

HEALTH ACCESS AND UTILIZATION SURVEY

“HAUS 2024”



AMONG “NON-SYRIANS REFUGEES”
JORDAN
August 2024

Acknowledgements

Research for this study was conducted by Headway Jordan using the UNHCR Health Access and Utilization Survey (HAUS) tools and protocols. We would like to extend our sincere appreciation to the respondents who volunteered their valuable time to participate in the survey. A total of 560 non-Syrian households residing in the non-camps settings were interviewed during the survey for this year, while 566 non-Syrian households participated in the same exercise conducted in 2023 and 403 in 2021. We are particularly thankful to UNHCR for extending the valuable support throughout this exercise.

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Executive Summary



Household demographics

In the 2024 survey, 560 non-Syrian households were surveyed. The study found that the average non-Syrian refugee household size was 3.6 members, with 78 per cent headed by males, more than half of household heads were between 36 and 59 years old. The non-Syrian household members had an almost equal distribution of males and females. Two-thirds of household members were younger than 36 years old, while 52 per cent of members aged 15 or older were married.

In terms of education, 34 per cent of household members aged 16 or older had completed secondary education, while 24 per cent had a university degree. The average reported household income in 2024 was 193.6 JOD.



General Awareness on health care access

Regarding awareness of health-care accessibility, over half of households were aware that they could access MOH health-care facilities at subsidized costs, as seen in 2023 HAUS. And when asked about how they learned about subsidized health care, 52 per cent mentioned public clinics or hospitals, 29 per cent UNHCR communication channels, and 18 per cent from neighbours or relatives. Furthermore, around 92 per cent of the respondents who are aware stated that they understood the related information. However, only 41 per cent were aware about the ability to issue a white card at the nearest MOH primary health care centre to be granted access at non-insured Jordanian rate. And just 31 per cent of household members possessed a white card, with the remaining almost two thirds not issuing one mainly due to lack of awareness about the procedures or details.



Health service and health seeking behaviour

In the last month, 28 per cent of household members required access to health-care services, which is a 4 per cent increase compared to the previous year. Private medical facilities were the most frequently mentioned locations for seeking health care (38 per cent), followed by governmental medical facilities (31 per cent) and private pharmacies (26 per cent). This indicates a significant shift in health care-seeking behaviour, with a 10 per cent decrease in seeking care from private facilities since 2023, and a 13 per cent increase in seeking care from private pharmacies during the same period.

The study found that 92 per cent of those in need of health care were able to successfully access the services, with an average of 54.9 JOD paid for the services received, and 90 per cent paying 80 JOD or less. Furthermore, 93 per cent expressed satisfaction with the health care they received. For those unable to access care, cost was a barrier for 34 per cent, and in 23 per cent of cases, facilities refused to provide service, a similar trend was observed since 2023, and 2021.

Twelve per cent of those in need of health care were referred/sought support in a second health-care facility, with 36 per cent and 35 per cent seeking care at private medical facilities or governmental hospitals, respectively. Of these cases, 48 per cent were successful in obtaining health care compared to 58 per cent in 2023, with 83 per cent having to pay at the second location or for the referral service, indicating cost as the primary barrier at the second location.



Expenditure on health care and impact

Similar to 2023, 46 per cent of households in 2024 HAUS experienced an increase in health-care costs, with an average monthly expenditure of 104 JOD, which is an 8 JOD decrease from the 2023 results. Among them, 9 per cent reported no impact due to the increase of costs, but 63 per cent struggled to afford necessary medication, 47 per cent couldn't visit medical facilities, and 36 per cent couldn't receive necessary procedures due to the costs.

To cope with these challenges, 68 per cent of households resorted to various strategies, such as reducing the number of visits to health-care providers (48 per cent), using savings or borrowing money (35 per cent), reducing medications (30 per cent), and seeking more affordable services in NGOs' facilities (23 per cent).



Childhood vaccinations (not including COVID-19)

In 2024, over half of the households were aware of free children vaccination services at MOH facilities as observed in last year's survey, and almost all children had vaccination schedule cards. The majority of children between 9-59 months old received MMR and Polio vaccinations at governmental facilities.



Sexual & Reproductive Health

In 2024, 30 per cent of non-single women in the reproductive age group (15-49 years) were mothers of a child younger than two years old. Among these mothers, 92 per cent reported receiving antenatal care, with over 80 per cent visiting health-care centres four times or more for care. 27 per cent of mothers who received antenatal care faced difficulties, primarily due to an inability to afford service fees.

Regarding delivery, 52 per cent of mothers underwent normal vaginal delivery, with 52 per cent delivering at a governmental health facility and 45 per cent at a private health-care facility. The average delivery bill was 381.2 JOD with who had normal vaginal delivery paying 256.8 JOD and women who had caesarean section either planned or unplanned paying a sum equal to 459.6 and 599.1 JOD, respectively, representing a 11 JOD increase from the previous year. 22 per cent of mothers received full support with the fees compared to 24 per cent in 2023, 20 per cent received partial support, and 58 per cent did not receive any support.

After delivery, 54 per cent of women received advice on contraceptives and family planning; this was a significant increase since 2023, which stood at 32 per cent. At the household level, only 35 per cent were aware of the availability of family planning services,

and just 21 per cent sought such services in the past year. Additionally, 28 per cent of non-single women in the reproductive age group reported using a contraceptive method, with the most popular methods being pills, IUDs, and male condoms. The same methods were also the preferred ones. Health-care employees were the primary source of family planning information for 45 per cent per cent of respondents.



Nutrition including Infant and Young Child Feeding “IYCF”

For children under 5 years old, 21 per cent experienced growth or nutrition difficulties, but only 3 per cent were enrolled in a professional nutrition assistance program. Among children aged 6-23 months, 85 per cent consumed solid or semi-solid food, with only 14 per cent having a diverse diet (meets or exceeds the minimum dietary diversity indicator).



Chronic Diseases

At the household level, 23 per cent of members have chronic conditions, similar prevalence was found in 2023 HAUS, with hypertension, diabetes, and ischemic heart disease being the most common at 38, 29, and 22 per cent respectively. In the past 3 months, 81 per cent were able to receive health care or medications for their chronic condition, mostly from private pharmacies. However, only 19 per cent received health care without cost, with the majority paying an average amount of 46 JOD. The cost of health care was the main barrier for 76 per cent of those who did not seek care for their condition.



Disability

Eight per cent of non-Syrian household members are living with a disability, including physical, sensory, or mental disabilities, with the top three mentioned at 41, 27, and 22 per cent respectively. Half of them have had the disability since birth, and nearly a quarter acquired it in an accident. Twenty-eight per cent of members with disabilities require medical support, and 11 per cent use assistive devices. However, 56 per cent do not receive any support for their disability, with cost being the primary reason preventing 48 per cent of them from obtaining care, and service being unavailable for 25 per cent.

Background and Methodology

Background

Jordan is currently hosting 90,000 non-Syrian refugees (66,845 Iraqis, 14,727 Yemenis, 6,080 Sudanese, 746 Somalis), representing 27 per cent of Amman's refugee population.¹ All the non-Syrian refugees are living in host communities in urban and rural areas, with the overwhelming majority living in the capital Amman.²

In Jordan, a policy change taken by the Jordanian Government to reduce the cost of accessing ministry of health supported services for non-Syrian refugees from the foreigner rate to the non-insured Jordanian rate. The non-insured Jordanian rate brings medical costs down by 75 per cent in some cases. This policy change is due to the support of multi-donor health trust fund by the United States, Canada, and Denmark to the Ministry of Health. Therefore, significant efforts took place to support the integration of non-Syrian refugees to access ministry of health supported services.³

Due to the different nature of access to health care in urban settings where there are a variety of providers including private, public, military, and non for profit. Affordability and quality of care can be an issue. UNHCR has developed the Health Access and Utilization Survey (HAUS) in a form of household telephone survey that is simple, flexible and cost-effective to identify factors that may affect refugees' ability to access and successfully utilize appropriate health services when needed. HAUS allows for measurement of disease prevalence, health status, health expenditure and awareness and access to key health services in a⁴ representative sample of the population. HAUS also pinpoint barriers and facilitators in the ability to access and successfully use appropriate health-care services.

Hence, identifying health-care needs, utilization behaviours as well as barriers will enable UNHCR engages with a wide range of actors promoting shared responsibility, and advocates for an appropriate resource base to ensure that refugees receive protection and assistance.

Therefore, UNHCR partnered with Headway Jordan to conduct survey among Syrian and non-Syrian refugees living in non-camp setting to understand their Health Access and

¹ *Education Barriers in Jordan for Non-Syrian Refugees – UNHCR*

² <https://wfp-unhcr-hub.org/wp-content/uploads/2022/10/UNHCR-WFP-Joint-Community-Consultations-with-non-Syrian-Refugees-in-Jordan-.pdf>

³ <https://www.unhcr.org/jo/16405-cash-for-health-provides-relief-for-non-syrian-refugees-in-jordan.html>

⁴ <https://www.unhcr.org/sites/default/files/2023-04/HAUS-Plus-Manual.pdf>

utilization practices. Headway took the responsibility to conduct the main tasks associated with the survey implementation, data analysis, and report writing.

This report details the findings of 2024 survey.

Objectives⁵

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

Survey methodology

A quantitative approach was adopted to elicit the required information areas through telephone interviews with registered refugees in UNHCR ProGres Database who are 18 years of age or older across all 12 governorates in Jordan. The sample was distributed by country of origin of family member who are registered at UNHCR database, and respondents were chosen randomly from the ProGres Database provided by UNHCR using simple random technique.

A structured questionnaire was used to collect necessary information for the survey, the global HAUS+ questionnaire adopted for Jordan context and tested by Headway Jordan. Adopted tool tested nine areas including; Demographic information, Child immunization Nutrition, Infant and Young Child Feeding Practices, Sexual and reproductive health (SRH) practices, Chronic Diseases, mental illness and disability, access to health care in the past month.

Respondents' lists used during pilot phase and fieldwork were obtained randomly from UNHCR ProGres data base implementing simple random techniques. Iteration rates and required calculations were obtained from previous HAUS studies conducted among similar segments.

The [HAUS Plus Sample Size Calculator](#) was used to calculate the sample size needed for the survey. The sample size calculator to power statistically significant test over time for indicators of proportion was used to calculate the initial sample size. The key indicator used to look for its significant change over time was knowledge of right to subsidized access to governmental health services. The confidence level was set at 95%, and the design effect

⁵ [HAUS-Plus-Manual.pdf \(unhcr.org\)](#)

(DEEF) at 1.00. Then the initial sample size calculated was adjusted upward considering the number of households to be contacted for individual level indicators. The target group of non-single women at reproductive age was chosen to be the target group to be considered as it is a target group for many key indicators of interest including childhood vaccination coverage, antenatal care coverage, skilled birth attendance and knowledge and access to family planning services. A second level adjustment was made to the anticipated household non-response, and it was assumed at 45%. The sample size calculated based on the initial sample size and the two-level adjustment was 544 Households.

