

HEALTH ACCESS AND UTILIZATION SURVEY

“HAUS 2024”
ZAATARI CAMP



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AMONG “ZAATARI CAMP REFUGEES” JORDAN July 2024

Acknowledgements

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Executive Summary



Household demographics

The demographic profile of heads of households in Zaatari camp revealed that 73 per cent of them were males, with 52 per cent falling within the 36-59 age bracket, and 9 per cent aged 60 or older. Additionally, 88 per cent of the heads of households were married, with the majority had completed basic education (36 per cent) or elementary education (30 per cent). Almost all heads of households possessed a security card issued in the camp.

The average household size in Zaatari camp was 5.9 members, with an average monthly income of 121 JOD. Within a typical household, 51 per cent were female, and over 80 per cent were 35 years old or younger, with almost two-thirds of members aged 15 years old or older being married. In terms of education, 40 per cent of residents aged 16 or older had completed basic education, while 25 per cent held a secondary education or university degree.



General Awareness on health-care access

The awareness levels for access to UNHCR supported facilities reached 99 per cent. However, just over half of the population was aware that they could access MOH health-care facilities at subsidized costs, and only 43 per cent have received information about this. The knowledge of free vaccination from the camp's vaccination clinic reached 98 per cent of households.



Health service and health seeking behaviour

In the month leading up to the survey interview, 30 per cent of household members required access to healthcare services. At first instance, the majority sought care inside the camp from an NGO clinic or hospital (76 per cent), while 13 per cent sought care from a private pharmacy. Of those who sought care, 88 per cent received the desired services, with only 24 per cent reporting paying an average payment of 50 JOD for the service. On the other hand, out of the 119 members who did not receive care, 37 per cent cited refusal of service providers, and 32 per cent cited unavailability of service as reasons.

Among members needing healthcare, 14 per cent sought care from a second location, primarily private pharmacies (35 per cent), other NGO clinics (24 per cent), or private clinic/hospitals (22 per cent). 81 per cent of them successfully obtained service from the second location, however, over half had to pay 58 JOD on average for the healthcare/referral service. Costs, refusal of service from healthcare centers, and unavailability of service were the main obstacles preventing members from obtaining service.



Outside of camp health-care behaviour

In the preceding three months, 81 per cent of households utilized healthcare services provided by in-camp facilities. Among those who were not able to obtain needed services inside the camp, 46 per cent sought care from off-site locations, primarily private clinics or hospitals (70 per cent of cases), 91 per cent received care, with an average payment of 226 JOD.



Expenditure on health care and impact

In 2024, the monthly healthcare expenditure in Zaatari camp amounted to 51.5 JOD. The primary preferred methods of communication to receive health-care information were text messages, phone calls, and interactions with healthcare employees, accounting for 40 per cent, 38 per cent, and 35 per cent of the total, respectively.



Childhood vaccinations (not including COVID-19)

The majority of households were informed about the availability of complimentary children's vaccinations at MOH healthcare facilities. Among children aged 9-59 months, almost all were found to be aware of their vaccination schedule, as nearly all these children possessed a vaccination schedule card.

Additionally, 98 per cent had received the MMR vaccination, with the majority obtaining it from the Camp clinic. Similarly, 97 per cent received their Polio vaccination, with 97 per cent of these vaccinations also administered at the Camp clinics.



Sexual & Reproductive Health

Among women who are not single and are of reproductive age, 40 per cent had infants younger than 2 years old. The majority of these mothers received antenatal care, with almost all of them making more than 4 antenatal care visits. However, only 8 per cent faced difficulties, including long waiting times (47 per cent) and issues with healthcare staff or services (26 per cent).

About two-thirds of deliveries were vaginal, with only 5 per cent paying for delivery services. Half of the deliveries took place in a camp facility, a quarter in a government hospital, and 22 per cent in a private hospital.

Regarding family planning, 55 per cent of mothers were advised or given information on family planning after delivery. Currently, 31 per cent of non-single women in reproductive age are using contraceptive methods such as pills, intrauterine devices (IUDs), or male condoms (34, 27, and 24 per cent, respectively). These methods were reported as the most preferred methods by non-single women in reproductive age (20, 17, and 14 per cent, respectively).

At the household level, awareness of family planning services stood at 73 per cent, with 55 per cent received information about it in the past year. Two-thirds of households received this information from healthcare employees, and a third attempted to obtain contraceptive methods in the same period, mostly from NGO clinics (94 per cent).



Nutrition including Infant and Young Child Feeding “IYCF”

In the past month, 10 per cent of children under five years old experienced challenges with their growth or nutrition. Among these, 68 per cent requested professional help, and 41 per cent are currently enrolled in a program.

In terms of feeding habits, 91 per cent of children under two years old were breastfed at some point, with 66 per cent being breastfed the day before completing the survey interview. Among children aged 0-5 months, 44 per cent started breastfeeding after the first hour of birth, and 39 per cent started within the first hour. Conversely, among children aged 6-23 months, 89 per cent consumed solid or semi-solid food the day before the survey interview.



Chronic Diseases

In Zaatari camp, 12 per cent of household members were found to have one or more chronic diseases, with hypertension and diabetes being the most prevalent. Despite facing obstacles such as the lack of medication and the costs of healthcare services, 86 per cent of the subjects were able to access healthcare or medication for their chronic conditions in the past 3 months. Of those seeking these services, 28 per cent used services provided by the International Medical Corps (IMC), while 34 per cent utilized services provided by Qatari and Saudi clinics. 82 per cent of members reported not paying for healthcare or medication for their chronic condition, among those who paid for services on average they paid 67.3 JOD to get their monthly medication.



Disability

Out of all the members in households surveyed, only 6 per cent reported living with some form of disability. Among this group, almost 73 per cent stated they were living with physical or sensory impairments. More than half of them attributed the cause of their condition to natural factors. When asked about the support they received for their disabilities, 30 per cent mentioned receiving medical assistance, 21 per cent said they used assistive devices, and 9 per cent reported undergoing physical rehabilitation. Additionally, a significant portion of the respondents, totalling 45 per cent, expressed that they did not receive any support. Reasons provided for this lack of support included unavailability of services (56 per cent), high costs (15 per cent), and 9 per cent believed that the support was not necessary.



COVID-19

According to survey data, a significant 94 per cent of household members aged 18 or older have been vaccinated against COVID-19. Among those vaccinated, 4 per cent have received a single shot, while an overwhelming 90 per cent have completed the full 2-shot series. Additionally, 6 per cent have also gone on to receive a third booster shot for added protection. On the other hand, for household members who have not yet received the

COVID-19 vaccine, the reasons provided include a lack of trust in vaccinations (22 per cent), being under the eligible age at the time (19 per cent), and pregnancy (16 per cent).

Background and Methodology

Background

Jordan has a long, and exemplary history in hosting refugees, ranking second worldwide in number of refugees per capita, hosting refugees from different countries such as: Syria, Iraq, Yemen, Sudan, and Somalia, and is including refugees in key national systems such as Health and Education.

By the end of 2023, about 720,000 refugees who are registered in the 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's camps in Jordan).¹

Home to almost 78,000 Syrian refugees, Zaatari camp is under the joint management of the Syrian Refugee Affairs Directorate (SRAD) and UNHCR, the UN Refugee Agency. UNHCR coordinates activities and services provided in the camp. Since its establishment in 2012, Zaatari has become emblematic of Syrian displacement across the Middle East.

Currently, there are six medical facilities in the camp offering primary health care, including one that provides 24/7 emergency services. There is also a referral mechanism in place to facilitate refugees' access to secondary and specialized health services at health facilities outside the camp. Recently and due to decreased funding, some health service providers suspended their health services in the camp, limiting the range of available primary health services and stretching the daily intake capacity of the remaining health-care providers.

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 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 Zaatari 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 Zaatari 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 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 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 support they receive.
- Formulate 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 the UNHCR ProGres Database who are 18 years of age living in Al Zaatari Camp for Refugees for the preceding three 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 was 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.

The tool was scripted using KOBO platform with an average interview length of 12-15 minutes. 598 telephonic interviews were conducted by 14 trained enumerators from June 5th to June 9th, 2024. The sample size was calculated based on key statistical metrics.

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

Detailed Findings

Head of Household Demographics

Gender and age

The demographic profile of households in the Zaatari camp provides valuable insight into the composition and characteristics of the camp's residents. According to the data, 73 per cent of the households are led by male heads of household, indicating the predominant role of males in the leadership of the families. In terms of age distribution, over half of the households (more than 50 per cent) are headed by individuals between the ages of 36 and 59 years, indicating a significant presence of middle-aged individuals. Additionally, the younger age group, comprising individuals between 18 and 35 years old, accounts for 39 per cent of the households, reflecting a relatively sizable population of younger adults.

