HEALTH ACCESS AND UTILIZATION SURVEY

“HAUS 2025”
ZAATARI CAMP

AMONG “ZAATARI CAMP REFUGEES” IN JORDAN

December 2025

Acknowledgements

This survey 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 594 households residing in Zaatari camp were interviewed during the survey for this year. In the year 2024, 598 Syrian household participated in the survey. We are particularly thankful to UNHCR for extending valuable support throughout this exercise.

List of acronyms

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

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Executive Summary

Household demographics

The 2025 Health Access and Utilization Survey conducted in Zaatari camp indicates that the demographic profile of refugee households remains largely consistent with the 2024 findings. Nearly three-quarters of households are headed by men, with more than half of the heads of household aged between 36 and 59 years, 7 per cent being aged over 59 years, while over one-third are within the 18–35 age group. Most heads of household were married, accounting for 84 per cent, while 7 per cent were widowed and 9 per cent were divorced, separated, or single.

In terms of education, just under one quarter of heads of household had completed at least secondary education. Basic education remained the most commonly reported level, at 42 per cent, while 6 per cent reported having no formal education. English language skills were reported by 8 per cent of heads of household, reflecting a decrease compared to 2024.

The average household income increased to 139 JOD, with fewer households reporting no income. Two-thirds of households reported a monthly income between 1 and 150 JOD. The average household size declined to 5.3 members, compared to 5.9 in 2024.

Household members are almost equally divided between females and males. More than half of household members are under 18 years of age, 45 per cent are between 18 and 59 years, and 3 per cent are aged 60 years or older. Among household members aged 15 years and above, 60 per cent were married and 33 per cent were single. Educational attainment among members aged 16 years and older shows that basic education is the most common at 42 per cent, followed by elementary education at 23 per cent. Secondary education was completed by 22 per cent, college education by 6 per cent, and 5 per cent reported having no formal education.

General Awareness on healthcare access

The majority of households reported being aware of the healthcare services available at UNHCR-supported health facilities within the camp, as well as the availability of free childhood vaccinations at in-camp vaccination clinics. Awareness of access to subsidized healthcare at Ministry of Health facilities was reported by 55 per cent of respondents, while 40 per cent indicated that they had received guidance on how to access these subsidized services.

Health service and health seeking behaviour

In the month preceding data collection, 23 per cent of household members reported a need for healthcare services. Among those who sought care, 73 per cent accessed services from NGO clinics or hospitals, 13 per cent sought care from private pharmacies, and 11 per cent accessed facilities outside the camp.

Of individuals who needed healthcare, 96 per cent successfully obtained services at the first facility they visited, representing an increase compared to 2024. Among the 4 per cent who did not obtain care, the main reasons reported were service unavailability, difficulties with healthcare personnel, and refusal of care by the facility.

Approximately 26 per cent of those who accessed care at the first facility incurred costs for the services received. The average expenditure was 43 JOD, with 90 per cent reporting costs of 100 JOD or less, while the highest reported cost reached 750 JOD. Satisfaction with services at the first facility was reported by 92 per cent of respondents.

Among household members who required care, 12 per cent sought services at a second healthcare facility. Of these, 46 per cent accessed private pharmacies, 21 per cent visited NGO clinics, and 18 per cent sought care at private hospitals. Healthcare was successfully obtained at the second facility in 80 per cent of cases, and 68 per cent of these individuals incurred costs. The average expenditure at the second facility was 22 JOD, with a maximum reported cost of 200 JOD. Satisfaction with services at the second facility was reported by 95 per cent of respondents. For those unable to obtain care, the main barriers were cost and service unavailability.

Telephone calls, text messages, and WhatsApp were identified as the preferred sources of healthcare information for camp residents.

Outside of camp healthcare behaviour

At the household level, 85 per cent of respondents reported having accessed healthcare services from in-camp facilities at least once during the three months preceding the survey. Among households unable to access care in-camp, 58 per cent sought services outside the camp.

Out-of-camp private clinics or hospitals were the most commonly used options, reported by 75 per cent of households, followed by private pharmacies and government hospitals. Successful access to out-of-camp services was reported by 90 per cent of households, and nearly all of these households paid for the services received. The average expenditure for out-of-camp healthcare was approximately 326.6 JOD.

Expenditure on healthcare and impact

The average household expenditure on healthcare during the month preceding the survey was approximately 43 JOD. However, some households reported extremely high expenditures, with cost reaching up to 4,000 JOD.

Childhood vaccinations (not including COVID-19)

Awareness of free childhood vaccinations available at in-camp clinics was reported by 98 per cent of households. Nearly all respondents reported familiarity with their children's vaccination cards, and the majority indicated that they currently possessed these cards.

Among children aged 9 to 59 months, nearly all had received the MMR vaccination, primarily at in-camp clinics. No challenges in accessing the MMR vaccination were reported. Polio vaccination coverage among children in the same age group was reported at 100 per cent, with the vast majority receiving the vaccine at in-camp clinics.

Sexual & Reproductive Health

Among non-single women of reproductive age, 33 per cent reported having children under the age of two. All mothers of children under two reported receiving antenatal care, and 98 per cent attended at least four antenatal visits. While visiting the clinic for antenatal care, 7 per cent reported difficulties accessing antenatal care, primarily due to long waiting times, healthcare service or personnel issues, and transportation challenges.

Nearly two-thirds of mothers reported a normal vaginal delivery, while 39 per cent reported a cesarean section. 8 per cent incurred costs for delivery services, with an average cost of 269 JOD. Most deliveries occurred in governmental hospitals, followed by in-camp facilities and private clinics or hospitals.

After delivery, 48 per cent of mothers reported receiving family planning information. Current use of contraceptive methods among non-single women of reproductive age reached 32 per cent. Awareness of services to prevent unplanned pregnancy was reported by 71 per cent, while 19 per cent attempted to obtain contraceptives in the previous year. NGO clinics were the primary source of family planning services, and pills and IUDs were the most commonly used methods. Satisfaction with contraceptive methods was reported by 98 per cent of users, and decision-making regarding the number of children was reported as joint by most respondents.

Nutrition including Infant and Young Child Feeding "IYCF"

Of children aged 0–5 years old, 8 per cent were reported to have experienced growth or nutritional challenges in the month preceding the survey. Among affected households, more than half sought professional support, while less than one-quarter were enrolled in nutrition assistance programs.

Breastfeeding was reported for 86 per cent of children at some point in their lives. Among these, initiation occurred within the first hour after birth for 41 per cent. Breastfeeding among children aged 0–23 months on the day prior to the survey was reported at 73 per cent. Most children aged 6–23 months had begun consuming solid or semi-solid foods.

Chronic Diseases

Of household members, 11 per cent reported having a chronic disease. Hypertension was the most frequently reported condition, followed by diabetes, ischemic heart disease, and asthma or COPD. Average monthly expenditure for chronic disease management was 33.8 JOD, with most individuals reporting expenditures of 100 JOD or less.

The survey indicated an increase in the number of households purchasing medication for chronic diseases, while average medication expenditure decreased. Among those reporting difficulties accessing care, the most common barriers were lack of medications, unaffordable costs, and long waiting times.

Disability

Disability prevalence in the camp was reported at 5 per cent. Physical disabilities accounted for over half of reported cases, followed by sensory impairments. Natural causes were the most commonly reported origin of disability, followed by accidents and war-related causes.

Of individuals with disabilities, 40 per cent reported receiving medical support, while 19 per cent reported using assistive devices, and 5 per cent required rehabilitation services. However, 41 per cent reported receiving no support. The main reasons cited included lack of service availability, high costs, lack of information on available services, and the perception that support was unnecessary.

Background and Methodology

Background

Jordan had a long, exemplary history of hosting refugees, with Jordan ranked second globally in term of refugees per capita worldwide, hosting refugees from different countries such as: Syria, Iraq, Yemen, Sudan, and Somalia, and is including refugees in local key national systems such as health and education.

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

Home to almost 52,000 Syrian refugees, Zaatari camp is under the joint management of the Syrian Refugee Affairs Directorate (SRAD) and UNHCR. UNHCR coordinates activities and services in the camp. Since its establishment in 2012, Zaatari has become emblematic of Syrian displacement across the Middle East.

According to the Summary Report of the Zaatari Health Information System for the third quarter of 2025, 14 alerts for diseases with outbreak potential were investigated during the reporting period. These included watery diarrhea, bloody diarrhea, acute jaundice syndrome, suspected meningitis, and suspected measles, the reasons for these alerts were consistent with those in previous reports. Regarding chronic health conditions, hypertension, diabetes were the primary reasons individuals sought medical care. During the third quarter, 643 pregnant women made their first antenatal care (ANC) visit. The report also noted coverage of complete antenatal care at the time of delivery, including 4 or more ANC visits.[1]

Identifying healthcare needs, utilization behaviours, and barriers 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 to understand their health access and utilization practices, and compare the data with 2024 HAUS findings. Headway was responsible for the main tasks associated with the survey implementation, data analysis, and report writing.

