HEALTH ACCESS AND UTILIZATION SURVEY

"HAUS 2025"

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AMONG "NON-SYRIANS REFUGEES" JORDAN

October 2025

Acknowledgements

Research for this survey was conducted by Headway Jordan using the UNHCR global 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. The total number of households accepting to participate in the survey was 771 non-Syrian household, in 2024, 560 households were interviewed, while 566 households participated in the same exercise conducted in 2023. We are particularly thankful to UNHCR for extending the 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	Nutrition including Infant and Young Child Feeding

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Executive Summary

Household demographics

The 2025 Health Access and Utilization Survey (HAUS) survey gathered information from 771 non-Syrian refugee households living in urban areas of Jordan. The majority of heads of households were male (78 per cent) and primarily aged between 36 and 59 years. Iraq remains the most common country of origin for these refugees, although there has been an increase in Yemeni households since 2023, and most households were concentrated in Amman.

The survey indicated a slight rise in the average monthly income, which sit at 199.3 Jordanian Dinars (JOD), and a decrease in the number of households reporting no income. However, educational attainment by heads of households as 19 per cent of heads of households reported possessing university degree.

With regards to household members, the gender distribution within the households is almost matching, with 52 per cent of household members being male. Marriage and educational trends remain similar to previous years.

In terms of age distribution, one-third of household members are under 18 years old, and another third are aged 18 to 35, indicating a predominantly young population. Among individuals aged 15 and older, half are married. Overall, educational levels are slightly declining, with a 6 per cent drop in university graduates and 7 per cent of adults reporting no formal education.

General Awareness on health care access

Awareness of subsidized health care services increased, as in the 2025 HAUS, 57 per cent of respondents reported knowing about available subsidized health care at Ministry of Health (MOH) medical facilities, to 53 per cent in 2024. A significant majority (90 per cent) of respondents claimed to understand the details of the subsidies. Additionally, awareness of the white card, which is essential for accessing MOH services, increased by 6 per cent, with possession rising to 36 per cent, a 5 per cent increase over the previous year. However, barriers still exist, as many individuals are unaware of the white card and its application process or lack the necessary documentation to apply.

Health service and health seeking behaviour

Almost one third of individuals reported a health need in the past month. Private facilities are the most used, at 40 per cent, while public facilities account for 32 per cent of usage. The use of private pharmacies was lower by 6 per cent, now standing at 20 per cent. from those needing health care services, 86 per cent reported accessing to health care , but cost is the main barrier preventing 68 per cent of individuals from receiving care at their initial facility. Additionally, 15 per cent reported provider refusal.

The average cost of a health-care visit has decreased to 41 JOD, and 90 per cent of patients spent 70 JOD or less. However, nearly all respondents reported paying for health

care services. Satisfaction with services was slightly lower at 89 per cent. Among those who required a second visit to another facility, 38 per cent went to private facilities, 29 per cent to pharmacies, and 21 per cent to government facilities.

Non-Syrian households primarily obtain health care information through phone calls, text messages, WhatsApp, and the Internet, specifically the UNHCR website and Facebook.

Expenditure on health care and impact

Slightly over half of households reported increase in health care expenses, representing a 6 per cent rise since 2024. The consequences were significant.76 per cent of households skipped medication; 68 per cent avoided visits to health-care facilities; and 57 per cent missed necessary procedures. The average monthly health care expenditure has decreased to 85 JOD, which is nearly 19 JOD lower than 2024. To manage costs, 63 per cent of households reduced their visits to health-care providers, and 57 per cent cut back on medications. Additionally, many households relied on savings (35 per cent) or sought cheaper services through NGOs (26 per cent).

Childhood vaccinations

Awareness of free vaccinations at MOH facilities has increased to 59 per cent. Immunization coverage remains high, with nearly all children aged 9 to 59 months receiving Measles, Mumps, and Rubella “MMR” and polio vaccines, primarily at government facilities. Most caregivers are familiar with child vaccination cards. This consistently high uptake reflects trust in government immunization services and indicates continued success in public health messaging.

Sexual & Reproductive Health

Of non-single women at reproductive age, 30 per cent had children under two years old. Among these women, 94 per cent received antenatal care. Most of female respondents completed antenatal care. Additionally, 20 per cent reported difficulties accessing care, a decrease from 27 per cent in 2024.

The average cost of childbirth remains high at 346 JOD, with 86 per cent of women paying for services. When it comes to place of giving birth, 49 per cent utilized public services, while 46 per cent turned to private providers, often due to personal preference and accessibility issues in the public sector.

Family planning services are still underutilized; as 37 per cent of households were aware of free family planning and antenatal care services at MoH facilities, and 31 per cent of non-single women of reproductive age currently use contraceptives. Counselling for postpartum contraception has decreased by 16 per cent. Although the use of contraceptive methods like intrauterine devices (IUDs) is on the rise, the use of male condoms is declining. There is also a noticeable trend of women obtaining contraceptives from private pharmacies rather than MOH facilities or private doctors.

Nutrition including Infant and Young Child Feeding “IYCF”

Most children under five do not face nutritional issues; yet, of those who do, 21 per cent requested professional help. Additionally, 1 per cent of children are enrolled in a nutrition program. on the other hand, 88 per cent of children under two years old have been breastfed at some point, which increased since 2023 survey.

Complementary feeding practices have seen improvement, with 89 per cent of children over six months consuming solid or semi-solid food. Dietary diversity is also gradually improving. While the consumption of grains and dairy remains high, with 26 per cent of children met the Minimum Dietary Diversity Indicator, which is already a 12 per cent increase from 2024. There has been a notable rise in the consumption of pulses and seeds.

Chronic Diseases

The prevalence of chronic diseases has increased to 28 per cent, with hypertension and diabetes being the most common conditions. Access to treatment has decreased from 81 per cent in 2024 to 72 per cent, down. The primary barrier to accessing treatment is affordability, which affects 82 per cent of individuals. 48 per cent of medications are obtained from private pharmacies, although the use of public facilities has increased to 30 per cent. The average expenditures on health care for chronic condition have reached 53 JOD, with 90 per cent of people spending between 0-80 JOD. Moreover, some reported spending up to 3,000 JOD, highlighting the severe financial burden faced by households managing chronic illnesses.

Disability

Among household members, 7 per cent reported having a disability, primarily of a physical nature (54 per cent), followed by sensory disabilities (24 per cent) and mental disabilities (17 per cent). Notably, the prevalence of mental health and cognitive disabilities has decreased, while the incidence of physical and speech impairments has increased. Most disabilities are congenital (45 per cent) or result from accidents (24 per cent), with war-related causes accounting for a smaller percentage (15 per cent).

Access to disability support remains limited, with more than 50 per cent of individuals receiving no assistance. The primary barriers to support are cost (65 per cent) and a lack of available services (17 per cent).There has been an 8 per cent increase in medical support for disabled individuals in 2025, and 8 per cent of individuals received assistive devices, indicating small but meaningful improvements in support and resources.

Background and Methodology

Background

UNHCR has registered a significant refugee population living in Jordan. They come predominantly from Syria, while there are also large groups from Iraq, Yemen, Sudan, and Somalia[1]. Jordan is currently hosting slightly over to 41,100 non-Syrian refugees, where 26,859 non-Syrian refugees are from Iraq, 9,099 are from Yemen, 4,355 from Sudan, 325 from Somalia and the remainder from other countries. 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 health care for non-Syrian refugees from the foreigner rate to the non-insured Jordanian rate, brings medical costs down by 65 per cent for some services. the Jordan Health Fund for Refugees (JHFR) supported by the United States, Canada, Italy and Denmark is now directly supporting the Ministry of Health to maintain subsidised access to basic healthcare.

Due to the different nature of access to health care in urban settings, there are a variety of providers including private, public, military, and non for profit. Affordability and quality of care require regular monitoring and evaluation. UNHCR has developed the 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 a representative sample of the population. HAUS also pinpoint barriers and facilitators 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 to promote shared responsibility, and to advocate for an appropriate resource base to ensure that refugees receive adequate 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 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 2025 survey.

[1] *https://data.unhcr.org/en/country/jor*
[2] *https://wfp-unhcr-hub.org/wp-content/uploads/2022/10/UNHCR-WFP-Joint-Community-Consultations-with-non-Syrian-Refugees-in-Jordan-.pdf*

Objectives[3]

- 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 behaviour;
- 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 aged 18 and above in UNHCR ProGres Database 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. the adopted tool evaluates 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.

In alignment with the HAUS+ methodology, the sample size was determined using a two-survey design that ensures adequate statistical power to detect meaningful differences in indicators expressed as proportions across reporting periods. The calculation applied a design effect of one, a confidence level of 95 per cent, a power level of 80 per cent. Baseline proportions were drawn from previous survey rounds, and the anticipated endline proportion was estimated by adding the minimum detectable effect size to the baseline value.

Knowledge of right to subsidized access to governmental health services used for time point proportion. Two level of adjustment were implemented to meet the required sample

[3] *HAUS-Plus-Manual.pdf (unhcr.org)*

for individual-level sampling groups. These numbers along with numbers from previous studies were introduced during the two adjustment phases. The first adjustment was made based on household size and the proportion of non-single women at reproductive age due to its connection with multiple indicators including antenatal care, children vaccination and family planning. Second level adjustment was implemented to address non-response rate among sample. The applied sample calculation methodology yielded a 750 Household needed to be sampled to meet HH and individual level indicators adjustment.[4]

Tool was scripted using KOBO platform with an average interview length of 12-15 minutes. 771 telephonic interviews were conducted by 11 trained enumerators from 27 August to 2 September 2025.
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.

[4] *https://www.unhcr.org/sites/default/files/2023-04/HAUS-Plus-Manual.pdf*

Detailed Findings

Head of Household Demographics

Gender and age

A significant majority of household heads (78 per cent) were identified as male, which is consistent with findings from the 2024 and 2023 HAUS studies. The predominant age category among household heads was 36 to 59 years, accounting for slightly more than half of the respondents. Additionally, one-fifth of the heads of households were over 60 years of age, while slightly over a quarter fell within the 18 to 35-year age range. The distribution of age groups subject to minimal changes since the 2023 HAUS survey.

Figure 1. Head of HH gender

Percentage of head of household

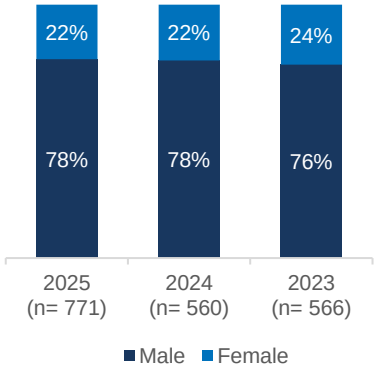
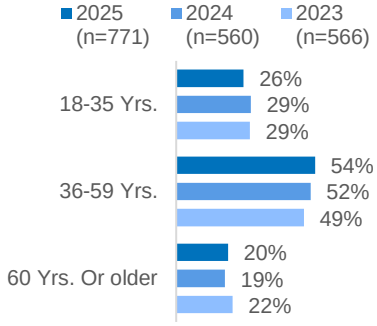


Figure 2. Head of HH age

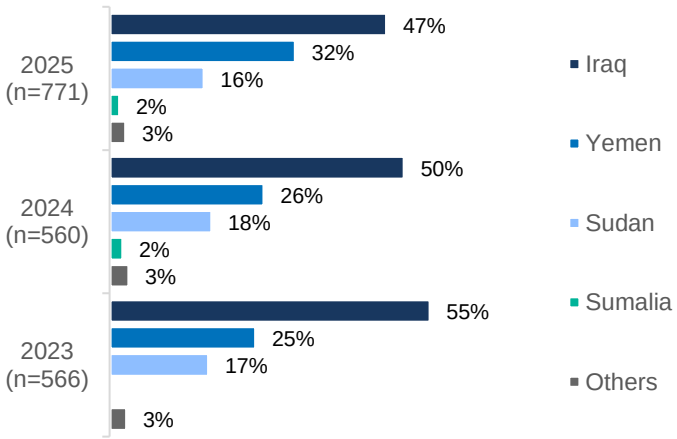
Percentage of head of household



Iraq continues to be the country of origin with the highest reported percentage (47 per cent); however, the number of Iraqi households decreased in recent years. Conversely, increase in the number of reported Yemeni households since 2023 is noticed.