Figure 1. Head of HH Gender

Percentage of head of household

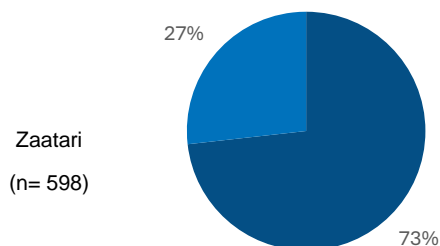
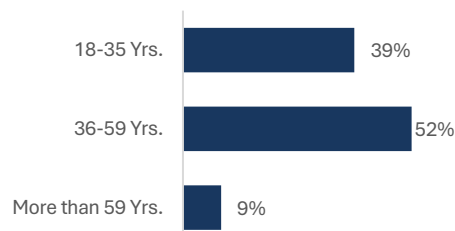


Figure 2. Head of HH Age

Percentage of head of household



Notably, all families residing in the Al Zaatari camp have been in Jordan for at least two years, and at least one family member has been living in Jordan for the same duration.

Figure 3. Duration since first family member arrived at Jordan

Percentage of head of household

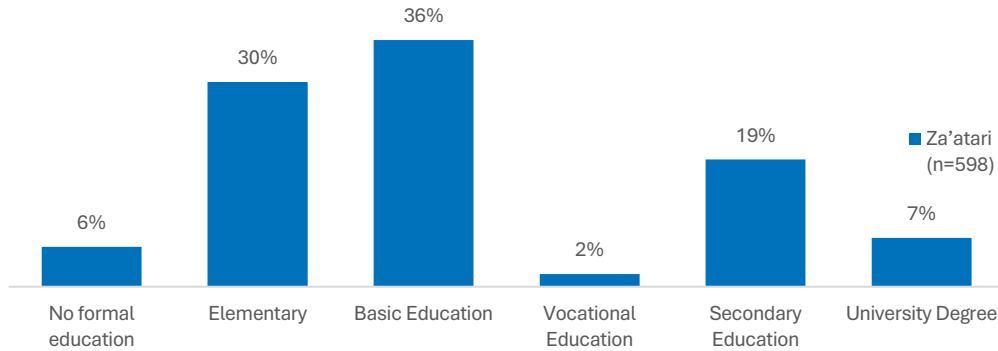


Languages spoken and Education level

In terms of education, the data revealed that more than two-thirds of household heads have completed elementary and basic education, while over a quarter have attained at least a secondary level of education.

Figure 4. Head of HH Education level

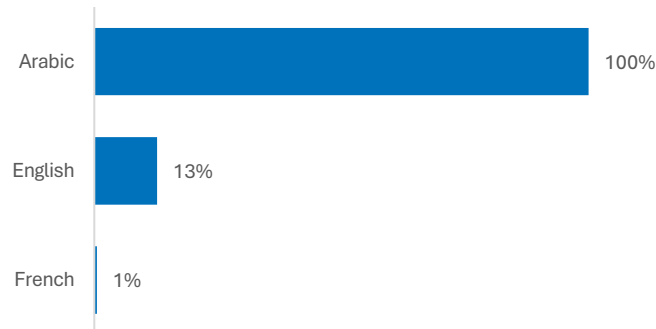
Percentage of head of household



Moreover, the survey indicates that 13 per cent of household heads reported skills in the English language.

Figure 5. Languages spoken

Percentage of head of household (n= 598)

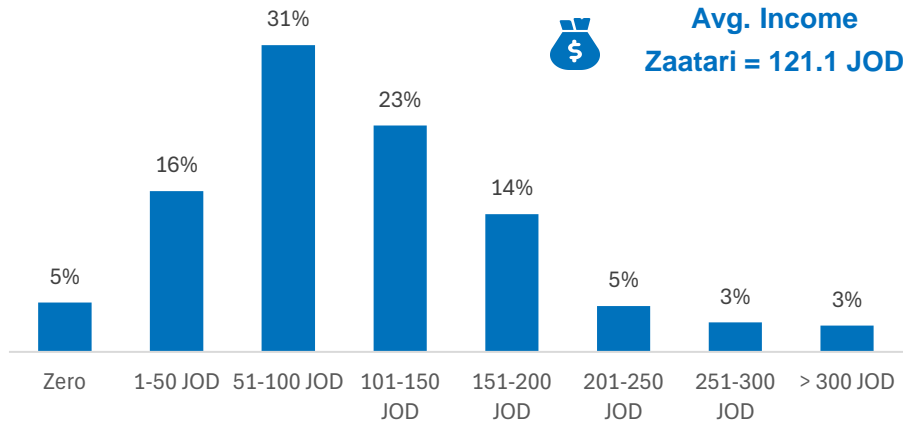


Monthly household income

Economically, the majority of households in the Zaatari camp reported earning less than 300 JOD, with only 3 per cent earning a sum more than 300 JOD. The average household income was calculated to be 121 JOD.

Figure 6. Monthly household income

Percentage of households (n= 598)

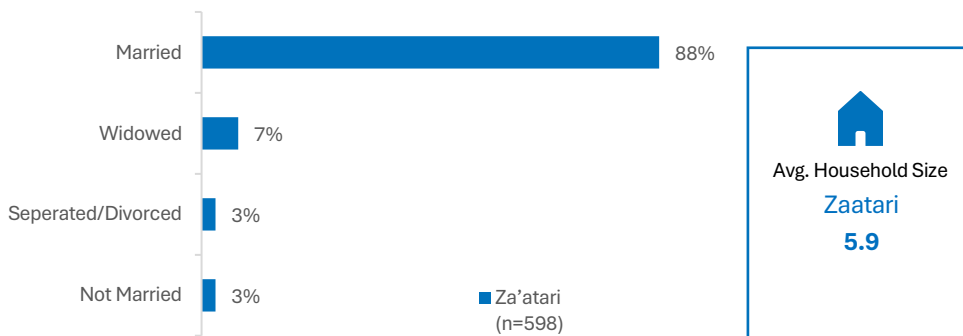


Household size and marital status

The average household size in the Zaatari camp was found to be 5.9 members per household. Furthermore, a significant majority of the heads of household (88 per cent) stated that they are currently married, while a smaller percentage (7 per cent) reported being widowed and 6 per cent being divorced/separated or 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

Almost all households in the camp possess a security card issued by the Ministry of Interior (MOI), indicating a high level of registration and documentation. Furthermore, the data reveal that nearly all of these cards were issued in the same location.

Figure 8. Possession of a security card

Percentage of head of household (n= 598)

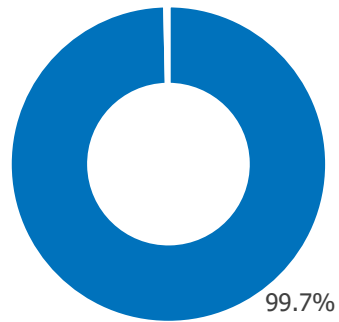
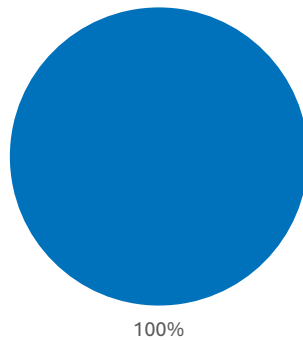


Figure 9. Card issued in the same place they live in

Percentage of head of household who possess a security card (n= 596)



Household Members Demographics

Gender and age

In the surveyed households, female household members comprise a slightly higher percentage of the total members. Additionally, 54 per cent of the household members are below 18 years old, while only 3 per cent were at least 60 years of age.

Figure 10. HH members Gender
Percentage of household members

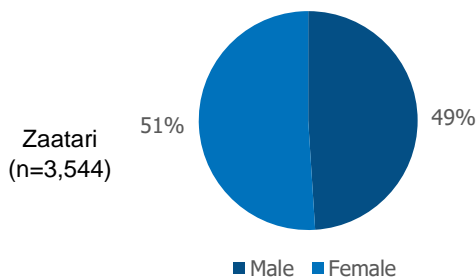
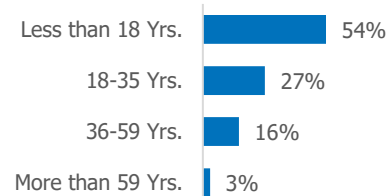


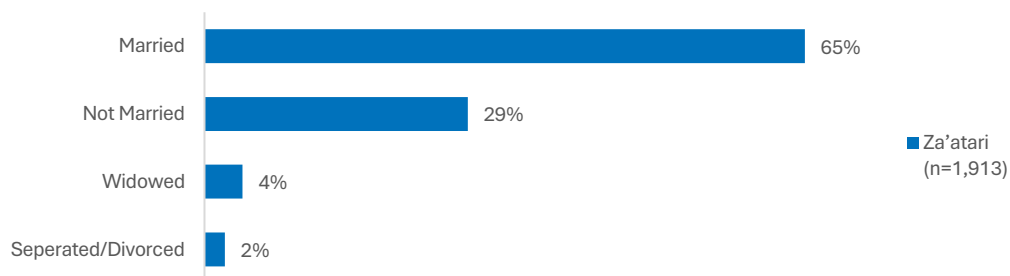
Figure 11. HH members Age
Percentage of household members



Marital status

Among the household members aged 15 years or older, 65 per cent are married and 29 per cent are single.