[1] ***Summary Report of Zaatari Health Information System (Third Quarter 2025)***

Objectives

- Measure key healthcare indicators related to awareness, utilization, access, quality of service, barriers, etc;
- Evaluate awareness regarding the availability of healthcare services for in-camp refugees;
- Determine the extent of impact the UNHCR policies have on healthcare access and utilization behavior;
- Estimate the proportion of registered in-camp refugees seeking care in the preceding month, types of care sought, whether or not care sought was received and in which type of facilities, difficulties faced in obtaining care;
- Quantify the level of knowledge of available healthcare service available to refugees;
- Assess the use of camp facilities, public healthcare and private facilities and the reasons for seeking care at those facilities;
- Identify and assess access to care and barriers experienced by different groups of seekers;
- Estimate coverage for key health and nutrition indicators including polio and measles immunization in children 9 – 59 months, use of antenatal care, family planning, skilled attendance at delivery, and infant and young child feeding practices;
- Estimate the proportion of households with injuries, chronic conditions, mental illness or disability and the type of support they are receiving.

Survey methodology

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

A structured questionnaire was used to collect the necessary information for the survey, and the global HAUS+ questionnaire was adapted for the Jordan context and tested by Headway Jordan. The adapted tool covered nine areas including; Demographic information; Child immunization and Nutrition; Infant and Young Child Feeding (IYCF) practices; Sexual and Reproductive health (SRH) practices; Chronic diseases; Mental illness and Disability; and access to healthcare in the past month.

The tool was scripted using the KOBO platform with an average interview length of 12-15 minutes. A total of 594 telephonic interviews were conducted by 11 trained enumerators from 19 to 30 October 2025. The sample size was calculated based on key statistical parameters.

Once all data 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 2025 Health Access and Utilization Survey (HAUS) conducted in Zaatari camp indicates that the demographic composition of refugee heads of household is similar to that observed in the 2024 HAUS findings. Specifically, nearly three-quarters of heads of household were male, with more than 50 per cent falling within the age range of 36 to 59 years. 7 per cent were aged over 59 years, while more than one-third were between 18 and 35 years old.

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

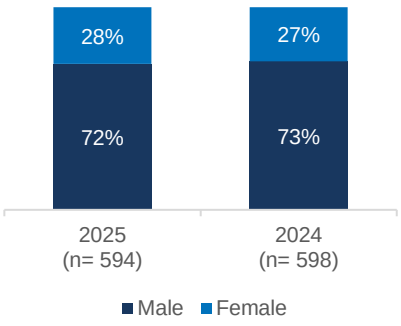
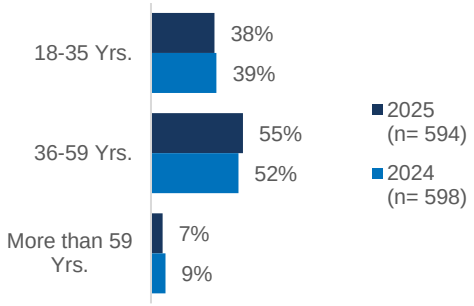


Figure 2. Head of HH age
Percentage of head of household

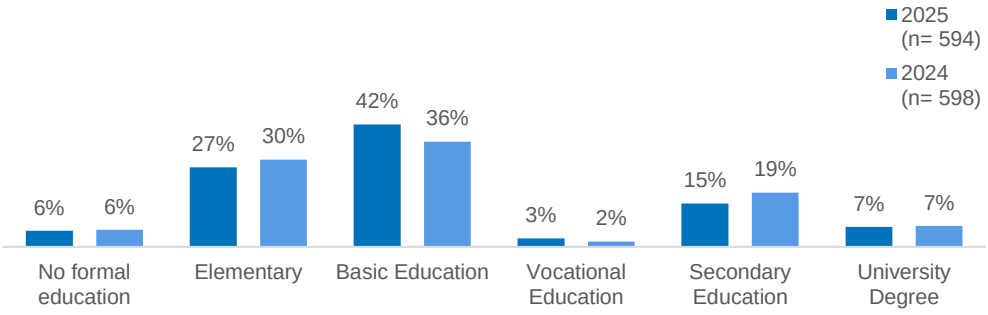


Languages spoken and Education level

In terms of the education level of heads of household, the data showed that slightly under a quarter had completed at least secondary education. The most commonly reported level of education completed was basic education, accounting for 42 per cent, while 6 per cent had never accessed formal education.

Figure 3. Head of HH education level

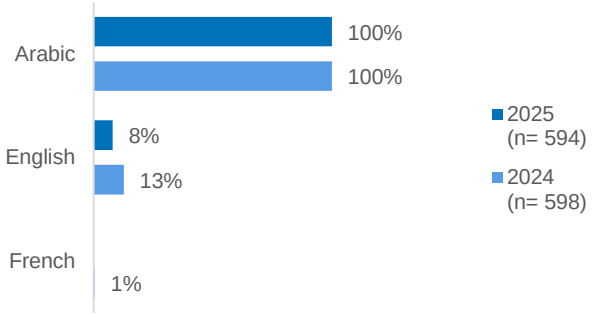
Percentage of head of household



Additionally, the survey indicates that 8 per cent of household heads reported having English language skills, a decrease from 13 per cent in the 2024 survey.

Figure 4. Languages spoken

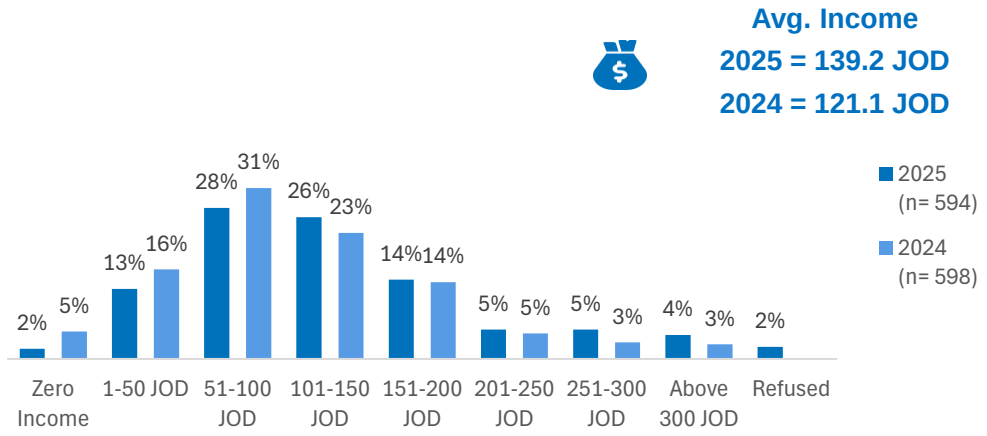
Percentage of head of household



Monthly household income

The average household income increased to 139 Jordanian dinar (JOD), accompanied by a decrease in the number of households reporting no income. Additionally, 67 per cent of households reported a monthly income between 1 and 150 JOD.

Figure 5. Monthly household income
Percentage of households

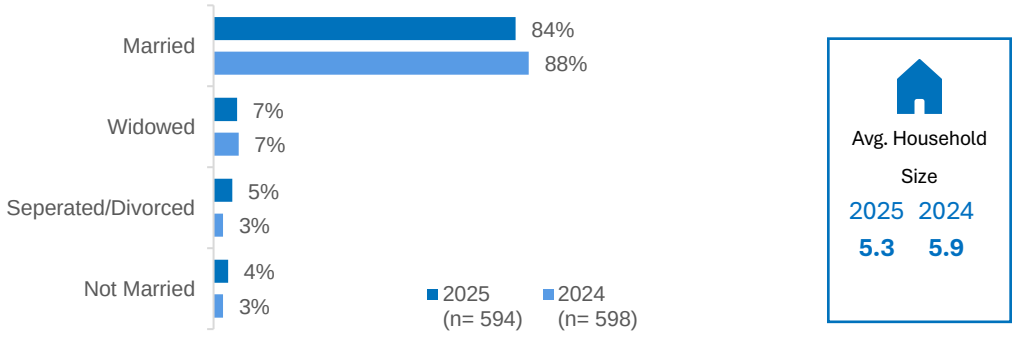


Note: figures do not add up to 100 per cent due to rounding

Household size and marital status

The average household size in Zaatari camp decreased to 5.3 members, compared to 5.9 members in 2024. Furthermore, a substantial majority of heads of household (84 per cent) reported being currently married. In contrast, 7 per cent reported being widowed, while 9 per cent identified as divorced, separated, or single.

Figure 6. Head of HH marital status
Percentage of head of household



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

Household Members Demographics

Gender and age

Households were nearly evenly divided between female and male members. Furthermore, over 50 per cent of household members under the age of 18, while 3 per cent were aged 60 years or older. Additionally, 45 per cent of household members fell within the age range of 18 to 59 years.

Figure 7. HH members gender
Percentage of household members

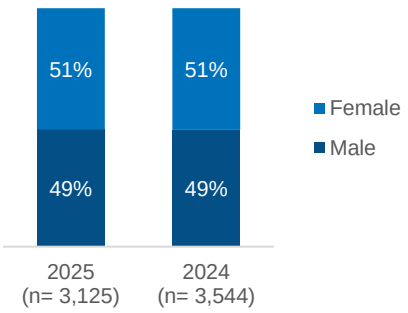
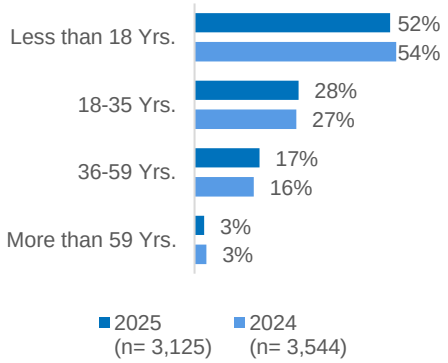


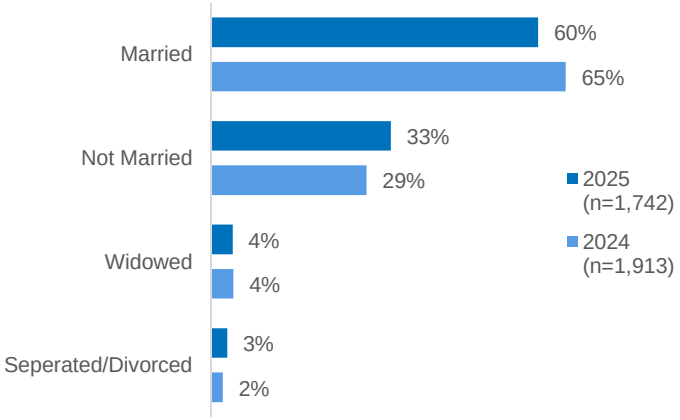
Figure 8. HH members age
Percentage of household members



Marital status

Among individuals in the household aged 15 years and older, 60 per cent were married, whereas 33 per cent were single.