Tool was scripted using KOBO platform with an average interview length of 12-15 minutes. 560 telephonic interviews were conducted by 11 trained enumerators from 14 August to 23 August 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 2024 HAUS study surveyed 560 non-Syrian households residing in non-camp settings. In 2023, the study included 566 households, and in 2021, it involved 403 households.

Seventy-eight per cent of the interviewed households had a male head of household, marking a 2 per cent increase from the 2023 study. Most heads of households were below 60 years old, with 19 per cent being 60 years old or older.

Figure 1. Head of HH Gender

Percentage of head of household

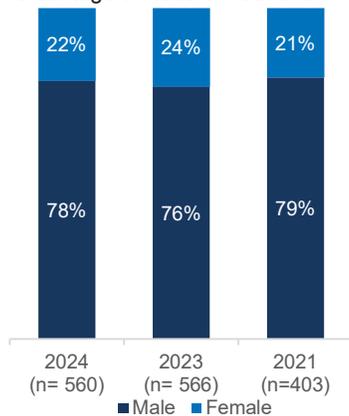
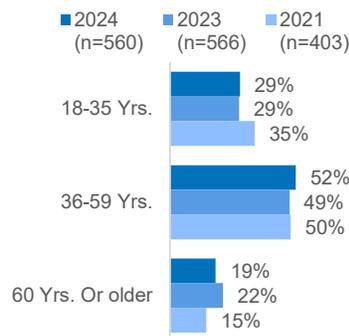


Figure 2. Head of HH Age

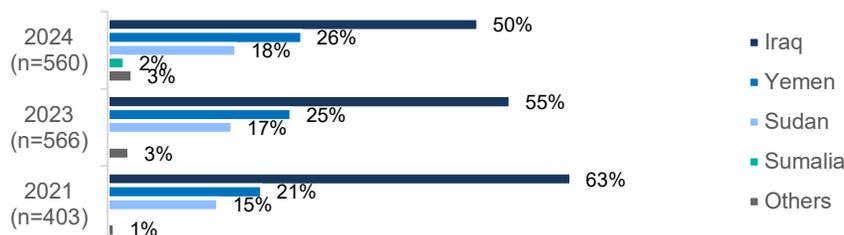
Percentage of head of household



In the 2024 survey, 50 per cent of households interviewed were of Iraqi origin, with a distribution similar to the previous survey: 26 per cent from Yemen (2024) compared to 25 per cent (2023), 18 per cent from Sudan compared to 17 per cent, and 2 per cent from Somalia, with no representation in the previous waves.

Figure 3. Refugee's country of origin

Percentage of head of household



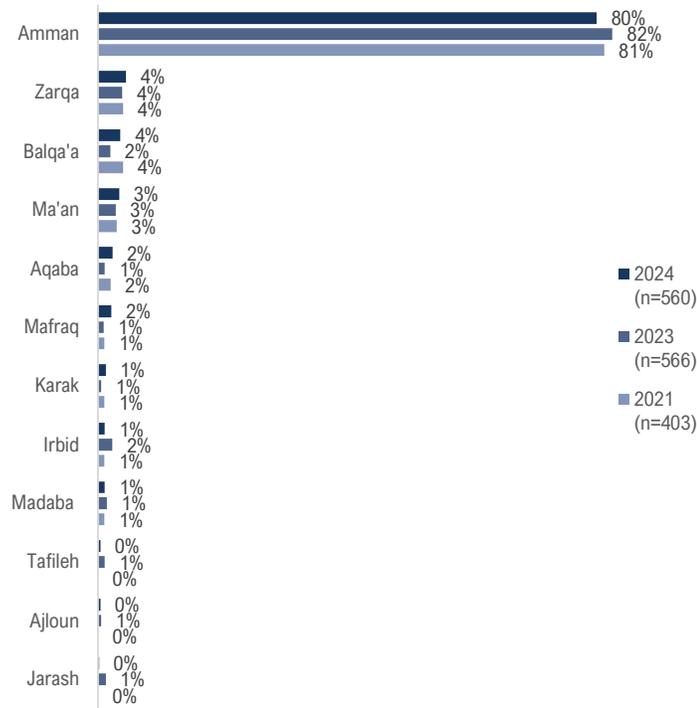
Note: figures do not add up to 100 per cent due to rounding

Residence

Non-Syrian households in Jordan were spread across different governorates, with the majority residing in Amman, followed by Zarqa and Balqa 'a (80, 4, 4 per cent, respectively). The distribution of households across governorates showed no significant variation over the years on when the survey was conducted.

Figure 4. Region

Percentage of head of household

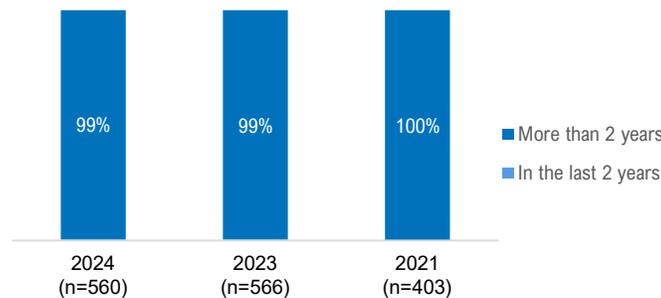


Note: figures do not add up to 100 per cent due to rounding

When asked about the date when the first member arrived in Jordan, almost all households stated that they had a member who moved to Jordan before 2022.

Figure 5. Duration since first family member arrived to Jordan

Percentage of head of household

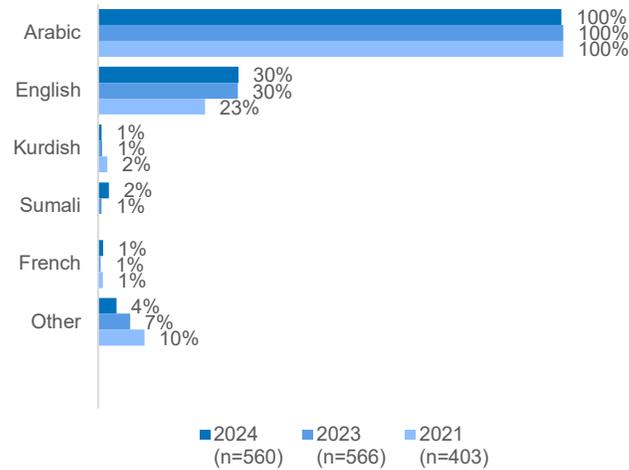


Languages spoken

The majority of heads of households were Arabic speakers, and the proportion of English speakers remained consistent over time. As the number of Somali-origin households increased, the number of Somali speakers also rose.

Figure 6. Languages spoken

Percentage of head of household

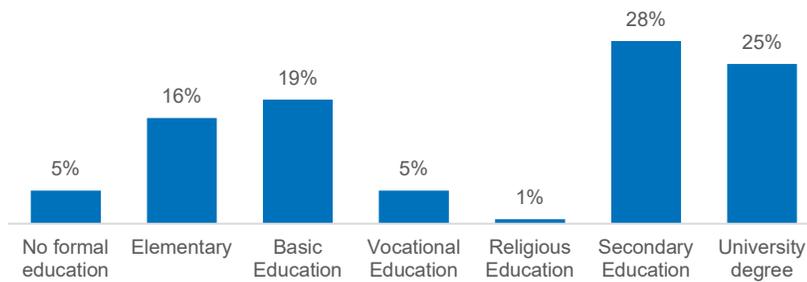


Education level

Around two-thirds of household heads had completed at least secondary education. Conversely, only 5 per cent had not completed any formal education.

Figure 7. Head of HH Education level (2024)

Percentage of head of household



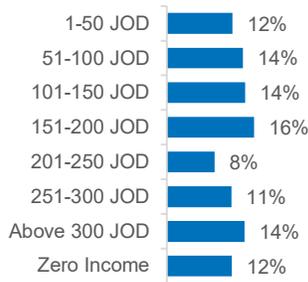
Note: figures do not add up to 100 per cent due to rounding

Monthly household income

In 2024, the average monthly income of non-Syrian households was 193.6 JOD. However, approximately 3 quarters of households reported an income equal to or less than a 300 JOD, 14 per cent stated an income larger more than 300 JOD, and 12 per cent reported zero income.

Figure 8. Monthly household income (2024)

Percentage of households



 **Avg. Income**
2024= 193.6 JOD

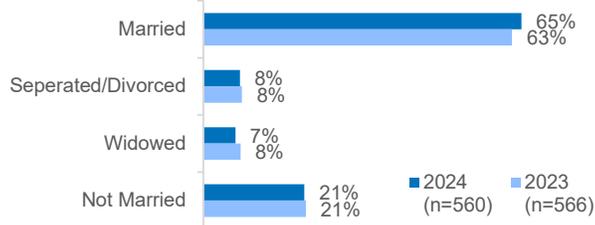
Note: figures do not add up to 100 per cent due to rounding

Household size and marital status

The marital status of heads of households in 2024 was almost similar to the previous year, with 65 per cent married compared to 63 per cent in 2023, and 21 per cent single in 2024 and 2023.

Figure 9. Head of HH Marital status

Percentage of head of household




Avg. Household Size
2024 2023
3.6 3.7

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

Household Members Demographics

Gender and age

Regarding households' composition, 52 per cent of members were males, similar to the previous year. However, there were slight differences in terms of age, with a 3 per cent increase in the number of members under 18 years old, while the number of members 60 years old or older had decreased by 3 per cent.

Figure 10. HH members Gender

Percentage of household members

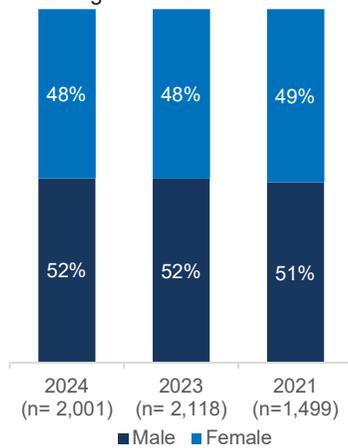
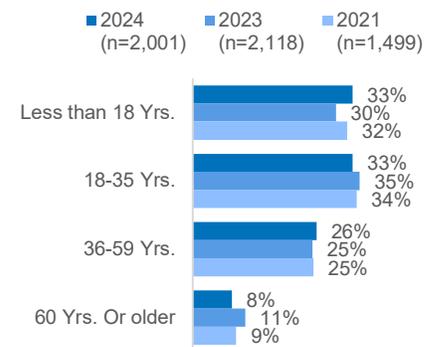


Figure 11. HH members Age

Percentage of household members



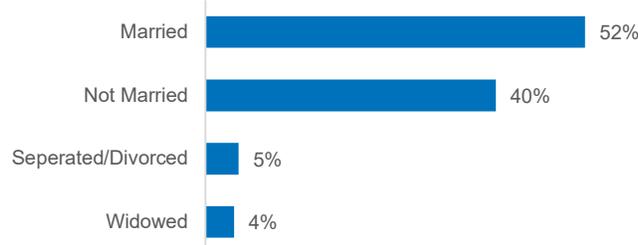
Note: figures do not add up to 100 per cent due to rounding

Marital status

Around half of household members aged 15 or older were married, with 4 per cent widowed, 40 per cent single, and 5 per cent separated or divorced.

