



UNMET HEALTH AND PSYCHOSOCIAL NEEDS OF SYRIAN REFUGEES

Preliminary findings of a health needs assessment in Zarqa Governorate

HASHEMITE KINGDOM OF JORDAN – SYRIAN CRISIS

WHY A HEALTH NEEDS ASSESSMENT

PU-AMI household visits (over 2,800 up to date): reach out Syrian refugees (incl. non registered)

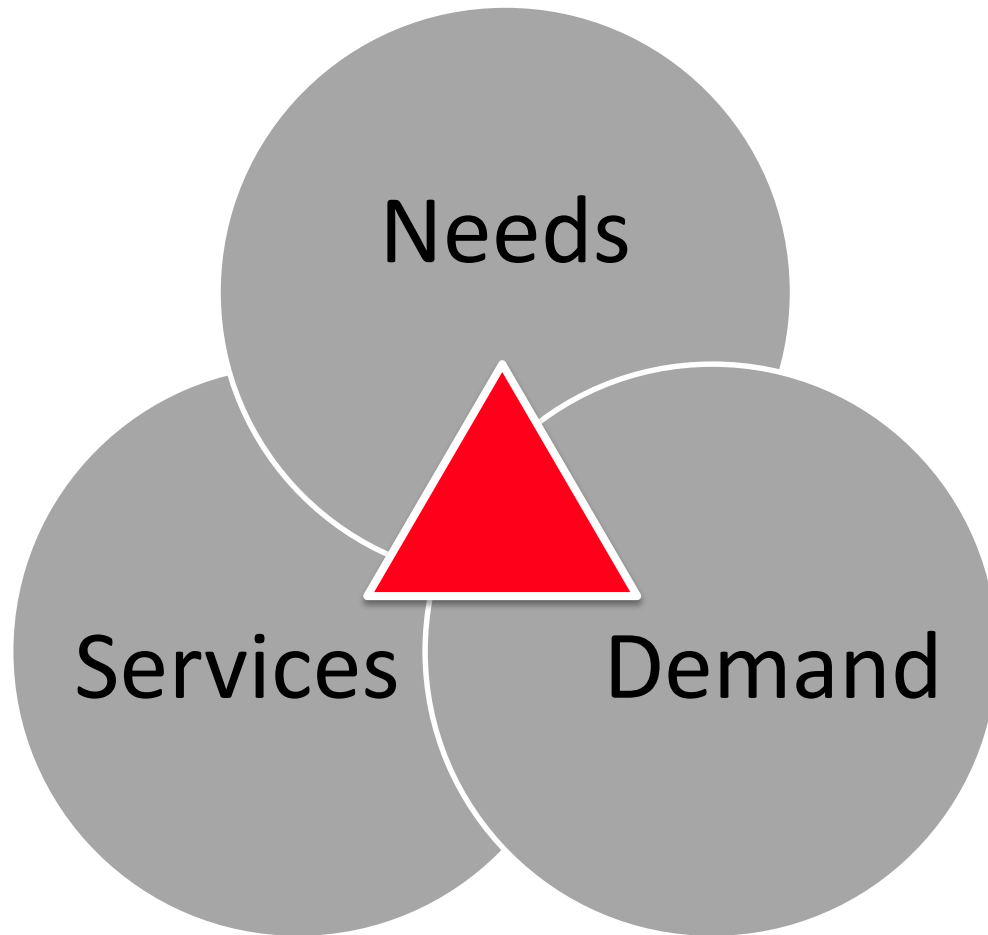
- Issues accessing health care
- High vulnerability, isolation and psychosocial distress
- Fewer actors / Syrian refugee populations

Motivated a health needs assessment in intervention area, validated by MOPIC and MOH

Aligned with relevant working groups guidelines (MPHSS)