Figure 12. HH members Marital status
Percentage of household members aged 15 years old or older

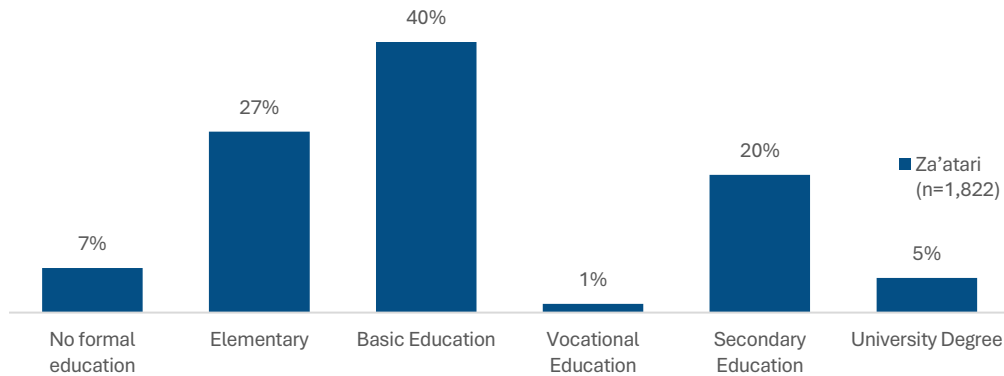


Education level

Regarding the education levels of household members aged 16 years or older, 40 per cent had completed basic education. Furthermore, 27 per cent have completed elementary education, while 25 per cent have completed at least secondary education, and 7 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 health-care facilities

Almost all households were aware of the availability of health care in UNHCR health facilities and free children's vaccinations at the camp's vaccination clinics. However, only 57 per cent of households knew about the possibility of obtaining health care at MoH medical facilities at subsidized costs, and just 43 per cent stated that they have received information about accessing subsidized health care at MoH medical facilities.

Table 1. Awareness of health care accessibility indicators

Percentage of head of household

	Zaatari (n= 598)
Access to UNHCR supported health facilities	99%
Access to subsidized health care at MOH medical facilities	57%
Received information regarding accessing subsidized health care	43%
Knowledge of free vaccinations in camp's vaccination clinics	98%

Household Health Demographics

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

Table 2. Snapshot of family members certain health parameters

Number of household members

	Zaatari n= 3,544
MMR vaccination (children between 9-59 months)	488
Polio vaccination (children between 9-59 months)	486
Received COVID-19 vaccination (aged 18 years old or older)	1,530
Antenatal care (Women of reproductive age and have child less than 2 Years old)	245
Using family planning (Women of reproductive age 15 – 49 years old)	189
Needed health-care services in the past month	1,043
With Chronic Disease	411
Living with disability	201

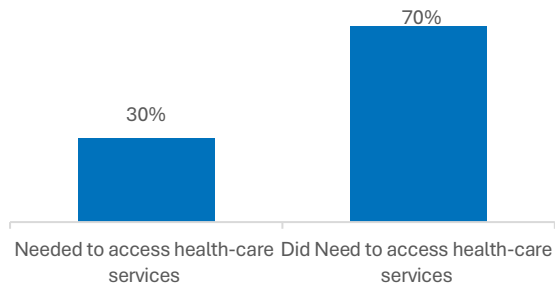
Health Service and Health Seeking Behaviour

Required health-care services in the past month

A month prior to survey's data collection, 30 per cent of the household members reported needing to access health-care services for medical conditions.

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

Percentage of household members (n= 3,544)

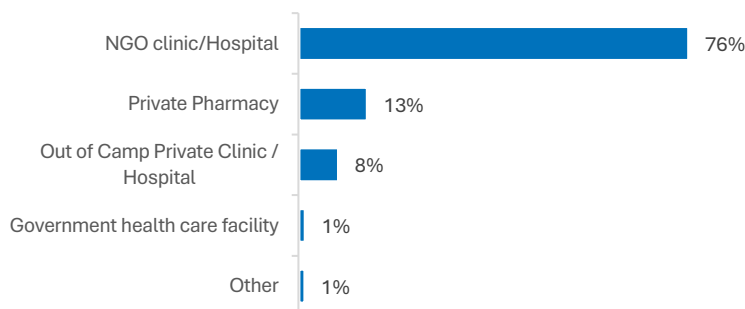


Sought health-care services (first location sought)

A large majority (more than three quarters) of respondents expressed a preference for NGO clinics or hospitals inside the camp. 13 per cent sought care at private pharmacies, and 8 per cent went to hospitals outside the camp.

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= 1,043)



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

Of those who needed health care in the past month, 88 per cent managed to receive the required services at the first location. However, of the 12 per cent who couldn't, the top reasons were the refusal of health-care centers to provide service (37 per cent), unavailability of service (32 per cent), and issues with medical health-care staff (13 per cent). Additionally, 5 per cent reported a shortage of medicine for their condition.

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= 1,043)

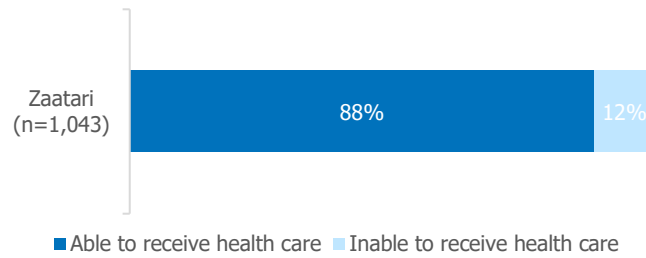


Table 3. Reasons for inability to receive health-care services in first facility

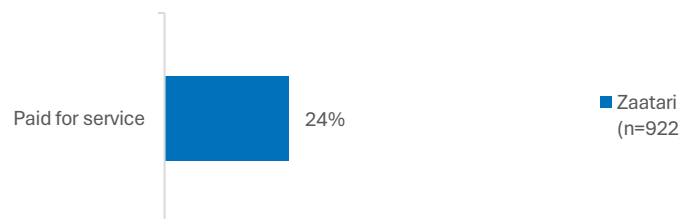
Percentage of household members who couldn't access health-care service in first facility

	Zaatari (n= 119)
Health center refuse to provide services	37%
Service not available	32%
Don't like the health services/staff	13%
Couldn't afford user fees	8%
Shortage in Medicine	5%
Long waiting Time/Waiting for appointment	3%
Don't have time due work/take care of children	3%
Others	8%
DK / NA	3%

Around a quarter (24 per cent) of the members who accessed health-care services had to pay for the medical services received in the first facility.

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

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



The average amount paid for medical services in the first facility visited was 50 Jordanian Dinar (JOD), with 90 per cent paying a sum equal to or lower than 128.4 JOD. The maximum amount paid was 1,500 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

Zaatari	
Base	218
Max	1,500 JOD
AVG	50 JOD
90th percentile	128.4 JOD

Definitions:

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

Max = The maximum value paid

Count = Number of payments

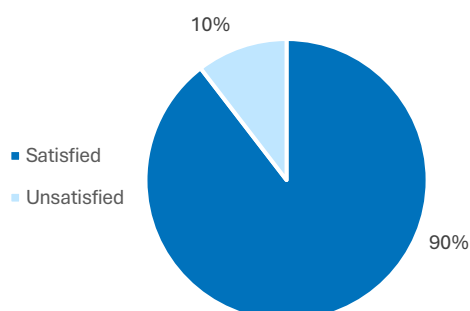
Mean = The straight average of payments

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

Satisfaction rates of medical services received at first location reached 90 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= 922)



Sought health-care services (second location sought)

Out of the 922 household members needing medical services, 14 per cent had to seek care at a second health-care facility. Among them, 35 per cent went to a private pharmacy, 24 per cent to an NGO clinic, and 22 per cent to a private hospital.

Figure 19. Referred to second health-care facility

Percentage of household members who needed to access health-care facility in the past month (n= 922)

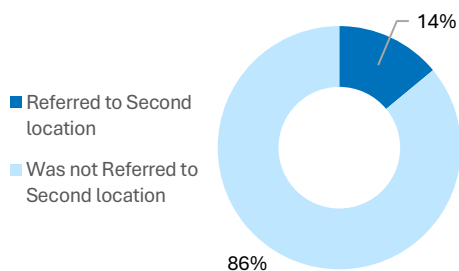
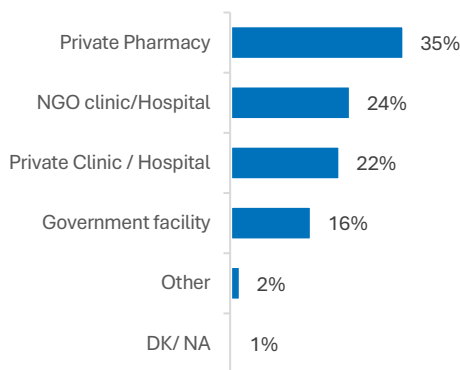


Figure 20. Second location the health-care service was sought at

Percentage of household members who were referred to second health-care facility (n= 141)



Of those who needed health care from a secondary location, 81 per cent successfully obtained the needed care, with 52 per cent reporting that they had to pay for it.