Figure 12. HH members Marital status (2024 (n=1,441))

Percentage of household members 15 years old or older



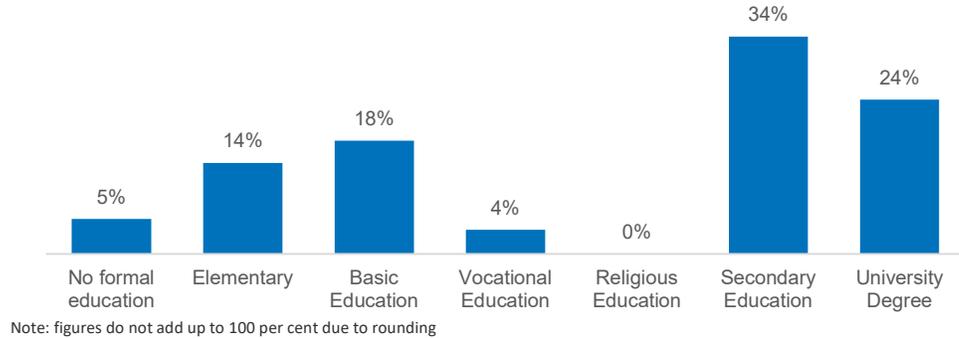
Note: figures do not add up to 100 per cent due to rounding

Education level

Only 5 per cent of members over 16 years old did not complete any formal education. The highest recorded education level was secondary education at 34 per cent, followed by a university degree, at 24 per cent.

Figure 13. HH members Education level (2024 (n=1,404))

Percentage of household members 16 years old or older



General Awareness on Health Care Access

Access to health-care facilities

In 2024, there was a significant increase in the number of households aware of subsidized health care at MOH facilities by 5 per cent. The majority of them reported understanding the information received. 41 per cent of respondents were aware of the ability to obtain a white card from MOH medical facilities.

Table 1. Health care accessibility indicators

Percentage of head of household

| | 2024 (n=560) | 2023 (n=566) | 2021 (n=403) |
|---|-----------------|-----------------|-----------------|
| Aware of access to subsidized health care at MOH medical facilities | 53% | 48% | 50% |
| Understood information regarding accessing subsidized health care (2024, n=295) >> head of household who are aware of Access to subsidized health care at MOH medical facilities | 92% | 69%* | ** |
| Aware about visiting the nearest MOH facility to issue a white card | 41%*** | 43% | ** |

*Different eligibility criteria in 2023 survey (head of households)

** Was not measured in the survey

*** An option "Do not of know what is a white card" was added in this (year)

Among households aware of subsidized health care, over half received this information at public clinics or hospitals, with UNHCR communication channels being the second most common source, followed by neighbours or relatives.

Table 2. Source of information on subsidized health care (2024)

Percentage of head of household who are aware of Access to subsidized health care at MOH medical facilities

| Information Source | 2024 (n= 295) |
|--|------------------|
| Public clinic or hospital | 52% |
| UNHCR communication channels (Help line, Help Site, WhatsApp, Facebook) | 29% |
| Neighbours/Relatives | 18% |
| Community Health Volunteers | 3% |
| NGO clinics | 3% |
| Service guide for health care issued by Ministry of Health | 1% |
| Other | 3% |

White Card

Thirty-one per cent of household members possess a white card with a significant 4 per cent increase over 2023. Among those not in possession of a white card, the majority claimed to be unaware of the process to obtain one, with only 7 per cent citing a lack of required documentation.

Figure 14. Possession of a white card

Percentage of household members (n=2,001)

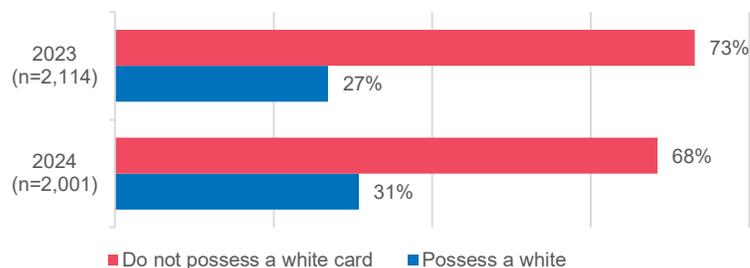


Table 3. Reasons for not possessing a white card (2024)

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

| | 2024 (n= 1,369) |
|--|--------------------|
| I don't know how to issue the white card | 77% |
| I have a problem in the required documents (Valid ASC, MOI card issues, rental contract) | 7% |
| The health center refused to issue the card | 2% |
| I am not interested/ don't want to approach the center to seek services | 4% |
| Other | 4% |
| Don't Know the reason why the HH member does not possess the White Card | 6% |

Household Health Demographics

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

Table 4. Snapshot of family members certain health parameters

Number of household members

| | 2024 N= 2,001 | 2023 N= 2,118 | 2021 N=1,499 |
|--|------------------|------------------|-----------------|
| MMR vaccination (Children between 9-59 months) | 160 | 142 | 84 |
| Polio vaccination (Children between 9-59 months) | 157 | 140 | 84 |
| Antenatal care (Women of reproductive age and have child less than 2 Years old) | 84 | 63 | 72 |
| Using family planning (Non-single Women of reproductive age 15 – 49 years old) | 83 | 70 | - |
| Tried to use family planning in the past year (2024, Households with at least one non-single women in reproductive age) (2023, Non-single Women of reproductive age 15 – 49 years old) | 69* | 47 | 48 |
| Used health-care services in the past month | 567 | 511 | 413 |
| Chronic | 456 | 484 | 398 |
| Living with disability | 160 | 180 | 158 |

*Different eligibility criteria in (year) survey

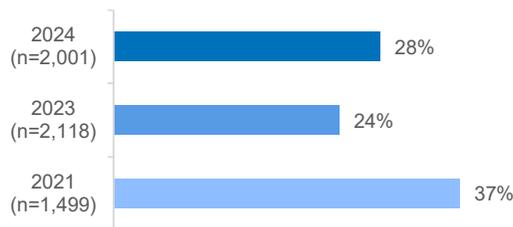
Health Service and Health Seeking Behaviour

Required health-care services in the past month

In the month preceding the interview, 28 per cent of household members reported requiring health care, indicating a 4 per cent increase from the previous year.

Figure 15. Needed to access health-care services in the past month

Percentage of household members

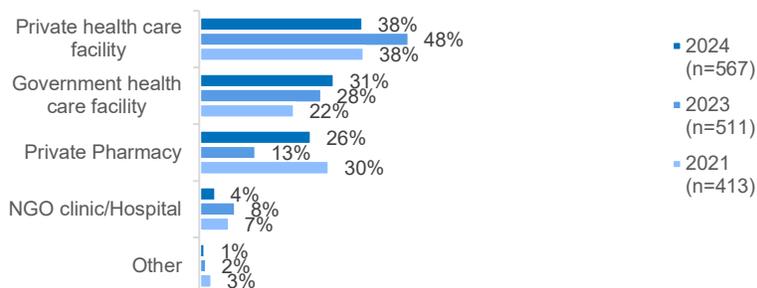


Sought health-care services (first location sought)

The primary locations for seeking health care were private health care facility (38 per cent), governmental health-care facilities (31 per cent), and private pharmacies (26 per cent). Notably, there was a significant rise in the utilization of private pharmacies as observed in the 2024 study, significant decline in private health care facilities, and significant decline in seeking support from NGOs.

Figure 16. First location the health-care service was sought at

Percentage of household members who needed to access health-care facility in the past month



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

Regarding the successful acquisition of requested health care, 92 per cent of respondents were able to obtain it. Among those who couldn't, 34 per cent cited the cost of service, 23 per cent mentioned refusal by the health-care provider, and 11 per cent reported service unavailability as the reasons. These reasons were consistent with previous years' results.

Figure 17. Received health-care services in first facility

Percentage of household members who needed to access health-care facility in the past month

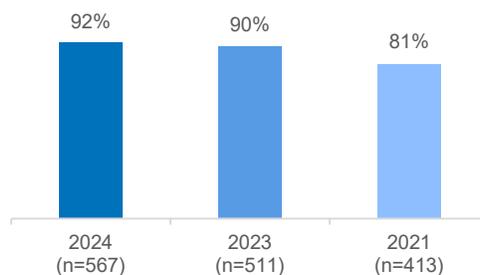


Table 5. Reasons for inability to receive health-care services in first facility

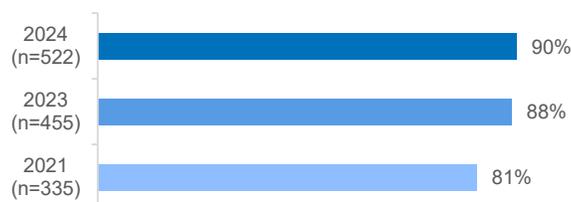
Percentage of household members who couldn't access health-care service in first facility

| | 2024 (n=44) | 2023 (n=50) | 2021 (n=78) |
|--|----------------|----------------|----------------|
| Couldn't afford user fees | 34% | 48% | 45% |
| Health centre refuse to provide services | 23% | 16% | 42% |
| Service was unavailable | 11% | - | - |
| Didn't know where to go | - | 6% | 1% |
| Don't like the health services/staff | 2% | 4% | 9% |
| I don't carry the proper documents | - | 4% | - |
| Too far / Transport issues | 2% | - | 5% |
| Others | 32% | 32% | 15% |

After receiving health care, 90 per cent of respondents reported paying for the services, marking a 2 per cent increase from the 2023 study.

Figure 18. Paid for health-care service in first facility

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



Those who paid for health-care services reported an average amount of 55 JOD, indicating a decrease in health-care costs from the previous year. In 2024, 90 per cent of respondents reported paying a bill equal to or less than 80 JOD.

Table 6. Amount spent on health-care services in first facility

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

| | 2024 | 2023 | 2021 |
|-----------------------------|-----------|-----------|-----------|
| Base | 461 | 398 | 273 |
| Max | 3,000 JOD | 5,000 JOD | 6,000 JOD |
| AVG | 55 JOD | 81 JOD | 75 JOD |
| 90 th percentile | 80 JOD | 100 JOD | 99 JOD |

Definitions:

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

Max = The maximum value paid

Count = Number of payments

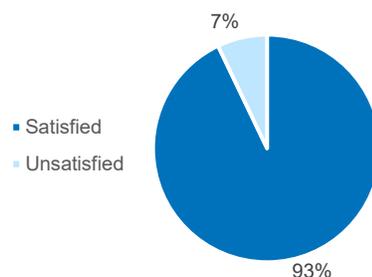
Mean = The straight average of payments

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

Furthermore, 93 per cent of respondents expressed satisfaction with the health-care service received at the initial location.