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

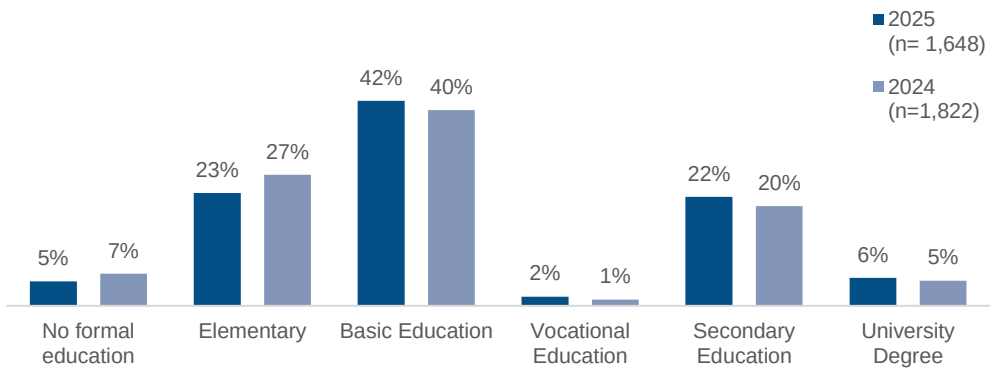


Education level

Regarding the educational attainment of household members aged 16 years or older, the predominant level of education achieved was basic education, reported by 42 per cent of individuals. The second most common level was elementary education, accounting for 23 per cent. Additionally, 22 per cent of the population completed secondary education, while 6 per cent obtained a college degree. Conversely, 5 per cent of household members did not receive any formal education.

Figure 10. HH members education level

Percentage of household members aged 16 years old or older



General Awareness on Healthcare Access

Access to healthcare facilities

The majority of households reported being aware of the healthcare services provided at UNHCR health facilities, as well as the availability of free vaccinations for children at the camp's vaccination clinics. When asked about access to healthcare services at the Ministry of Health's (MoH) medical facilities at subsidized costs, 55 per cent of respondents indicated that they were aware of this information, while 40 per cent reported having received guidance on how to access these subsidized healthcare.

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

	2025 (n=594)	2024 (n= 598)
Access to UNHCR supported health facilities	99%	99%
Access to subsidized healthcare at MoH medical facilities	55%	57%
Received information regarding accessing subsidized healthcare	40%	43%
Knowledge of free vaccinations in camp's vaccination clinics	98%	98%

Household Health Demographics

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

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

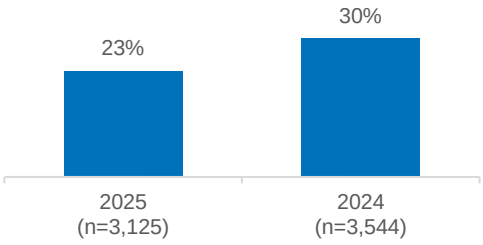
	2025 n= 3,125	2024 n= 3,544
MMR vaccination (children between 9-59 months)	369	488
Polio vaccination (children between 9-59 months)	368	486
Antenatal care (Women of reproductive age and have child less than 2 Years old)	179	245
Using family planning (Women of reproductive age 15 – 49 years old)	139	189
Needed healthcare services in the past month	731	1,043
With Chronic Disease	352	411
Living with disability	154	201

Health Service and Health Seeking Behaviour

Required healthcare services in the past month

In the month preceding the data collection, 23 per cent of household members reported a need to access healthcare services for medical conditions.

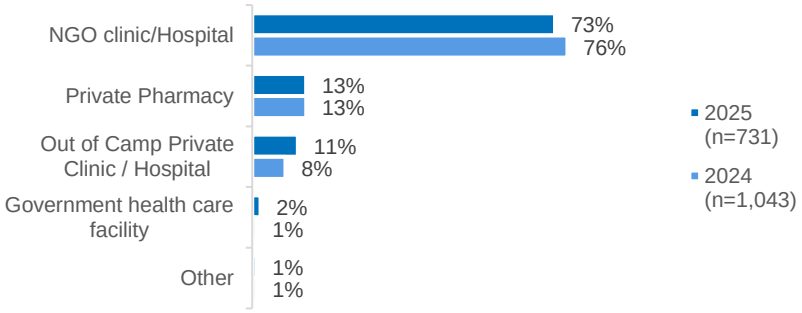
Figure 11. Needed to access healthcare services in the past month
Percentage of household members



Sought healthcare services (first location sought)

When individuals required healthcare, 73 per cent of individuals sought services from a non-governmental organization (NGO) clinics or hospitals. In contrast, 13 per cent opted for assistance from private pharmacies, while 11 per cent accessed private healthcare facilities outside the camp.

Figure 12. First location the healthcare service was sought at
Percentage of household members who needed to access healthcare facility in the past



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

At the intended healthcare facility, 96 per cent of individuals who required healthcare successfully accessed the necessary services at their initial location, reflecting an 8 per cent increase in healthcare access rates compared to the 2024 HAUS results. Among the 4 per cent who were unable to obtain care, respondents cited several reasons: service unavailability (38 per cent), difficulties with healthcare personnel (23 per cent), and instances in which the facility refused to provide care (19 per cent).

Figure 13. Received healthcare services in first facility

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

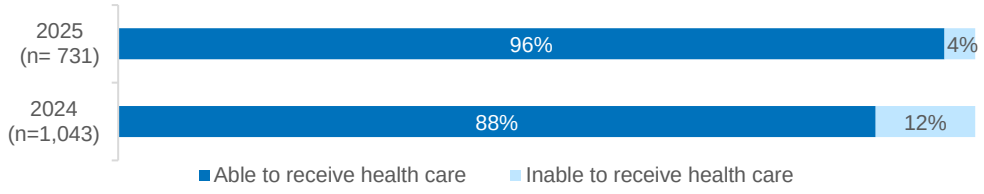


Table 3. Reasons for inability to receive healthcare services in first facility

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

	2025 (n= 26)	2024 (n= 119)
Service not available	38%	32%
Don't like the health services/staff	23%	13%
Health centre refuse to provide services	19%	37%
Couldn't afford user fees	8%	8%
Long waiting Time/Waiting for appointment	4%	3%
Shortage in Medicine		5%
Don't have time due work/take care of children		3%
Others	19%	8%

Around a quarter (26 per cent) of the members who utilized healthcare services incurred costs for the medical services received at the initial facility. This represents a marginal increase compared to the 2024 results, which indicated that 24 per cent of members reported similar expenses.

Figure 14. Paid for healthcare service in first facility

Percentage of household members who received healthcare service in first facility

The average expenditure for medical services at the initial facility visited was approximately 43 JOD, reflecting a decrease of 7 JOD compared to the reported expenses in 2024. Notably, 90 per cent of individuals incurred costs of less than 100 JOD, while the highest reported expenditure reached 750 JOD.

Table 4. Amount spent on healthcare services in first facility

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

	2025	2024
Base	179	218
Max	750 JOD	1,500 JOD
AVG	42.9 JOD	50 JOD
90th percentile	100 JOD	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

Of respondents who reported receiving requested healthcare service, 92 per cent reported satisfaction with the healthcare services received at the initial location.

Figure 15. Satisfaction with healthcare services provided in first location

Percentage of household members who received healthcare services in first location

Sought healthcare services (second location sought)

Of the 731 household members reported they required medical services, 12 per cent sought care at a second healthcare facility. Specifically, 46 per cent of individuals opted for a private pharmacy, representing an 11 per cent increase compared with the 2024 HAUS. Additionally, 21 per cent visited a non-governmental organization clinic, while 18 per cent pursued care at a private hospital.