Figure 21. Received health-care services in second attempt

Percentage of household members who accessed second health-care facility (n= 141)

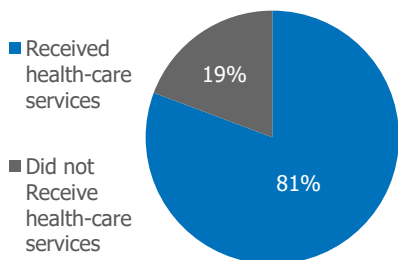
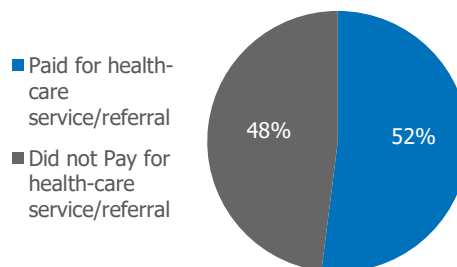


Figure 22. Paid for health-care service/referral

Percentage of household members who accessed second health-care facility (n= 113)



While the maximum value paid in the secondary location reached 2,000 JOD the average was around 58 JOD. With 91 per cent stating they were satisfied with health-care services received there.

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

Zaatari	
Base	59
Max	2,000 JOD
AVG	58.1 JOD
90th percentile	50 JOD

Definitions:

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

Max = The maximum value paid

Count = Number of payments

Mean = The straight average of payments

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



For those unable to receive health-care services at the second location, reasons cited included inability to pay for the service (44 per cent), refusal of health-care center to provide service (26 per cent), and unavailability of required service (15 per cent).

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

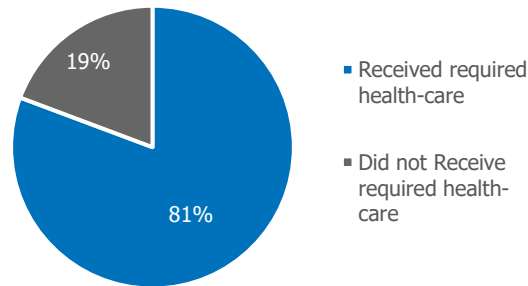
	Zaatari (n= 27)
Couldn't afford user fees	44%
Health centre refuse to provide services	26%
Service not available	15%
Too far / Transport issues	7%
Refused or waiting for approval on transfer to second healthcare center	4%
Don't like the health services/staff	4%
Others	11%
DK / NA	0%

Sought health-care services outside of camp

On a household level, 81 per cent stated they received necessary health-care services from in-camp facilities at least once in the past 3 months.

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

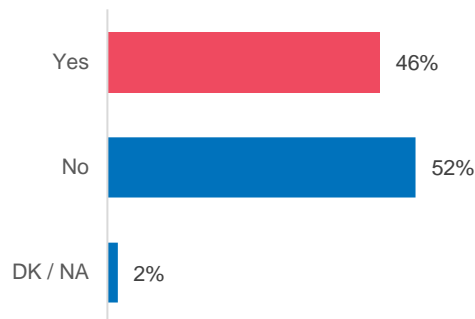
Percentage of head of household (n= 598)



Of those unable to receive any health-care services from in-camp facilities, 46 per cent sought out-of-camp health-care facilities.

Figure 25. Sought care outside of camp

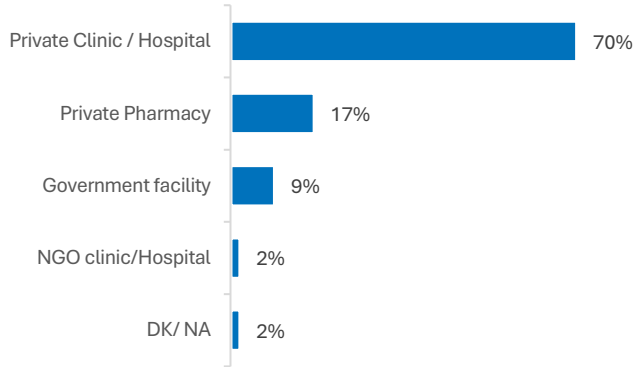
Percentage of head of household who did not receive required health-care services through camp services (n= 115)



The primary out-of-camp facility for health-care services was a private clinic/hospital, sought by 70 per cent of households. Only 17 per cent sought care at private pharmacies, and 9 per cent went to government hospitals.

Figure 26. Location outside of camp the health-care service was sought at

Percentage of household members who sought care outside of camp (n= 53)



Ninety-one per cent of households reported successfully seeking care from out-of-camp health-care facilities. Ninety per cent of these households reported paying for the services, with an average payment of 226.4 JOD.

Figure 27. Received care outside of camp

Percentage of heads of household who sought care outside of camp (n= 53)

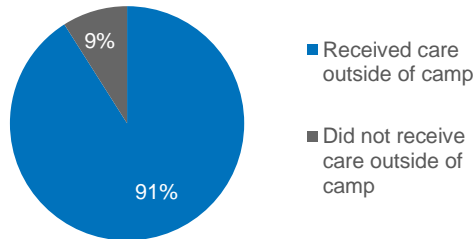
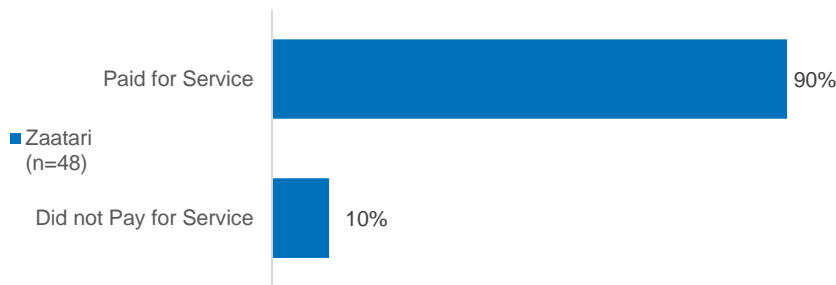


Table 7. Paid for Service Sought outside of camp

Percentage of head of household who received care outside of camp



	Zaatari
Base	43
Max	2,500 JOD
AVG	226.4 JOD
90 tile	560 JOD

Expenditures on health care

The average household expenditure on health care in the past month was around 51 JOD, although in some cases, households paid as much as 2,500 JOD for health care.

Table 8. Amount spent on health-care services

Percentage of head of household

	Zaatari
Base	598
Max	2,500 JOD
AVG	51.5 JOD
90 tile	100 JOD

Definitions:

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

Max = The maximum value paid

Count = Number of payments

Mean = The straight average of payments

The top preferred source for information on health care by Zaatari camp residents was text messages, phone, or from health-care employees (40, 38, and 35 per cent, respectively).

Table 9. Preferred source to receive information on health care

Percentage of head of household

Information Source	Zaatari (n= 598)
Text Messages	40%
Phone	38%
Health-care employees	35%
WhatsApp	27%
Internet (UNHCR website and Facebook)	25%
Brochures, other Written documents	6%
Billboards	7%
Others	6%

Childhood Vaccinations

Vaccinations access

In response to whether respondents were aware of the availability of free children’s vaccinations at in-camp clinics, 98 per cent of the respondents indicated that they were indeed aware of this information.

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

Percentage of head of household



Furthermore, almost all participants reported that they were acquainted with their children’s vaccination schedule cards, and the vast majority 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= 499)

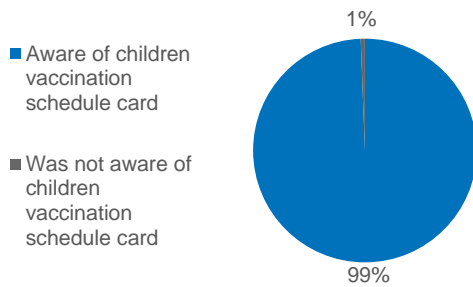


Figure 30. Possession of children vaccination schedule card

Percentage of household children between the ages 9-59 months



MMR vaccination

The survey revealed that 98 per cent of the children had received their MMR vaccinations. Interestingly, the primary locations where MMR vaccinations were sought were in-camp clinics and governmental clinics, with 97 per cent and 3 per cent of the respondents, respectively, indicating these locations. Notably, none of the respondents encountered any difficulties in obtaining the vaccination.