Figure 19. Satisfaction with health-care services provided in first location (2024)

Percentage of household members who received health-care services in first location (n=522)



Sought health-care services (second location sought)

Out of those needing health care, 12 per cent had to seek care from a second location, with 36 per cent receiving care from a private health care facility (a 9 per cent increase since 2023), 35 per cent from a governmental health care facility and 23 per cent from a private pharmacy.

Figure 20. Referred to second health-care facility

Percentage of household members who needed to access health-care facility in the past month

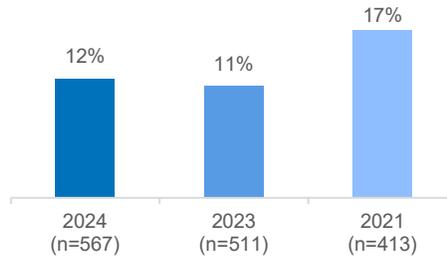
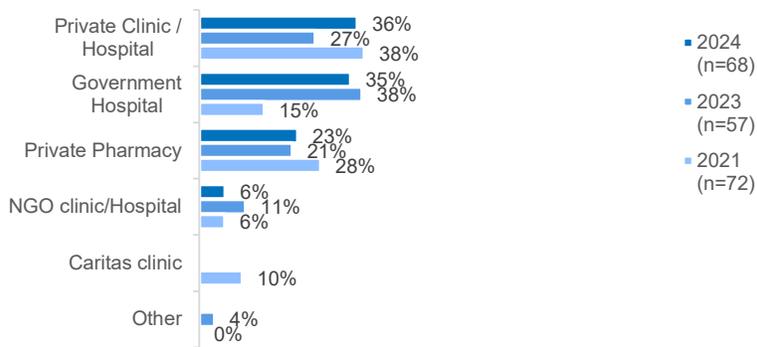


Figure 21. Second location the health-care service was sought at

Percentage of household members who were referred to access second health-care facility



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

Over half of respondents were unable to access health care at the second location. Of those who did receive the necessary service, 83 per cent reported paying for it.

Figure 22. Received health-care services in second attempt

Percentage of household members who accessed second health-care facility

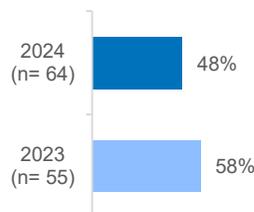
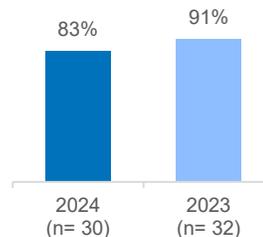


Figure 23. Paid for health-care service/referral

Percentage of household members who accessed second health-care facility



Financial barriers were cited as the main reason (61 per cent) for being unable to obtain necessary health care, followed by the facility's inability to provide the service.

On a positive note, 90 per cent of those who received the necessary service reported satisfaction with it.

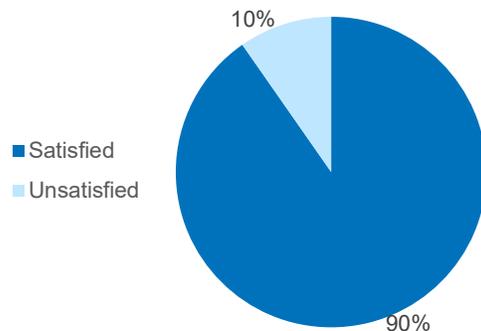
Table 7. Reasons for inability to receive health-care services in second facility

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

| | 2024 (n= 33) |
|--|-----------------|
| Couldn't afford user fees | 61% |
| Service wasn't available | 21% |
| Health centre refuse to provide services | 3% |
| I don't Carry the proper documents | 3% |
| Too far / Transport issues | 3% |
| Others | 24% |

Figure 24. Satisfaction with health-care services provided in second location (2024, n= 31)

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



Expenditures and impact on household economics

In urban settings, 46 per cent of non-Syrian households perceived an increase in the annual cost of health care necessities, which is consistent with the 2023 survey. This increase has rendered 63 per cent of refugees unable to afford necessary medication, prevented 47 per cent from visiting medical facilities, and led to 36 per cent avoiding necessary procedures due to cost. Only 9 per cent stated that they were not impacted by this increase.

Figure 25. Noticing an increase in health-care costs in past year
Percentage of head of household

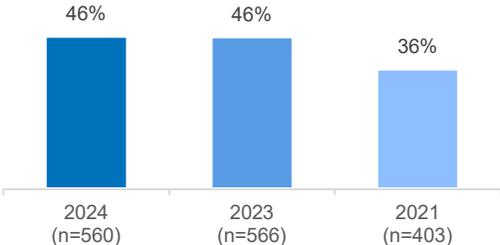
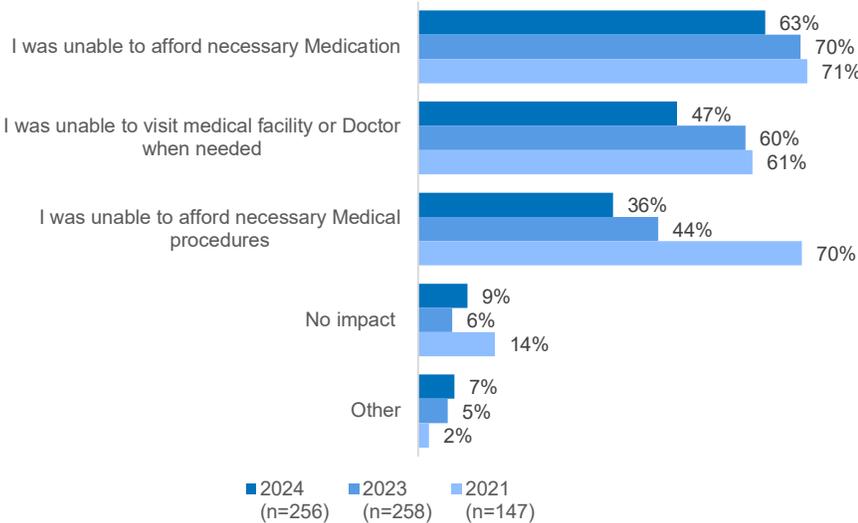


Figure 26. Impact due to increase in health-care costs
Percentage of head of household who noticed an increase in health-care costs in the past year



The average health care expenditure in the past month was 104 JOD, with 90 per cent of individuals paying a sum of 190 JOD or less. However, in some cases, expenditure exceeded 3,000 JOD. In comparison to the 2023 survey, monthly expenditure had decreased by almost 26 JOD.

Table 8. Amount spent monthly on healthcare services

Percentage of head of household

| | 2024 | 2023 |
|--------|-----------|-----------|
| Base | 560 | 566 |
| Max | 3,050 JOD | 4,999 JOD |
| AVG | 104 JOD | 112 JOD |
| 90tile | 190 JOD | 200 JOD |

Definitions:

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

Max = The maximum value paid

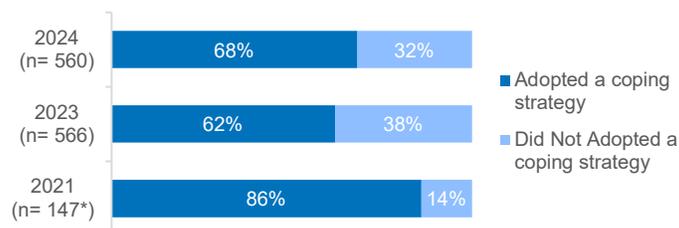
Count = Number of payments

Mean = The straight average of payments

To afford necessary medical care, 68 per cent of respondents needed to adopt certain coping strategies. 48 per cent resorted to reducing visits to health-care providers, 35 per cent reported cutting certain medications, 30 per cent used their savings or borrowed money, and 23 per cent began searching for more affordable services in NGO health-care facilities.

Figure 27. Adopted a coping strategy

Percentage of heads of household



*Different eligibility criteria in 2021 survey (households that noticed an increase in health care expenses)

Table 9. Coping strategies implemented

Percentage of head of household who adopted a coping strategy

| | 2024 (n=382) | 2023 (n=351) | 2021 (n=127) |
|---|-----------------|-----------------|-----------------|
| Reduced visits to health-care provider | 48% | 48% | 57% |
| Reduced/stopped using medications | 35% | 35% | 47% |
| Spent from Saving/Borrow | 30% | 46% | 27% |
| Searched for free health-care services by NGO's | 23% | 28% | 13% |
| Other | 7% | 5% | 1% |

For non-Syrian households, the preferred sources for health care information were phone calls, text messages, WhatsApp, and the Internet (UNHCR website and Facebook), with 52, 44, 33, and 17 per cent respectively. This trend was similar to the 2023 HAUS study.

Table 10. Preferred source to receive information on health care
Percentage of head of household

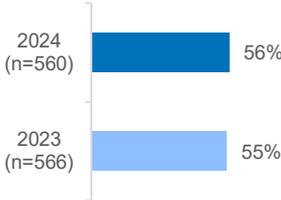
| Information Source | 2024 (n= 560) | 2023 (n= 566) |
|---------------------------------------|------------------|------------------|
| Phone | 52% | 55% |
| Text Messages | 44% | 28% |
| WhatsApp | 33% | 24% |
| Internet (UNHCR website and Facebook) | 17% | 24% |
| Health-care employees | 3% | 10% |
| Brochures, other Written documents | 2% | 1% |
| Billboards | 1% | 1% |
| Others | 5% | 2% |

Childhood Vaccinations

Vaccinations access

The majority of household heads have indicated their awareness of the availability of free children's vaccinations at MOH facilities, a trend that has remained consistent since 2023.

Figure 28. Aware of free children vaccination at MOH health facilities
Percentage of head of household



Nearly all children aged 9-59 months possess a vaccination schedule card.

Figure 29. Aware of child vaccination schedule card
Percentage of household children between the ages 9-59 months (n=169)



Figure 30. Possession of child's vaccination schedule card
Percentage of household children between the ages 9-59 months



MMR vaccination

In 2024, almost all children received their MMR vaccinations, with the majority accessing this service from a governmental health care facility.

