access to healthcare at MOH facilities remains relatively low, as a low percentage of respondents received information about accessing subsidized health care in the past year. Continuous mobilization through community health channels supported by enhancements for the established referral system would improve the awareness, accessibility, and positive experience among refugees.
- A small portion of household members requiring healthcare services encountered difficulties obtaining them at the first facility they sought. The primary reasons for this were the unavailability of services and the reluctance of health centres to provide the necessary care. Mapping of services to identify available services and the acceptance procedures for health cases at healthcare centres catering to refugees can ensure a more effective matching of refugee healthcare demands with the available services, thus overcoming barriers and establishing a responsive systems.
- Family planning uptake rate still low with no gap between supply, demands and satisfaction. Half of the targeted sample reported not receiving information or advice on family planning in the past year, this could be one of the leading cause for low utilisation. However, none existence of gap between availability and uptake raise a need for in depth qualitative analysis for common seeking behaviours and none structural barriers. Additionally, enhancing awareness could be a targeted as a short term interventions to improve uptake rate.
- While a small percentage of children experienced growth or nutrition-related challenges, almost one third didn't seek support despite the availability of services in the camp. Therefore, it is recommended to strengthen the connection between the community and available nutrition support.
- More than one third of household members living with a disability did not receive any support for their condition due to service availability is alerting. A mapping and gap analysis for projected needs versus services packages is highly recommended.



# Limitations to the Study

- The study relied entirely on the respondent to disclose the requested information on each household member and their 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 is a concern as this type of survey doesn't allow for verification and validation of the provided information. For example, details such as household income, vaccination location, and delivery fees and location cannot be confirmed. The interviews were conducted exclusively with active refugees registered in the UNHCR database who have active phone numbers. Consequently, it is not possible to consolidate findings on all non-registered refugees due to registration restrictions imposed by the government of Jordan
- Several participants who were interviewed did not understand whether the health case of a specific family member could be classified as chronic or a disability. However, these cases were reclassified in the data cleaning and validation stage.

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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.

# HEALTH ACCESS AND UTILIZATION SURVEY AMONG “REFUGEES LIVING IN AL AZRAQ CAMP” JORDAN

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