Multi-perspectives

3 PERSPECTIVES OF HEALTH NEEDS



METHODOLOGY

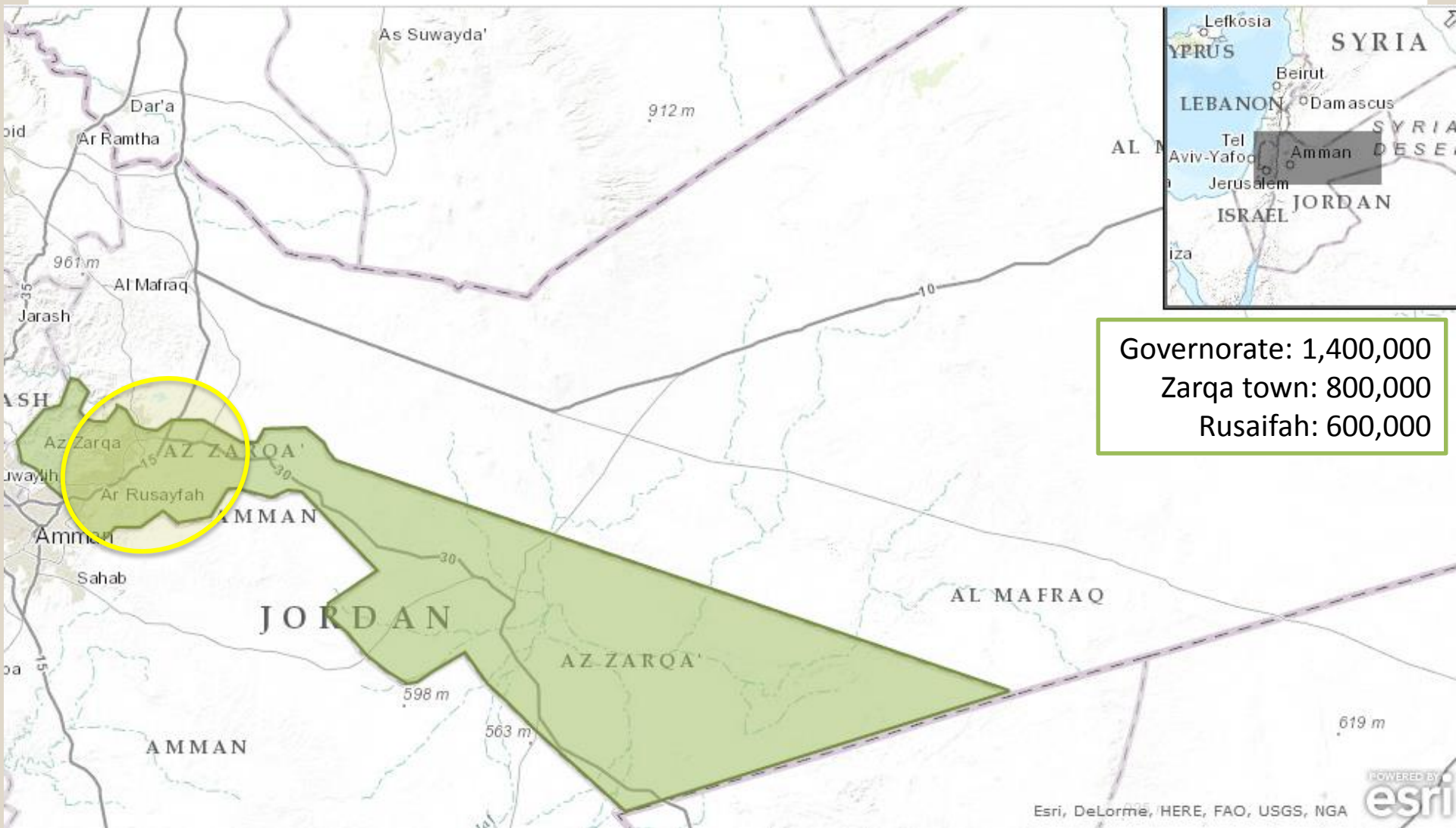
Objectives:

- Unmet health needs of Syrian refugees and vulnerable Jordanian households in Zarqa Governorate
- PU-AMI health intervention in Jordan (incl. community health and mental health/psychosocial)

