HEALTH ACCESS AND UTILIZATION SURVEY

Access to Healthcare Services Among Syrian Refugees living in urban setting in Jordan

Follow-up Report

November 2021

Prepared for

UNHCR
The UN Refugee Agency

By:
Headway Jordan

HEADWAY
Be ahead…

Table of Contents

I. Executive Summary 6
A. Sample Characteristics 6
B. Knowledge on Health Access 6
C. Antenatal Care 6
D. Children Vaccination 7
E. Family Planning 7
F. Chronic Diseases 7
G. Impairment 7
H. Access to Health Care Facilities 8
II. Background & Methodology 9
A. Background 9
B. 2021 Health Access & Utilization Survey (HAUS) Methodology 9
III. Households' Demographics 10
A. Head of Households' Demographics 10
B. Households' Family Composition 11
C. Households Members' Demographics - 2021 12
IV. General Knowledge on Health Access 13
A. Knowledge on UNHCR nearest supported clinic - 2021 13
B. Knowledge on Subsidized Access 13
C. Security Card Penetration 14
D. Knowledge on UNHCR supported health facilities 14
V. Households' Health Demographics 15
A. A Snapshot on Family Members 15
VI. Antenatal Care 16
A. Antenatal Care Coverage 16
B. Difficulties while getting Antenatal Care 17
C. Child delivery & Pay 18
D. Place of Child Delivery 18
VII. Children Vaccination 20
A. Children's Vaccination Access & Vaccination Card 20
B. Measles / MMR 20
C. Polio 21
VIII. Family Planning - Among women in reproductive age -2021 22
A. Awareness of Family Planning Services - 2021 22
B. Access to information on family planning - 2021 22
C. Access to contraceptives - 2021 23
I. Family Planning - Among pregnant women – 2018 vs. 2021 24
A. Awareness of Family Planning Services 24
B. Access to information on family planning 24
C. Access to contraceptives 25

II. Chronic Diseases 26
A. Chronic Conditions 26
B. Ability to obtain medicines among chronic patients 27
C. Ability to access other health services among chronic patients 27
III. Impairment 28
A. Type of impairment 28
B. Impairment Causes 29
C. Impairment – Health Access 29
D. Barriers for Health Access (Impairment) 30
IV. Monthly Health Access Assessment 31
A. Needed Health Care Services 31
B. Sought Health Care Services 31
C. Ability to Obtain the Health Care Services 32
D. Payments for Health Care Services – First Facility 32
E. Sought health services in a Second Facility 33
F. Health Costs Increase & Impact 33
G. Health Costs Increase & Adaptation Strategy 34
H. Spending on Health Vs. Households' Income 34

List of Figures

FIGURE 1. HEAD OF HOUSEHOLD GENDER AND AGE 10
FIGURE 2. LENGTH OF STAY IN JORDAN 10
FIGURE 3. LANGUAGES SPOKEN 11
FIGURE 4. HOUSEHOLDS' FAMILY COMPOSITION 11
FIGURE 5. HH MEMBERS GENDER, AGE, AND MARITAL STATUS 12
FIGURE 6. KNOWLEDGE ON UNHCR'S NEAREST CLINIC 13
FIGURE 7. KNOWLEDGE ON SUBSIDIZED ACCESS TO GOVERNMENTAL HEALTH SERVICES 13
FIGURE 8. POSSESSION OF SECURITY CARD 14
FIGURE 9. KNOWLEDGE ON UNHCR'S SUPPORTED HEALTH FACILITIES 14
FIGURE 10. PERCENTAGE OF PREGNANT WOMEN IN REPRODUCTIVE AGE 16
FIGURE 11. RECEIVING ANTENATAL CARE AND NUMBER OF VISITS TO CLINICS 16
FIGURE 12. FACING DIFFICULTIES WHILE GETTING ANTENATAL CARE 17
FIGURE 13. DIFFICULTIES FACED (ANTENATAL CARE) 17
FIGURE 14. CHILD DELIVERY AND COSTS 18
FIGURE 15. CHILD DELIVERY HEALTH CARE FACILITY 18
FIGURE 16. AWARENESS OF FREE VACCINATION ACCESS AND POSSESSION OF VACCINATION CARD 20
FIGURE 17. MEASLES / MMR VACCINATION 20
FIGURE 18. POLIO VACCINATION 21
FIGURE 19. AWARENESS OF FAMILY PLANNING SERVICES (2021) 22
FIGURE 20. HEARING ABOUT FAMILY PLANNING AND SOURCE OF INFORMATION (2021) 22
FIGURE 21. ACCESS TO CONTRACEPTIVES (2021) 23
FIGURE 22. AWARENESS OF FAMILY PLANNING SERVICES 24
FIGURE 23. HEARING ABOUT FAMILY PLANNING AND SOURCE OF INFORMATION 24
FIGURE 24. ACCESS TO CONTRACEPTIVES 25
FIGURE 25. CHRONIC DISEASES INCIDENCE RATE 26
FIGURE 26. CHRONIC CONDITIONS 26
FIGURE 27. OBTAINING MEDICATION FOR CHRONIC CONDITIONS 27
FIGURE 28. ACCESSING OTHER HEALTH SERVICES FOR CHRONIC CONDITIONS 27
FIGURE 29. IMPAIRMENT RATE 28
FIGURE 30. TYPES OF IMPAIRMENT 28
FIGURE 31. IMPAIRMENT CAUSES 29
FIGURE 32. HEALTH ACCESS FOR IMPAIRMENT 29
FIGURE 33. NEED FOR HEALTH CARE SERVICES 31
FIGURE 34. SEEKING HEALTH CARE SERVICES 31
FIGURE 35. ABILITY TO OBTAIN HEALTH CARE SERVICES AT FIRST FACILITY 32
FIGURE 36. PAYMENTS AT FIRST HEALTH CARE FACILITY 32
FIGURE 37. SEEKING A SECOND HEALTH CARE FACILITY 33
FIGURE 38. HEALTH CARE COSTS INCREASE AND IMPACT 33
FIGURE 39. ADAPTATION TO HEALTH CARE COSTS INCREASE 34
FIGURE 40. SPENDING ON HEALTH CARE VS. INCOME 34

List of Tables

TABLE 1. PLACE OF RESIDENCE 10
TABLE 2. A SNAPSHOT ON FAMILY MEMBERS' HEALTH DEMOGRAPHICS 15
TABLE 3. REASONS FOR DELIVERING THE CHILD AT PRIVATE HEALTH CARE FACILITY 19
TABLE 4. REASONS FOR NOT RECEIVING HEALTH CARE FOR THEIR IMPAIRMENT 30
TABLE 5. AVERAGE PAY BY FIRST FACILITY TYPE 32

Disclaimer

"Headway Co. has conducted the data collection for the Health Access and Utilization Survey 2021. Headway was not a part of the data collection and analysis for the Health Access and Utilization Survey 2018, hence, Headway accountability is limited to the results of Health Access and Utilization Survey 2021 only"