Figure 3. Refugee's country of origin

Percentage of head of household



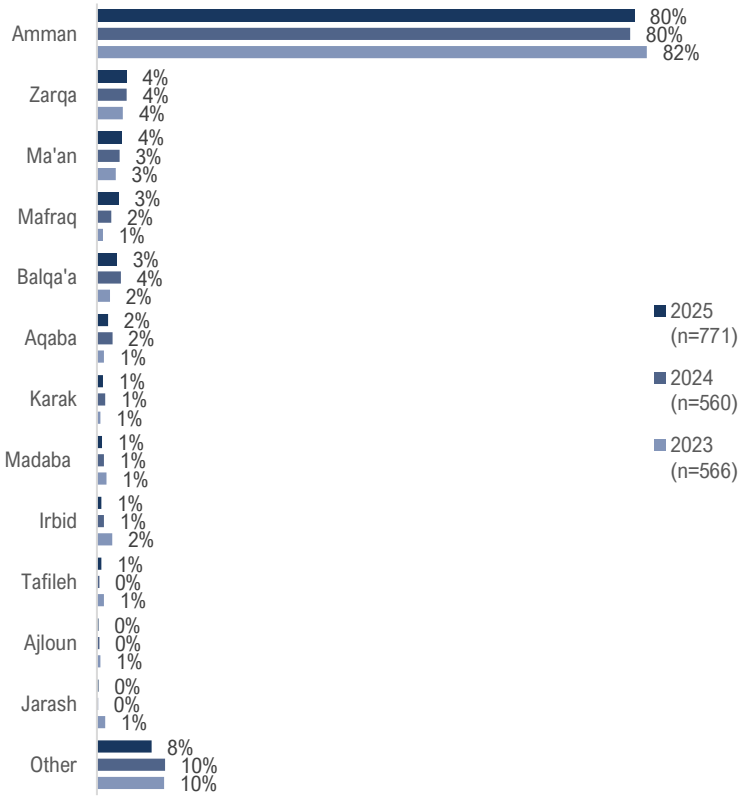
Note: figures do not add up to 100 per cent due to rounding

Residence

The distribution of non-Syrian households has not changed since 2023, with the majority currently residing in Amman (80 per cent), followed by Zarqa (4 per cent).

Figure 4. Region

Percentage of head of household

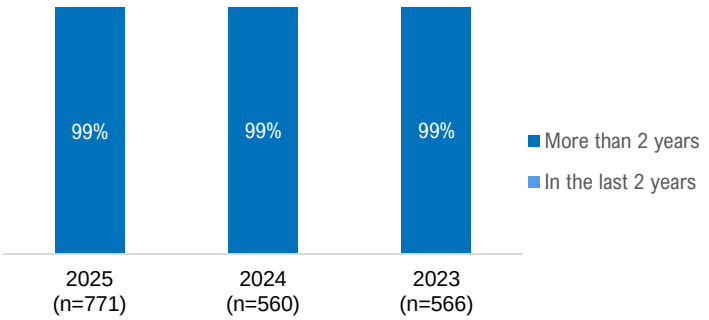


Note: figures do not add up to 100 per cent due to rounding

Regarding the timeline of the initial arrival of members from each household in Jordan, the majority of respondents indicated that at least one member relocated to Jordan prior to the year 2023.

Figure 5. Duration since first family member arrived to Jordan

Percentage of head of household

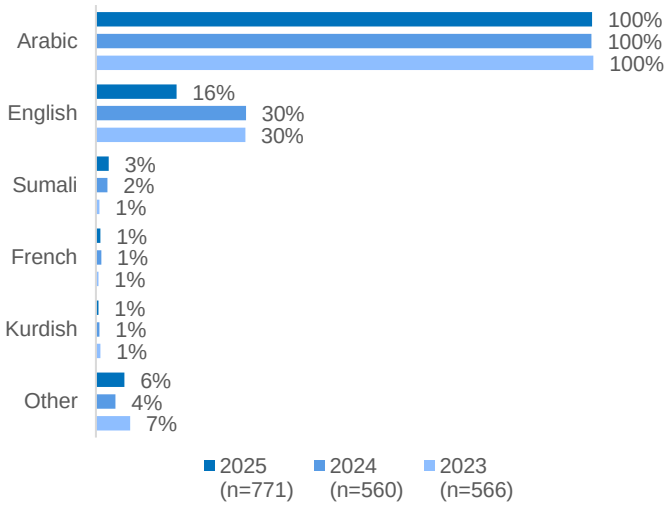


Note: figures do not add up to 100 per cent due to rounding

Languages spoken

In the 2025 HAUS, it was reported that all heads of households identified as Arabic speakers. Additionally, there was a notable decline of 14 per cent in the proportion of English-speaking heads of households.

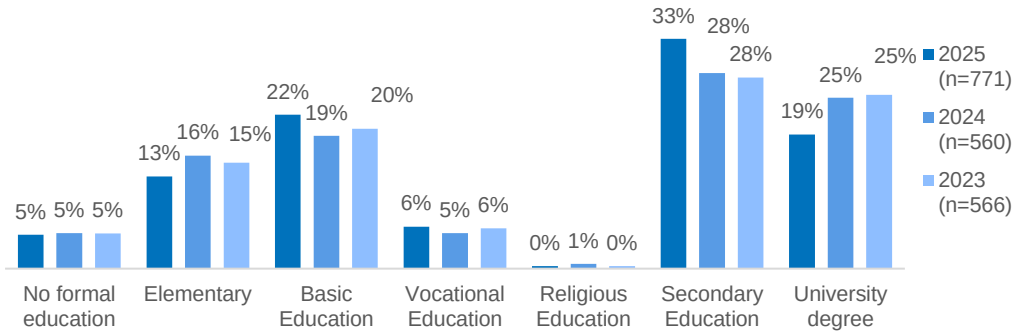
Figure 6. Languages spoken
Percentage of head of household



Education level

More than half of household heads have achieved at least a secondary level of education, as nineteen per cent of respondents have indicated that they hold a university degree. However, this figure represents a decrease of 6 per cent in number of heads of households reporting holding a university degree, compared to the surveys conducted in 2023 and 2024. In contrast, five per cent of respondents have not completed any formal education.

Figure 7. Head of HH education level
Percentage of head of household



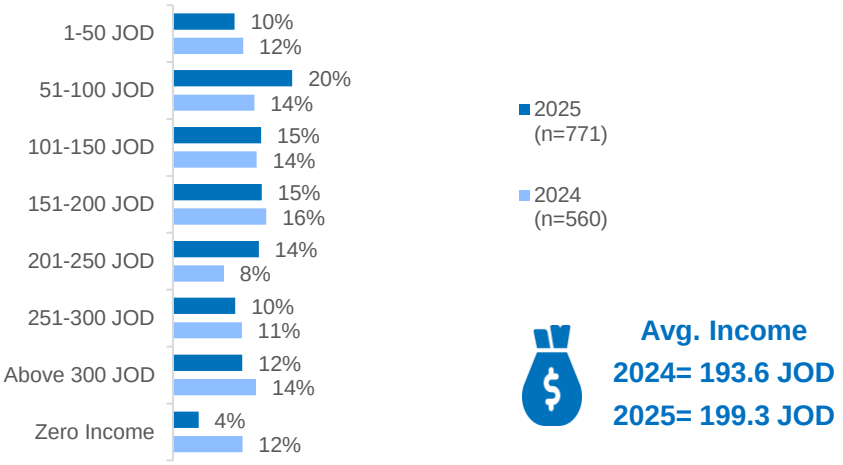
Note: figures do not add up to 100 per cent due to rounding

Monthly household income

A marginal change in the average monthly income of non-Syrian households was reported, rising to 199.3 JOD from 193.6 JOD recorded in the 2024. Notably, a smaller proportion of households reported having no income, decreasing from 12 per cent in 2024 to 4 per cent in 2025. Additionally, the number of households earning above 300 JOD declined by 2 per cent compared to the previous year's survey.

Figure 8. Monthly household income

Percentage of households



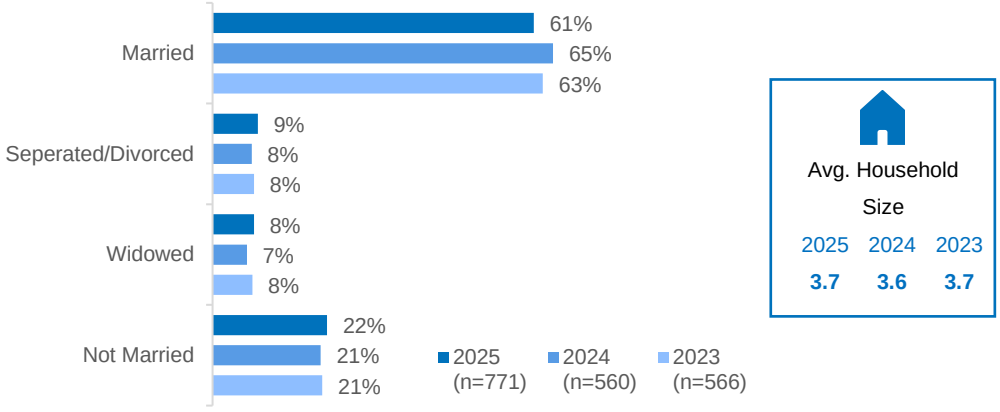
Note: figures do not add up to 100 per cent due to rounding

Household size and marital status

The marital status of heads of households subject to minimal changes compared to previous years. In the current analysis, nearly two-thirds of heads of households are married, compared to 65 per cent in 2024 and 63 per cent in 2023. Additionally, 22 per cent of respondents reported the head of household as not currently married, which shows a 1 per cent increase from 21 per cent in both the 2024 and 2023 surveys.

Figure 9. 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

Among household member demographics, 52 per cent of individuals were male, which is consistent with the findings of the previous years. Regarding age distribution, one-third of household members were under 18 years of age, while a similar proportion fell within the 18 to 35-year range. Additionally, 25 per cent of household members were between the ages of 36 and 59, and 9 per cent were aged 60 years or older.

Figure 10. HH members gender
Percentage of household members

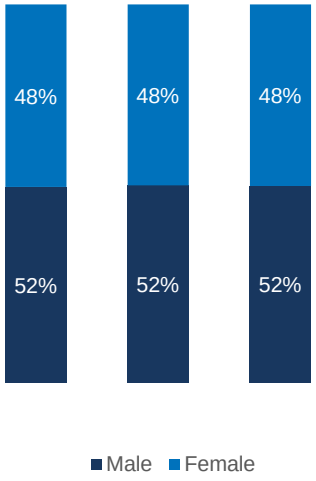
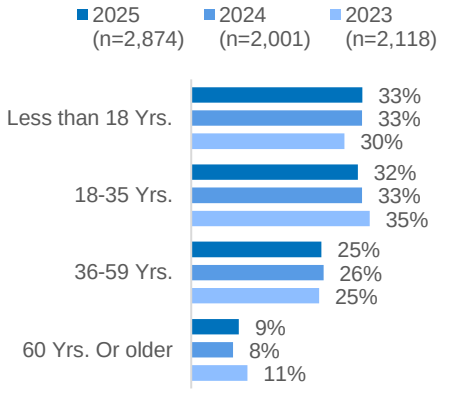


Figure 11. HH members age
Percentage of household members

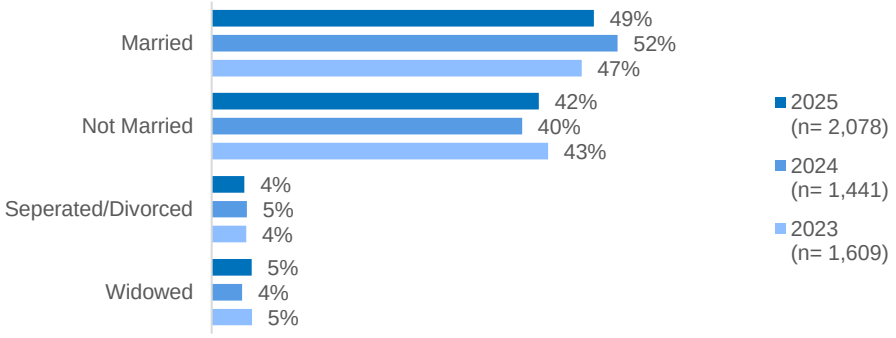


Note: figures do not add up to 100 per cent due to rounding

Marital status

Approximately 50 per cent of individuals aged 15 or older within households were married. Marital status proportions were comparable to results observed in the 2024 survey.