Figure 31. Received MMR vaccination

Percentage of household children between 9-59 months (n= 499)

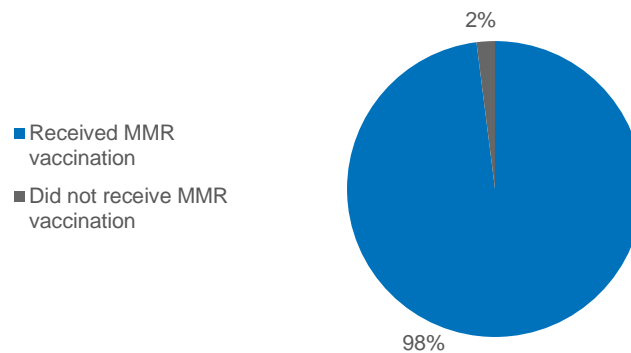
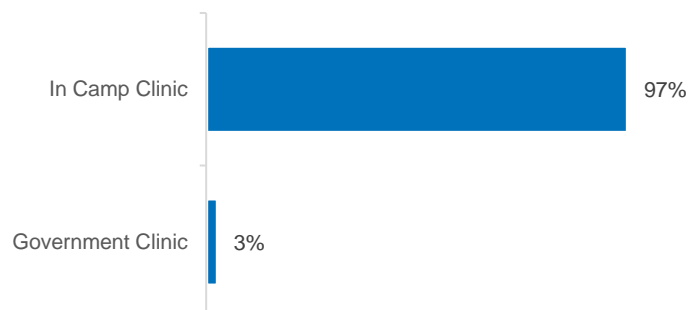


Figure 32. Location received MMR vaccinations at

Percentage of household children between 9-59 months and received MMR vaccination (n= 488)



Polio vaccination

Among children aged 9-59 months, 97 per cent had received the Polio vaccination. It is noteworthy that the leading reason for not obtaining the vaccination was a misunderstanding about the vaccination. Additionally, of those who received the Polio vaccination, approximately 97 per cent obtained it from in-camp clinics, with only around 2 per cent going to a government clinic for the vaccination.

Figure 33. Received Polio vaccination

Percentage of household children between 9-59 months (n= 499)

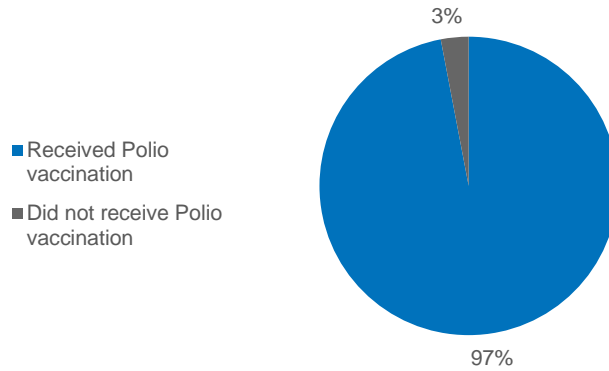
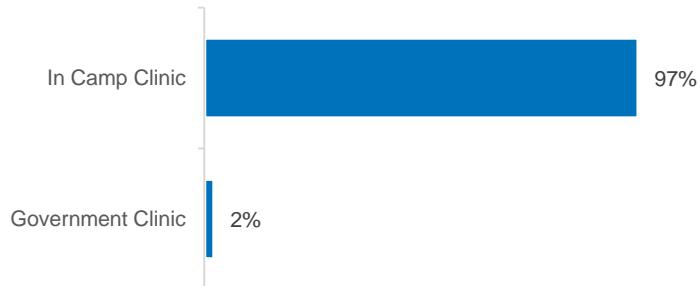


Figure 34. Location received Polio vaccinations at

Percentage of household members between 9-59 months who received Polio vaccination (n= 486)



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

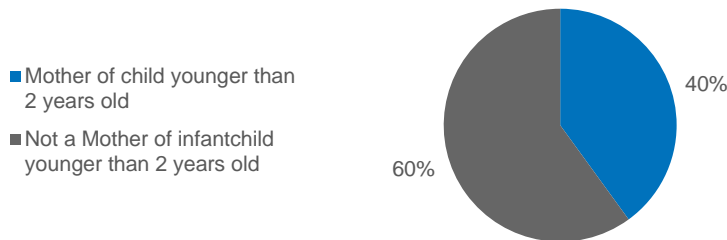
Sexual & Reproductive Health

Mothers of 2-year-old child

The data indicated that a significant percentage of non-single women in the reproductive age group have a children younger than 2 years old. Specifically, 40 per cent of non-single women fall into this category.

Figure 35. Mother of child younger than 2 years old

Percentage of non-single women in reproductive age (n= 620)



Antenatal care

Of the mothers with children younger than 2 years old, an overwhelming 99 per cent reported receiving antenatal care during their pregnancies. Additionally, 96 per cent of these mothers stated that they received at least four antenatal care visits.

Figure 36. Received antenatal care

Percentage of mothers of a child younger 2 years of age (n= 248)

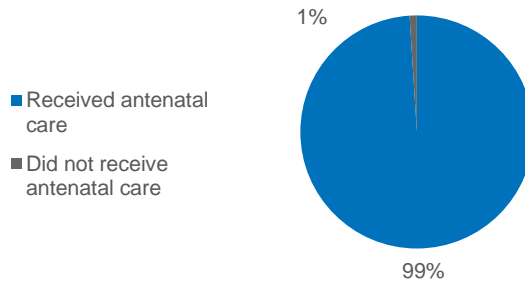
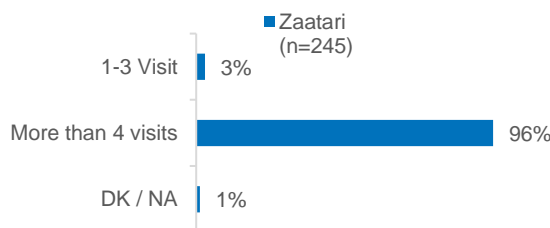


Figure 37. Number of antenatal care visits

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



When it comes to accessing antenatal care, only 8 per cent of mothers faced difficulties. The most commonly reported issues were long waiting times (47 per cent) and problems with healthcare services or staff (26 per cent).

Figure 38. Encountered difficulties in receiving antenatal care

Percentage of mothers of a child younger 2 years of age who received antenatal care (n= 245)

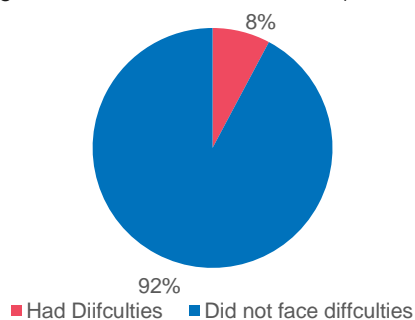


Table 10. Difficulties encountered in receiving antenatal care

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

	Zaatari (n= 19)
Long Wait	47%
Don't like the health services/staff	26%
Too far / Transport issues	21%
Busy with work/children	5%
Others	21%

Delivery

Regarding the delivery of their children, almost two-thirds of the mothers had a normal vaginal delivery, while 35 per cent underwent a caesarean section. Interestingly, only 5 per cent of the mothers reported paying for delivery services, with an average cost of delivery being around 210 JOD.

Figure 39. Type of Delivery

Percentage of mothers of a child younger than 2 years (n= 248)

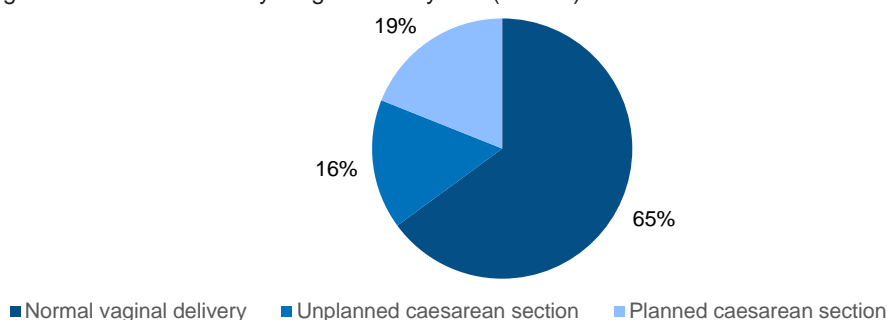


Table 11. Amount spent on delivery service

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

	Zaatari
Base	12
Max	600 JOD
Avg	210.8 JOD
90tile	570 JOD

Definitions:

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

Max = The maximum value paid

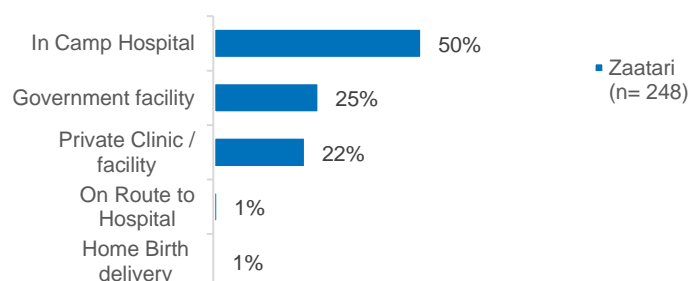
Count = Number of payments

Mean = The straight average of payments

In terms of delivery location, 50 per cent of mothers delivered in a hospital within a camp, while 47 per cent gave birth in a non-camp-based facility, including governmental or private facilities. Only 1 per cent of the mothers delivered on route to the hospital.

Figure 40. Location for delivery

Percentage of mothers of a child younger 2 years of age (n= 248)



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

Family planning

After delivery, 55 per cent of mothers were provided with information about family planning. Furthermore, only 31 per cent of non-single women in reproductive age are currently using contraceptives.