Figure 16. Referred to second healthcare facility

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

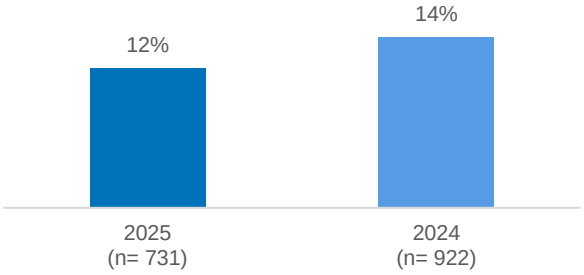
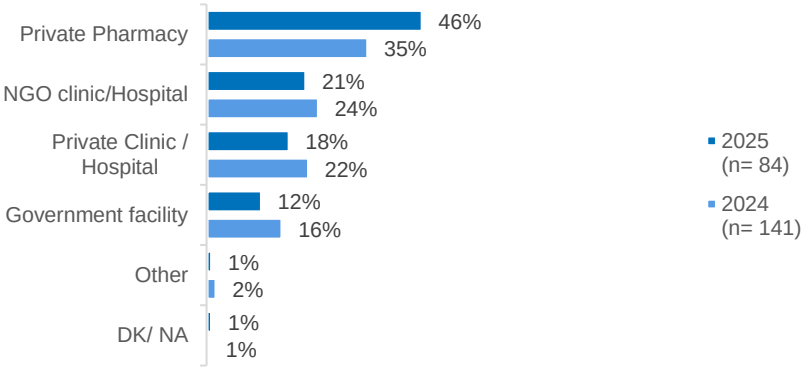


Figure 17. Second location the healthcare service was sought at

Percentage of household members who were referred to second healthcare facility



In 80 per cent of cases, healthcare services were obtained from a secondary location. Among these, 68 per cent indicated that they incurred costs for these services, reflecting a 16 per cent increase in reported expenses compared to the 2024 results.

Figure 18. Received healthcare services in second attempt

Percentage of household members who accessed second healthcare

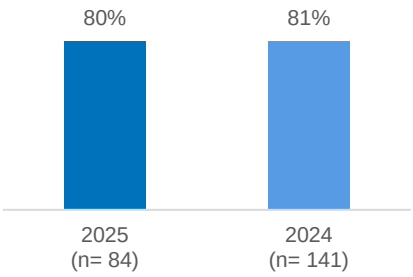
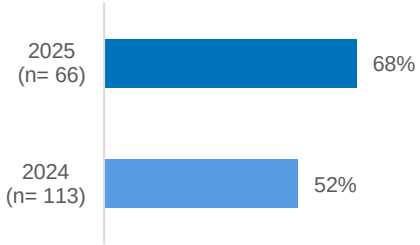


Figure 19. Paid for healthcare service/referral

Percentage of household members who accessed second healthcare facility



The highest reported expenditure for healthcare services at the secondary location was 200 JOD, with an average cost of approximately 22 JOD. Furthermore, 95 per cent of respondents expressed satisfaction with the healthcare services received at this facility.

Table 5. Amount spent on healthcare services in second facility

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

	2025	2024
Base	44	59
Max	200 JOD	2,000 JOD
AVG	22.3 JOD	58.1 JOD
90th percentile	35 JOD	50 JOD

Definitions:
90tile = The value where 90 per cent of the observations are below it
Max = The maximum value paid
Count = Number of payments
Mean = The straight average of payments
Note: figures do not add up to 100 per cent due to rounding

Figure 20. Satisfaction with healthcare services provided in second location

Percentage of household members who received healthcare services in second location

For individuals who were unable to obtain healthcare services at the secondary location, the reasons reported included the cost of services (50 per cent) and the unavailability of required services (19 per cent).

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

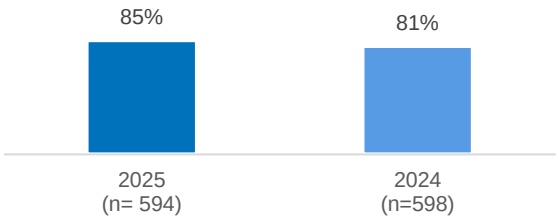
Percentage of household members who couldn't access healthcare service in second facility

	2025 (n= 16)	2024 (n= 27)
Couldn't afford user fees	50%	44%
Service not available	19%	15%
Don't like the health services/staff	6%	4%
Felt it was not necessary	6%	11%
Health centre refuse to provide services		26%
Too far / Transport issues		7%
Refused or waiting for approval on transfer to second healthcare center		4%
Others	19%	11%

Sought healthcare services outside of camp

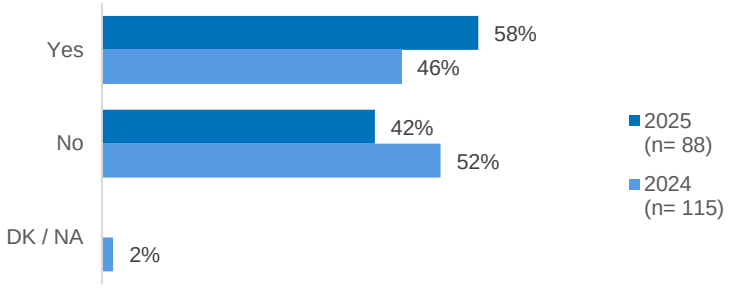
At the household level, 85 per cent of respondents indicated that they had received requested healthcare services from in-camp facilities at least once within the past three months.

Figure 21. Received required healthcare services through camp services in the past 3 months
Percentage of head of household



Among those who were unable to access healthcare services from in-camp facilities, 58 per cent sought medical assistance from out-of-camp healthcare providers. This represents a 12 per cent increase in the proportion of respondents attempting to obtain care outside the camp when services are unavailable within camp facilities.

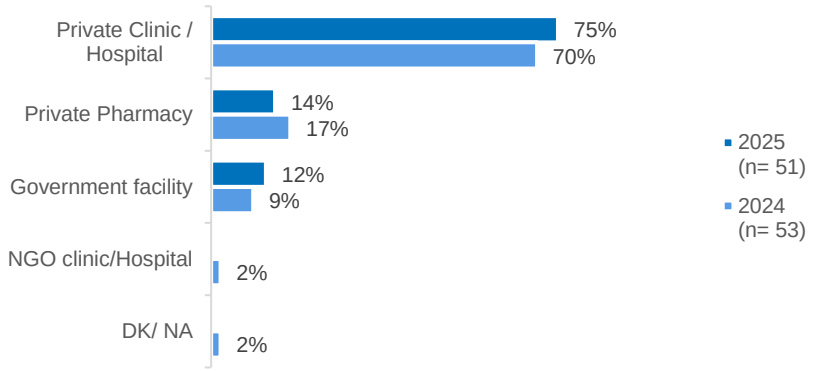
Figure 22. Sought care outside of camp
Percentage of head of household who did not receive required healthcare services through camp services



In cases where services are unavailable at in-camp facilities, out-of-camp private clinics or hospitals are the most frequently cited options for seeking medical care, with 75 per cent of households indicating they utilized these locations. This represents a 5 per cent increase compared to the 2024 results. Additionally, 14 per cent of respondents reported that they would seek care at private pharmacies, while 12 per cent indicated they would visit government hospitals.

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

Percentage of household members who sought care outside of camp



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

Successful attempts to obtain services from out-of-camp healthcare facilities reached 90 per cent, with 96 per cent of these households reporting payment for the services received. The average expenditure in the out-of-camp facilities was approximately 326.6 JOD.

Figure 24. Received care outside of camp

Percentage of heads of household who sought care outside of camp

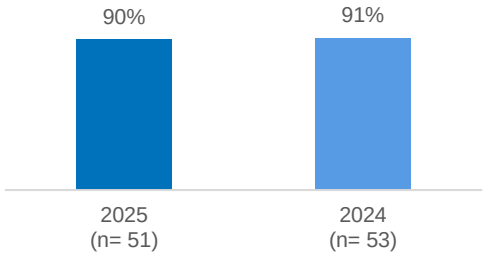


Table 7. Paid for service sought outside of camp

Percentage of head of household who received care outside of camp

	2025	2024
Base	44	43
Max	5,000 JOD	2,500 JOD
AVG	326.6 JOD	226.4 JOD
90 tile	675 JOD	560 JOD

Expenditures on healthcare

The average household expenditure on healthcare over the past month was estimated to be approximately 43 JOD. However, it is noteworthy that some households reported healthcare expenditures as high as 4,000 JOD.

Table 8. Amount spent on healthcare services in the past month

Percentage of head of household

	2025	2024
Base	594	598
Max	4,000 JOD	2,500 JOD
AVG	42.8 JOD	51.5 JOD
90 tile	90 JOD	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 primary preferred sources of information regarding healthcare among residents of the Zaatari camp were identified as telephone calls (64 per cent), text messages (40 per cent), and WhatsApp messages (31 per cent).

Table 9. Preferred source to receive information on healthcare

Percentage of head of household

Information Source	2025 (n=594)	2024 (n=598)
Phone	64%	38%
Text Messages	40%	40%
WhatsApp	31%	27%
Healthcare employees	24%	35%
Internet (UNHCR website and Facebook)	6%	25%
Brochures, other Written documents	1%	6%
Billboards	1%	7%

Childhood Vaccinations

Vaccinations access

In response to inquiries regarding the awareness of the availability of free vaccinations for children at in-camp clinics, 98 per cent of surveyed households reported that they were informed of this service.

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

Moreover, nearly all participants indicated that they were familiar with their children's vaccination schedule cards, and the majority affirmed that they currently possessed cards.

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

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

MMR vaccination

The survey indicated that nearly all children aged 9 to 59 months had received their MMR vaccinations. Notably, the predominant locations where MMR vaccinations were administered were in-camp clinics, accounting for 97 per cent of cases, with governmental clinics representing the remaining 3 per cent. Importantly, none of the respondents reported encountering any challenges in accessing the vaccinations.