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



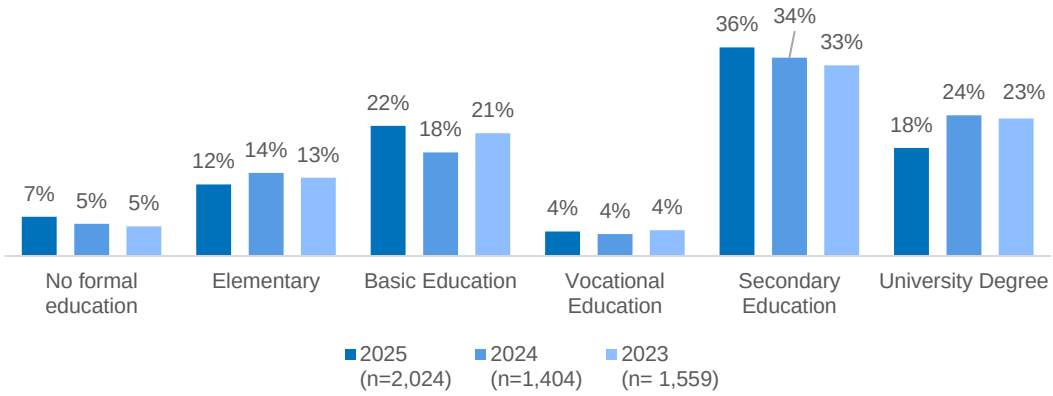
Note: figures do not add up to 100 per cent due to rounding

Education level

The number household members aged over 16 years who did not engage in any formal education accounted for 7 per cent of members, The highest level of educational attainment recorded was secondary education, representing 36 per cent of household members. This was followed by basic education. University degree holders accounted for 18 per cent of members—indicating a decline compared to the survey conducted in 2024.

Figure 13. HH members education level

Percentage of household members 16 years old or older



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

General Awareness on Health Care Access

Access to health-care facilities

Knowledge regarding access to subsidized health care demonstrated continued growth in the 2025 survey, with 57 per cent of households reporting awareness, an increase from 53 per cent in 2024. Notably, 90 per cent of respondents indicated that they understood the information pertaining to the subsidized costs, reflecting a 2 per cent decrease from the previous year. Furthermore, awareness of the possibility of obtaining a white card at the nearest Ministry of Health facility has also shown an upward trend, with a 6 per cent increase in 2025 compared to 2024.

Table 1. Health care accessibility indicators

Percentage of head of household

	2025 (n=771)	2024 (n=560)	2023 (n=566)
Aware of access to subsidized health care at MOH medical facilities	57%	53%	48%
Understood information regarding accessing subsidized health care (2025, n=439 // 2024, n=295) >> head of household who are aware of Access to subsidized health care at MOH medical facilities	90%	92%	69%*
Aware about visiting the nearest MOH facility to issue a white card	47%***	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 that expressed awareness of subsidized health care, 50 per cent identified public clinics or hospitals as their primary source of information regarding these services. The communication channels utilized by UNHCR were noted as the second most prevalent source, followed by information received from neighbours or relatives. These findings align with the results of the previous year's survey.

Table 2. Source of information on subsidized health care

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

Information Source	2025 (n= 493)	2024 (n= 295)
Public clinic or hospital	51%	52%
UNHCR communication channels (Help line, Help Site, WhatsApp, Facebook)	30%	29%
Neighbours/Relatives	21%	18%
Community Health Volunteers	3%	3%
NGO clinics	3%	3%
Service guide for health care issued by Ministry of Health	2%	1%
Other	1%	3%

White Card

White card possession rates continued to grow reaching in 2025 (White Card: A registration card issued by Jordan's public health centers to patients (Jordanians and refugees) for their designated health center. It enables access to subsidized services, supports equitable caseload distribution, and improves resource planning. Patients must present the card at their registered center; visiting other centers or failing to show the card results in double charges), 36 per cent (a 5 per cent increase over 2024 results). Among those not in possession of a white card, the majority claimed to be unaware of the card or the process to obtain one, with 11 per cent citing a lack of required documentation increasing from 2024 results by 3 per cent.

Figure 14. Possession of a white card

Percentage of household members

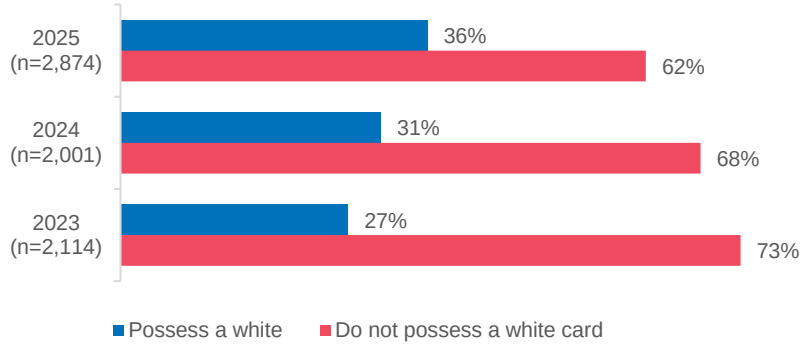


Table 3. Reasons for not possessing a white card

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

	2025 (n= 1,781)	2024 (n= 1,369)
I don't know how to issue the white card / Don't know about it	75%	77%
I have a problem in the required documents (Valid ASC, MOI card issues, rental contract	11%	7%
I am not interested/ don't want to approach the center to seek services	5%	4%
The health center refused to issue the card	2%	2%
Other	4%	4%
Don't Know the reason why the HH member does not possess the White Card	-	6%

Household Health Demographics

The table presented below provides a summary of the counts of non-Syrian urban household members categorized by various health demographics.

Table 4. Snapshot of family members certain health parameters
Number of household members

	2025 N= 2,874	2024 N= 2,001	2023 N= 2,118
MMR vaccination (Children between 9-59 months)	207	160	142
Polio vaccination (Children between 9-59 months)	206	157	140
Antenatal care (Women of reproductive age and have child less than 2 Years old)	116	84	63
Using family planning (Non-single Women of reproductive age 15 – 49 years old)	124	83	70
Tried to use family planning in the past year (2024 // 2025, Households with at least one non-single women in reproductive age) (2023, Non-single Women of reproductive age 15 – 49 years old)	97*	69*	47
Used health-care services in the past month	909	567	511
Chronic	811	456	484
Living with disability	212	160	180

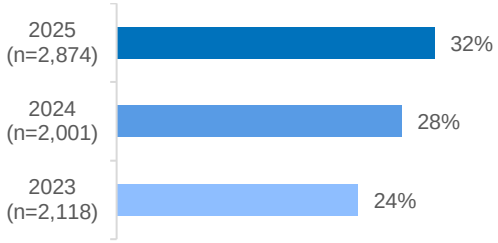
*Different eligibility criteria in (year) survey

Health Service and Health Seeking Behaviour

Required health-care services in the past month

In the prior month, 32 per cent of household members reported needing health care services, reflecting a consistent increase of four percentage points compared to the surveys conducted in 2023 and 2024.

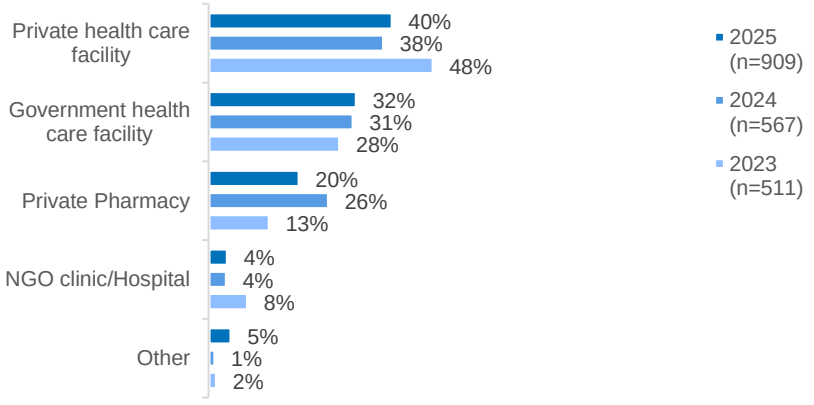
Figure 15. Needed to access health-care services in the past month
Percentage of household members



Sought health-care services (first location sought)

The primary venue for accessing health care remain private health care facilities, accounting for 40 per cent of utilization, reflecting a 2 per cent increase compared to the previous year. Governmental health-care facilities represented 32 per cent, while private pharmacies constituted 20 per cent of the choices made by patients. It is important to note a 6 per cent decrease in the use of private pharmacies, as indicated by the findings of the 2025 survey, when compared to the data from 2024.

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

Of those who needed to access health care in the past month, 86 per cent of respondents reported being able to obtain the care requested, yet, it decreased by 6 per cent since 2024 of those who reported being able to receive the health-care services at first facility. Of those who didn't, more than two-thirds reported not affording the cost of service as the reason, with 15 per cent mentioned refusal by the health-care provider. These reasons were consistent with previous years' results with significant changes in reported percentages for each.

Figure 17. Received health-care services in first facility

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

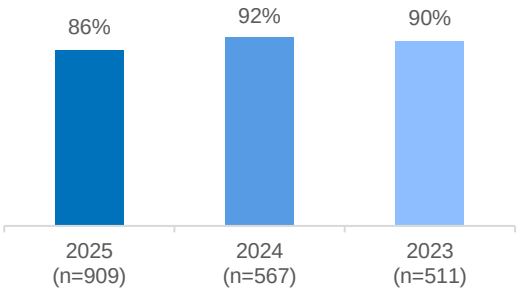


Table 5. Reasons for inability to receive health-care services in first facility

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

	2025 (n=127)	2024 (n=44)	2023 (n=50)
Couldn't afford user fees	68%	34%	48%
Health centre refuse to provide services	15%	23%	16%
Don't like the health services/staff	4%	2%	4%
I don't carry the proper documents	4%	-	4%
Didn't know where to go	3%	-	6%
Too far / Transport issues	1%	2%	-
Service was unavailable	-	11%	-
Others	20%	32%	32%

Following the receipt of health-care services, 90 per cent of respondents indicated that they incurred costs for the services, which aligns with the findings reported in 2024.

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

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

The average reported expenditure for health-care services was 41 JOD, indicating a continued decline in health-care costs compared to previous years. Furthermore, 90 per cent of respondents indicated that their health-care expenses were equal to or less than 70 JOD, which also represents a decrease relative to findings from prior years.

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

	2025	2024	2023
Base	689	461	398
Max	1,800 JOD	3,000 JOD	5,000 JOD
AVG	41 JOD	55 JOD	81 JOD
90th percentile	70 JOD	80 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
Note: figures do not add up to 100 per cent due to rounding

Furthermore, 89 per cent of respondents indicated their satisfaction with the health care services received at the initial location. While this level of satisfaction remains high, it reflects a decrease of 4 percentage points compared to 2024.

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

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

Sought health-care services (second location sought)

Among those requiring health care, 14 per cent indicated a necessity to seek services from an alternative location. Of those, 38 per cent received care from private health care facilities, 29 per cent utilized services from private pharmacies, reflecting a 6 percentage point increase compared to 2024 data, and 21 per cent obtained care from governmental health care facilities, representing a 14 percentage point decline from the previous year's results.

Figure 20. Referred to second health-care facility

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

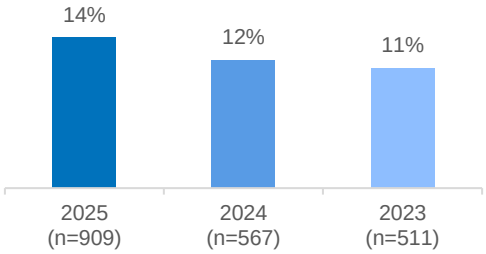
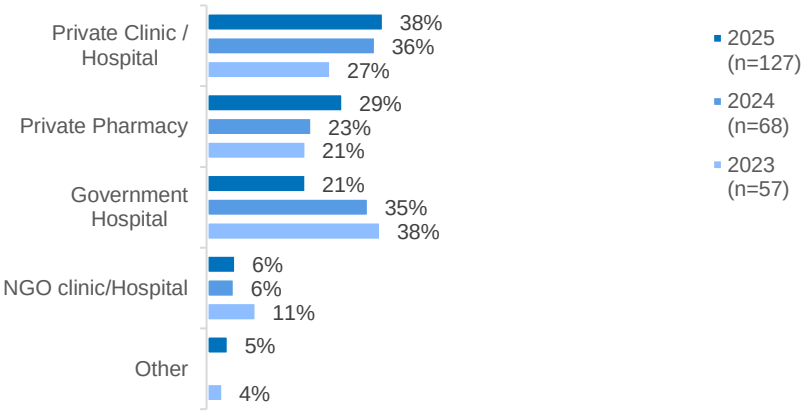


Figure 21. Second location the health-care service was sought at

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

Approximately two-thirds of respondents indicated that they received health-care services at the secondary location, representing a 15 percentage point increase. Among those who accessed the requisite services, 88 per cent reported incurring associated costs.