I. Executive Summary

A. Sample Characteristics

- (403) Households (HHs) were interviewed in the sample from the Syrian Refugees segment living in urban setting in Jordan in the 2021 HAUS, in comparison to (400) households interviewed in 2018
- The average Household size was at 5.3, approximately the same size in 2018 (5.2)
- Majority of the sample live largely in 3 governorates: Amman (35%), Irbid (23%), Mafraq (21%), while the rest are scattered in other governorates with no significant concentration, with no major difference seen with 2018 survey
- in 2021 & 2018, almost all the sample have been in Jordan for more than 2 years
- While all the sample spoke Arabic, some respondents in the sample spoke other language, (8%) English, and (2%) other languages, reported in 2021

B. Knowledge on Health Access

- Among the 2021 sample a moderate awareness level on the nearest UNHCR supported clinic (37%) was found
- More than half of the sample were aware that all registered refugees have subsidize access to government health facilities, while the percentage was higher in 2018 at (83%)
- Almost all of Syrians in the 2021 and 2018 sample hold the Security Card; with the regards to where the card was issued, the largest proportion in most governorates has issued the card from the governorate they live in
- (65%) of the sample were aware that they can access UNHCR's supported health facilities, compared to (81%) in 2018

C. Antenatal Care

- Average percentage of pregnant women in reproductive age was (47%), the percentage was slightly less in 2018 (41%)
- In 2021, most of women in the sample have visited health care centres during pregnancy, and (73%) of them made more than four visits, with (20%) of them faced some difficulties mainly due to not being able to afford fees (79%). The mothers who did not seek antenatal care were mainly because they could not afford user fees, these findings were somewhat close to 2018's survey
- The child's delivery ratio was at (76%) in 2021. Where (58%) of them delivered via Normal Vaginal, followed by Caesarean Section (40%), while only (2%) through Assisted Vaginal
- (52%) in the sample selected the private facility for delivery compared to (46%) in 2018. As for Governmental Hospitals, (43%) of Syrians delivered their child in there in 2021 and (48%) in 2018

  (27%) of the sample paid nothing for the delivery in 2021 and 2018, and also in both years (29%) paid between JOD 251 to 750.

D. Children Vaccination

- Awareness of children's free access to vaccination scored high at (96%) in 2021 and (97%) in 2018
- (95%) of the 2021 sample reported that they possess a vaccination card for their child, compared to (97%) in 2018
- In 2021, (6%) of Syrians have reported that their child has not received the Measles/MMR vaccine, and almost all who have received the vaccine received at governmental health centres
- Similar to Measles/MMr, (6%) of Syrians in 2021 survey have reported that their child has not received the Polio vaccine, and for those who have received the polio vaccine, almost all of them received it at governmental health centres

E. Family Planning

- (40%) were aware of the availability of family planning services in Jordan in 2021
- In 2021 survey, (49%) of the sample have reported that they have heard information on family planning in the past year; the sources of awareness were mainly through Health Centres Staff followed by Community Events
- Only (29%) of the 2021 sample tried to access contraceptives, largely through MOH health centres

F. Chronic Diseases

- (19%) of the sample reported having chronic conditions in 2021, compared to (15%) in 2018
- The most prevalent diseases among the total sample were Hypertension by (36%), and Diabetes by (21%), similar trend was seen in 2018 survey
- (52%) of the chronic-diseased in the sample couldn't get their medicine for the past three months. That was mainly due to affordability issues. A significant increase was seen in the inability to obtain medicine over 2018 results which was at (26%)
- With regards to accessing the other health service a significant increase is seen also in the inability (48% in 2021 and 22% in 2018)

G. Impairment

- (7%) of the total sample recorded having at least one type of impairment in 2021 compared to 8% in 2018
- The most common impairment was "Physical Impairment" with (63%), followed by "Sensory Impairment" with (19%), similar trend was seen in 2018 results
- The highest reported cause of impairment was "Natural (From birth / congenital, illness, degenerative)" with (64%), followed by "Accident (Road accident, Domestic accident)" with (26%), these 2 reasons were the highest as well in 2018 survey with the "Accident (Road accident, Domestic accident)" reason was higher in 2018 with (36%)
- In 2021, Surgical treatment was the most used treatment method with (37%) of the impaired sample, leaving the other treatment methods with somehow close splits

H. Access to Health Care Facilities

- (38%) of the sample needed health care services in the past month in 2021, compared to (49%) in 2018
- (84%) sought health care service in 2021 with a high increase over 2018 (45%), with the mostly sought health facilities of Private Clinic / Hospital (at 35%) compared to (15%) for the same facility's type
- While the majority were able to obtain the health care services (89% of the 2021 sample), some of the respondents reported that they have faced difficulties, mainly on accessing the health care centre and affordability of user fees
- Overall, about (86%) who sought the service paid for it in 2021, this percentage was less in 2018 (77%). The maximum amount paid by was JD 1,500 compared to JD 5,000 in 2018, while the average of payment in 2021 was JD 37 and JD 47 in 2018
- (14%) of the those who sought health services in 2021 needed to visit a second health care facility to meet their health care needs, while in 2018 (5%) sought a second health care facility
- In 2021, (31%) of the sample noticed an increase in the costs of health care services in the past one year, this impact led to, inability to afford required medical services, affording required medications, or visiting doctors or hospitals
- Most of the 2021 sample were impacted by the health costs increase with (88%) reported that. This resulted in reducing the visits to health care facilities and reducing the intake of some medications
- A large percentage in 2021 and 2018 sample (77% and 78%, respectively) spent money on health care services; Taking the last month for the 2021 sample, the spending on health out of the monthly income, was at ratio of (44%)

II. Background & Methodology

A. Background

At the end of November 2021, more than 672, 000 Syrian refugees were registered with UNHCR. Currently, 82% of them live in non-camp settings in major urban center and mainly concentrated in northern part of country. Prior to 2014 data on non-camp refugee access and uptake to health care services was not systematically available, since then UNHCR Jordan has develop a mechanism for regular monitoring of the health access and utilization of non-camp refugees through surveys conducted by telephone to assess health access and utilization.

The initial survey was conducted in 2014 and repeat surveys were conducted in 2015, 2016, 2017 and 2018. These have provided a useful baseline and follow up data on key health service's needs, access barriers and utilization behaviors.

B. 2021 Health Access & Utilization Survey (HAUS) Methodology

The following Methodology was adapted in the 2021 HAUS:

- Quantitative approach was adopted to elicit the required information areas
- Telephonic interviews were conducted with the target audience (Syrians in Urban settings) at different governorates across Jordan
- Respondents were interviewed using a random sample drawn from UNHCR ProGres Database
- Structured questionnaire was used to collect opinions from the targeted audience, the questionnaire was developed by UNHCR which was used in 2018 with some adaptations to address changes in health policy environment occurred in 2020.
- Average Interview length was 20 minutes
- Data was collected using KOBO Toolbox data collection software
- Interviews were conducted by trained enumerators (10 Females, 2 Males)
- 403 telephonic interviews were completed with the targeted audience (Syrian Households)
- Fieldwork was conducted in the period 16th-19th October 2021
- Once all data was collected and quality is 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 questionnaires, and then the data was tabulated in terms frequencies, cross tabulation, and weighing for specific questions

III. Households' Demographics

A. Head of Households' Demographics

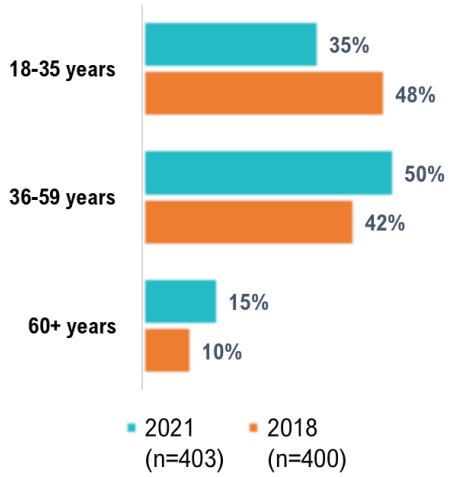
Figure 1. Head of Household Gender and Age

HHH GENDER

	2021 (n=403)		2018 (n=400)	
M	M	72%	M	66%
F	F	28%	F	34%

Record Gender

HHH AGE



Can you please tell me your present age (in COMPLETED years) ?