Figure 31. Received MMR vaccination
Percentage of household children between 9-59 months

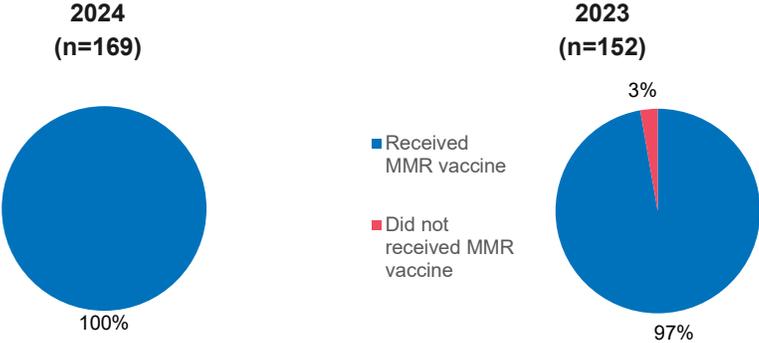
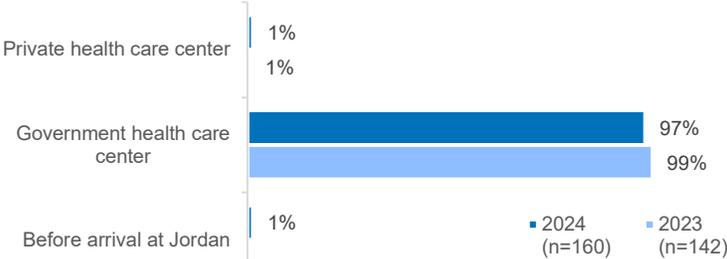


Figure 32. Location received MMR vaccinations at
Percentage of household children between 9-59 months and received MMR vaccination



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

Polio vaccination

The majority of children in the 9-59 months age group received their polio vaccinations, with most visiting a governmental health facility.

Figure 33. Received Polio vaccination
Percentage of household children between 9-59 months

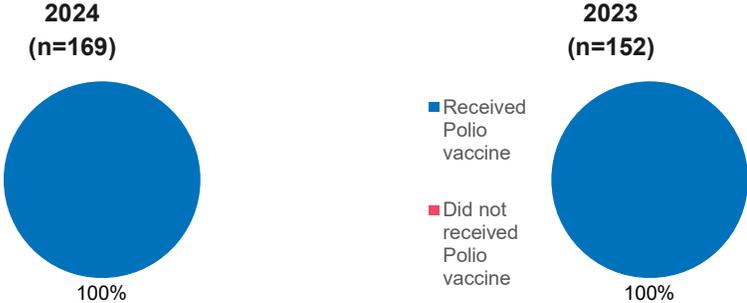
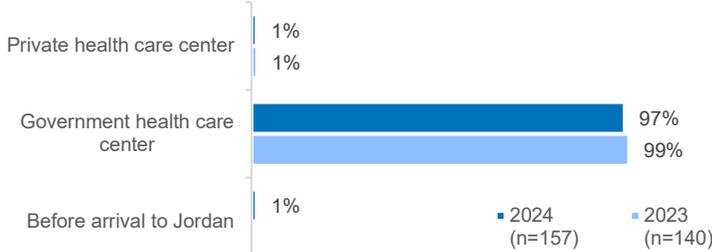


Figure 34. Location received Polio vaccinations at
Percentage of household members between 9-59 months who received Polio vaccination



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

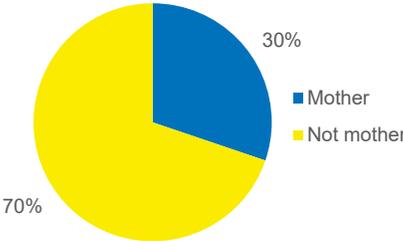
Sexual & Reproductive Health

Mothers of a 2-year-old child

Out of all women who were not single and of reproductive age, 30 per cent were mothers of a child younger than 2 years old.

Figure 35. Mother of children younger than 2 years old (2024)

Percentage of non-single women in reproductive age (n=308)



Antenatal care

Of the mothers of a child younger than 2 years old, 92 per cent reported receiving antenatal care, with an increase of 7 per cent over last year.

Furthermore, 83 per cent attending at least 4 antenatal care appointments.

Figure 36. Received antenatal care

Percentage of mothers of a child younger than 2 years old

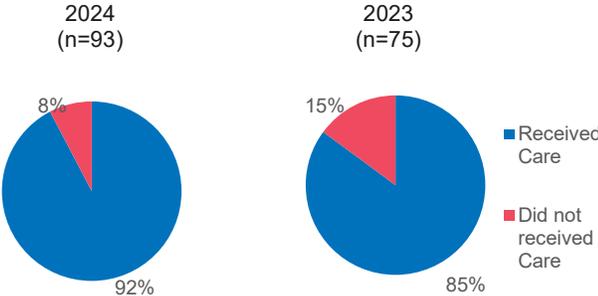
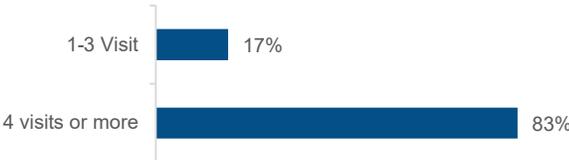


Figure 37. Number of antenatal care visits (2024)

Percentage of mothers of a child younger than 2 years old who received antenatal care (n= 84)



Among the women who received antenatal care, 27 per cent encountered difficulties in accessing the service, primarily due to the associated costs or transportation issues related to the distance of the facility from their location.

Figure 38. Encountered difficulties to receive antenatal care

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

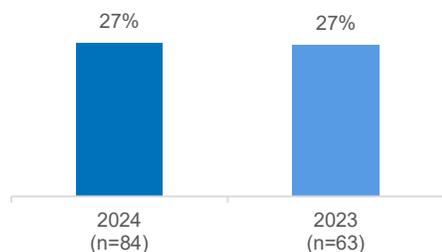


Table 11. Difficulties encountered to receive antenatal care

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

| | 2024 (n=23) | 2023 (n=17) |
|----------------------------|-------------|-------------|
| Couldn't afford user fees | 65% | 59% |
| Too far / Transport issues | 26% | 12% |
| Long Wait | 9% | 29% |
| Can't afford transport | - | - |
| Others | 9% | 12% |

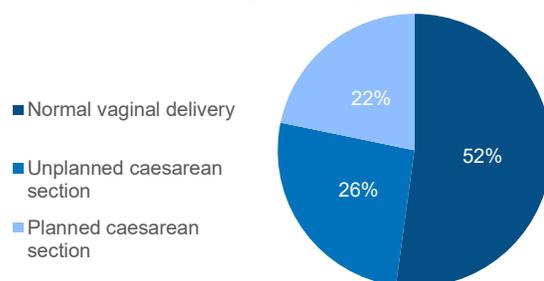
Delivery

When it came time to deliver the baby, 52 per cent of mothers had a normal vaginal delivery, while 48 per cent underwent a caesarean section, with 88 per cent having to pay for the service.

The average cost associated with delivery was 381 JOD, representing a 11 JOD increase compared to the 2023 HAUS results for a similar demographic. Additionally, 90 per cent of respondents reported paying a sum equal to or less than 800 JOD.

Figure 39. Type of child's delivery (2024)

Percentage of mothers of a child younger than 2 years old (n= 93)



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

Table 12. Amount spent on child's delivery service

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

| | 2024 | 2023 |
|--------|-----------|-----------|
| Base | 82 | 58 |
| Max | 1,500 JOD | 1,999 JOD |
| Avg | 381.2 JOD | 370 JOD |
| 90tile | 800 JOD | 665 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

Table 13. Amount spent on child's delivery service – by type and location of delivery

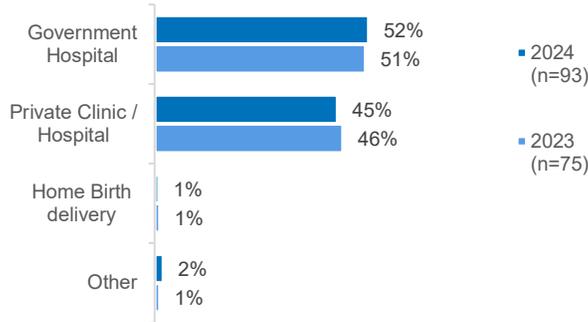
Average of amount paid for delivery service

| | AVG Normal vaginal delivery | AVG Unplanned caesarean section | AVG Planned caesarean section |
|---------------------|-----------------------------|---------------------------------|-------------------------------|
| Government Hospital | 185.88 JOD | 286.5 JOD | 364.17 JOD |
| Private Hospital | 343.5 JOD | 580 JOD | 727.27 JOD |
| Home delivery | 0 JOD | 0 JOD | 0 JOD |
| Other | 400 JOD | 400 JOD | 0 JOD |

Half of mothers delivered at a government hospital, while 45 per cent delivered in a private hospital or clinic. Out of those who chose a private institute, 37 per cent stated a preference for private facilities, and 29 per cent mentioned being unable to access a government institute.

Figure 40. Location for child's delivery

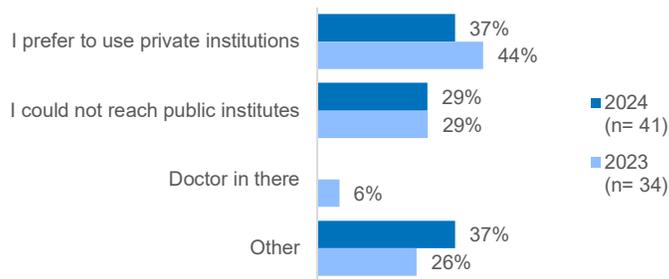
Percentage of mothers of a child younger than 2 years old



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

Figure 41. Reasons for selecting private hospital/clinic

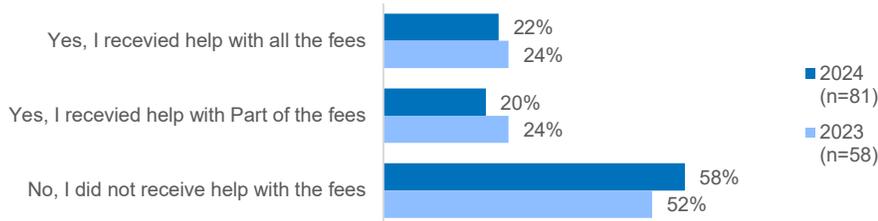
Percentage of mothers of a child younger than 2 years old who delivered in private hospital/clinic



Regarding delivery fees, 58 per cent did not receive any financial assistance, which is a 6 per cent increase compared to the 2023 HAUS study. Furthermore, 22 per cent received support covering all fees, which is lower than the previous year. However, all the trends are not significant.

Figure 42. Received financial support to pay child's delivery fees

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



Family planning

In households with mothers of a child under 2 years old, 54 per cent received advice on contraceptive methods after giving birth, with a significant increase from 2023 by 22 per cent. However, among all non-single women of reproductive age, only 28 per cent are currently using a contraceptive method.

According to the 2024 survey, 35% of households with at least one non-single female member of reproductive age were aware of available services to prevent unwanted pregnancies. Additionally, 26% reported hearing information about family planning in the past year, and only 21% attempted to obtain contraceptives during the same period compared to 17 per cent in 2023.