Figure 22. Received health-care services in second attempt

Percentage of household members who accessed second health-care facility

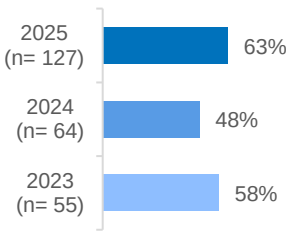
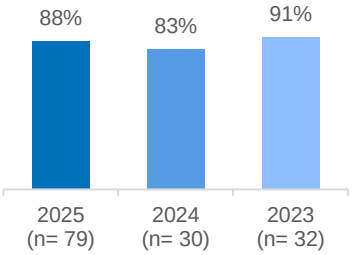


Figure 23. Paid for health-care service/referral

Percentage of household members who accessed second health-care facility



The primary reason for the failure to obtain necessary health care at secondary locations was financial barriers, followed by the inability of facilities to provide the service. On the positive side, 88 per cent of individuals who received the required service expressed satisfaction; however, there has been a notable trend of decreasing satisfaction rates since 2023.

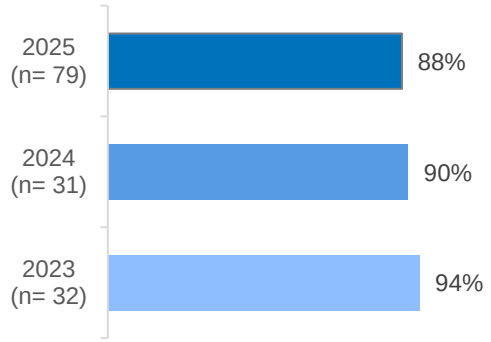
Table 7. Reasons for inability to receive health-care services in second facility

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

	2025 (n= 47)	2024 (n= 33)
Couldn't afford user fees	68%	61%
Service wasn't available	9%	21%
Health centre refuse to provide services	4%	3%
Too far / Transport issues	2%	3%
I don't Carry the proper documents	-	3%
Others	23%	24%

Figure 24. Satisfaction with health-care services provided in second location

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



Expenditures and impact

52 per cent of non-Syrian households reported an increase in annual expenditures on health care necessities. This figure reflects a six percentage-point rise compared to surveys conducted in 2023 and 2024. Consequently, 76 per cent of refugees have been unable to afford essential medication, 68 per cent have been deterred from accessing required medical facilities or consulting doctors, and 57 per cent have opted to forgo necessary medical procedures due to cost constraints. the 2025 HAUS discovered that 5 per cent of respondents indicated that they were unaffected by this increase.

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

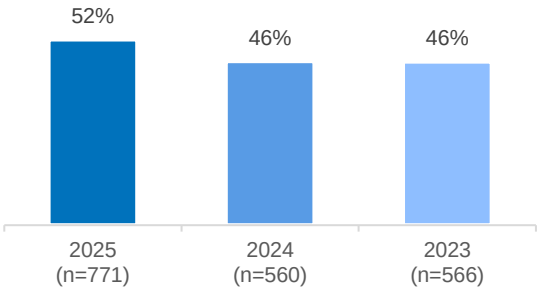
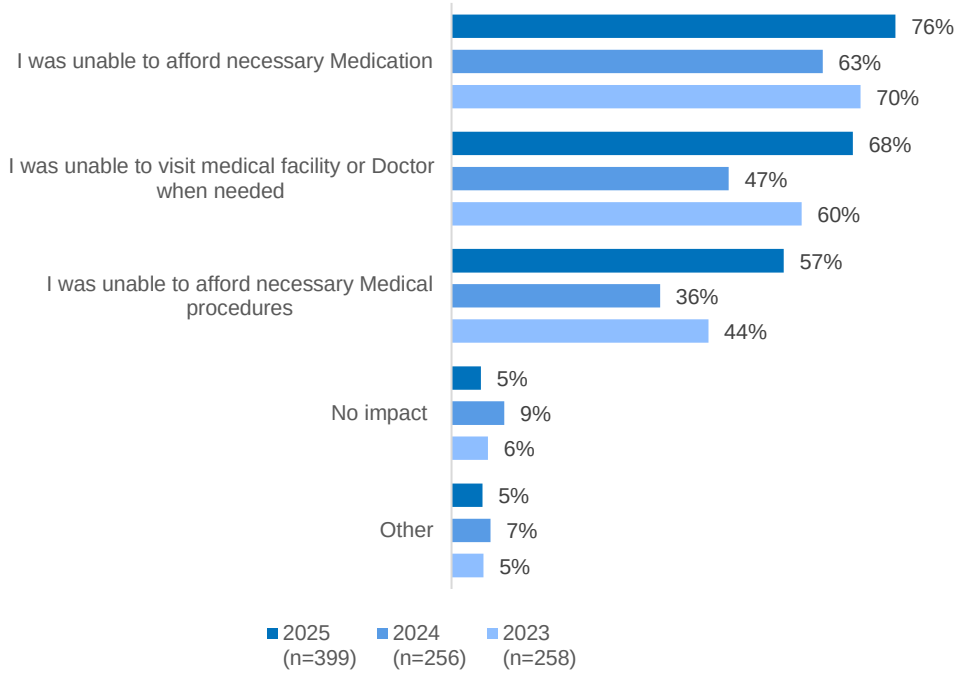


Figure 26. Impact due to increase in health-care costs
Percentage of head of household who noticed an increase in health-care costs in the past year



The average monthly expenditure on health care services was recorded at 84 JOD, with 90 per cent of individuals indicating that their payments amounted to 198 JOD or less. However, there were instances in which expenditure reached as high as 3,000 JOD. When compared to the survey conducted in 2024, it was observed that the average monthly expenditure had declined by nearly 20 JOD.

Table 8. Amount spent monthly on health-care services

Percentage of head of household

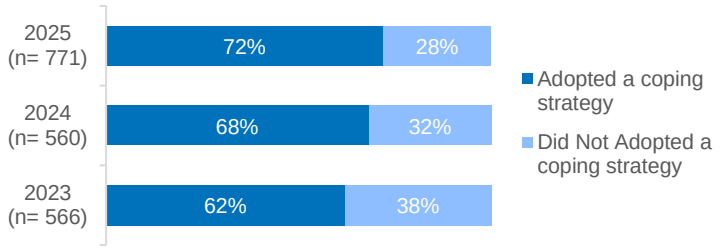
	2025	2024	2023
Base	771	560	566
Max	3,000 JOD	3,050 JOD	4,999 JOD
AVG	85 JOD	104 JOD	112 JOD
90tile	198 JOD	190 JOD	200 JOD

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 handle medical care costs, 72 per cent of households resorted to adopt certain coping strategies. With 63 per cent reducing visits to health-care providers, 57 per cent reported cutting the use of medications, 35 per cent used their savings or borrowed money, and 26 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

	2025 (n=555)	2024 (n=382)	2023 (n=351)
Reduced visits to health-care provider	63%	48%	48%
Reduced/stopped using medications	57%	35%	35%
Spent from Saving/Borrow	35%	30%	46%
Searched for free health-care services by NGO's	26%	23%	28%
Other	4%	7%	5%

The preferred sources of health care information included phone calls (52 per cent), text messages (44 per cent), WhatsApp (42 per cent), and the Internet, specifically the UNHCR website and Facebook (16 per cent). Notably a 9 percentage point increase in the use of WhatsApp was reported.

Table 10. Preferred source to receive information on health care

Percentage of head of household

Information Source	2025 (n= 771)	2024 (n= 560)	2023 (n= 566)
Phone	52%	52%	55%
Text Messages	44%	44%	28%
WhatsApp	42%	33%	24%
Internet (UNHCR website and Facebook)	16%	17%	24%
Health-care employees	8%	3%	10%
Brochures, other Written documents	2%	2%	1%
Billboards	2%	1%	1%
Others	1%	5%	2%

Childhood Vaccinations

Vaccinations access

On a household level, 59 per cent of heads of households have reported their awareness of the availability of routine vaccinations for children at MOH facilities. This reflects a slight increase of three percentage points in awareness compared to the 2024 survey.

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

The majority of respondents indicated familiarity with the vaccination schedule card for children. Furthermore, a significant percentage of children aged 9 to 59 months possess a vaccination schedule card.

Figure 29. Aware of child vaccination card
Percentage of household children between the ages 9-59 months

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

MMR vaccination

2025 indicated that a significant proportion of children received their Measles, Mumps, and Rubella (MMR) vaccinations, with most of these individuals obtaining this service from a governmental health-care facility.

Figure 31. Received MMR vaccination

Percentage of household children between 9-59 months

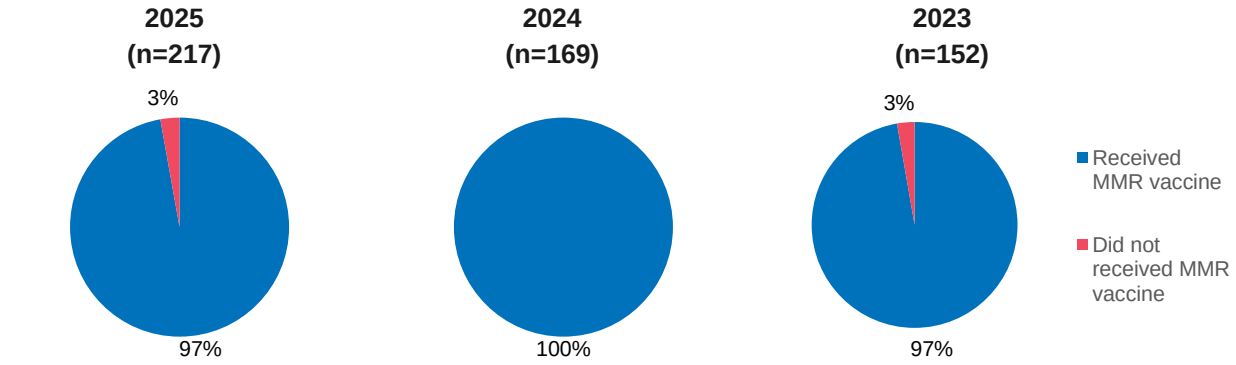
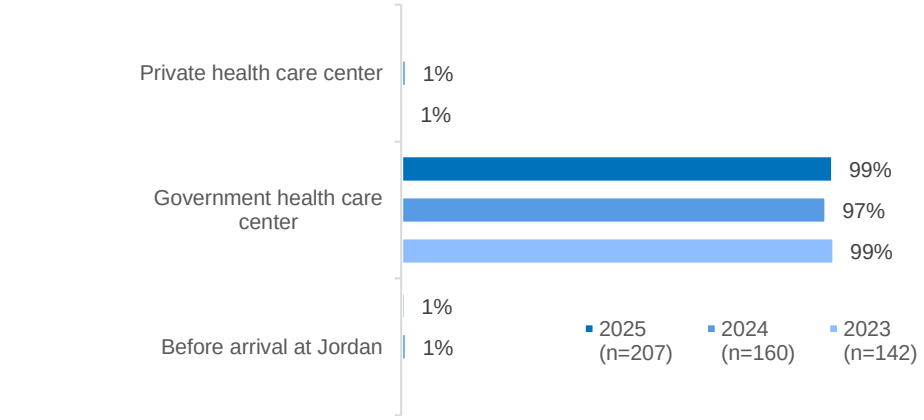


Figure 32. Location received MMR vaccinations at

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

Much like the coverage of MMR, nearly all children aged 9 to 59 months received their polio immunizations. With all respondents reported governmental health facilities as the place of where the child received the vaccination.