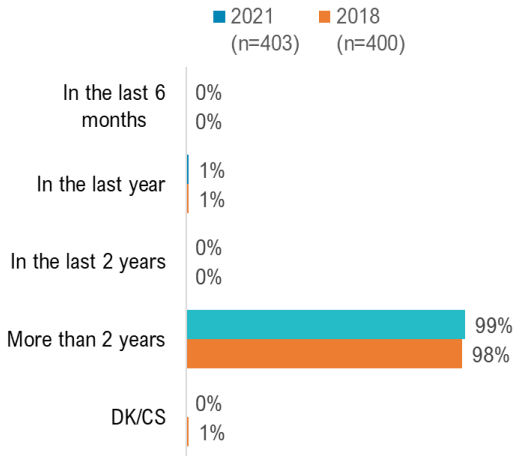
Majority of the sample live largely in 3 governorates: Amman (35%), Irbid (23%), Mafraq (21%), while the rest are scattered on other governorates with no significant concentration

Table 1. Place of Residence

	2021 (n=403)	2018 (n=400)
Amman	35%	35%
Irbid	23%	27%
Mafraq	21%	18%
Zarqa	7%	7%
Balqa	3%	3%
Ma'an	2%	2%
Madaba	3%	4%
Aqaba	1%	1%
Karak	1%	1%
Jerash	2%	2%
Ajloun	0%	2%
Tafileh	0%	0%

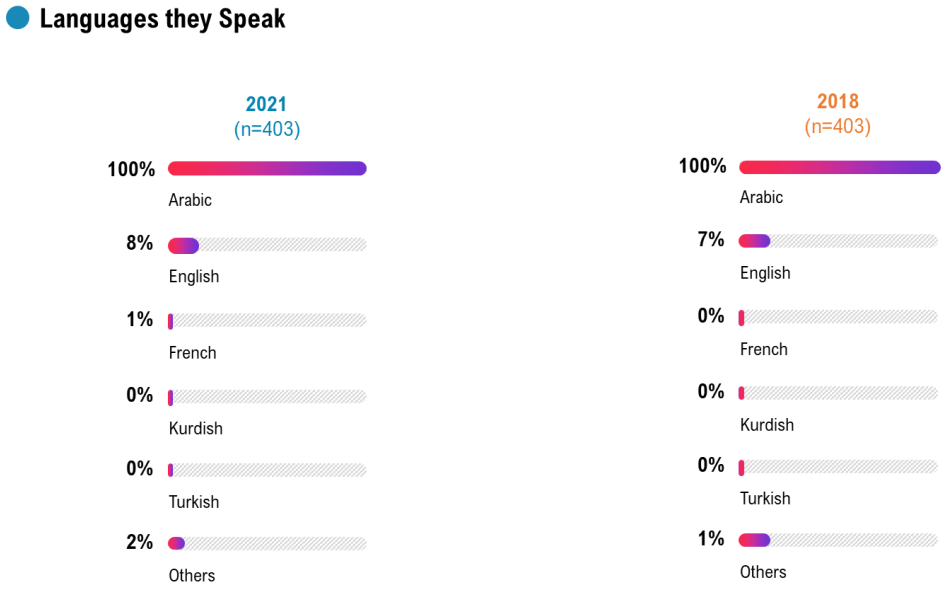
In which governorate do you live?

Figure 2. length of stay in Jordan



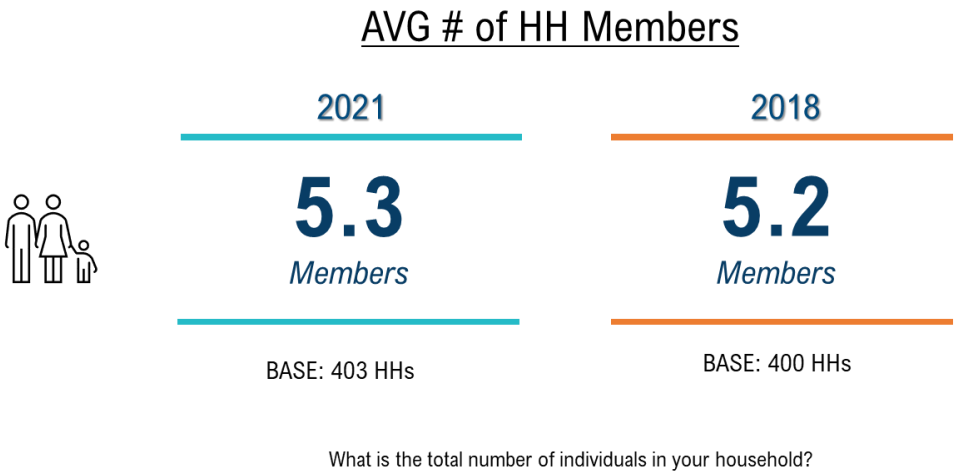
When did the first person in your family arrive in Jordan?