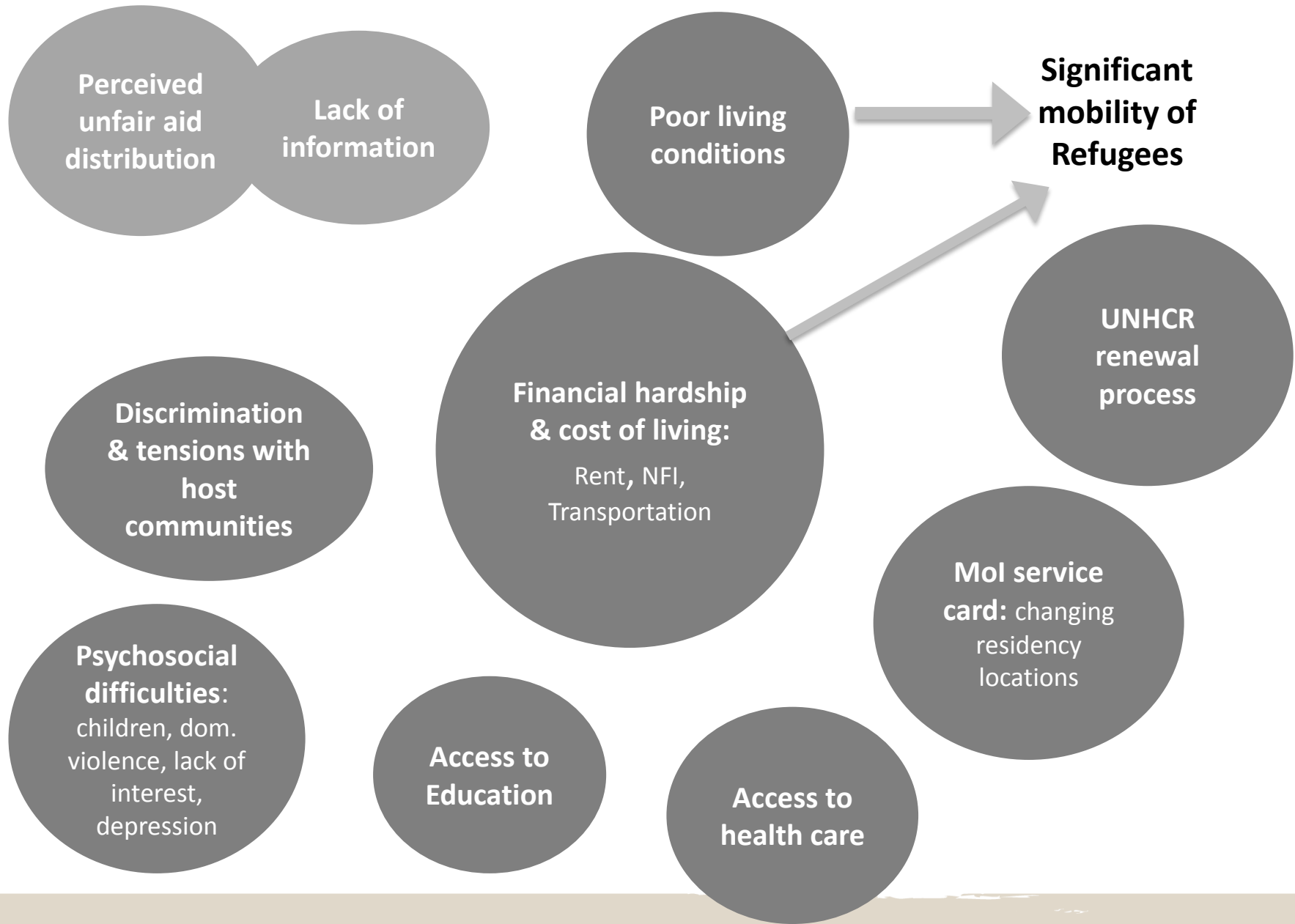
Methodology:

- Desk research
- Analysis of PU-AMI household database
- Focus Group Discussion 15 FGDs, over 100 participants
- Rapid assessment: 12 governmental health facilities
- Meetings/visits stakeholders: MoH, I&N-NGOs, CBOs and Syrians providers, international agencies