Table 14. Awareness and usage of family planning services in Jordan

Percentage of female household members between 15-49 years old

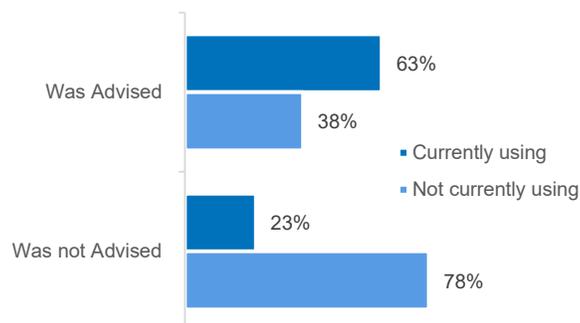
| | 2024 | 2023 | 2021 |
|---|------|------|------|
| Awareness of free antenatal Care and family planning service at MOH facilities (2024, n=560) >> Heads of Household | 33% | ..** | ..** |
| Awareness of any available services to prevent unplanned pregnancy (2024, n=330) >> Households with at least one non-single women in reproductive age (2023, n=75) >> mothers of a child younger than 2 years old | 35% | 37% | 25%* |
| Heard information about family planning in the past year (2024, n=330) >> Households with at least one non-single women in reproductive age (2023, n=75) >> mothers of a child younger than 2 years old | 26% | 26% | 39%* |
| Advised/Provided with of any contraceptive methods after delivery (2023 (n=75) and 2024 (n=93)) >> mothers of a child younger than 2 years old | 54% | 32% | ..** |
| Currently using any contraceptive methods (2023 (n=284) and 2024 (n=308)) >> non-single women in reproductive age | 28% | 25% | ..** |
| Tried to obtain contraceptive methods in the past year (2024, n=330) >> Households with at least one non-single women in reproductive age (2023, n=284 // 2021, n=229) >> non-single women in reproductive age | 21% | 17% | 21% |

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

** Was not measured in (year) survey

Figure 43. Usage of contraceptives by Mothers of children younger than 2 years old (2024)

Percentage of mothers of a child younger than 2 years old, (n=93)



In 2024, 21 per cent of households that contain at least one non-single women in reproductive age tried to obtain a contraceptive method in the past year, of the households that sought family planning services, 42% sought it from an MOH facility and 26% from a private doctor.

Figure 44. tried to obtain contraceptives in the past year
 (2024, n=330) >> Households with at least one non-single women in reproductive age
 (2023, n=284) >> non-single women in reproductive age

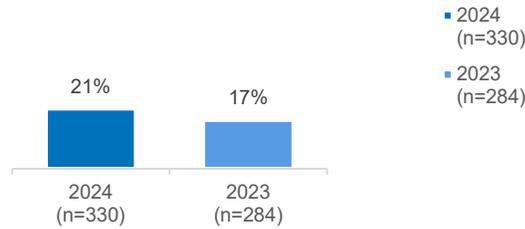
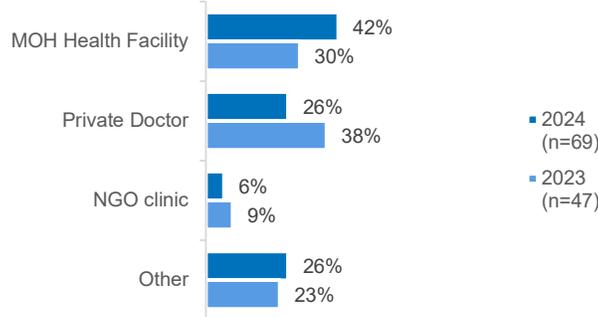


Figure 45. Location sought family planning services at
 Percentage of Households with at least one non-single women in reproductive age who tried to obtain contraceptive methods in the past year



The most commonly used contraceptive methods currently are pills, IUD, and male condoms at 46%, 24%, and 16% respectively. Interestingly, these were also the top choices for family planning among non-single women of reproductive age, even though 43% did not provide an answer.

Figure 46. Usage of contraceptive method
non-single women in reproductive age

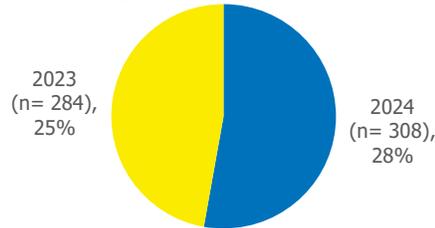
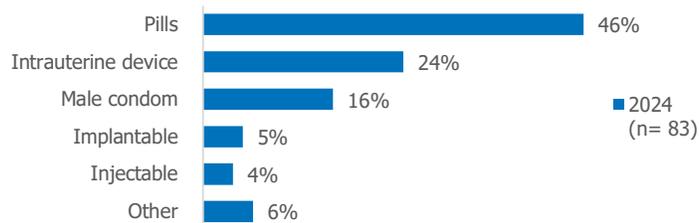


Figure 47. Type of contraceptive method used (2024)

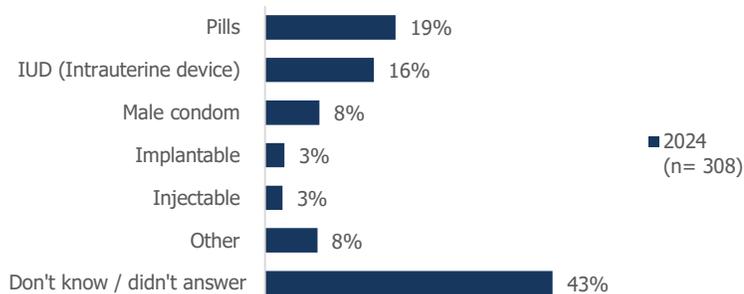
Percentage of non-single women in reproductive age who are currently using a contraceptive method



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

Figure 48. Preferred type of contraceptive method (2024)

Percentage of non-single women in reproductive age

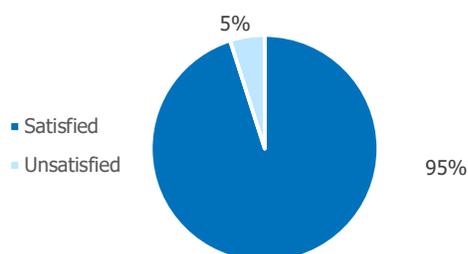


Note: figures do not add up to 100 per cent due to rounding

Ninety-five per cent of non-single women of reproductive age who are currently using contraceptive methods reported satisfaction with their chosen method.

Figure 49. Satisfaction with contraceptive method used (2024)

Percentage of non-single women in reproductive age currently using contraceptive method (n= 83)



When asked about their source of information about family planning, 45% mentioned health-care employees, 29% cited various media channels, and 21% said they obtained information from a community event, these almost mirror the results from the previous years.

Table 15. Source of information about family planning in Jordan

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

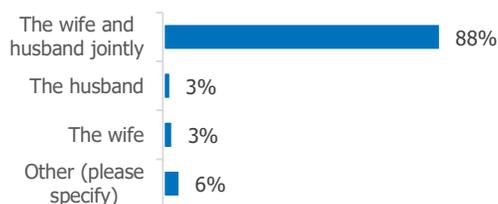
| Information Source | 2024 (n=85) | 2023 (n=19) | 2021 (n=90*) |
|--|-------------|-------------|--------------|
| Health-care employees | 45% | 42% | 40% |
| Audio, Radio, other Social Media Sources | 29% | 26% | 26% |
| Community Event | 21% | 21% | 31% |
| Billboards | 6% | 5% | 13% |
| Broachers, other Written documents | 1% | - | 14% |
| Others | 15% | 5% | 14% |

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

Finally, when asked who decides on the number of children, 88% stated that it was a decision made jointly by the husband and the wife.

Figure 50. Decision on number of children (2024)

Percentage of non-single women in reproductive age (n= 308)



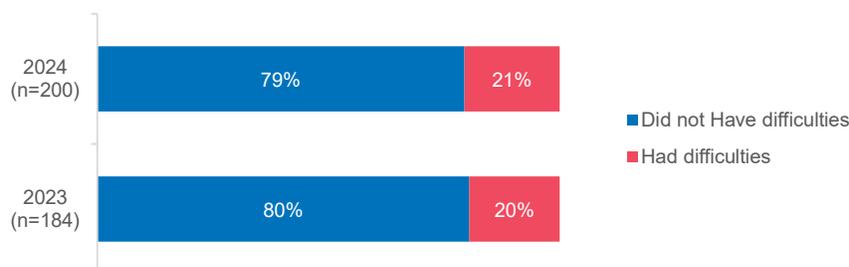
Nutrition including Infant and Young Child Feeding “IYCF”

Nutrition and Growth

Most children aged 0-59 months did not experience any growth or nutrition difficulties in the past month.

Figure 51. Noticed difficulties with children growth or nutrition during the past month

Percentage of children between the age of 0 – 59 months (n= 200)

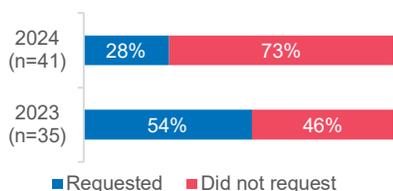


Seeking professional support

Among the children facing growth or nutrition challenges, only 28 per cent requested professional assistance. Surprisingly, only 3 per cent of all children in this age group were currently enrolled in a professional nutrition program.

Figure 52. Requested professional assistance

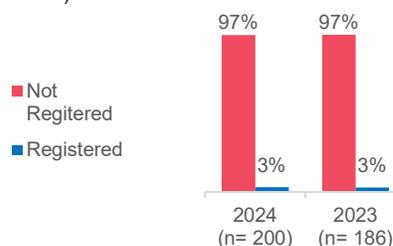
Percentage of children between 0-59 months with difficulty in growth or nutrition



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

Figure 53. Registered to professional assistance nutrition program

Percentage of children between 0-59 months (n= 200)



Breastfeeding

Regarding breastfeeding, 86 per cent of children under two were ever breastfed, with 88 per cent of children under 6 months old started early initiation of breastfeeding after the first hour.

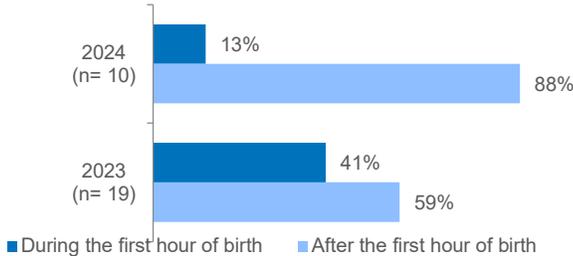
Figure 54. children who were ever breastfed

Percentage of children between 0-23 months



Figure 55. Timing of breastfeeding initiation

Percentage of infants between 0-5 months and were breastfed ever



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

Of the children who were breastfed, 64 per cent were breastfed the day before the interview. However, among those over 6 months old, 85 per cent had started consuming solid/semi-solid food.

Figure 56. Child was breastfed during the night or day

Percentage of children between 0-23 months and were breastfed ever (n=75)

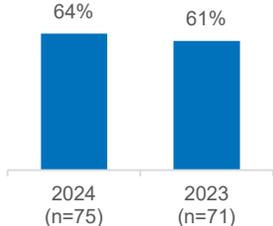
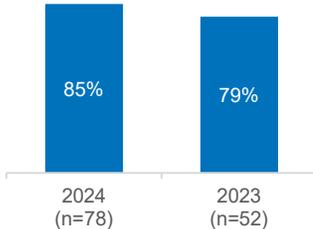


Figure 57. Child was fed solid/semi-solid food during the night or day

Percentage of children between 6-23 months (n=78)



When it comes to the types of food consumed by children aged 6-24 months, 89 per cent consumed grains, roots, and tubers, while 64 per cent consumed dairy products, and 53 per cent continued to consume mother's milk. Moreover, only 14 per cent meets or exceeds the Minimum Dietary Indicator.