Figure 3. Languages spoken



B. Households' Family Composition

Figure 4. Households' family composition



C. Households Members' Demographics - 2021

Figure 5. HH Members Gender, Age, and Marital Status

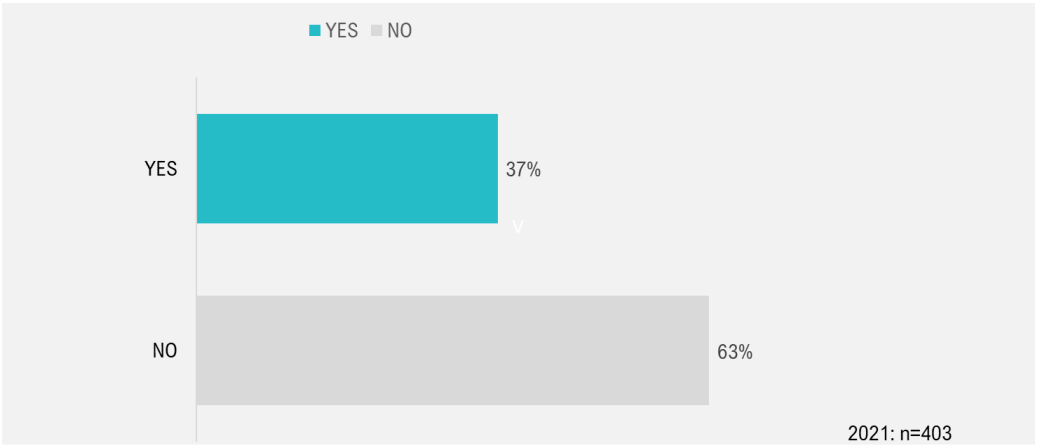
Base: All HHs Members 2150

IV. General Knowledge on Health Access

A. Knowledge on UNHCR nearest supported clinic - 2021

Less than half of the 2021 sample know where the nearest UNHCR Clinic is

Figure 6. Knowledge on UNHCR's nearest clinic

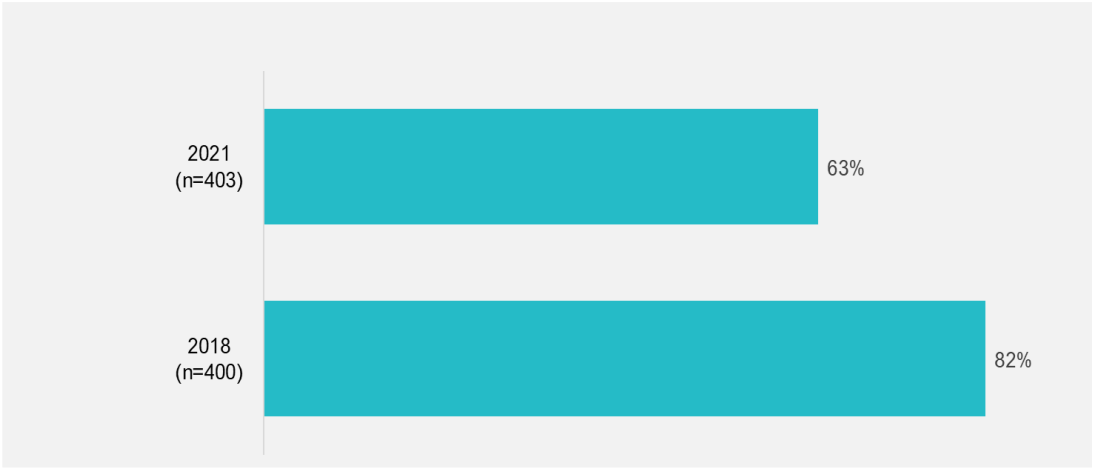


Do you know where the nearest UNHCR supported clinic is?

B. Knowledge on Subsidized Access

With regards to the subsidized access to governmental health services, it appears 63% of the 2021 sample are aware of the subsidized access they are eligible to

Figure 7. Knowledge on subsidized access to governmental health services

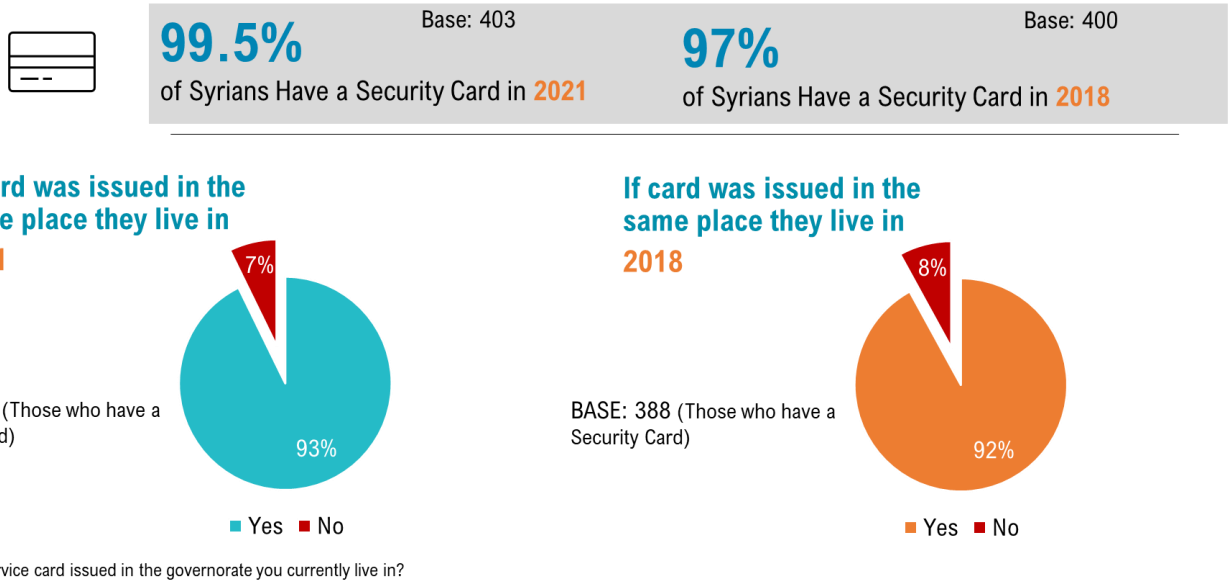


Do you know that all UNHCR registered refugees have subsidized access (Non-insured Jordanian rate) to governmental health services at primary health care centers and hospitals?

C. Security Card Penetration

Almost all of Syrians in the sample hold the Security Card; with the regards to where the card was issued, the largest proportion in most governorates has issued the card form the governorate they live in

Figure 8. Possession of security card



D. Knowledge on UNHCR supported health facilities

More than half of the sample are aware that they can access UNHCR's supported health facilities

Figure 9. Knowledge on UNHCR's supported health facilities

V. Households' Health Demographics

A. A Snapshot on Family Members

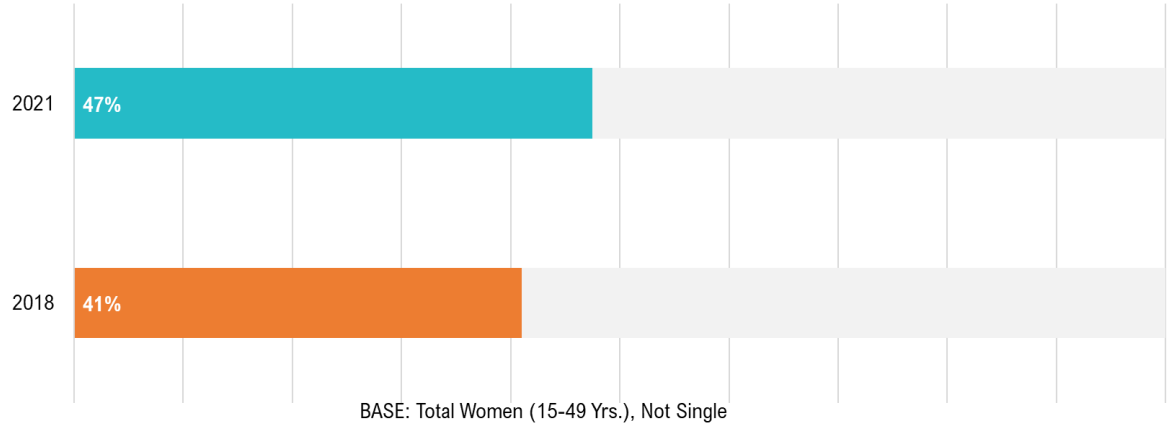
Table 2. A snapshot on family members' health demographics

Pregnant		Chronic		Impairment		Vaccination		Health Needs	
2021	**170**	**2021**	**409**	**2021**	**156**	**2021**	**179**	**2021**	**812**
2018	137	2018	398	2018	160	2018	304	2018	923
Pregnant Women Penetration 2021: 47% Penetration 2018: 41%		Chronic Cases Penetration 2021: 19% Penetration 2018: 15%		Impairment Cases Penetration 2021: 7% Penetration 2018: 8%		Vaccinated Children Penetration 2021: 94% Penetration 2018: 97%		Health Needs Penetration 2021: 38% Penetration 2018: 49%	