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

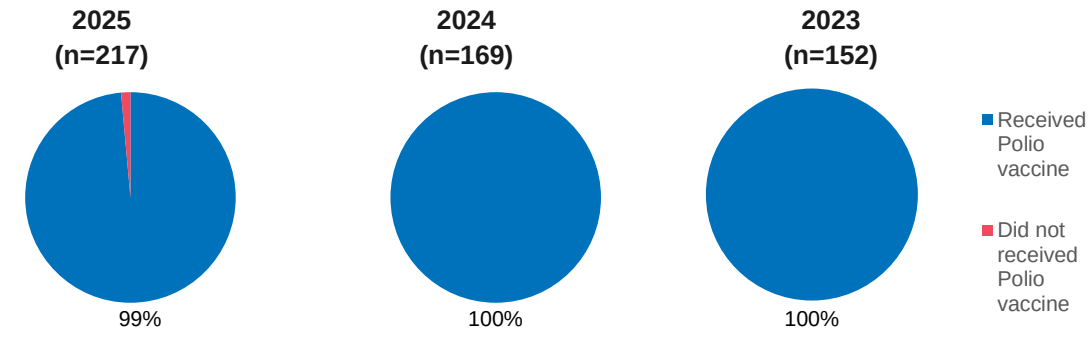
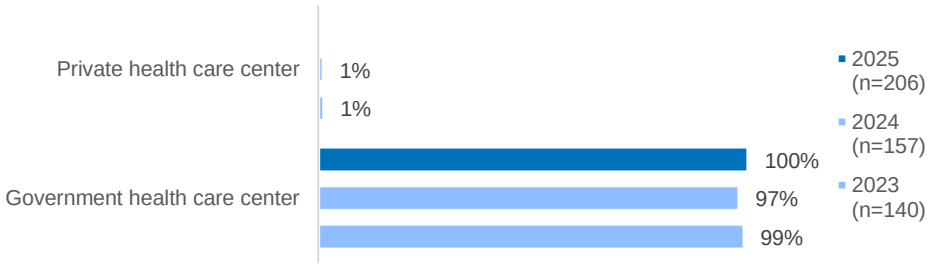


Figure 34. Location received Polio vaccinations at
Percentage of household members between 9-59 months who received Polio vaccination



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

Sexual & Reproductive Health

Mothers of a 2-year-old child

Among women who were not single and at reproductive age, 30 per cent were mothers of a child younger than two years old.

Figure 35. Mother of children younger than 2 years old
Percentage of non-single women in reproductive age

Antenatal care

Among women who are mothers to children under the age of two, 94 per cent reported having received antenatal care. Additionally, 84 per cent of these mothers indicated that they met the minimum requirement of attending at least four antenatal care appointments, consistent with the findings from the previous year's survey.

Figure 36. Received antenatal care
Percentage of mothers of a child younger than 2 years old

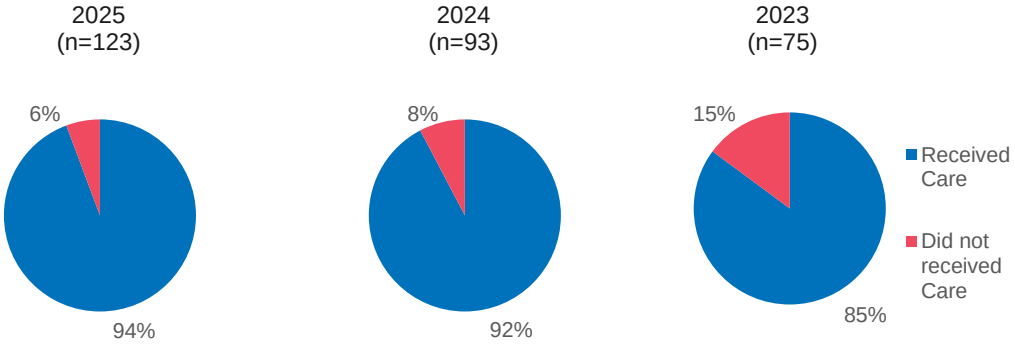
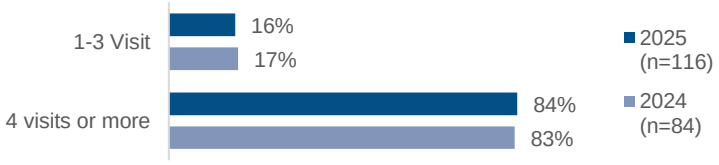


Figure 37. Number of antenatal care visits
Percentage of mothers of a child younger than 2 years old who received antenatal care



Among the women who accessed antenatal care, 20 per cent reported encountering difficulties in obtaining the service, reflecting a 7 per cent improvement compared to the surveys conducted in 2024 and 2023. The primary challenges identified were associated costs and transportation issues stemming from the distance of the health-care facility from their residences.

Figure 38. Encountered difficulties to receive antenatal care

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

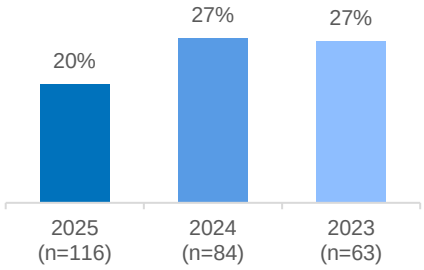


Table 11. Difficulties encountered to receive antenatal care

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

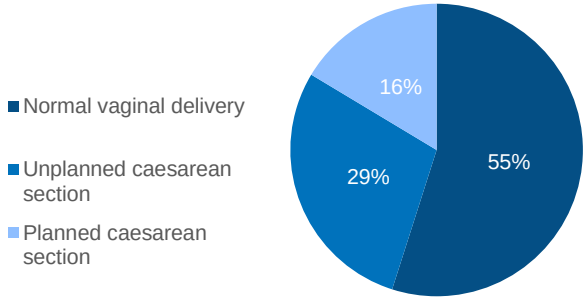
	2025 (n=23*)	2024 (n=23*)	2023 (n=17*)
Couldn't afford user fees	78%	65%	59%
Too far / Transport issues	9%	26%	12%
Long Wait	4%	9%	29%
Can’t afford transport	-	-	-
Others	13%	9%	12%

Delivery

Normal vaginal delivery accounted for 55 per cent of births, while 29 per cent underwent a caesarean section. A significant 86 per cent of the participants reported paying for the delivery services. The average expense associated with childbirth was 346 JOD, which reflects a decrease of 35 JOD compared to the findings from the 2024 HAUS and a reduction of 24 JOD compared to the 2023 survey results. Furthermore, 90 per cent of respondents indicated that their expenditures were equal to or less than 570 JOD.

Figure 39. Type of child's delivery (2025)

Percentage of mothers of a child younger than 2 years old (n= 123)



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

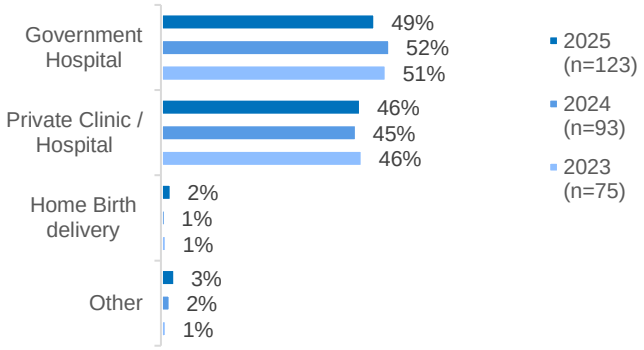
	2025	2024	2023
Base	103	82	58
Max	1,500 JOD	1,999 JOD	1,999 JOD
Avg	346 JOD	381 JOD	370 JOD
90tile	570 JOD	950 JOD	665 JOD

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

Approximately 50 per cent of mothers opted to deliver their children at government hospitals, whereas 46 per cent chose private hospitals or clinics. Among those who preferred private institutions, 36 per cent cited reasons related to their preference for private facilities, while 25 per cent reported difficulties in accessing government institutions. Notably, this latter reason was mentioned by fewer respondents compared to the previous year (4 percentage points less).

Figure 40. Location for child's delivery

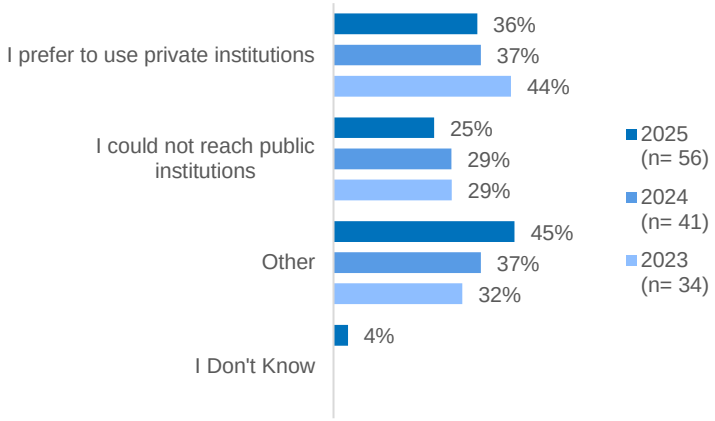
Percentage of mothers of a child younger than 2 years old



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

Figure 41. Reasons for selecting private hospital/clinic

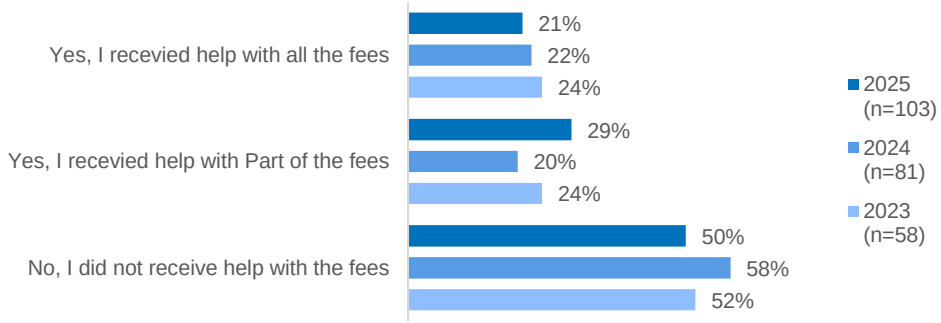
Percentage of mothers of a child younger than 2 years old who delivered in private hospital/clinic



In terms of delivery fees, it was observed that 50 per cent of participants did not receive any financial assistance for these costs, representing an 8 per cent decrease when compared to the findings of the 2024 HAUS. Additionally, less than one-quarter (21 per cent) of mothers received comprehensive support for covering all fees, which indicates a slight decline from the previous years. This trend highlights a growing number of mothers in 2025 who are receiving only partial financial assistance for delivery expenses.

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

37 per cent of heads of households reported being aware of free antenatal care and family planning services at MoH facilities, reflecting a 4 per cent increase in awareness from 2024. Furthermore, 25 per cent of non-Syrian households with at least one none single women in reproductive age indicated that they had received information regarding family planning within the past year, while 28 per cent attempted to obtain contraceptives during the same timeframe, compared to 21 per cent in 2024.

Among mothers of children under two years of age, 38 per cent received counselling on contraceptive methods following childbirth, representing a 16 per cent decline from the 2024 HAUS. Additionally, among all non-single women at reproductive age, less than one-third (31 per cent) reported currently utilizing a contraceptive method.

Table 13. Awareness and usage of family planning services in Jordan

Percentage of female household members between 15-49 years old

	2025	2024	2023
Awareness of free antenatal Care and family planning service at MOH facilities (2024, (n=560) // 2025, (n= 711)) >> Heads of Household	37%	33%	-**
Awareness of any available services to prevent unplanned pregnancy (2024, (n=330) // 2025, (n= 365)) >> Households with at least one non-single women in reproductive age (2023, (n=75)) >> mothers of a child younger than 2 years old	40%	35%	37%
Heard information about family planning in the past year (2024, (n=330) // 2025, (n= 365)) >> Households with at least one non-single women in reproductive age (2023, (n=75) >> mothers of a child younger than 2 years old	25%	26%	26%
Tried to obtain contraceptive methods in the past year (2024, n=330 // 2025 (n= 365) >> Households with at least one non-single women in reproductive age (2023, n=284) >> non-single women in reproductive age	28%	21%	17%
Advised/Provided with of any contraceptive methods after delivery (2023 (n=75) // 2024 (n=93) // 2025 (n=123)) >> mothers of a child younger than 2 years old	38%	54%	32%
Currently using any contraceptive methods (2023 (n=284) // 2024 (n=308) // 2025 (n=416)) >> non-single women in reproductive age	31%	28%	25%

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

** Was not measured in (year) survey

The survey indicated that 28 per cent of households with at least one non-single woman at reproductive age attempted to obtain a contraceptive method within the past year, demonstrating a consistent increase since 2023 (21 per cent in 2024 and 17 per cent in 2023). Among these households, 32 per cent sought contraceptive methods from MOH facilities, while 23 per cent consulted private doctors. Notably, both sources experienced a significant decrease, with declines of 10 per cent and 3 per cent, respectively, from the 2024 survey, indicating a shift towards alternative sources, primarily private pharmacies.