Figure 28. Received MMR vaccination
Percentage of household children between 9-59 months

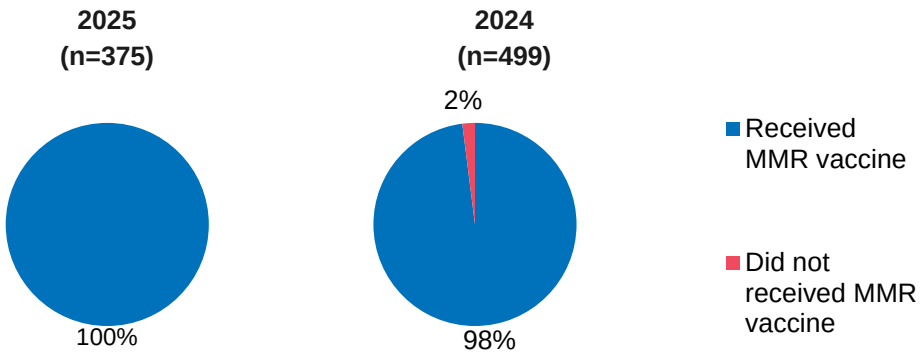
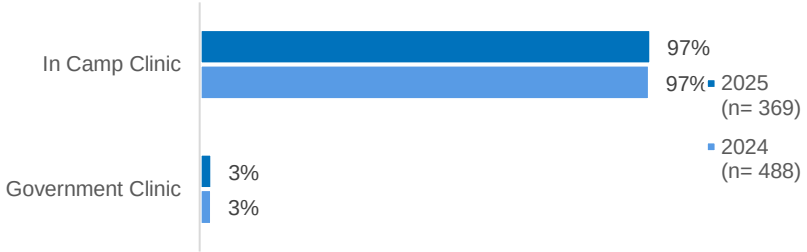


Figure 29. Location received MMR vaccinations at
Percentage of household children between 9-59 months and received MMR vaccination



Polio vaccination

Among children aged 9 to 59 months, the polio vaccination rate was 100 per cent. Of the children who received the Polio vaccination, approximately 98 per cent were vaccinated at in-camp clinics, while around 2 per cent received their vaccination at government clinics.

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

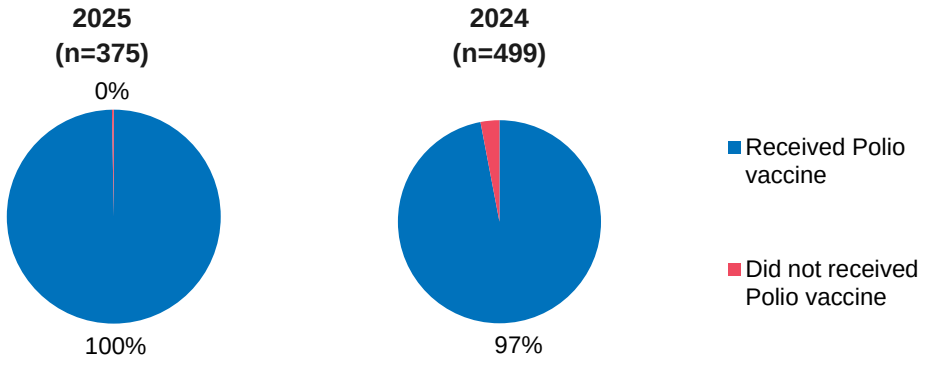


Figure 31. Location received Polio vaccinations at
Percentage of household members between 9-59 months who received Polio vaccination

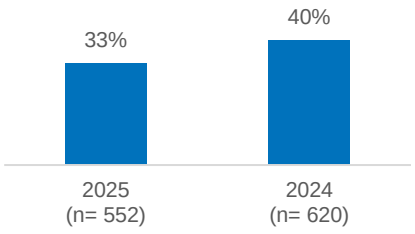
Note: figures do not add up to 100 per cent due to rounding

Sexual & Reproductive Health

Mothers of 2-year-old child

The survey revealed that 33 per cent of non-single women within the reproductive age group have children who are younger than two years old, compared with 40 per cent as reported in the 2024 HAUS findings.

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



Antenatal care

Among the 179 mothers with children under the age of two, all reported receiving antenatal care during their pregnancies. Furthermore, 98 per cent of these mothers indicated that they attended a minimum of four antenatal care visits.

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

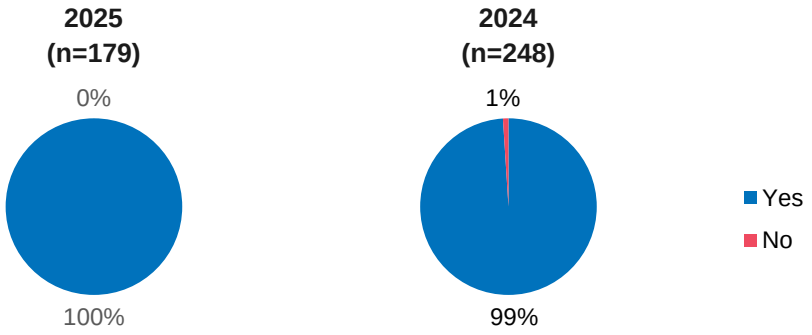
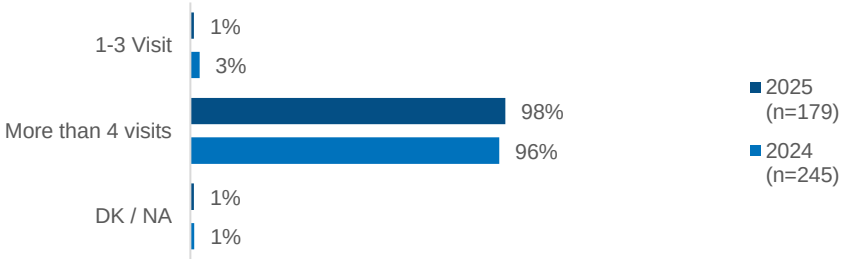


Figure 34. Number of antenatal care visits
Percentage of mothers of a child younger than 2 years of age who received antenatal care



In the context of accessing antenatal care, 7 per cent of mothers reported encountering difficulties. The most frequently cited challenges included extended waiting times (46 per cent), issues related to healthcare services or personnel (31 per cent), and transportation difficulties (31 per cent).

Figure 35. Encountered difficulties to receive antenatal care

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

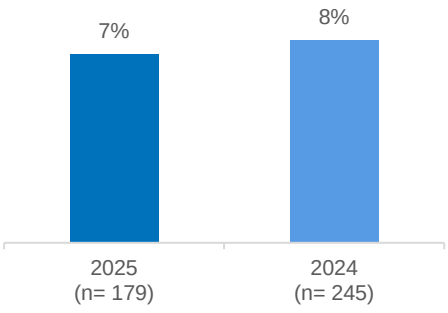


Table 10. Difficulties encountered to receive antenatal care

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

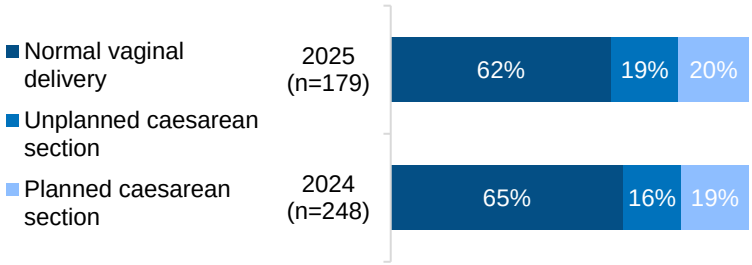
	Zaatari (n= 13)	Zaatari (n= 19)
Long Wait	46%	47%
Don't like the health services/staff	31%	26%
Too far / Transport issues	31%	21%
Busy with work/children	0%	5%
Others	23%	21%

Delivery

In relation to the methods of childbirth, nearly two-thirds of the participating mothers experienced a normal vaginal delivery, while 39 per cent underwent a caesarean section. Notably, 8 per cent of these mothers reported incurring expenses associated with delivery services, with the average cost of delivery estimated at 269 JOD.

Figure 36. Type of delivery

Percentage of mothers of a child younger 2 years of age



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

Table 11. Amount spent on delivery service

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

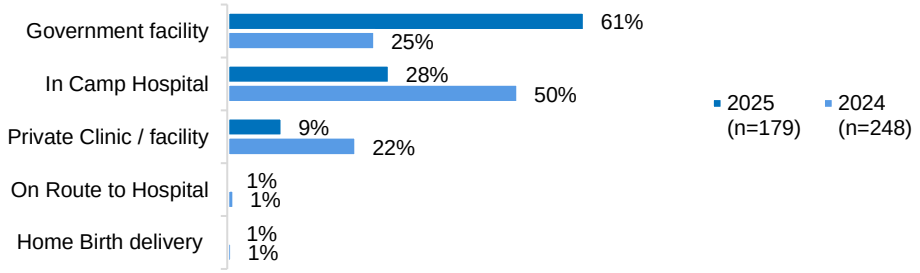
	Zaatari	Zaatari
Base	14	12
Max	600 JOD	600 JOD
Avg	269.1 JOD	210.8 JOD
90tile	550 JOD	570 JOD

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 locations, 61 per cent of mothers delivered in governmental hospitals, while 28 per cent gave birth in in-camp facilities, and 9 per cent in private clinics or hospitals. There has been a noteworthy increase in the number of deliveries in governmental hospitals, which rose by 36 per cent. Conversely, the proportion of deliveries occurring in in-camp facilities decreased by 22 per cent, alongside a 13 per cent reduction in deliveries in private hospitals.

Figure 37. Location for delivery

Percentage of mothers of a child younger 2 years of age



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

Family planning

Following delivery, 48 per cent of mothers received information regarding family planning. Additionally, 32 per cent of non-single women of reproductive age reported that they were currently utilizing contraceptive methods.