Although household awareness about family planning measures stands at 73 per cent, only 33 per cent attempted to obtain contraceptive methods in the past year, despite 55 per cent acquiring information about family planning during the same period.

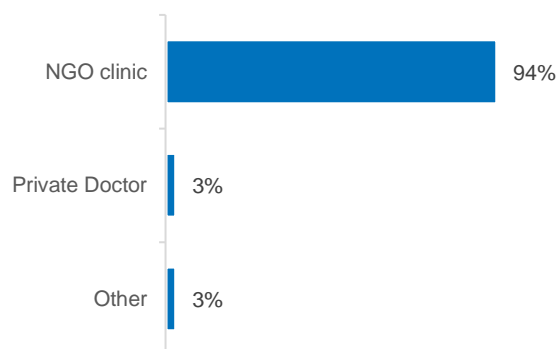
Table 12. Awareness and usage of family planning services in Jordan

	Zaatari
Awareness of any available services to prevent unplanned pregnancy (Zaatari, n= 459) >> HH with at least one non-Single women in reproductive age	73%
Heard information about family planning in the past year (Zaatari, n= 459) >> HH with at least one non-Single women in reproductive age	55%
Advised/Provided with of any contraceptive methods after delivery (Zaatari, n= 248) >> mothers of an infant younger than 2 years of age	55%
Currently using any contraceptive methods (Zaatari, n= 620) >> non-single women in reproductive age	31%
Tried to obtain contraceptive methods in the past year (Zaatari, n= 459) >> HH with at least one non-Single women in reproductive age	33%

According to the survey data, 94 per cent of non-single women in the reproductive age group chose to visit an NGO clinic to access family planning services.

Figure 41. Location sought family planning services at

Percentage of non-single women in reproductive age who tried to obtain contraceptive methods in the past year (n= 164)



The most used contraceptive method among respondents was pills, chosen by 34 per cent of women, followed by the intrauterine device (IUD), used by 27 per cent. Interestingly, 40 per cent of respondents did not have a preferred contraceptive method. Additionally, an overwhelming 97 per cent of females using contraceptives expressed satisfaction with their chosen methods.

Figure 42. Type of contraceptive method used

Percentage of non-single women in reproductive age who are currently using any contraceptive methods

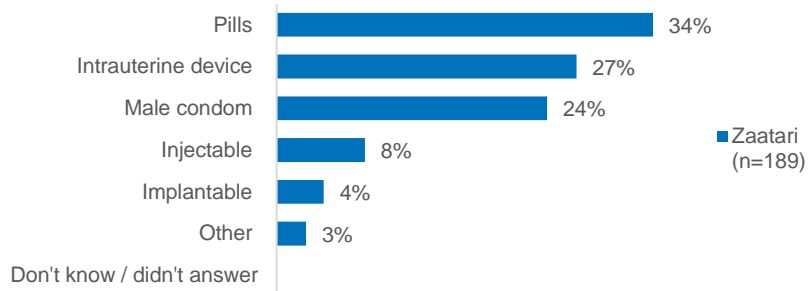
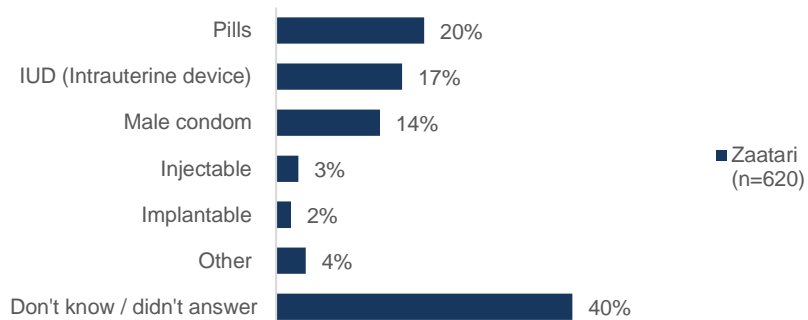


Figure 43. Preferred type of contraceptive method

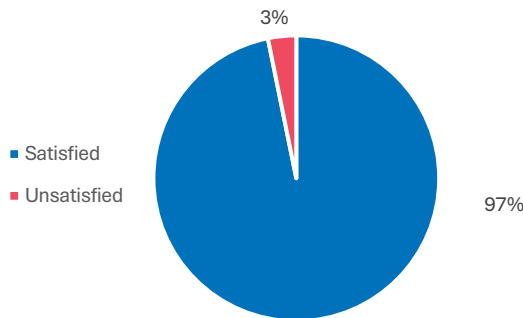
Percentage of non-single women in reproductive age



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

Figure 44. Satisfaction with contraceptive method used

Percentage of non-single women in reproductive age currently using a contraceptive method (n=189)



In terms of receiving information about family planning services, 67 per cent of mothers mentioned healthcare employees, while 29 per cent cited community health volunteers as their source.

Table 13. Source of information about family planning in Jordan

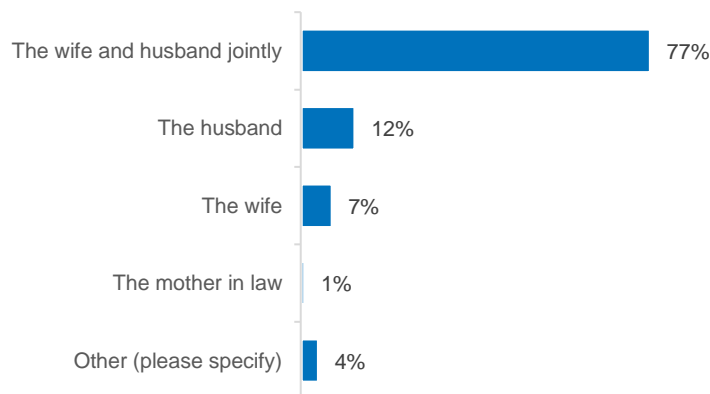
Percentage of HH with at least one non-Single women in reproductive age who heard information about family planning in the past year

Information Source	Zaatari (n= 274)
Healthcare employees	67%
Community Health Volunteers	29%
Social Event	23%
Audio, Radio, other Social Media Sources	3%
Billboards	2%
Broachers, other Written Documents	1%
Others	7%

Regarding decision-making, 77 per cent of respondents indicated that the decision regarding family planning methods was made jointly by the partners.

Figure 45. Decision on contraceptive method

Percentage of non-single women in reproductive age (n= 620)



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

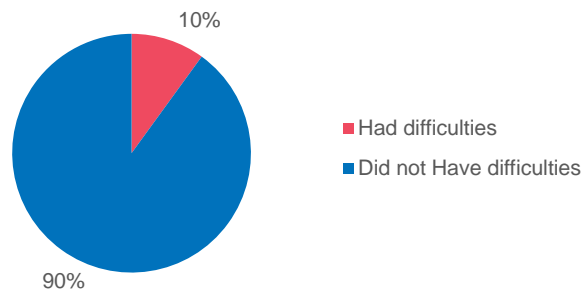
Nutrition including Infant and Young Child Feeding “IYCF”

Nutrition and Growth

The survey found that 10 per cent of children between the ages of 0-5 years were reported to have experienced growth or nutrition difficulties in the past month.

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

Percentage of children between the ages of 0 – 59 months (n= 579)



Seeking professional support

Of those children, over two-thirds had sought professional assistance, but only 41 per cent were 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

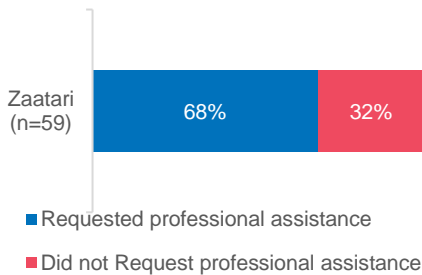
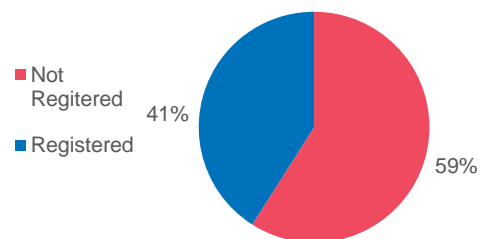


Figure 48. Registered to professional assistance nutrition program

Percentage of children between 0-59 months with difficulty in growth or nutrition (n= 59)



Breastfeeding

When it comes to breastfeeding behaviours, the survey revealed that 91 per cent of children had been breastfed at some point in their lives. Of those children, 44 per cent began breastfeeding after the first hour following birth, while 39 per cent started within the first hour.