VI. Antenatal Care

47% of women at reproductive age (WRA) were pregnant in the last 2 years

Figure 10. Percentage of pregnant women in reproductive age



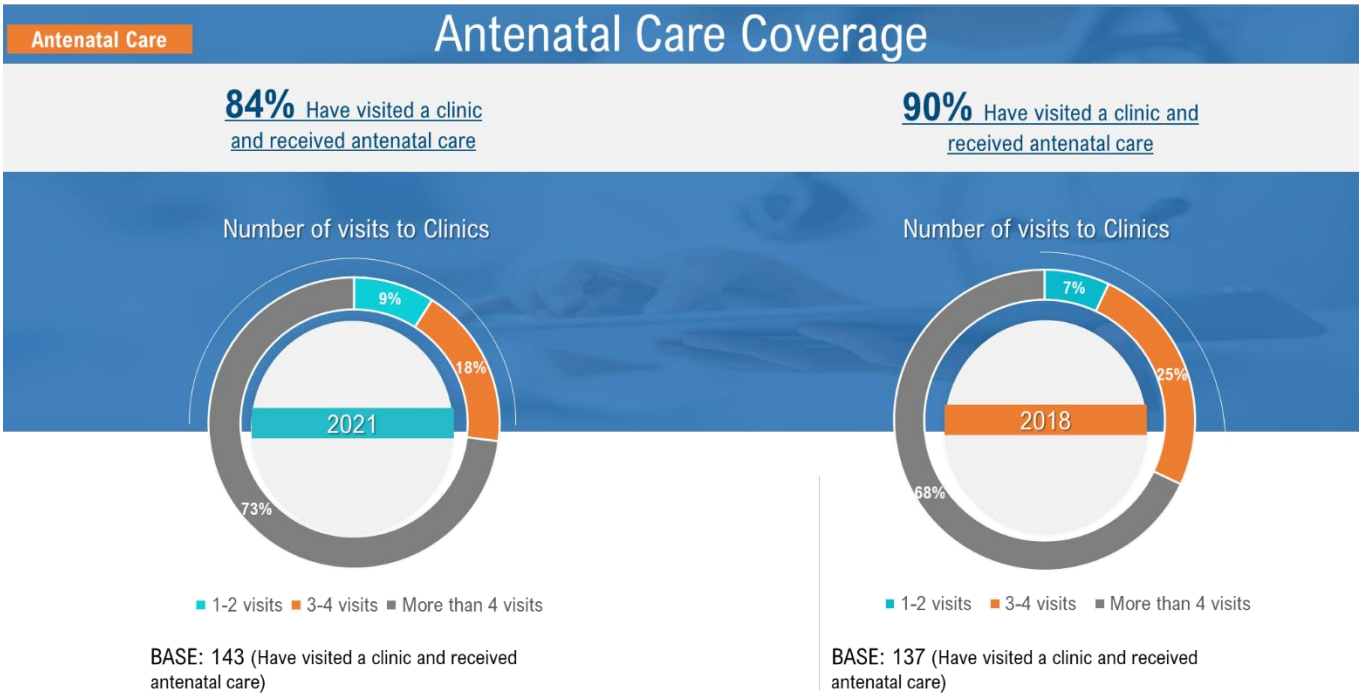
BASE: Total Women (15-49 Yrs.), Not Single

2021 = 358
2018 = 369

A. Antenatal Care Coverage

Most of women in the sample have visited health care centers during pregnancy, and (73%) of them made more than four visits, (17%) made 3-4 visits, and (9%) made as less as 1-2 visits

Figure 11. Receiving antenatal care and number of visits to clinics



BASE: 143 (Have visited a clinic and received antenatal care)

BASE: 137 (Have visited a clinic and received antenatal care)

Did … receive any antenatal care at any time during the pregnancy?
How many times did … visit the clinic and receive antenatal care?

B. Difficulties while getting Antenatal Care

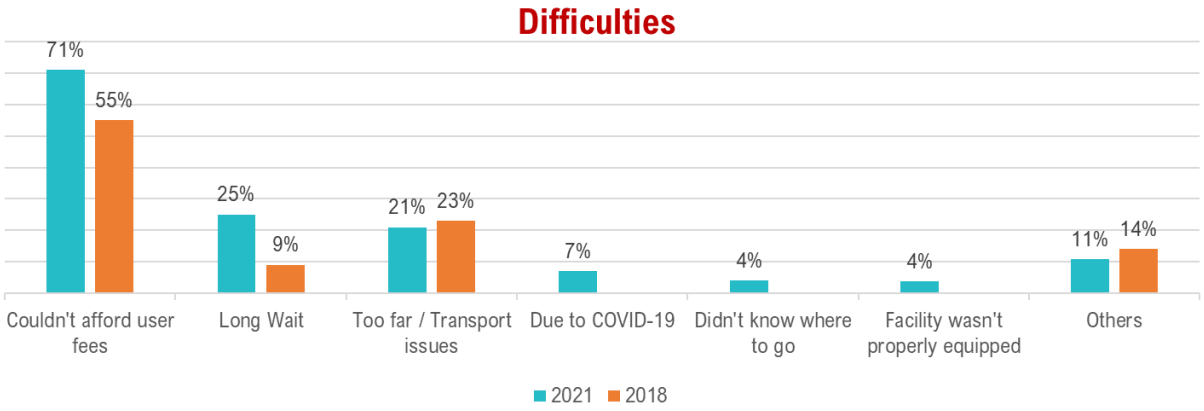
Less than quarter of the sample reported some difficulties in getting Antenatal Care, further, financial burden was recorded the highest

Figure 12. Facing difficulties while getting antenatal care

Did … has any difficulties while getting that care?

With (20%) of women faced some difficulties while getting antenatal care, these difficulties were mainly due to not being able to afford fees (52%) and the long wait (25%).

Figure 13. Difficulties faced (Antenatal Care)