Figure 58. Type of solid/semi-solid food the child was fed (2024)

Percentage of children between 6-24 months who were fed solid/semi-solid food during the night or day (n=64)

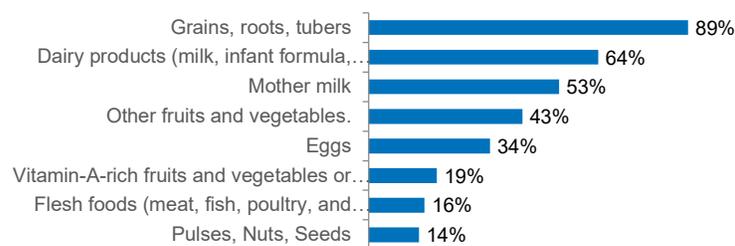
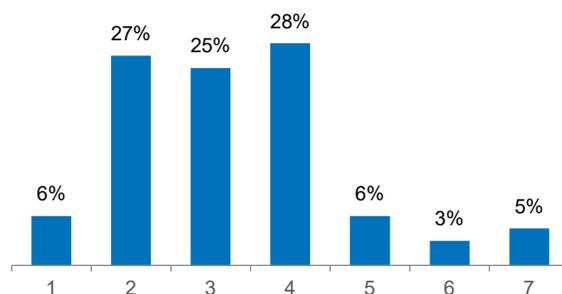


Figure 59. Number of solid/semi-solid food categories the child was fed (2024)

Percentage of children between 6-24 months who were fed solid/semi-solid food during the night or day (n=64)



Chronic Diseases

The prevalence of chronic diseases among the non-Syrian refugees in 2024 was 23 per cent, consistent with 2023 HAUS study results, with hypertension being the top recorded condition at 38 per cent, followed by diabetes at 29 per cent and ischemic heart disease (22 per cent).

Figure 60. Prevalence of chronic diseases

Percentage of household members

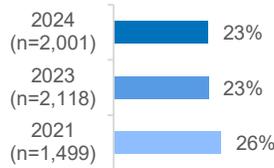


Figure 61. Type of chronic disease

Percentage of all household members suffering from chronic disease

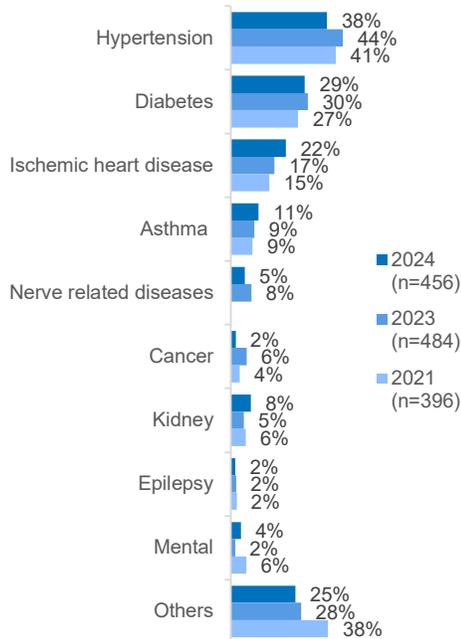


Table 16. Type of chronic disease - others

Percentage of all household members suffering from chronic disease

| | 2024 (n=456) | 2023 (n=484) |
|--|--------------|--------------|
| Thyroid | 9% | 11% |
| Blood disorders (Anemia, Thalassemia, ...) | 0% | 1% |
| Muscle disease | 6% | 5% |
| Rheumatism | 1% | 2% |
| Cholesterol | 0% | 2% |
| Liver Disease | 2% | 1% |
| Others | 7% | 10% |

Out of the 456 members with chronic diseases, 81% were able to access the necessary health care, compared to 76 per cent in 2023. With 58% obtaining it from private pharmacies and 25% from public facilities (a significant 6% increase since 2023 survey).

Figure 62. Ability to obtain medical care or medications in past 3 months for his chronic disease
 Percentage of household members suffering from chronic disease (n=456)

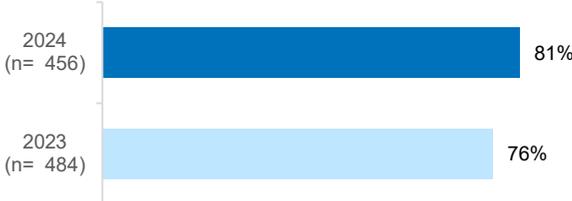
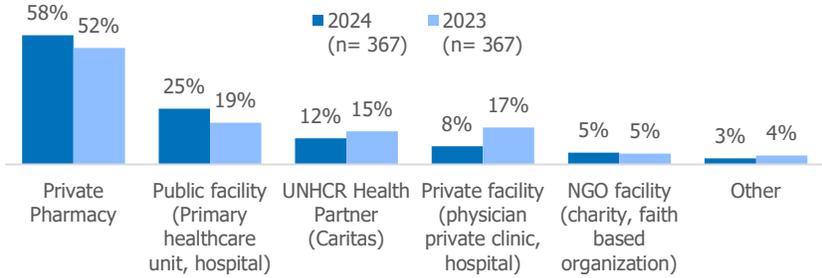


Figure 63. Location to obtain medical care or medications from for his chronic disease (2024)
 Percentage of household members suffering from chronic disease and was Able to obtain medical care or medications in the past 3 months for his chronic disease



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

Only 19 per cent of respondents did not pay any sum for the medical health care or medications for their condition.

Figure 64. 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 (n= 367)



Among those who paid for health care, the average expenditure on chronic diseases was 46.1 JOD. While 90% of respondents paid amount of 94 JOD or less, some individuals reported spending as much as 3,535 JOD on managing their chronic medication. These results show a decrease compared to the 2023 findings.

Table 17. Amount spent on medication for chronic disease

Percentage of household members with chronic disease

| | 2024 | 2023 |
|--------|-----------|-----------|
| Base | 297 | 300 |
| Max | 3,535 JOD | 7,000 JOD |
| Avg | 46 JOD | 84.16 JOD |
| 90tile | 94 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

Regarding the 19% who were unable to access health care, the majority cited inability to afford the fees (76%), while 13% stated that medication or health care was not available.

Table 18. Reasons prevented receiving medical care or medications for chronic disease

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

| | 2024 (n= 84) | 2023 (n=115) | 2021 (n=183) |
|--|-----------------|-----------------|-----------------|
| Couldn't afford user fees | 76% | 69% | 89% |
| Medication/ health care is unavailable | 13% | 23% | 11% |
| Could not afford commuting fees | 7% | 13% | 7% |
| Long waiting time | 1% | 4% | 2% |
| Didn't know where to go | - | 4% | 0% |
| Don't like the health services/staff | - | 1% | 1% |
| Due to COVID-19 | - | - | 3% |
| Others | 13% | 14% | 3% |
| I Don't Know | - | 2% | - |

Disability

A study found that eight per cent of non-Syrian households have members living with a disability, with the most common impairments being physical, sensory, and mental (41%, 27%, and 22% respectively). Notably, there has been a significant increase in mental health cases compared to the 2023 results.

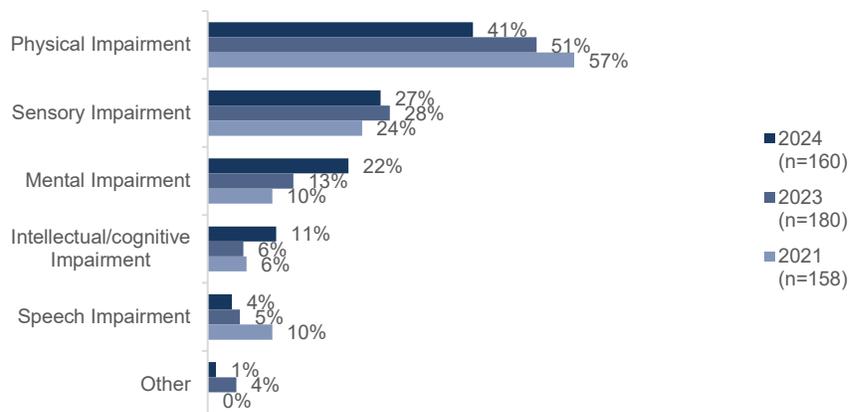
Figure 65. Prevalence of disability

Percentage of all household members



Figure 66. Disability type living with

Percentage of household members with disability



The primary cause of disability conditions was reported as natural (at birth) by 50% of respondents, with accidents mentioned by 24%, and only 18% attributed to war.

Table 19. Cause of disability

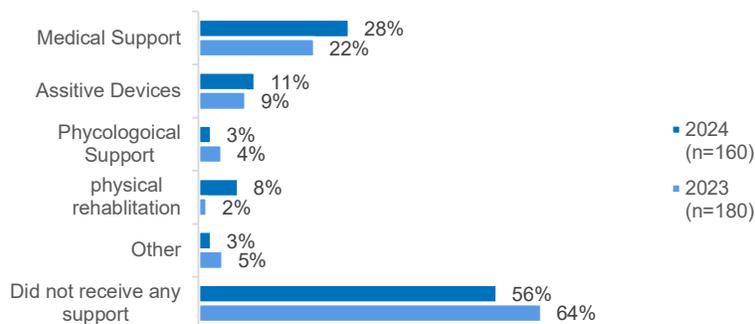
Percentage of household members with disability

| | Natural (At birth) | Accident (House, road, ...) | War | Violence | Other | I Don't Know |
|--------------|--------------------|-----------------------------|-----|----------|-------|--------------|
| 2024 (n=160) | 50% | 24% | 18% | 1% | 4% | 4% |
| 2023 (n=180) | 36% | 26% | 23% | 4% | 9% | 6% |
| 2021 (n=158) | 54% | 16% | 23% | 7% | - | - |

More than half of the respondents stated that they did not receive any support, mainly due to the cost of service (48%) and unavailability of service (25%). However, among those who did receive care, 28% received medical support, and 11% received an assistive device.

Figure 67. 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 20. Reasons prevented receiving support for disability

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

| | 2024 (n=89) | 2023 (n=115) |
|----------------------------|----------------|-----------------|
| Couldn't afford user fees | 48% | 57% |
| Service is unavailable | 25% | 19% |
| Didn't know where to go | 11% | 17% |
| Felt it was unnecessary | 7% | 3% |
| Too far / Transport issues | 2% | 2% |
| Others | 9% | 13% |
| I Don't Know | 8% | 14% |

Discussion

The research provided valuable insights into the demographic characteristics, healthcare access, and health-related challenges faced by non-Syrian refugee households in 2024. The findings revealed significant trends and issues that warrant further investigation and intervention.