Figure 49. children who were ever breastfed

Percentage of children between 0-23 months

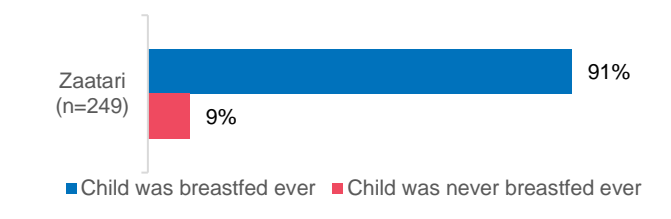
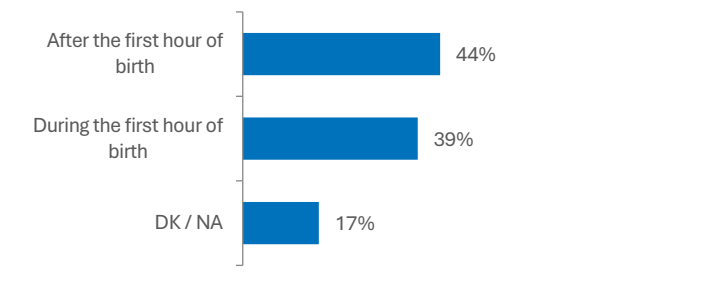


Figure 50. Timing of breastfeeding initiation

Percentage of infants between 0-5 months and who were breastfed ever (n= 36)



Additionally, 66 per cent of children aged 0-23 months were breastfed the day before the survey interview, either during the night or day. Furthermore, 89 per cent of children aged 6-23 months had begun consuming solid or semi-solid food.

Figure 51. child was breastfed during the night or day

Percentage of children between 0-23 months and who were breastfed ever (n= 226)

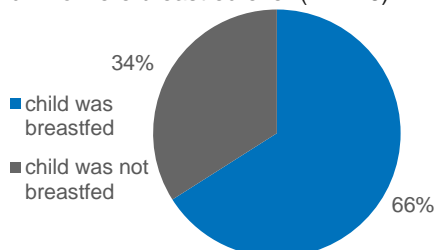
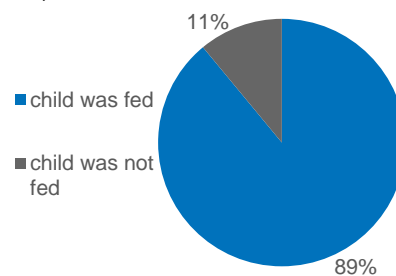


Figure 52. Child was fed solid/semi-solid food during the night or day

Percentage of children between 6-23 months (n= 209)



Chronic Diseases

The survey also collected information about chronic diseases within households. Only 12 per cent of total household members reported suffering from a chronic disease. Of the 411 members suffering from chronic diseases, 45 per cent mentioned living with hypertension. Diabetes was the second most reported disease, affecting 33 per cent of those with chronic cases, followed by ischemic heart diseases and asthma or COPD at 19 per cent.

Figure 53. Prevalence of chronic diseases
Percentage of household members

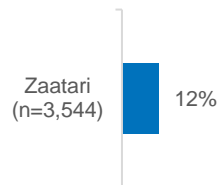


Figure 54. Type of chronic disease
Percentage of all household members living with chronic disease(s)

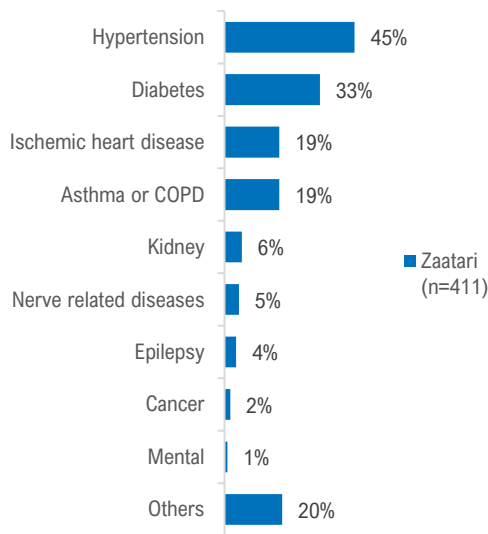


Table 14. Type of chronic disease - others
Percentage of all household members living with chronic disease(s)

Zaatari	
Thyroid	8%
Muscle disease	3%
Disk & other	1%
Others	7%
DK / NA	1%

In relation to accessing medical care, a significant 84 per cent of respondents indicated that they were able to obtain care or medications for their chronic disease in the past 3 months. Among them, 28 per cent visited the IMC clinic, while 34 per cent went to Qatari and Saudi clinics equally, and only 6 per cent sought care from facilities outside the camp.

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

Percentage of household members suffering from chronic disease (n= 411)

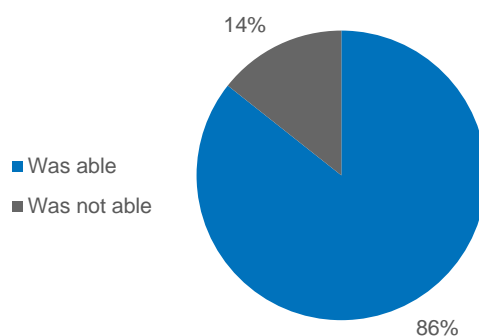
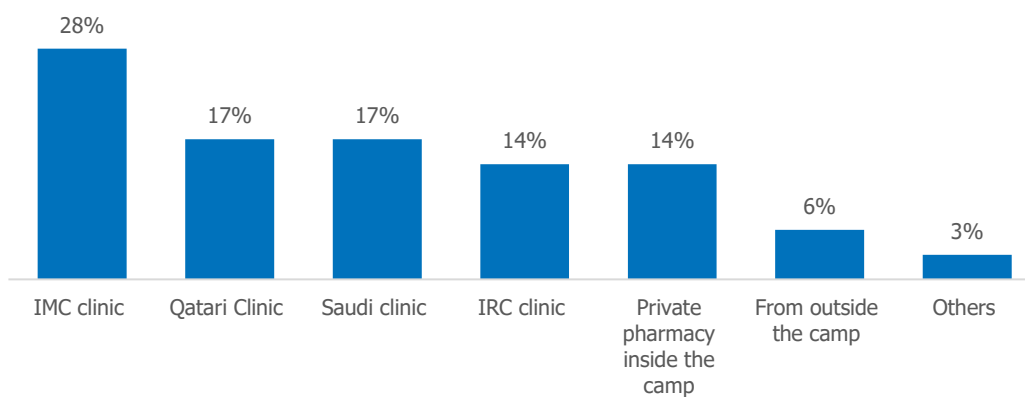


Figure 56. Location to obtain medical care or medications from for his chronic disease

Percentage of household members suffering from chronic disease and who were able to obtain medical care or medications in the past 3 months (n= 352)



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

On average, the expenditure for managing chronic diseases was 67.3 JOD, with 90 per cent of individuals paying a sum of 10 JOD, and 6 cases reported paying over 100 JOD for care related to their chronic conditions.

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

Percentage of household members suffering from chronic disease and was Able to obtain medical care or medications in the past 3 months for his chronic disease (n= 352)

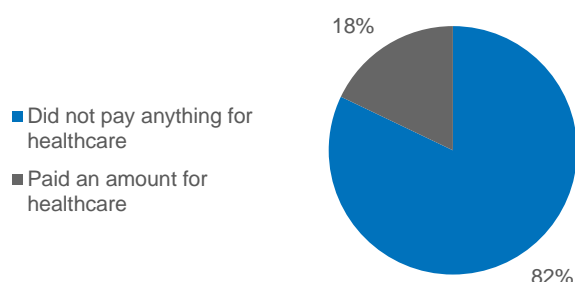


Table 15. Amount spent on medication for chronic disease

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

	Zaatari
Base	63
Max	1,800 JOD
Avg	67.3 JOD
90tile	193 JOD

Definitions:

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

Max = The maximum value paid

Count = Number of payments

Mean = The straight average of payments

For respondents who couldn't access health care, 56 per cent cited lack of medications as the primary barrier, while 22 per cent reported being unable to afford the cost of health care, and 8 per cent experienced long waiting times

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

	Zaatari (n= 59)
Medication is unavailable	56%
Couldn't afford user fees	22%
Long waiting time	8%
Could not afford transport fees	5%
Others	19%
I Don't Know	10%

Disability

The prevalence of disability at Zaatari camp was found to be 6 per cent, with physical disability and sensory impairments being the most commonly reported disabilities, at 39 per cent and 34 per cent respectively.

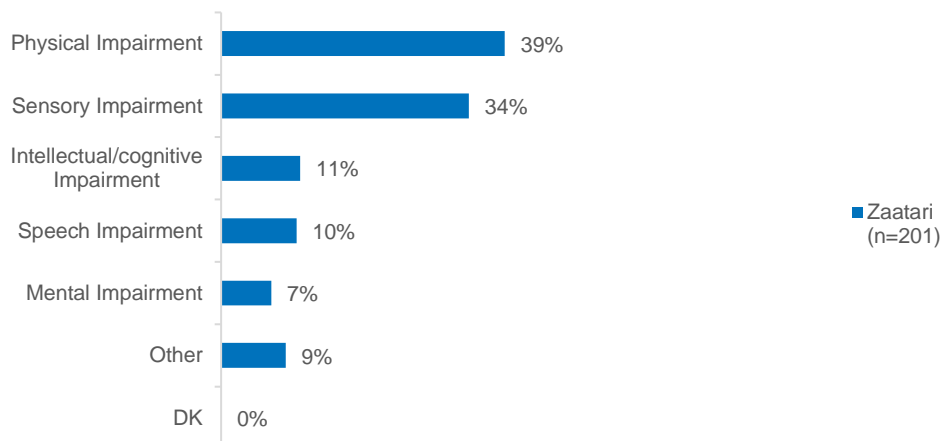
Figure 58. Prevalence of disability

Percentage of all household members



Figure 59. Disability type living with

Percentage of household members with disability



The majority of disabilities were attributed to natural causes (60 per cent), with accidents and war accounting for 25 per cent and 9 per cent respectively.