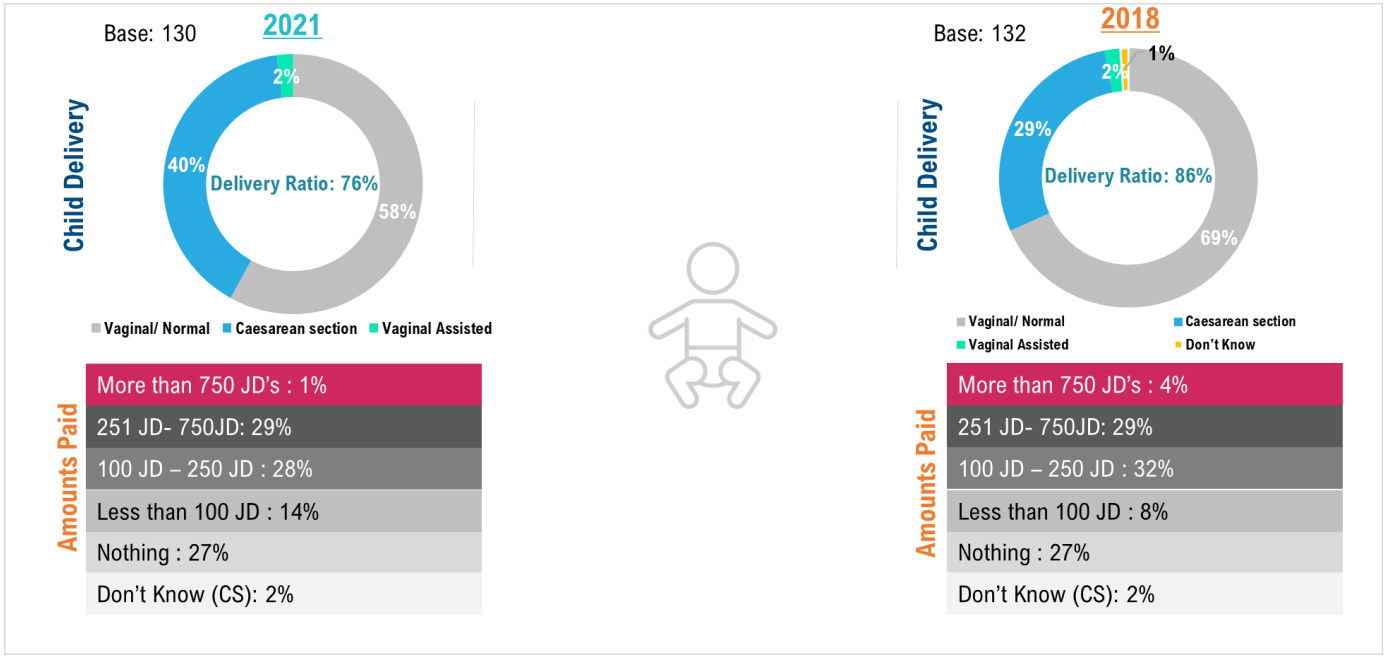


Base = those who faced difficulties

What were those difficulties?

C. Child delivery & Pay

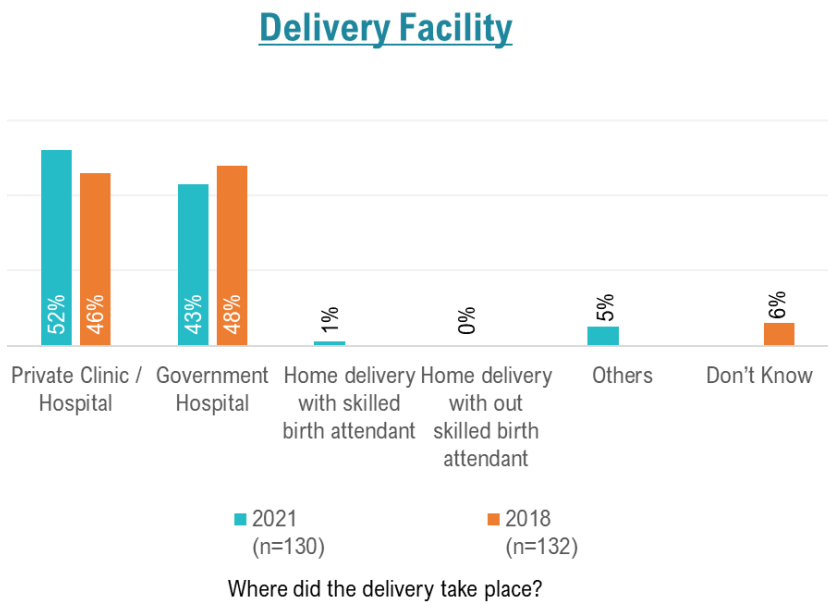
Figure 14. Child delivery and costs



D. Place of Child Delivery

Private clinics followed by Governmental Hospitals, where most pregnant women delivered their babies at.

Figure 15. Child delivery health care facility



Reasons for selecting a private facility

Table 3. Reasons for delivering the child at private health care facility

	Syrians (n=67)	2018 (n=61)
Funded by UNHCR	7%	
Referred to it	3%	
Prefer to go to a private facility	34%	62%
Eligible to access Ministry of Health facility at subsidized rate but could not access	16%	7%
Not eligible to access Ministry of Health facility at subsidized rate	7%	16%
Emergency Delivery	4%	
Closeness	7%	
Others	19%	15%

If the delivery took place at a private clinic or hospital what were the reason/s that a private facility was chosen?

VII. Children Vaccination

A. Children's Vaccination Access & Vaccination Card

Only 4% of reported that they are unaware of the free access of Children's Vaccination in 2021

As for possession of child's vaccination card, only 5% reported that they don't have vaccination card for their kid for the same year

Figure 16. Awareness of free vaccination access and possession of vaccination card

Awareness of Children's Free Access to Vaccination

Base: (Parents/Guardians of selected children)

2021 (n=190)	2018 (n=304)
96%	97%

Do you know that refugee children have free access to vaccination at Ministry of Health facilities?

Possession of Child's Vaccination Card

2021 (n=190)	2018 (n=304)
95%	97%

Base: (Parents/Guardians of selected children)

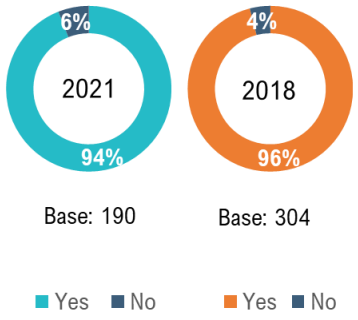
Does … have an vaccination card?

B. Measles / MMR

6% reported that their child has not received that Measles/MMR vaccine, and almost all who have received the vaccine received it at governmental health centers

Figure 17. Measles / MMr vaccination

Measles / MMr Vaccinated?



Has … ever receive measles or MMR injection? A measles or MMR vaccine is a injection in the arm. It is usually given to children at the age of 9 months or older.

Place of Vaccination

	Governmental health center	Mobile vaccination team	Private clinic
2021 (n=179)	99%	0.5%	0.5%

	Governmental health center	Before arrival to Jordan	Private clinic	Mobile vaccination team
2018 (n=304)	95%	2%	2%	1%

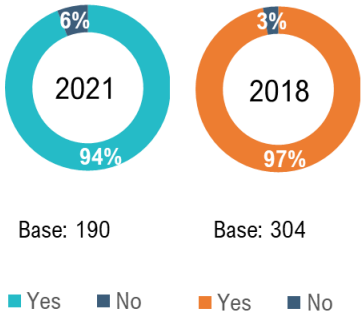
Where did … receive Measles/MMR vaccine?

C. Polio

Similar to Measles/MMr 6% Syrians have reported that their child has not received that Polio vaccine, and almost all received it at governmental health centers

Figure 18. Polio vaccination

Polio Vaccinated?



Has … ever receive Polio Vaccine?