Figure 43. Tried to obtain contraceptives in the past year

(2024, n=330 // 2025, n= 418) >> Households with at least one non-single women in reproductive age
(2023, n=284) >> non-single women in reproductive age

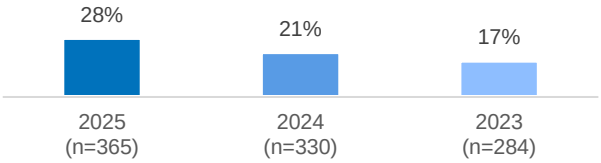
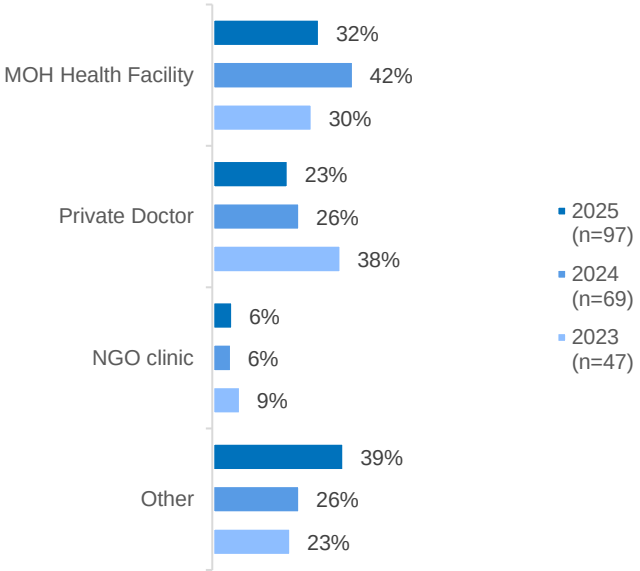


Figure 44. Location sought family planning services at

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



Among the 31 per cent of women at reproductive age utilizing contraceptives, the predominant methods currently employed are pills (46 per cent), intrauterine devices (IUDs) (28 per cent), and male condoms (9 per cent). Notably, the usage of IUDs has increased by 4 per cent, while the usage of male condoms has decreased by 7 per cent. Furthermore, these methods continue to be the preferred choices for family planning among non-single women within the reproductive age group. These findings demonstrate a consistency in contraceptive behaviours compared to the results of the 2024 HAUS.

Figure 45. Usage of contraceptive method

non-single women in reproductive age

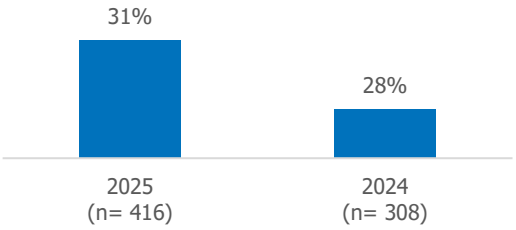
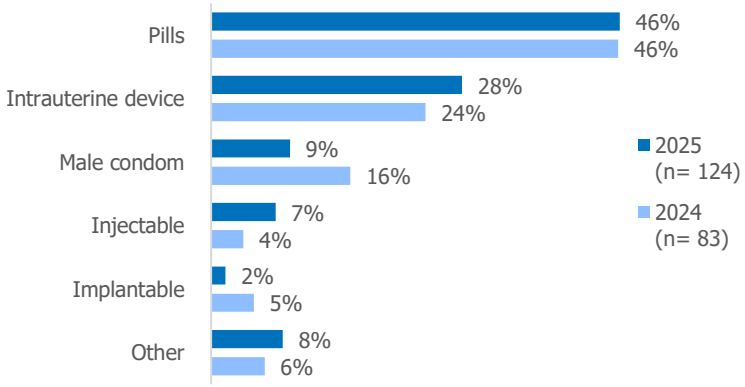


Figure 46. Type of contraceptive method used

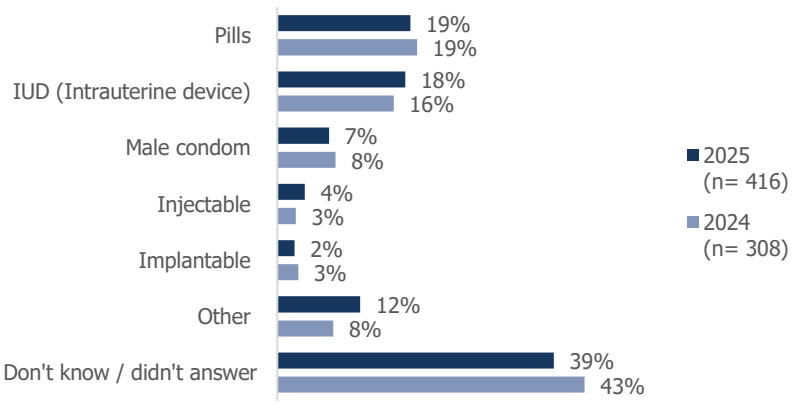
Percentage of non-single women in reproductive age who are currently using a contraceptive method



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

Figure 47. Preferred type of contraceptive method

Percentage of non-single women in reproductive age

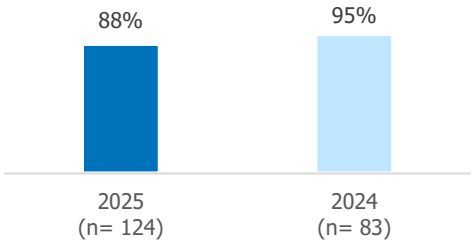


Note: figures do not add up to 100 per cent due to rounding

Majority of non-single women of reproductive age who are actively utilizing contraceptive methods expressed satisfaction with their selected method (88 per cent).

Figure 48. Satisfaction with contraceptive method used

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



In terms of information sources regarding family planning, 31 per cent of respondents indicated that they received information from health-care professionals, representing a decrease of 6 percentage points compared to 2024. Additionally, 29 per cent cited various media channels as their source of information, while 26 per cent reported obtaining information from community events, which reflects an increase of 5 percentage points since the previous year. Furthermore, 29 per cent identified other sources of information, predominantly consisting of advice from friends and neighbours.

Table 14. 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

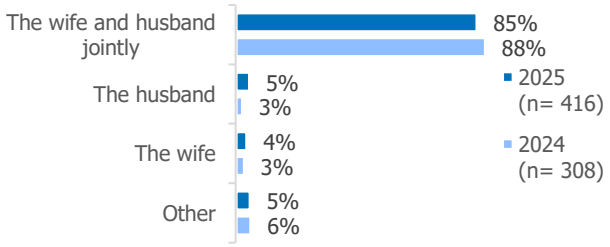
Information Source	2025 (n=89)	2024 (n=85)	2023 (n=19)
Health-care employees	31%	45%	42%
Audio, Radio, other Social Media Sources	29%	29%	26%
Community Event	26%	21%	21%
Billboards	4%	6%	5%
Broachers, other Written documents	2%	1%	-
Others	29%	15%	5%

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

With regards to the decision-making process concerning the number of children, 85 per cent of participants indicated that this determination is made collaboratively by both the husband and the wife. This finding is consistent with the results from the previous year's survey.

Figure 49. Decision on number of children

Percentage of non-single women in reproductive age



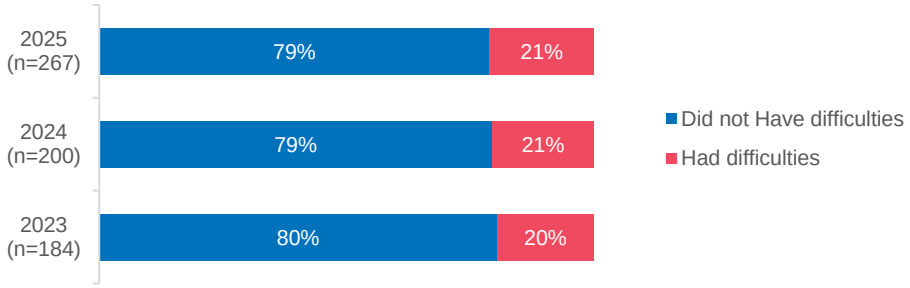
Nutrition including Infant and Young Child Feeding "IYCF"

Nutrition and Growth

The majority of children aged 0-59 months were reported to have not encountered any growth or nutritional difficulties in the preceding month. This observation aligns with findings from previous HAUS surveys conducted in earlier years.

Figure 50. Noticed difficulties with children growth or nutrition during the past month

Percentage of children between the age of 0 – 59 months

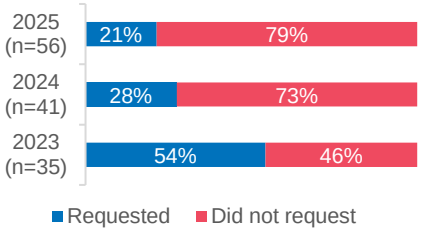


Seeking professional support

Among the children encountering growth or nutritional challenges, 21 per cent sought professional assistance, reflecting a 7 per cent decline compared to the 2024 survey. Furthermore, 1 per cent of all children within this age group are currently enrolled in a professional nutrition program.

Figure 51. Requested professional assistance

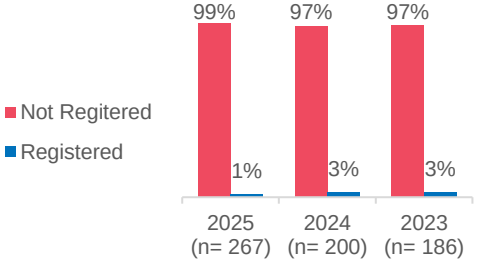
Percentage of children between 0-59 months with difficulty in growth or nutrition



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

Figure 52. Registered to professional assistance nutrition program

Percentage of children between 0-59 months



Breastfeeding

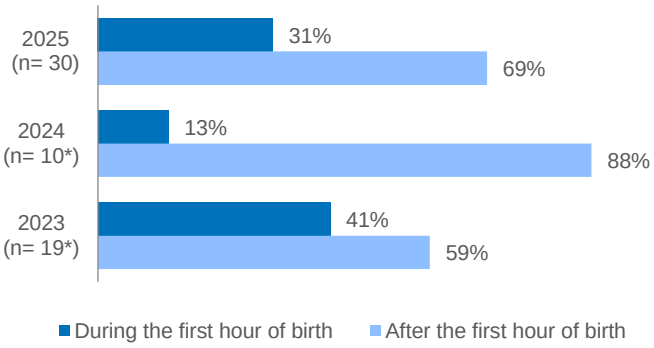
In relation to breastfeeding practices, it was observed that 88 per cent of children under the age of two were breastfed ever, these rates continued to increase since 2023. Additionally, 31 per cent of children under six months old initiated breastfeeding during the first hour after birth.

Figure 53. Children who were ever breastfed

Percentage of children between 0-23 months

Figure 54. 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
*Low sample

Of the children who received breastfeeding, 66 per cent were breastfed during the day or night preceding the interview. Additionally, among those aged six months or older, 89 per cent had initiated the consumption of solid or semi-solid foods, reflecting a 4 percentage point increase over the past year.

Figure 55. Child was breastfed during the night or day

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

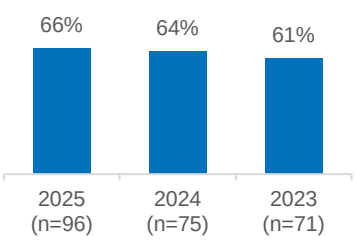
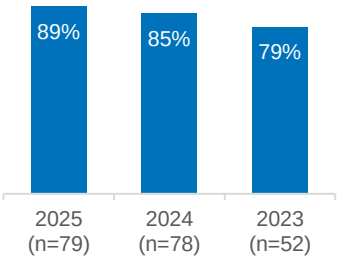


Figure 56. Child was fed solid/semi-solid food during the night or day

Percentage of children between 6-23 months



In examining the dietary patterns of children aged 6 to 24 months, it was found that 75 per cent of respondents reported their child consuming grains, roots, and tubers, reflecting a 14 per cent decrease compared to 2024. Additionally, 70 per cent reported the consumption of dairy products, and 47 per cent indicated that their child continued to consume maternal milk. Notably, with the exception of fruits, vegetables, and flesh foods such as meat, fish, poultry, and organ meats, all categories of food exhibited significant changes in consumption rates, particularly pulses, nuts, and seeds, which experienced a 22 per cent increase in consumption.