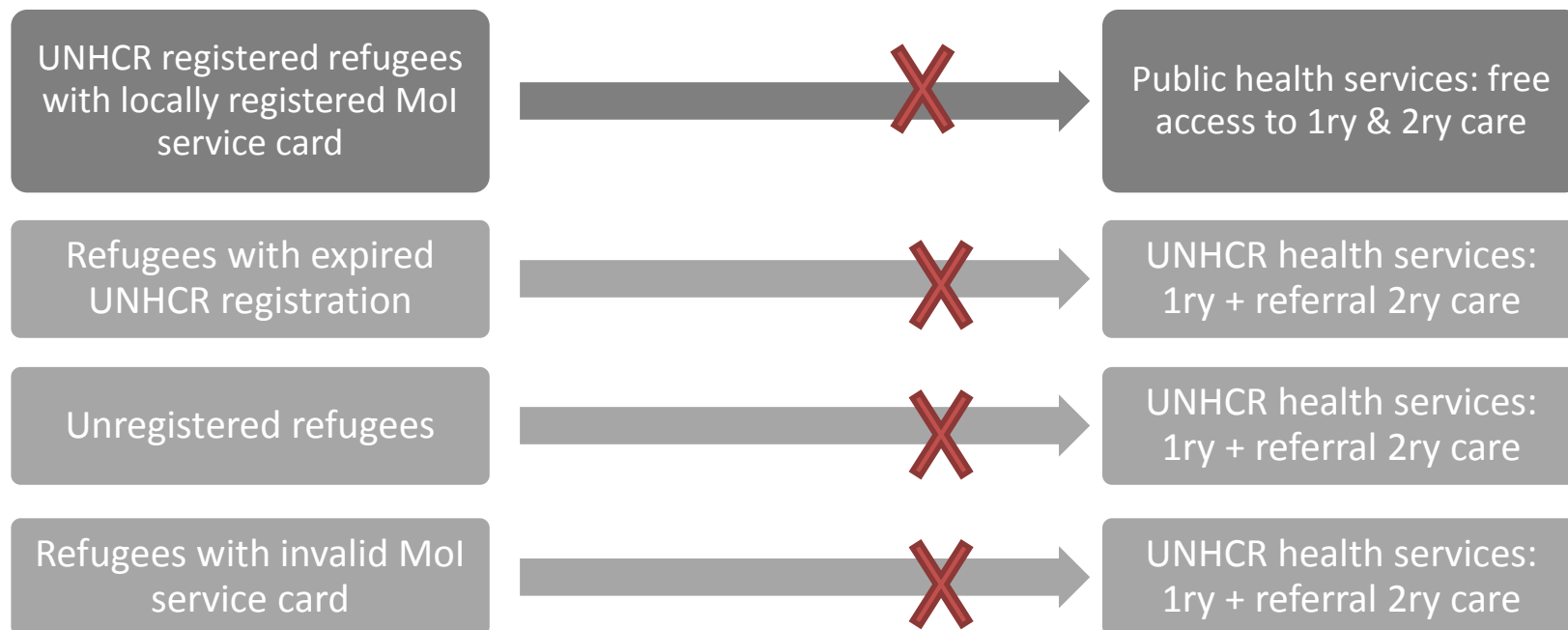
ZARQA GOVERNORATE



MAIN ISSUES AFFECTING SYRIAN REFUGEES



ACCESS TO HEALTH FOR SYRIANS



Multiple barriers prevent Syrian refugees from accessing health care

Info gaps: Syrian refugees?
Registered/renewal/others

HEALTH CARE OFFER IN ZARQA

Ten

man

Disproportion distribution of
relief organization / refugees:
Over 80% of refugees live in
Host communities