Place of Vaccination

	Governmental health center	Mobile vaccination team
2021 (n=179)	99%	1%

	Governmental health center	Before arrival to Jordan	Private clinic	Mobile vaccination team
2018 (n=304)	96%	2%	1%	1%

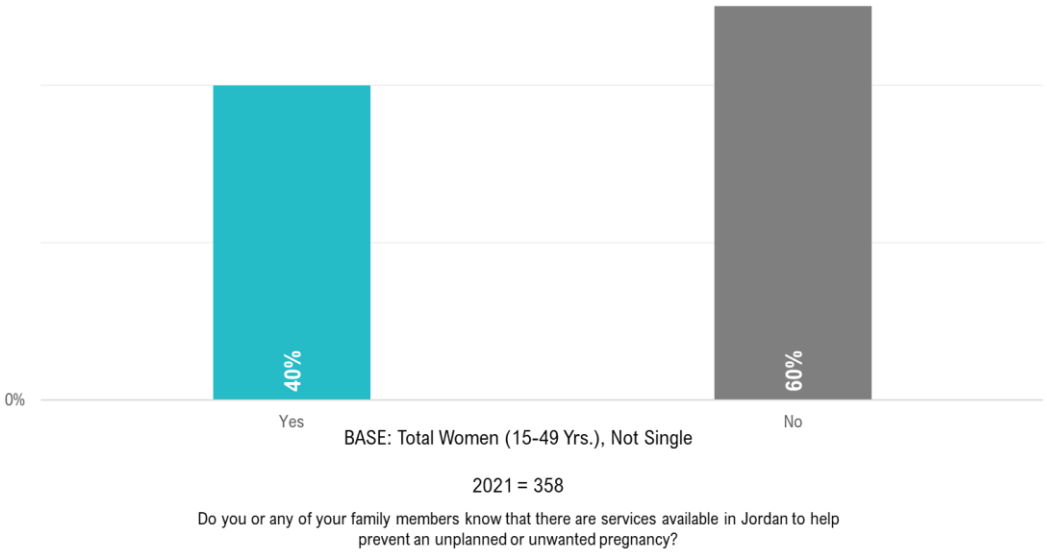
Where did … receive Measles/MMR vaccine?

VIII. Family Planning - Among women in reproductive age -2021

A. Awareness of Family Planning Services - 2021

More than half of women at reproductive age were not aware of the availably of family planning services

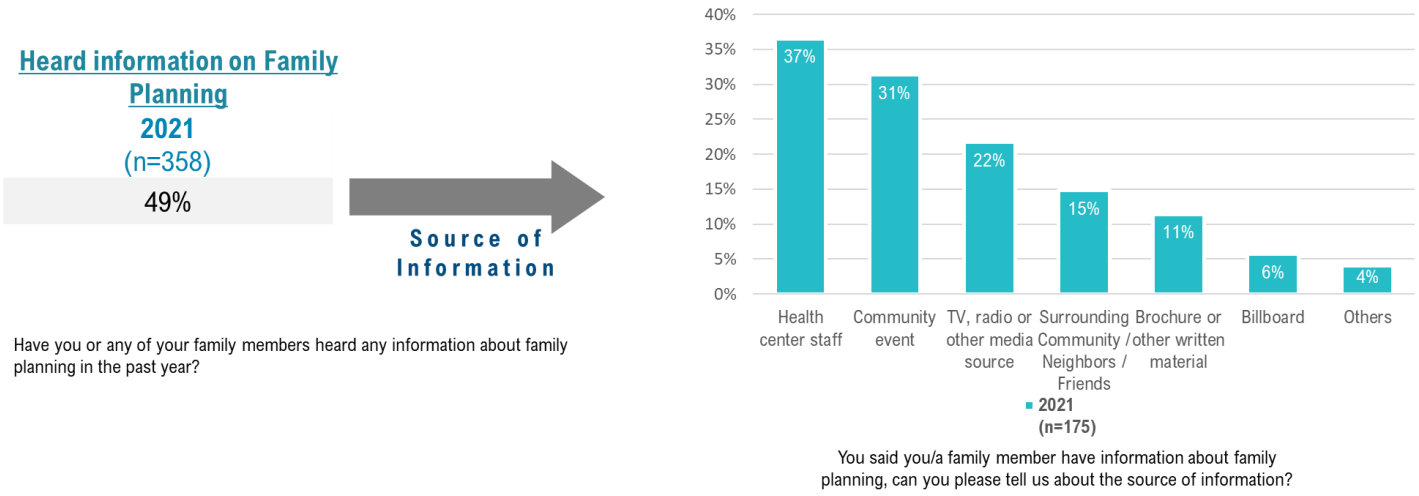
Figure 19. Awareness of family planning services (2021)



B. Access to information on family planning - 2021

Health center staff are the main source of information for family planning, followed by the community events.

Figure 20. Hearing about family planning and source of information (2021)

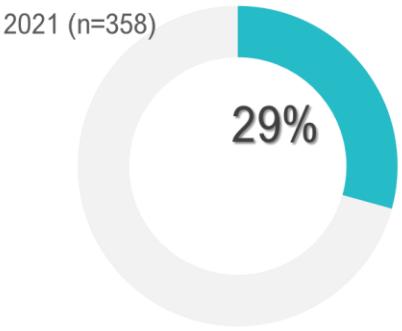


C. Access to contraceptives - 2021

Only a 29% of Syrians tried to access contraceptives, largely through MOH health centers

Figure 21. Access to contraceptives (2021)

Tried to Access Contraceptives



Have you or any of your family members tried to obtain contraceptives within the past year?

Source of Access

	2021 (n=105)
MOH health center	51%
Private doctor	22%
NGO clinic	11%
Other	25%

You said that you/a family member tried to obtain contraceptives, where was the care sought?

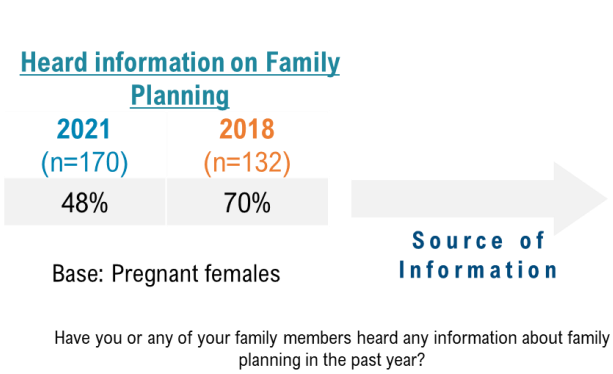
I. Family Planning - Among pregnant women – 2018 vs. 2021

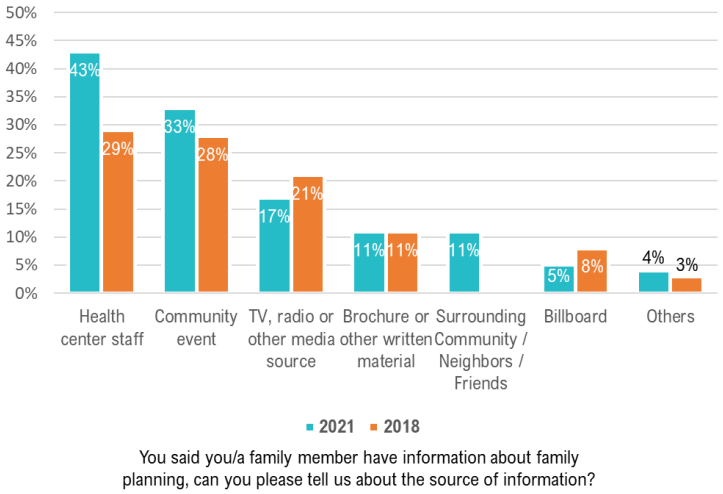
A. Awareness of Family Planning Services

Figure 22. Awareness of family planning services

B. Access to information on family planning

Figure 23. Hearing about family planning and source of information

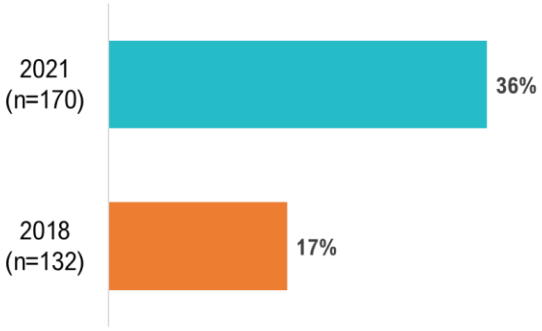




C. Access to contraceptives

Figure 24. Access to contraceptives

Tried to Access to Contraceptives



Have you or any of your family members tried to obtain contraceptives within the past year?