Furthermore, 26 per cent of children met or exceeded the Minimum Dietary Diversity Indicator, which encompasses five distinct food categories. This figure represents a commendable increase of 10 per cent from the previous year.

Figure 57. Type of solid/semi-solid food the child was fed

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

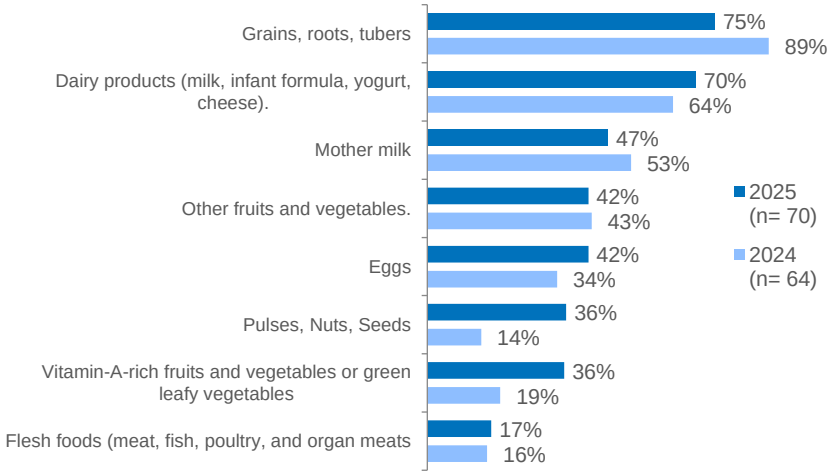
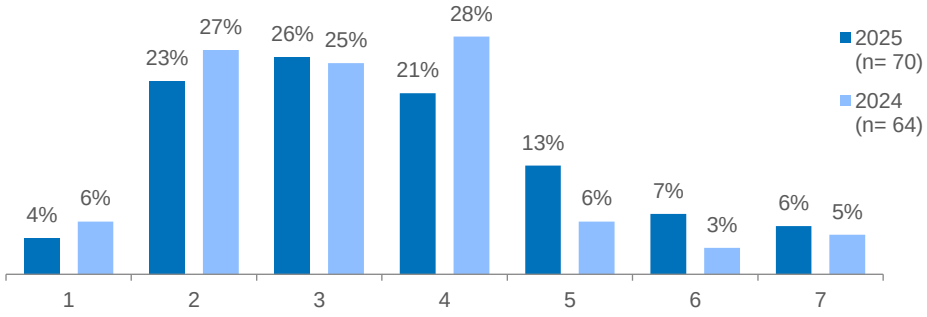


Figure 58. Number of solid/semi-solid food categories the child was fed

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



Chronic Diseases

The prevalence of chronic diseases among non-Syrian refugees was at 28 per cent, representing a 5 per cent increase from the findings of the 2024 HAUS. Hypertension is the most prevalent condition, affecting 36 per cent of this population. This was followed by diabetes at 28 per cent, and ischemic heart disease of which accounted for 13 per cent of the affected individuals.

Figure 59. Prevalence of chronic diseases

Percentage of household members

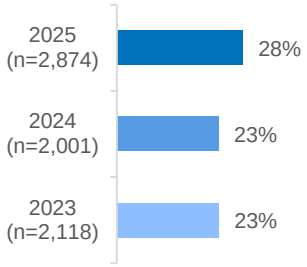


Figure 60. Type of chronic disease

Percentage of all household members suffering from chronic disease

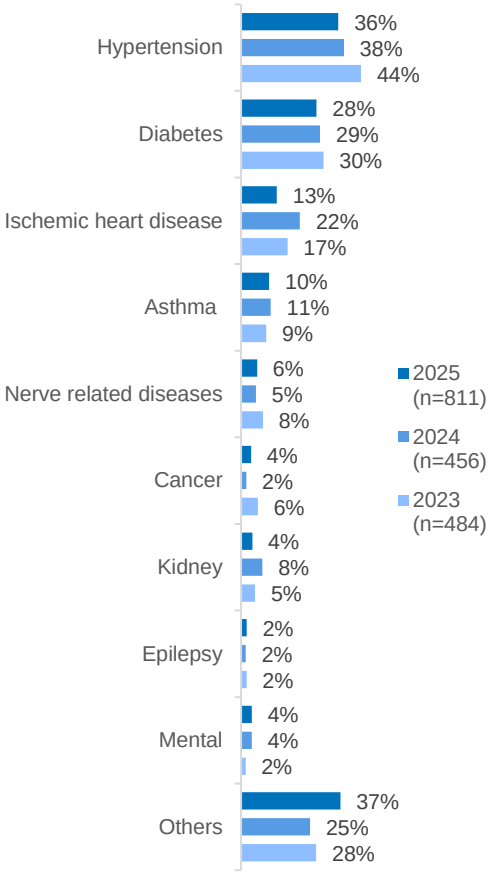


Table 15. Type of chronic disease - others

Percentage of all household members suffering from chronic disease

	2025 (n=811)	2024 (n=456)	2023 (n=484)
Thyroid disease	8%	9%	11%
Blood disorders (Anemia, Thalassemia, …	4%	-	1%
Musculoskeletal disease	6%	6%	5%
Rheumatoid	2%	1%	2%
Dyslipidaemia	5%	-	2%
Liver Disease	1%	2%	1%
Others	28%	7%	10%

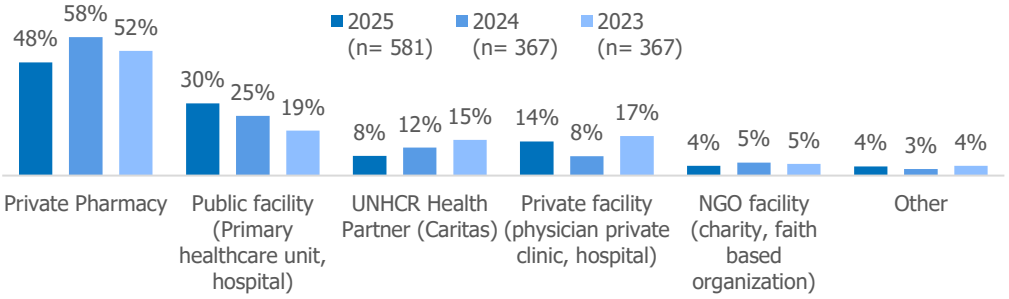
Among the 811 members diagnosed with chronic diseases, 72 per cent were able to access the needed health care services, a decline from 81 per cent in 2024, indicating a reduction of 9 percentage points. Notably, 48 per cent procured their medications from private pharmacies, reflecting a decrease of 10 per cent since 2024. Conversely, the percentage of individuals obtaining medication from public health care facilities increased to 30 per cent, compared to 25 per cent in 2024. Furthermore, access to private health care facilities also witnessed an increase of 6 percentage points based on findings from 2024.

Figure 61. Ability to obtain medical care or medications in past 3 months for chronic disease

Percentage of household members suffering from chronic disease

Figure 62. Location to obtain medical care or medications from 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



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

With regards to chronic care expenses, 12 per cent of respondents reported not incurring any expenses for medical health care or medications related to their condition. This figure represents an increase of 7 percentage points compared to findings from 2024, and it remains consistent with the data recorded in the 2023 HAUS.

Figure 63. Paid for medical care or medications for chronic disease

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

Among individuals who incurred expenses for the management of their chronic conditions, the average expenditure related to chronic diseases was 53 JOD. Notably, 90 per cent of respondents reported spending an amount of 80 JOD or less; however, some individuals indicated expenditures as high as 3,000 JOD for the management of their chronic medication. These findings reflect an increase in the average costs associated with chronic conditions compared to the data from 2024, although they remain lower than the 2023 amounts spent in 2023.

Table 16. Amount spent on medication for chronic disease

Percentage of household members with chronic disease

	2025	2024	2023
Base	512	297	300
Max	3,000 JOD	3,535 JOD	7,000 JOD
Avg	53 JOD	46 JOD	84 JOD
90tile	80 JOD	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

In reference to the 28 per cent of individuals who were unable to access health care, the predominant reason cited was the unaffordability of fees, accounting for 82 per cent of responses. Additionally, 12 per cent reported that necessary medications or health-care services were not readily available.

Table 17. 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= 226)	2024 (n= 84)	2023 (n=115)
Couldn't afford user fees	82%	76%	69%
Medication/ health care is unavailable	12%	13%	23%
Could not afford commuting fees	4%	7%	13%
Long waiting time	4%	1%	4%
Didn't know where to go	2%	-	4%
Don't like the health services/staff	-	-	1%
Others	19%	13%	14%
I Don't Know	-	-	2%

Disability

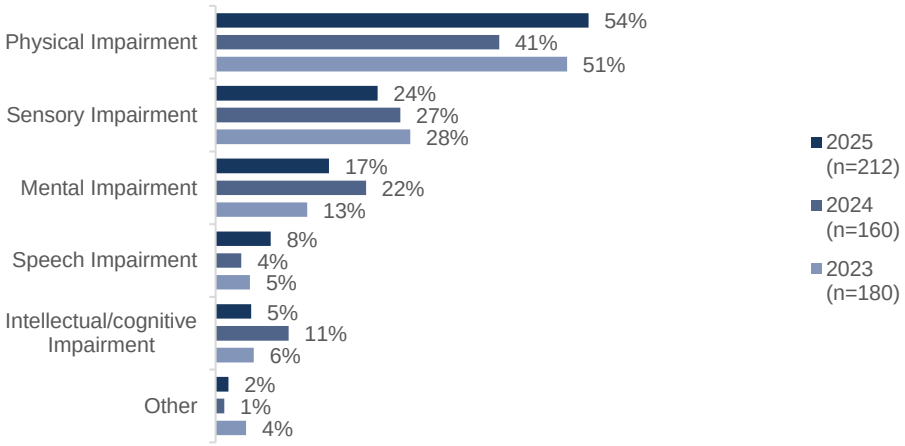
The survey revealed that 7 per cent of non-Syrian household members are living with a disability, with the predominant impairments identified as physical (54 per cent), sensory (24 per cent), and mental (17 per cent). It is noteworthy that there has been a significant reduction in the reported cases of mental health and intellectual/cognitive impairments when compared to the 2024 data. Conversely, there has been an observable increase in cases of physical and speech impairments, with rises of 13 per cent and 4 per cent, respectively, in relation to previous findings.

Figure 64. Prevalence of disability

Percentage of all household members

Figure 65. Disability type

Percentage of household members with disability



The primary reasons of disability conditions were identified as natural occurrences at birth by 45 per cent of respondents. Accidents were cited by 24 per cent, while 15 per cent attributed their conditions to war-related factors.

Table 18. Cause of disability

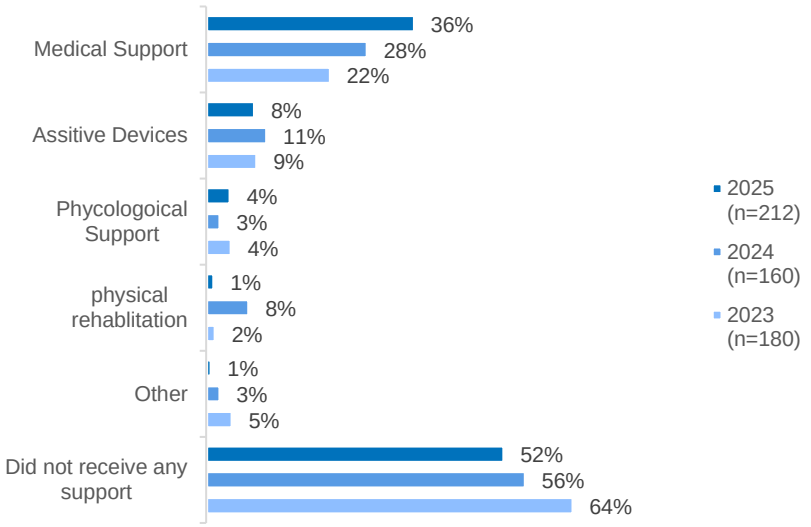
Percentage of household members with disability

	Natural (At birth)	Accident (House, road, …)	War	Violence	Other	I Don't Know
2025 (n=212)	45%	24%	15%	3%	13%	5%
2024 (n=160)	50%	24%	18%	1%	4%	4%
2023 (n=180)	36%	26%	23%	4%	9%	6%

More than half of the respondents indicated that they did not receive any form of support; however, this percentage has been on a decline since 2023. The primary reasons preventing individuals from accessing support were related to the cost of services, cited by 65 per cent of respondents, and the unavailability of services identified by 17 per cent. Notably, among those who did receive care, 36 per cent received medical support, which represents an increase of 8 per cent compared to 2024. Additionally, 8 per cent of respondents obtained assistive devices.