Gover

Prince

ate hospitals

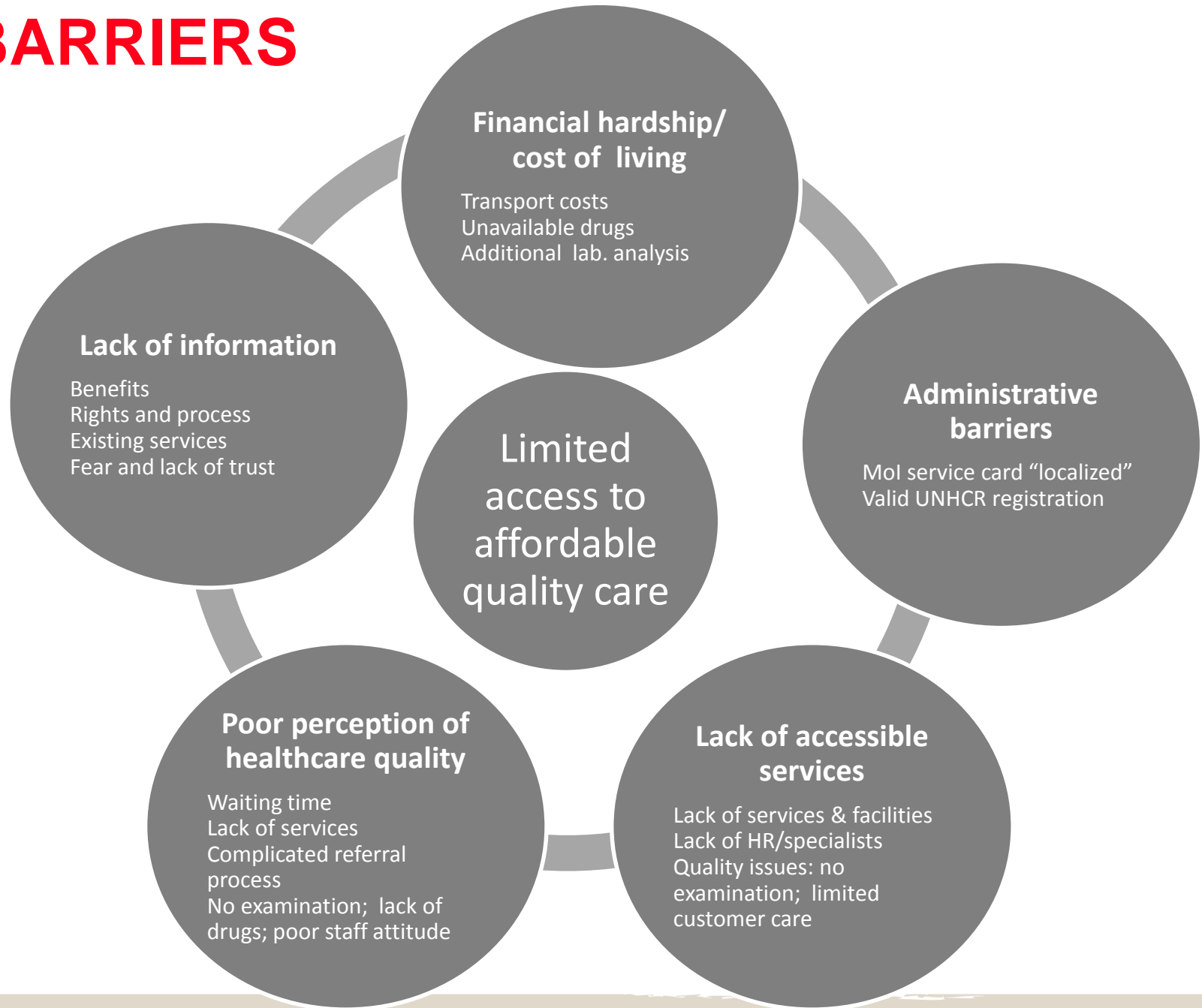
Governmental
PHC & CHC

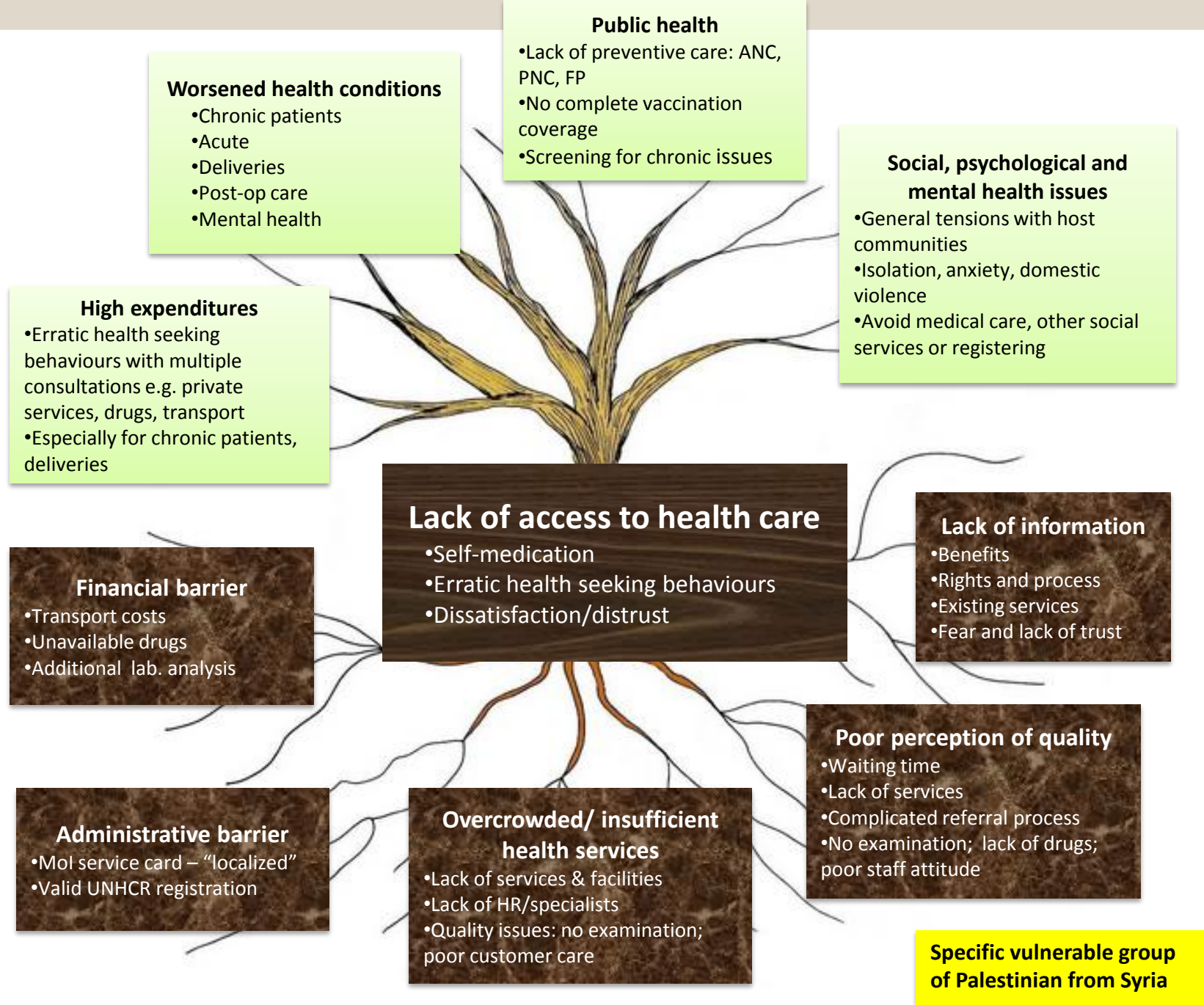
JHAS
Caritas
IMC

JWU &
CBOs

Private

BARRIERS





HOW TO SUPPRESS THE MULTIPLE BARRIERS PREVENTING ACCESS TO HEALTH CARE?

Syrian refugees

- UNHCR registered (valid) + Locally registered MoI service card
- Inadequate papers or unregistered



Available services

- Governmental health services
- UNHCR health services

Barriers at household/com^{ty} level:

- Administrative
- Financial
- Information and perception

Barriers at service level:

- Access requirements
- Availability, capacity & quality (\$)
- Acceptability and info/coordination

Interventions:

1. Outreach:

- Reach, inform, detect, link to services
- Psychosocial support (family counseling)

2. Static: safe community space:

- Protection, health education
- MHPSS: recreational/socializing & focused act.
- Link to services!

*Up & down
referrals*

Interventions:

1. Extend primary health care services in deprived areas
2. Strengthen referral system/support patient referrals

Cross-cutting

- Integrated psychosocial and mental health support
- Comprehensive services to address multiple barriers: Protection (legal support, information & linkages), shelter, /minor WASH cash assistance, health access
- Linkages: partners, NGOs, CBOs