Although awareness of available services to prevent unplanned pregnancy was at 71 per cent, 19 per cent of individuals reported that they made efforts to obtain contraceptive methods in the previous year. This is notable despite the fact that 41 per cent reported acquiring information about family planning within the same timeframe.

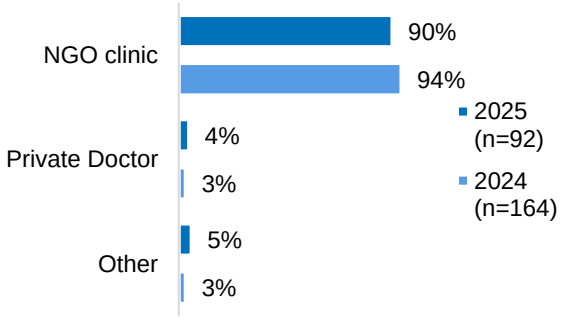
Table 12. Awareness and usage of family planning services in Jordan

	2025	2024
Awareness of any available services to prevent unplanned pregnancy (2024, n=459 // 2025, n= 488) >> Households with at least one non-single women in reproductive age	71%	73%
Heard information about family planning in the past year (2024, n=459 // 2025, n= 488) >> Households with at least one non-single women in reproductive age	41%	55%
Tried to obtain contraceptive methods in the past year (2024, n=459 // 2025 n= 488) >> Households with at least one non-single women in reproductive age	19%	33%
Advised/Provided with of any contraceptive methods after delivery (2024 n=248 // 2025 n=169) >> mothers of a child younger than 2 years old	48%	55%
Currently using any contraceptive methods (2024 n=620 // 2025 n=551) >> non-single women in reproductive age	32%	31%

According to the survey data, 90 per cent of non-single women in reproductive age group opted to visit NGO clinic to obtain family planning services.

Figure 38. Location sought family planning services at

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



Note: the 2024 HAUS survey measured this question for non-single women in reproductive age who tried to obtain contraceptive methods in the past year

The most commonly used contraceptive method among respondents was oral pills (37 per cent), followed by the intrauterine device (IUD), used by 27 per cent.

Figure 39. Type of contraceptive method used

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

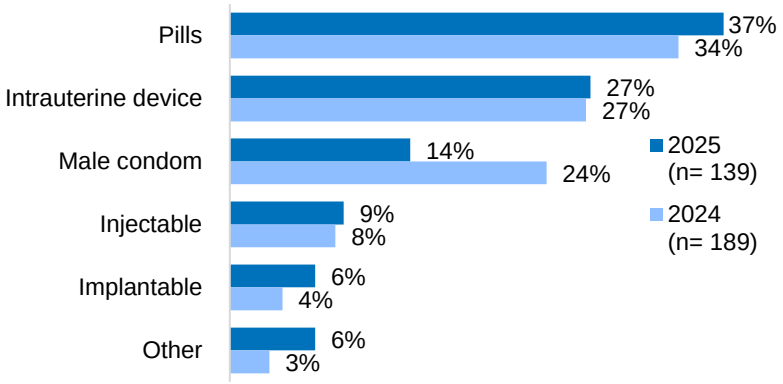
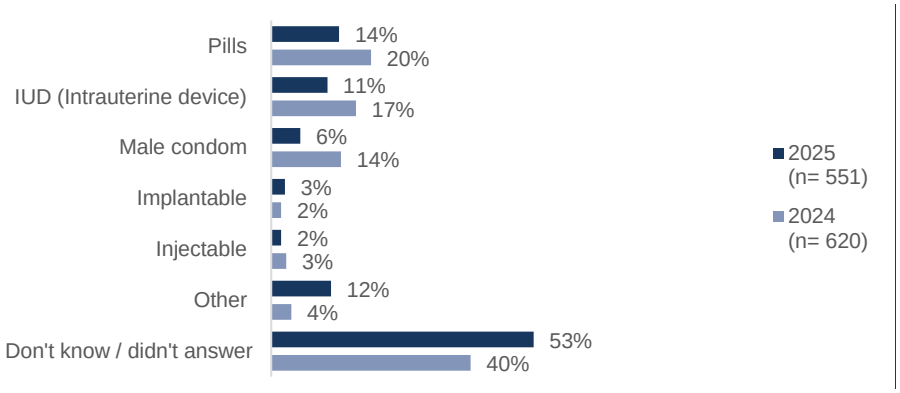


Figure 40. Preferred type of contraceptive method

Percentage of non-single women in reproductive age



Furthermore, 98 per cent of females utilizing contraceptive methods reported satisfaction with the methods employed.

Figure 41. Satisfaction with contraceptive method used

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

In the context of acquiring information regarding family planning services, 65 per cent of mothers identified healthcare professionals as their primary source of information. Additionally, 34 per cent acknowledged community health volunteers as a valuable resource, while 30 per cent reported that social events served as a source of information.

Table 13. Source of information about family planning in Jordan

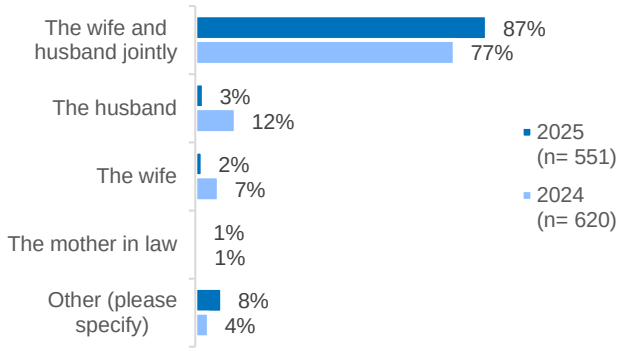
Percentage of HH with at least one non-Single women in reproductive age who heard information about family planning in the past year

Information Source	2025 (n=196)	2024 (n=274)
Healthcare employees	65%	67%
Community Health Volunteers	34%	29%
Social Event	30%	23%
Audio, Radio, other Social Media Sources	2%	3%
Billboards	2%	2%
Broachers, other Written documents	1%	1%

Regarding decision-making, 87 per cent of respondents indicated that the decision regarding number of children was made jointly by the partners.

Figure 42. Decision on number of children

Percentage of non-single women in reproductive age



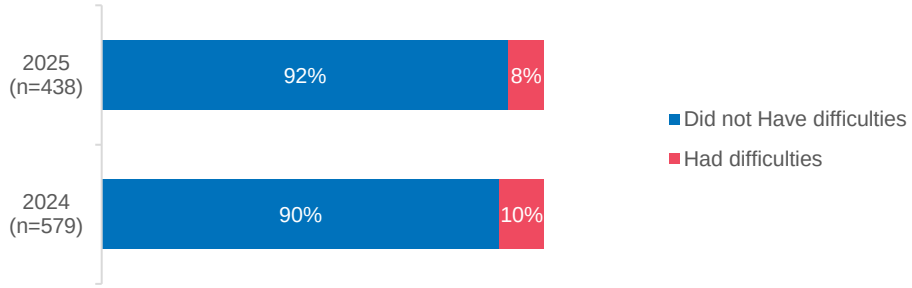
Note: figures do not add up to 100 per cent due to rounding

Nutrition including Infant and Young Child Feeding "IYCF"

Nutrition and Growth

The survey indicated that 8 per cent of children aged 0 to 5 years were reported to be experiencing growth or nutritional challenges in the preceding month.

Figure 43. Noticed difficulties with child growth or nutrition during the past month
Percentage of children between the age of 0 – 59 months



Seeking professional support

Among children aged 0-59 months with difficulty in growth or nutrition, over 50 per cent sought professional assistance; however, 23 per cent were currently enrolled in a professional nutrition assistance program.

Figure 44. Requested professional assistance

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

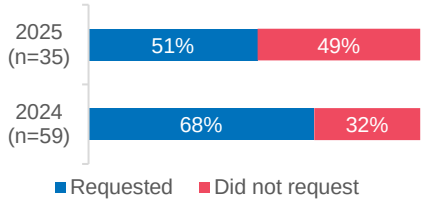
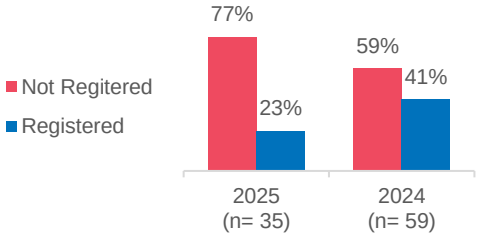


Figure 45. Registered to professional assistance nutrition program
Percentage of children between 0-59 months with difficulty in growth or nutrition

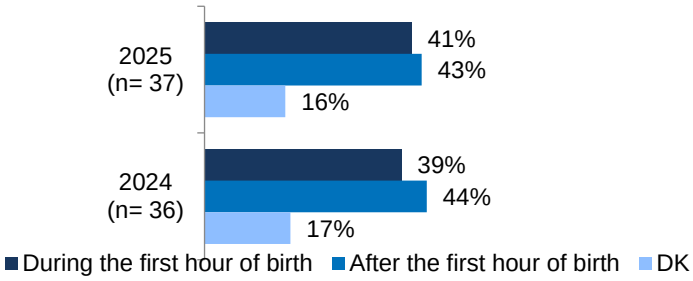


Breastfeeding

The survey findings regarding breastfeeding behaviours indicate that 86 per cent of children have been breastfed at some point in their lives, which reflects a decrease of 5 per cent compared to the previous year's survey. Among those who were breastfed, 41 per cent initiated breastfeeding within the first hour following birth, whereas 43 per cent commenced breastfeeding after the first hour.