Figure 66. 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 19. Reasons prevented receiving support for disability

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

	2025 (n=110)	2024 (n=89)	2023 (n=115)
Couldn't afford user fees	65%	48%	57%
Service is unavailable	17%	25%	19%
Didn’t know where to go	17%	11%	17%
Too far / Transport issues	5%	2%	2%
Felt it was unnecessary	3%	7%	3%
Others	8%	9%	13%
I Don’t Know	7%	8%	14%

Discussion

The 2025 Health Access and Utilization Survey underscores the persistent vulnerabilities faced by non-Syrian refugees in Jordan when accessing Healthcare. While positive progress has been made in certain areas such as increased awareness of subsidized health services and wider availability of white cards, significant barriers to equitable health care access remain, with financial constraints being the most prominent factor.

Although there has been a rise in household income and a reduction in the number of households with no income, overall income levels remain critically low, averaging 199.3 JOD per month is insufficient to meet basic health-care needs.

A positive development is that 36 per cent of the surveyed population now possesses a white card, which facilitates access to subsidized health services. However, limited awareness about the card and the documentation required to obtain it continues to hinder broader utilization. While public clinics and UNHCR play a key role in disseminating information. These efforts must be complemented by community-based outreach and health education platforms to ensure wider reach.

Access to health care is stable. Most respondents reported successfully receiving care at the first facility they visited. Nevertheless, affordability remains the primary barrier, indicating that financial hardship continues to disrupt care pathways. Although the average expenditure per visit has decreased to 41 JOD, 90 per cent of respondents still reported paying some fees for services. This financial burden has led many households to adopt harmful coping strategies, such as delaying medical visits, skipping medications, or borrowing money.

Women's reproductive health care presents a mixed picture. While antenatal care coverage is high and childbirth-related expenses are declining, family planning services remain underutilized, as 31 per cent of women reported using contraceptives, and postpartum counselling is on the decline possibly due to reduced outreach or fewer facility visits. The decreasing reliance on MoH facilities for contraceptives suggests unmet needs within public health facilities.

Nutritional concerns among children appear limited, with most not facing significant issues. However, 21 per cent of parents sought professional help when concerns arise, with1 per cent of children are enrolled in nutrition programs. This highlights the need for greater awareness and encouragement for parental engagement. On a positive note, 88 per cent of children under two have been breastfed, with an upward trend in early breastfeeding practices. Despite these gains, challenges remain in accessing professional support and increasing participation in nutrition programs.

The prevalence of chronic diseases is rising, with 28 per cent of affected individuals unable to access care primarily due to unaffordable services. This, coupled with increasing out-of-pocket expenses, threatens to worsen health outcomes for vulnerable populations unless subsidized chronic care services are expanded.

For persons with disabilities, access to health care remains severely constrained. While there have been some improvements in receiving medical support, cost and service availability continue to pose major obstacles.

In summary, while there are signs of gradual improvement in health service awareness and utilization, significant inequities persist. Financial hardship remains the dominant barrier to accessing essential health care, with many individuals reporting that cost prevents them from seeking timely treatment. These disparities highlight the urgent need for targeted interventions to ensure equitable access to health services for non-Syrian refugees living in non-camp settings.

Conclusion

The 2025 Health Access and Utilization Survey (HAUS) offers a comprehensive overview of the evolving health access landscape for non-Syrian refugees living in urban settings in Jordan. While there have been notable improvements in awareness and selected health indicators, the findings reveal persistent and deepening vulnerabilities.

Encouragingly, awareness of subsidized health-care services and possession of white cards continues to grow, suggesting that outreach and information campaigns particularly those led by trusted entities such as UNHCR and public health institutions are yielding positive results. Immunization coverage and antenatal care indicators remain relatively strong, with many respondents expressing satisfaction with the services received. However, concerns persist regarding the affordability, quality, and long-term sustainability of health-care access.

The cost of care, for both acute and chronic conditions, remains the most significant barrier to timely and adequate health service utilization. Although average monthly health-care expenditures have declined, many households continue to delay or forgo essential services due to financial constraints. The widespread use of coping mechanisms such as reducing health-care usage or reducing usage of medications reflects a serious economic strain, particularly for households managing chronic illnesses or caring for individuals with disabilities who face challenges in accessing consistent support.

Access to sexual and reproductive health services remains limited in some areas, especially in the areas of postpartum counselling and family planning. Despite increased awareness, the decline in contraceptive use and postpartum support among women highlights the need to strengthen reproductive health service delivery, particularly through public sector and media channel.

While most children appear nutritionally healthy, there is a significant gap in parental engagement with professional support and nutrition programs. Increasing parental participation is essential, despite the encouraging rise in breastfeeding rates among young children.

The needs of persons with disabilities remain largely unmet. More than half receive no support at all, and although there have been some improvements in access to medical services and assistive devices, high costs and limited service availability continue to hinder equitable access for this group.

In summary, the 2025 HAUS findings suggest that while foundational health systems for non-Syrian refugees in Jordan are functional and show signs of resilience, the cumulative impact of economic hardship, underfunded services, and insufficient targeted support, particularly for vulnerable groups such as women and individuals with chronic or disabling conditions poses serious challenges to health-care access and utilization. Strengthening coordination between humanitarian and public health sectors, enhancing financial protection mechanisms, and expanding inclusive, affordable services will be critical to ensuring that the health rights and needs of this population are met in a sustainable and equitable manner.

Recommendations

1- Strengthen awareness and understanding of subsidized health care.
Although awareness of subsidized health services and white card eligibility has notably increased since 2023, overall understanding remains moderate. To address this gap, targeted awareness campaigns and regular informational workshops should be conducted in urban areas. These initiatives should clearly explain the process for obtaining a white card and highlight the benefits of accessing subsidized health care.

2- Enhance utilization of reproductive health services.
Despite improved awareness, the uptake of reproductive health services particularly postpartum counselling and contraception remains low. It is essential to integrate family planning education into maternal health services and expand the availability of affordable contraceptive options at Ministry of Health (MOH) facilities. Community health workers and outreach programs can play a vital role in reducing stigma and increasing service utilization.

3- Promote inclusion in growth and nutrition monitoring programs.
The survey highlights significant challenges related to growth and nutrition among refugee populations. Continued advocacy is needed to ensure the systematic inclusion of refugees in national growth monitoring programs, which are critical for supporting long-term health and well-being.

4- Improve access to chronic disease and disability services.
Chronic diseases are prevalent among refugees, with affordability being the main barrier to care. Long-term strategies should focus on raising awareness about affordable access to public health services and expanding subsidized care options. Additionally, the high rate of disability and the lack of services for individuals with disabilities call for a comprehensive needs assessment and improved inclusion strategies. Tailored interventions must be developed to ensure equitable access to medical support and assistive devices for this vulnerable group.

Limitations

- Reliance on Respondent Recall and Disclosure
  The survey was entirely dependent on respondents to accurately disclose information about each household member. Limitations in recall may have led to incomplete or biased reporting, despite the application of various preventative measures. This introduces the possibility of favouritism or selective disclosure, which could affect data reliability.

- Response Bias and Lack of Verification
  As with many survey-based studies, the information provided could not be independently verified. Key data points such as household income, vaccination location, delivery fees, and place of delivery are subject to response bias, which may impact the accuracy of findings.

- Restricted Sample Population
  Interviews were conducted exclusively with active refugees registered in the UNHCR database who had active phone numbers. As a result, the survey could not capture data from non-registered refugees, due to government-imposed restrictions on registration. This limits the generalizability of the findings to the broader refugee population.

- Misclassification of Health Conditions
  Some respondents were unsure whether a family member's health condition qualified as chronic or whether a disability was present. These cases were reclassified during the data cleaning and validation phase, but initial misclassification may have influenced the raw data and required careful adjustment.

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	2025	2024	2023
1	% Of head of household who were **aware of access to UNHCR supported health facilities**	**	**	62%
2	% Of head of household who were **aware of access to subsidized health care at MOH medical facilities**	57%	53%	48%
3	% Of head of household who were **aware of access MOH medical facilities to issue a white card**	41%***	41%***	43%
5	% Of head of household who **understood information regarding accessing subsidized health care**	90%	92%	69%*
6	% Of household members who **possess a white card**	36%	31%	27%
7	% Of household members who **needed to access health-care services in the past month**	32%	28%	24%
8	% Of household members who needed to access health-care facility in the past month and **received health-care services in first facility**	86%	92%	90%
9	% Of household members who received health-care facility in first attempt and **paid for health-care service in first facility**	90%	90%	88%
10	% Of household members who **referred to second health-care facility**	14%	12%	11%
11	% Of household members who **received health-care services in second facility**	63%	48%	58%
12	% Of head of household who **noticed an increase in health-care costs in past year**	52%	46%	46%
13	% Of head of household who were **impacted due to increase in health-care costs**	95%	91%	94%
14	% Of head of household who **adopted a coping strategy**	72%	68%	62%
15	% Of head of household who were **aware of free children vaccination at MOH health facilities**	59%	56%	55%
16	% Of household children between the ages 9-59 months who **possess of baby vaccination schedule card**	98%	99%	99%
17	% Of household children between the ages 9-59 months who **received MMR vaccination**	97%	100%	97%
18	% Of household children between the ages 9-59 months who **received Polio vaccination**	99%	100%	100%
19	% Of non-single women in reproductive age who were **mother of a child younger than 2 years old**	30%	30%	26%
20	% Of mothers of a child younger than 2 years old who **received antenatal care**	94%	92%	85%
21	% Of head of household who **Aware of free antenatal Care and family planning service at MOH facilities**	37%	33%	**

22	% Of mothers of a child younger than 2 years old who were **aware of available services to prevent unplanned pregnancy in Jordan**	**40%**	**35%**	**37%**
23	% Of mothers of a child younger than 2 years old who **heard information about family planning in the past year**	**25%**	**26%**	**26%**
24	% Of mothers of a child younger than 2 years old who were **advised/provided with of any contraceptive methods after delivery**	**38%**	**54%**	**32%**
25	% Of non-single women in reproductive age who were **currently using any contraceptive methods**	**31%**	**28%**	**25%**
26	% Of non-single women in reproductive age who **tried to obtain contraceptive methods in the past year**	**28%**	**21%**	**17%**
27	% Of children between the age of 0 – 59 months who **faced difficulties with growth or nutrition during the past month**	**21%**	**21%**	**20%**
28	% Of children between 0-59 months with difficulty in growth or nutrition who **requested a professional assistance**	**21%**	**28%**	**54%**
29	% Of children between 0-59 months with difficulty in growth or nutrition and were **registered to professional nutrition assistance program**	**1%**	**3%**	**3%**
30	% Of children between 0-24 months who were **breastfed ever**	**88%**	**86%**	**79%**
31	% Of children between 0-24 months who **were breastfed during the night or day**	**66%**	**64%**	**61%**
32	% Of children between 6-24 months who **were fed solid/semi-solid food**	**89%**	**85%**	**79%**
33	% Of Percentage of children between 6-24 months who **achieved Minimum Dietary Diversity**	**26%**	**14%**	******
34	% Of Percentage of household members who were **suffering from chronic diseases**	**28%**	**23%**	**23%**
35	% Of Percentage of household members who were **Able to obtain medical care or medications in past 3 months for his chronic disease**	**72%**	**81%**	**76%**
36	% Of Percentage of household members who were **living with disability**	**7%**	**8%**	**9%**
37	% Of Percentage of household members living with disability who **did not receive any support**	**52%**	**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

October 2025

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