Table 17. Cause of disability

Percentage of household members with disability

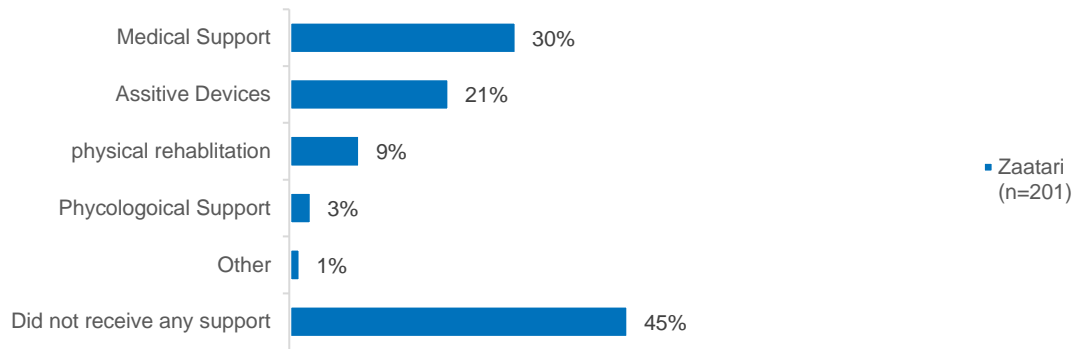
	Natural (At birth)	Accident (House, road, ...)	War	Violence	Other	I Don't Know
Zaatari (n= 201)	60%	25%	9%	0%	4%	4%

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

In terms of support received, 30 per cent of respondents received medical support, 21 per cent used assistive devices, and 9 per cent required physical rehabilitation. However, 45 per cent reported receiving no support, citing reasons such as lack of service availability (56 per cent), high cost of services (15 per cent), and feeling that support was unnecessary (9 per cent).

Figure 60. Type of support received for disability

Percentage of household members with disability (n= 201)



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

Table 18. Reasons prevented receiving support for disability

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

	Zaatari (n= 91)
Service is unavailable	56%
Couldn't afford user fees	15%
Felt it was unnecessary	9%
Didn't know where to go	4%
Too far / Transport issues	0%
Others	1%
I Don't Know	19%

Covid-19 Vaccination

COVID-19 vaccinations schedule

As for COVID-19 vaccinations, an overwhelming 94 per cent of respondents reported receiving the vaccine, with the majority having received both doses. Reasons for not receiving the vaccine included trust issues (22 per cent), being underage at the time (19 per cent), and being pregnant (16 per cent).

Figure 61. Received COVID-19 vaccination

Percentage of household members aged 18 years old or older (n= 1,635)

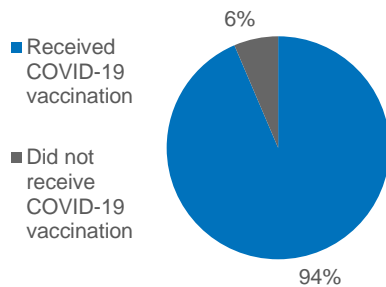


Figure 62. Number of COVID-19 shots received

Percentage of household members who received COVID-19 vaccinations

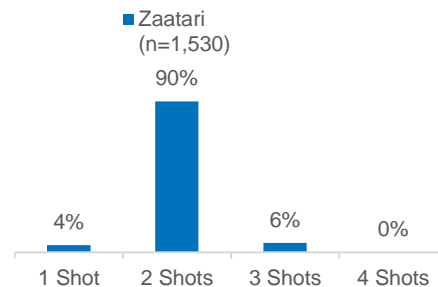


Table 19. What prevented receiving vaccination

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

	Zaatari (n= 98)
I don't trust vaccinations	22%
Less than age	19%
Pregnancy	16%
I was not advised by friends or family	6%
Don't have Valid identity documents	3%
Didn't know where to go	2%
Afraid to share personal information	2%
Medical condition	2%
I don't have time (due to work/Children)	1%
Vaccination is unavailable	1%
Health centre refuse to provide services	0%
Other	6%
I don't Know	26%

Discussion

The Health Access Utilization Survey (HAUS) conducted in Al Zaatari Camp assessed household members' access to and utilization of healthcare services, covering immediate care, long-term conditions, disabilities, antenatal care, sexual and reproductive health, nutrition, childhood, and COVID-19 immunizations. The survey aimed to provide baseline data on these healthcare parameters supporting better planning and informed resource mobilization for better health outcomes.

The survey revealed that most households were aware of UNHCR- Partners supported facilities and free vaccinations at the camp's clinics. However, the health care services were still highly demanded with almost one-third of household members required healthcare services in the previous month, seeking free healthcare from an NGO clinic or hospital was dominant, with only a quarter reported paying for services. The level and packages of health care services in the camp were very satisfactory and up to standards as most households received needed healthcare services from in-camp facilities. The average reported monthly healthcare expenditure of 51.5 JOD was less than the level of expenditure reported by Syrian urban refugees (74 JODs) in HAUS 2023. However, the proportion of out of pocket expenditure on health was higher among Zaatari refugees compared to urban. The vaccination coverages for MMR and Polio vaccine reported at optimal level, with high awareness level on the availability and freeness of services

Most mothers received sufficient antenatal care and half of them delivered normally inside the camp. However, caesarean section rate was reported high at 35% compared to national rate for both Jordanian and Syrians. The survey found only one-third of non-single women in reproductive age currently using contraceptive methods while about half of women received family planning information during past year. The low uptake rate of family planning methods is still thematic among Syrian refugees in Jordan and this contributes to high fertility rate (4.9) and high teenage pregnancies reported through other surveys.

Regarding child nutrition, 1 out of 10 children under 5 had experienced growth or nutrition difficulties in the past month, with professional assistance sought by two-third of them. However, two-fifths of them were enrolled in a nutrition support program. The breastfeeding practices were good for most children under the age of 23 months; however, the early initiation of breastfeeding was reported among only 39% of children under the age of 6 months.

The survey also highlighted that 12 per cent of household members in the Zaatari camp had chronic diseases, with hypertension and diabetes being the most prevalent conditions. The access to NCD service was optimal, with most of individuals reported free access to healthcare or medication for their chronic diseases in the past three months. Regarding disabilities, 6 per cent of household members reported living with some form of disability compared to 7 per cent among the urban group, with almost three-quarters attributing their condition to physical or sensory impairments. When it came to receiving support for their

disabilities, they indicated receiving medical assistance and using assistive devices. In contrast, almost half did not receive any support due to reasons such as unavailability of services, high costs. This high proportion of those who did not receive any support for their disability is alarming and requires further in-depth analysis of needs against provisions.

In terms of COVID-19, most household members aged 18 years or older have received COVID-19 vaccinations, with reasons for not receiving the vaccine including lack of trust in vaccinations, being under the eligible age at the time, and pregnancy.

Monitoring the impact and effectiveness of future activities to promote healthcare access and utilization by Zaatari refugees is necessary, and data collected in 2024 can be used as a baseline for a similar measurement framework.

Conclusion

The survey conducted in Zaatari camp revealed that almost all households are aware of available healthcare services in Zaatari 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 Zaatari 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 Zaatari 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 camp-based-supported healthcare facilities. However, the awareness of subsidized access to health care at MOH medical 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 health-care services were unable to obtain 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 provisions to identify available services and the acceptance procedures for health cases at health-care centres catering to refugees can ensure more effective matching of refugee healthcare demands with the available services, thus establishing a more responsive system.
- 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 utilization. However, none existence of gap between availability and uptake raise a need for in depth qualitative analysis for common seeking behaviours and identification for none structural barriers. Additionally, enhancing awareness could be targeted as a short term interventions to improve uptake rate.
- While a small percentage of children experienced growth or nutrition-related challenges, more than 40 per cent didn't seek support despite the availability of services in the camp. It is recommended to strengthen the connection between the community and available nutrition support.
- Almost half 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 was dependent on the respondent to disclose the requested information on every household individual and the respondent's ability to recall the requested information. Inadequacy in recalling the information on the household members leaves a possibility for favouritism and preference to bias the information disclosed by the respondent regardless of all assorted preventive 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 the UNHCR database with active phone numbers, thus the inability to consolidate findings on all non-registered refugees due to restrictions on registration by the government of Jordan.
- A number of 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.

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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 ZAAATARI CAMP” JORDAN

JULY 2024



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