Figure 46. children who were ever breastfed
Percentage of children between 0-23 months

Figure 47. Timing of breastfeeding initiation
Percentage of infants between 0-5 months and were breastfed ever



In addition, there was a 7 per cent increase in the rate of breastfeeding among children aged 0-23 months on the day prior to the survey interview, rising from 66 per cent in 2024 to 73 per cent in 2025, with breastfeeding occurring both during the night and the day. Furthermore, it was reported that 89 per cent of children aged 6-23 months commenced the intake of solid or semi-solid foods.

Figure 48. child was breastfed during the night or day

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

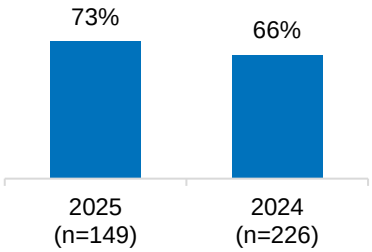
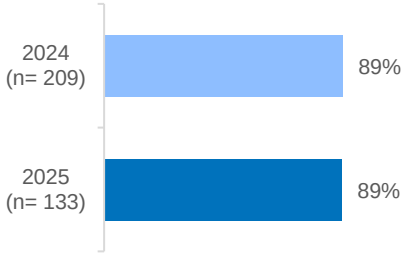


Figure 49. Child was fed solid/semi-solid food during the night or day
Percentage of children between 6-23 months



Chronic Diseases

Of the household members surveyed, 11 per cent reported having a chronic illness. Among the 352 individuals identified as suffering from chronic diseases, 35 per cent indicated that they were living with hypertension. Diabetes represented the second most frequently reported condition, affecting 30 per cent of those with chronic illnesses, followed by ischemic heart disease at 18 per cent, and asthma or chronic obstructive pulmonary disease (COPD) at 13 per cent.

Figure 50. Prevalence of chronic diseases
Percentage of household members

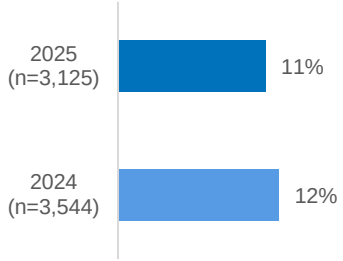


Figure 51. Type of chronic disease
Percentage of all household members living with chronic disease(s)

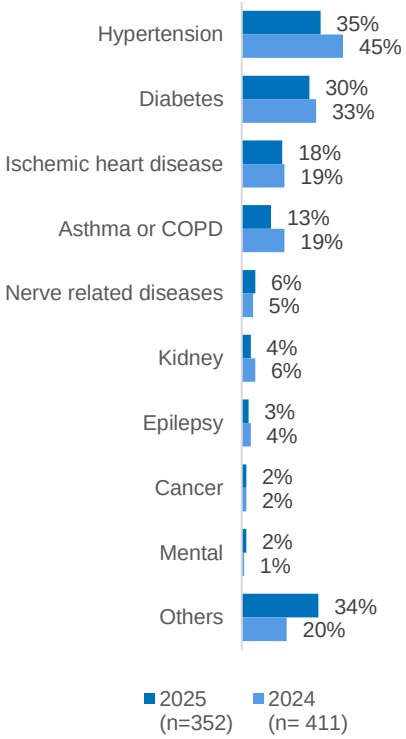


Table 14. Type of chronic disease - others
Percentage of all household members living with chronic disease(s)

	2025 (n= 352)	2024 (n= 411)
Thyroid	9%	8%
Muscle disease	3%	3%
Disk & other	6%	1%
Others	22%	7%

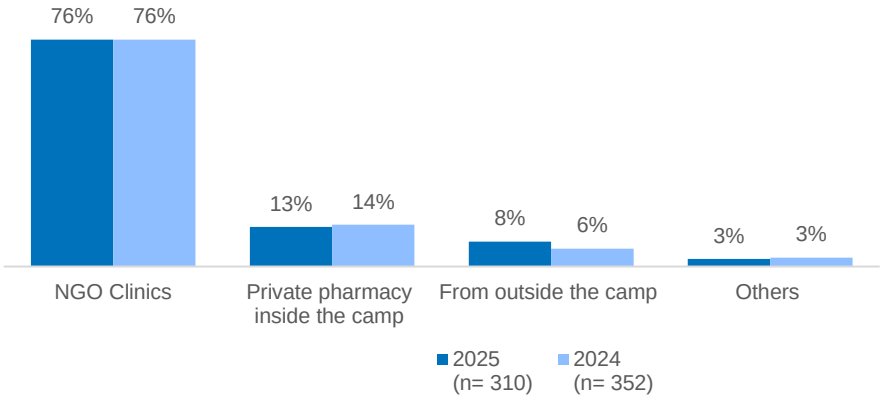
In the context of accessing medical care, 88 per cent of respondents reported that they received care or medications for their chronic conditions within the past three months. Among these individuals, 26 per cent visited the Saudi Clinic, while 25 per cent sought services at the Qatari Clinic. Additionally, 26 per cent also utilized the International Medical Center (IMC) and other facilities located outside of the camp.

Figure 52. Ability to obtain medical care or medications in past 3 months for his chronic disease

Percentage of household members suffering from chronic disease

Figure 53. Location to obtain medical care or medications from for his chronic disease

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



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

On average, the expenditure for the management of chronic diseases was 33.8 JOD. Approximately 90 per cent of respondents incurred expenses totalling up to 100 JOD, while some individuals reported expenditures reaching 400 JOD for care associated with their chronic conditions. Furthermore, the 2025 survey indicated a 6 per cent increase in the number of households purchasing medication for chronic conditions; however, the average expenditure for such medication decreased by nearly 50 per cent.

Figure 54. Paid for medical care or medications for his chronic disease

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

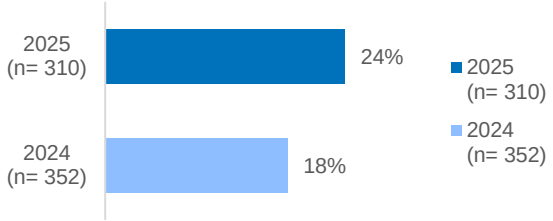


Table 15. Amount spent on medication for chronic disease

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

	2025	2024
Base	72	63
Max	400 JOD	1,800 JOD
Avg.	33.8 JOD	67.3 JOD
90tile	100 JOD	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

Among respondents who reported difficulties accessing healthcare, 34 per cent identified a lack of medications as the primary barrier. Additionally, 27 per cent indicated that the cost of healthcare was unaffordable, while 10 per cent cited lengthy waiting times as an obstacle.

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

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

	2025 (n= 41)	2024 (n= 59)
Medication is unavailable	34%	56%
Couldn't afford user fees	27%	22%
Long waiting time	10%	8%
Could not afford transport fees	0%	5%
Others	29%	19%
I Don't Know	15%	10%

Disability

The prevalence of disability within the Zaatari camp was 5 per cent. Among the reported disabilities, physical disabilities accounted for 53 per cent, while sensory impairments represented 29 per cent. Notably, the incidence of physical disabilities increased by 14 per cent compared to the findings reported in HAUS 2024.

Figure 55. Prevalence of disability
Percentage of all household members

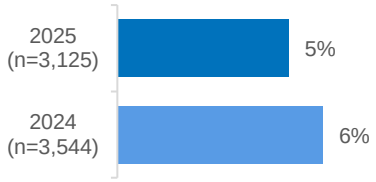
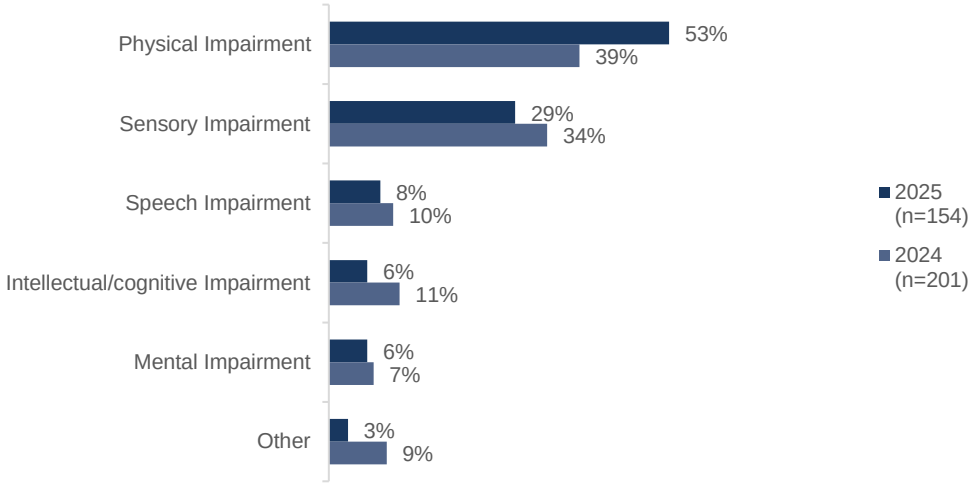


Figure 56. Disability type living with
Percentage of household members with disability



The majority of disabilities can be attributed to natural causes, which accounted for 57 per cent of cases. Accidents were responsible for 25 per cent, while war contributed to 13 per cent of the disabilities.