Although more than half of the respondents were aware of subsidized healthcare services, only a third had a white card, limiting their access to these services. This gap in awareness and access highlights the need for targeted health education campaigns to ensure that refugee households are fully informed about available resources and how to access them. The high percentage of respondents who understand healthcare information suggests that communication channels are effective but should be expanded to include specific details about obtaining the white card.

The noted change in healthcare seeking habits, marked by a 13 percent rise in private pharmacy utilization and a 10 percent decline in visits to private medical facilities, may reflect both the increasing expenses associated with private healthcare and the ease of accessing medications through pharmacies, adding to this, for Non-Syrians in particular, UNHCR support to Hashmi Caritas clinic has ceased, leading to a situation where people avoid going to Caritas downtown (the only supported clinic by UNHCR in 2024) except for patients with non-communicable diseases (NCDs). The ongoing financial burden remains a substantial obstacle, especially for those pursuing secondary healthcare services, as highlighted by survey findings from 2021 and 2023. This underscores the urgent need for cost-effective and better access healthcare options.

Approximately half of households have reported an increase in healthcare costs, alongside an average monthly expenditure of 104 JOD on healthcare. A significant portion faces challenges with affordability due to the increase in health care costs, this is confirmed by the fact that 63 per cent struggled to afford medications and 47 per cent were unable to access medical facilities, this underscores the critical need for promoting financial support programs or subsidies for essential health services. Households have resorted to various coping strategies, such as reducing visits to healthcare providers or borrowing money, indicating an adaptation to financial constraints. However, these strategies also raise concerns about the potential long-term impacts on health outcomes, including delayed care or inadequate treatment.

The data on childhood vaccinations is promising, with over half of households being aware of free vaccination services. Nevertheless, the fact that one in every five children under five experiences growth or nutritional difficulties is concerning and warrants further investigation. The low enrolment in professional nutrition assistance programs suggests a gap in service availability support or awareness. Furthermore, this year's survey included a new metric to measure child food poverty which is the Minimum Dietary Diversity (MDD).. The results

indicated that a considerably low 14 percent of children were consuming the minimum necessary number of food groups, which is five out of eight. This underscores the significance of incorporating nutrition services into primary health care.

The increase in post-delivery contraceptive counselling reflects positive progress in family planning efforts. It's important to note that only 28 per cent of non-single women of reproductive age reported using contraceptives. However, the recent Population and Family Health Survey in Jordan found that 60 per cent of married women use contraceptives. This underscores the need for increased awareness of family planning services and more extensive outreach and education efforts.

The findings indicate positive trends in maternal healthcare, including a 7 per cent increase in access to antenatal care, which suggests improvements in healthcare availability or awareness. However, despite this progress, the preference for public versus private delivery facilities has remained the same, implying that the decision-making factors in 2023 may still significantly influence choices. Additionally, the lack of substantial change in cash assistance for delivery expenses is noteworthy, as over half of mothers reported having no financial support, highlighting a continued financial barrier for many families.

The prevalence of chronic diseases and the associated challenges in accessing healthcare reveal systemic issues in the healthcare infrastructure. The fact that over three-quarters of individuals did not seek care due to cost emphasizes the urgent need for more promotions on the existing policies of accessing affordable healthcare rates at MOH and addressing non-Syrian refugees' barriers for this.

Furthermore, the data on individuals with disabilities highlights a significant gap in support services. With over half of individuals with disabilities without assistance and many facing financial barriers, it's clear that this is a critical area for intervention.

The data collected in this year's survey will be compared with the 2025 HAUS data to gain insights into the effectiveness of any interventions related to accessing and utilizing healthcare services among non-Syrians living outside of camps.

Conclusion

This study provides valuable insights into the healthcare access, needs, and challenges experienced by non-Syrian refugee households in 2024. Despite increased awareness of subsidized healthcare services and high satisfaction levels among those who received care, significant barriers persist. Many households struggle with the financial burden of health care, impacting their ability to access necessary services and effectively manage chronic conditions.

Demographic trends indicate a young population with specific health needs, underscoring the importance of tailored health interventions. Disparities in awareness, particularly regarding the white card and family planning services, highlight the urgent need for improved communication and outreach efforts to ensure all households are informed about their rights and available resources.

Furthermore, the challenges faced by mothers during pregnancy and childbirth, as well as the limited support for individuals with disabilities, emphasize the necessity for targeted strategies to enhance maternal and child health services and strengthen support systems for those living with disabilities.

In conclusion, addressing health care access and financial barriers for non-Syrian refugees is crucial for promoting their health and well-being. Ongoing collaboration between governmental and non-governmental organizations, coupled with community engagement, will be essential for developing effective solutions to these challenges. By focusing on awareness, affordability, and accessibility, we can strive towards a more equitable health care environment for non-Syrian refugee households.

Recommendations

- 1- While the level of awareness regarding access to subsidized health care at MOH Medical Facilities and the possession of the white card has significantly increased since 2023 still more needs to be done., it is recommended to implement awareness campaigns, and organize regular workshops on health services access policies and targeted outreach campaigns on how to issue the white card to Non-Syrian refugees in urban settings. These initiatives will engage families in discussions about health care options, available services, and the importance of preventative care.
- 2- Based on the survey findings, it is recommended to utilize mobile messaging platform and UNHCR communication channels as the preferred communication channels by Non-Syrian refugees when designing any campaigns on health care.
- 3- The adoption of family planning methods among the sampled population is low compared to those using contraceptives at the national level. To address this, , it is recommended to conduct further in-depth analysis to understand the low adoption rates among refugees' population. In addition to strengthening the efforts on increasing the level of awareness about availability, accessibility, and affordability of family planning methods in Jordan for refugees .
- 4- While the infant and young child feeding indicators, such as early initiation of breastfeeding and timely introduction of complementary feeding, are higher among refugees compared to the hosting population, efforts to ensure refugees' inclusion in national programs should continue.
- 5- The burden of chronic diseases among refugees is high, with the main barrier to access being affordability. Long-term solutions should focus on creating awareness about affordable access to the public health-care system. Additionally, there is a high prevalence of disability, with a majority of disabled persons reporting no services provided for their disability. This highlights the need for in-depth analysis and better inclusion of this group.

Limitations to the Study

- The study was absolutely dependent on the respondent to disclose the requested information on every household individual 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 regardless of all assorted preventative measures applied.
- Response bias, 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.
- Certain data points in the 2024 study could not be tracked with 2021 and 2023 study due to the differences in some questions, coded answers, eligibility criteria, and skip logics.
- 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.

References

1. Department of Statistics: Jordan Population and family health survey 2023.

About UNHCR

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

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

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

About Headway

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

ANNEX “A”: Main Indicators

| | Indicator | 2024 | 2023 | 2021 |
|----|---|--------|------|------|
| 1 | % Of head of household who were aware of access to UNHCR supported health facilities | ** | 62% | 53% |
| 2 | % Of head of household who were aware of access to subsidized health care at MOH medical facilities | 53% | 48% | 50% |
| 3 | % Of head of household who were aware of access MOH medical facilities to issue a white card | 41%*** | 43% | ** |
| 5 | % Of head of household who understood information regarding accessing subsidized health care | 92% | 69%* | ** |
| 6 | % Of household members who possess a white card | 31% | 27% | ** |
| 7 | % Of household members who needed to access health-care services in the past month | 28% | 24% | 37% |
| 8 | % Of household members who needed to access health-care facility in the past month and received health-care services in first facility | 92% | 90% | 81% |
| 9 | % Of household members who received health-care facility in first attempt and paid for health-care service in first facility | 90% | 88% | 81% |
| 10 | % Of household members who referred to second health-care facility | 12% | 11% | 17% |
| 11 | % Of household members who received health-care services in second facility | 48% | 58% | ** |
| 12 | % Of head of household who noticed an increase in health-care costs in past year | 46% | 46% | 36% |
| 13 | % Of head of household who were impacted due to increase in health-care costs | 91% | 94% | 86% |
| 14 | % Of head of household who adopted a coping strategy | 68% | 62% | 86%* |
| 15 | % Of head of household who were aware of free children vaccination at MOH health facilities | 56% | 55% | 94%* |
| 16 | % Of household children between the ages 9-59 months who possess of baby vaccination schedule card | 99% | 99% | 94% |
| 17 | % Of household children between the ages 9-59 months who received MMR vaccination | 100% | 97% | 98% |
| 18 | % Of household children between the ages 9-59 months who received Polio vaccination | 100% | 100% | 98% |
| 19 | % Of non-single women in reproductive age who were mother of a child younger than 2 years old | 30% | 26% | ** |
| 20 | % Of mothers of a child younger than 2 years old who received antenatal care | 92% | 85% | 79% |
| 21 | % Of head of household who Aware of free antenatal Care and family planning service at MOH facilities | 33% | ** | ** |

| | | | | |
|----|--|-----|-----|------|
| 22 | % Of mothers of a child younger than 2 years old who were aware of available services to prevent unplanned pregnancy in Jordan | 35% | 37% | 25%* |
| 23 | % Of mothers of a child younger than 2 years old who heard information about family planning in the past year | 26% | 26% | 39%* |
| 24 | % Of mothers of a child younger than 2 years old who were advised/provided with of any contraceptive methods after delivery | 54% | 32% | ** |
| 25 | % Of non-single women in reproductive age who were currently using any contraceptive methods | 28% | 25% | -.** |
| 26 | % Of non-single women in reproductive age who tried to obtain contraceptive methods in the past year | 21% | 17% | 21% |
| 27 | % Of children between the age of 0 – 59 months who faced difficulties with growth or nutrition during the past month | 21% | 20% | ** |
| 28 | % Of children between 0-59 months with difficulty in growth or nutrition who requested a professional assistance | 28% | 54% | ** |
| 29 | % Of children between 0-59 months with difficulty in growth or nutrition and were registered to professional nutrition assistance program | 3% | 3% | ** |
| 30 | % Of children between 0-24 months who were breastfed ever | 86% | 79% | ** |
| 31 | % Of children between 0-24 months who were breastfed during the night or day | 64% | 61% | ** |
| 32 | % Of children between 6-24 months who were fed solid/semi-solid food | 85% | 79% | ** |
| 33 | % Of Percentage of children between 6-24 months who achieved Minimum Dietary Diversity | 14% | ** | ** |
| 34 | % Of Percentage of household members who were suffering from chronic diseases | 23% | 23% | 26% |
| 35 | % Of Percentage of household members who were Able to obtain medical care or medications in past 3 months for his chronic disease | 81% | 76% | ** |
| 36 | % Of Percentage of household members who were living with disability | 8% | 9% | 11% |
| 37 | % Of Percentage of household members living with disability who did not receive any support | 56% | 64% | ** |
| 38 | % Of Percentage of household members over 18 years old who received COVID-19 vaccination | ** | 92% | ** |

*Different eligibility criteria in (year) survey

** Was not measured in (year) survey

*** An option "Do not of know what is a white card" was added in this (year)

HEALTH ACCESS AND UTILIZATION SURVEY AMONG “NON-SYRIANS REFUGEES” JORDAN

August 2024



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