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

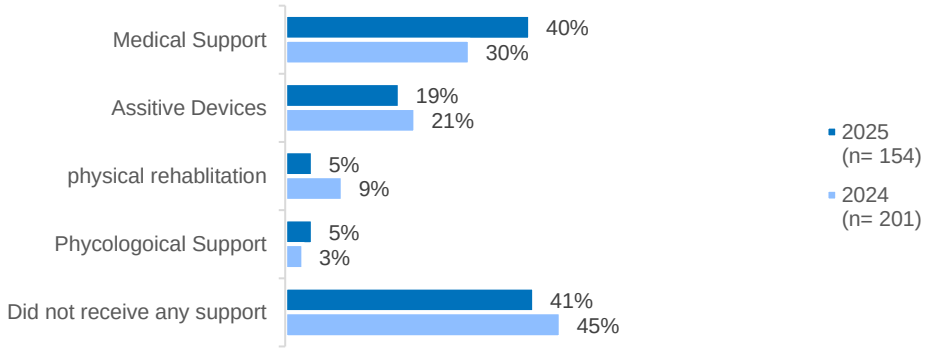
	Natural (At birth)	Accident (House, road, …)	War	Violence	Other	I Don't Know
2025 (n= 154)	57%	25%	13%	2%	4%	1%
2024 (n= 201)	60%	25%	9%	0%	4%	4%

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

The survey results indicate that 40 per cent of respondents received medical support for their disability, while 19 per cent utilized assistive devices, and 5 per cent required physical rehabilitation. Nevertheless, 41 per cent of the participants reported that they did not receive any form of support. The reasons they provided included a lack of service availability (46 per cent), high service costs (24 per cent), uncertainty regarding where to access available services (13 per cent), and a perception that support was unnecessary (10 per cent).

Figure 57. Type of support received for disability

Percentage of household members with disability



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

	2025 (n= 63)	2024 (n= 91)
Service is unavailable	46%	56%
Couldn't afford user fees	24%	15%
Didn’t know where to go	13%	4%
Felt it was unnecessary	10%	9%

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

Discussion

The findings of the 2025 Health Access and Utilization Survey indicate that Zaatari camp continues to demonstrate strong access to primary and preventive health services, supported by well-established in-camp facilities and coordinated service delivery mechanisms. High rates of successful access to care and reported satisfaction reflect the sustained functionality of the camp health system. Preventive services, particularly childhood immunization and antenatal care, remain widely accessible, underscoring effective outreach and service availability for key population groups.

A notable shift observed in the 2025 findings relates to the location of childbirth services. The proportion of deliveries occurring in governmental hospitals increased substantially compared to 2024, while deliveries in in-camp facilities and private hospitals declined. This change reflects a deliberate policy decision taken in 2025 by key stakeholders, including UNHCR and the Ministry of Health, to transition delivery services from in-camp facilities to Ministry of Health hospitals. The shift represents a coordinated service delivery adjustment rather than a change in women's health-seeking behavior or access constraints. Antenatal care coverage remained stable, and the majority of mothers continued to attend the recommended number of antenatal visits, indicating continuity of care despite the change in delivery location.

The policy-driven transition of delivery services to governmental hospitals may have implications for referral pathways, transportation needs, and health system coordination. While the survey indicates that most women successfully accessed delivery services and only a small proportion incurred delivery-related costs, continued monitoring will be important to ensure that the shift does not introduce new barriers, particularly for women with limited mobility or resources. The sustained high utilization of antenatal care suggests that linkages between in-camp services and governmental hospitals are functioning effectively, but maintaining clear referral mechanisms and communication with communities remains essential.

Beyond maternal health, the findings highlight the central role of in-camp NGO-supported facilities as the primary point of care for most health needs. The high proportion of individuals successfully accessing care at the first facility visited and the high satisfaction levels suggest that primary care services remain responsive and accessible. However, the reliance on secondary facilities, including private pharmacies and out-of-camp providers, indicates ongoing gaps in service scope, particularly for medications, diagnostics, and chronic disease management.

Financial considerations remain an important factor shaping health access. While average in-camp expenditures are relatively modest, out-of-camp care is associated with significantly higher costs, and some households reported very high health expenditures. This pattern underscores the continued risk of financial strain for households requiring specialized care or services unavailable within the camp, including delivery services now provided at governmental hospitals.

Nutrition and infant and young child feeding indicators reveal both progress and gaps. While breastfeeding practices remain common and timely initiation is reported by a substantial proportion of mothers, limited enrollment in nutrition programs among children with reported growth or nutritional challenges suggests potential gaps in follow-up or program coverage.

Chronic disease management continues to present challenges related to medication availability and affordability. Although average expenditures for chronic disease care have decreased, reported barriers such as lack of medications and unaffordable costs persist. These challenges may be exacerbated by increased reliance on external facilities for certain services, reinforcing the importance of coordinated supply chains and referral systems.
Similarly, disability findings point to significant unmet needs, with many individuals reporting lack of access to services due to availability, cost, or information barriers.

Overall, it is crucial to systematically monitor and evaluate the impact and effectiveness of future initiatives aimed at improving healthcare access and utilization for refugees residing in Zaatari. This involves not only tracking the number of refugees receiving healthcare services but also assessing their satisfaction with the services provided, identifying barriers to access, and analyzing health outcomes.

Conclusion

The 2025 Health Access and Utilization Survey provided a comprehensive snapshot of how refugees in Zaatari camp access and utilize health services within an evolving humanitarian and policy context. The findings confirm that primary and preventive healthcare services within the camp remain widely accessible, with high levels of awareness and satisfaction reported across the population. Essential services such as childhood immunization and antenatal care continue to demonstrate strong coverage, reflecting effective coordination among health partners and sustained community engagement.

At the same time, the survey highlights ongoing challenges related to affordability, continuity of care, and access to specialized services. While most individuals were able to obtain care at the first point of contact, a notable proportion required secondary or out-of-camp services, often incurring additional out-of-pocket expenditures. These financial pressures are particularly significant for households managing chronic diseases, disabilities, or conditions requiring specialized treatment, underscoring the continued vulnerability of refugee households to health-related financial shocks.

The shift in delivery locations toward governmental hospitals in 2025 represents a significant system-level change driven by coordinated decisions between UNHCR and the Ministry of Health. The findings indicate that this transition occurred alongside sustained antenatal care coverage and successful access to delivery services, suggesting that referral mechanisms and service continuity have largely been maintained. However, this change also reinforces the importance of ongoing monitoring to ensure that access remains equitable and that logistical or financial barriers do not emerge for pregnant women.

Persistent gaps identified in nutrition support, chronic disease management, and disability services point to areas where targeted interventions remain necessary. While awareness of services is generally high, access challenges related to medication availability, service costs, and information gaps continue to affect specific population groups.

Overall, the 2025 HAUS findings underscore the need to sustain strong primary healthcare provision in Zaatari camp while adapting service delivery models to a changing operational environment. Continued investment in coordinated referral systems, financial protection mechanisms, and inclusive service planning will be essential to ensure that refugees residing in the camp can access comprehensive, affordable, and continuous healthcare in the years ahead.

Recommendations

- Strengthen awareness of available health services, particularly subsidized care accessible outside the camp. While most households know about in-camp UNHCR services and vaccination programs, however, about half are aware of subsidized Ministry of Health (MoH) services, and even fewer have received guidance on how to access them. Expanding community outreach through volunteers, SMS, and WhatsApp can improve knowledge of service availability, eligibility criteria, and referral pathways.
- There has been a sizable increase in medical care expenses especially when care was sought outside the camp, with financial constraints being a limiting factor to prevent access to medical care for patients with chronic diseases or living with disability. Strengthening financial protection mechanisms, together with clearer guidance on the appropriate timing and use of subsidized services, can promote more efficient utilization of available healthcare options and reduce households' exposure to health-related financial hardship.
- Enhance referral systems and service coordination, especially following the shift of childbirth services to governmental hospitals. With 61 per cent of deliveries now occurring in MoH facilities compared with 28 per cent in-camp in 2024, timely referrals, clear communication, and transport support are essential to safeguard continuity of maternal care and access to specialized services.
- Improve family planning uptake, which remains low despite relatively high awareness (71 per cent) and low utilization (19 per cent). Pills (37 per cent) and IUDs (27 per cent) are the most commonly used methods. Enhancing counselling, expanding outreach, improving service accessibility, and engaging male partners can contribute to better uptake and overall reproductive health outcomes.
- Promote disability-inclusive health services. With 5 per cent of household members reporting disabilities and 41 per cent receiving no support due to service gaps or cost barriers, conducting a comprehensive mapping and gap analysis of existing services versus projected needs is strongly recommended.

Limitations to the Study

- The study was entirely dependent on the respondent to disclose the requested information on every household member and the respondent's ability to recall the requested information. Inadequacy to recall the information on the household members leaves a possibility to favouritism and preference to bias the information disclosed by the respondent, despite the preventative measures applied.

- Response bias, is also concern as this type of surveys doesn't allow verification and validation of the provided information. For example, household income, vaccination location, delivery fees and location, etc… The interviews were conducted exclusively with active refugees registered in UNHCR database with active phone numbers, thus the inability to consolidate findings on all non-registered refugees due to restriction on registration by the government of Jordan.

- A number of participants who were interviewed, did not understand if the health case of a specific family member can be classified as chronic or not / disability or not, however, these cases were reclassified in the data cleaning and validation stage.

About UNHCR

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

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

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

About Headway

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

HEALTH ACCESS AND UTILIZATION SURVEY

AMONG “REFUGEES LIVING IN AL ZAATARI CAMP” JORDAN

December 2025

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

www.unhcr.org/jo