Source of Access

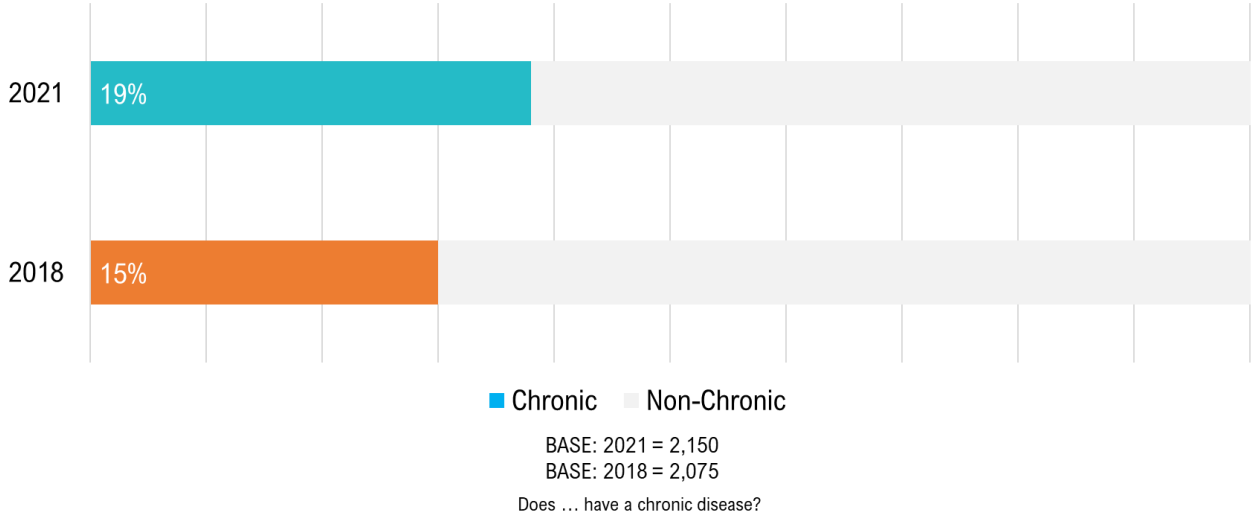
	2021	2018
MOH health center	56%	36%
Private doctor	16%	18%
NGO clinic	8%	9%
Other	27%	36%

You said that you/a family member tried to obtain contraceptives, where was the care sought?

II. Chronic Diseases

Chronic diseases are found among the sample with 19% of them carrying at least one chronic disease

Figure 25. Chronic Diseases incidence rate



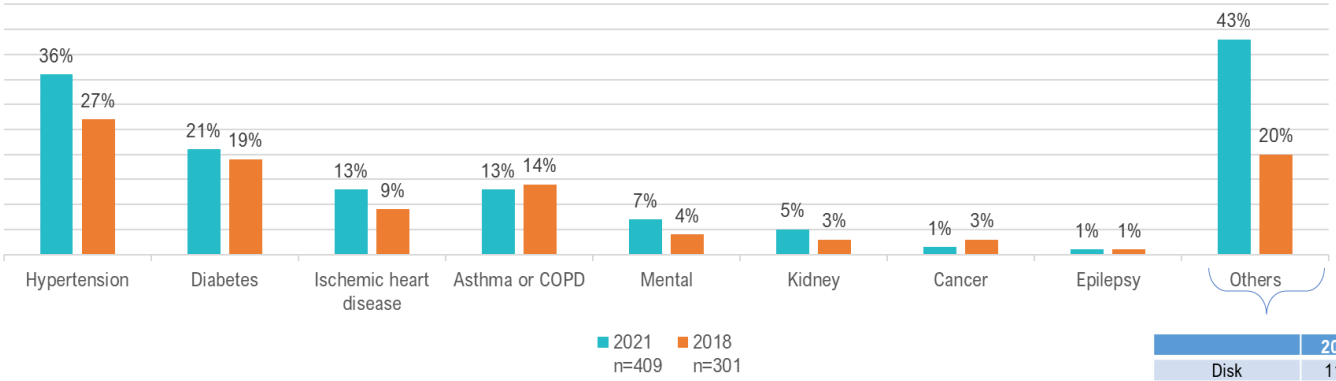
BASE: 2021 = 2,150
BASE: 2018 = 2,075

Does … have a chronic disease?

A. Chronic Conditions

Hypertension is the most prevalent diseases, followed by the Diabetes among all the sample

Figure 26. Chronic conditions



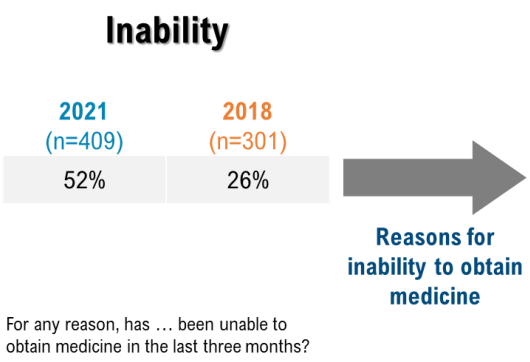
Does have any of the following conditions?

	2021
Disk	11%
Thyroid	5%
Cholesterol	1%
Disk & Other	2%
Rheumatism	3%
Allergy	2%
Anemia	1%
Others	18%

B. Ability to obtain medicines among chronic patients

Affordability is the main reason for not obtaining Chronic medications. 87% of the respondents couldn't get it due to that.

Figure 27. Obtaining medication for Chronic Conditions

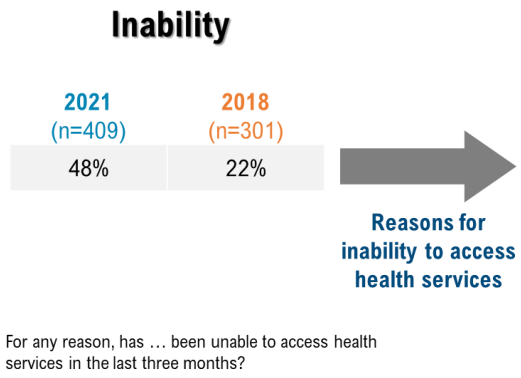


	2021 (n=213)	2018 (n=102)
Couldn't afford user fees	87%	52%
Was not available in facility	9%	19%
Staff were rude	2%	4%
Can't afford transport	4%	13%
Don't know where to go	3%	4%
Long Wait	3%	3%
Due to COVID-19	1%	
Others	4%	6%

C. Ability to access other health services among chronic patients

Affordability of the cost is the main reason that prevented patients from accessing the health care services. It appears that the major issue was financial, as almost 85% of the sample couldn't access other health services due to that

Figure 28. Accessing other health services for Chronic Conditions

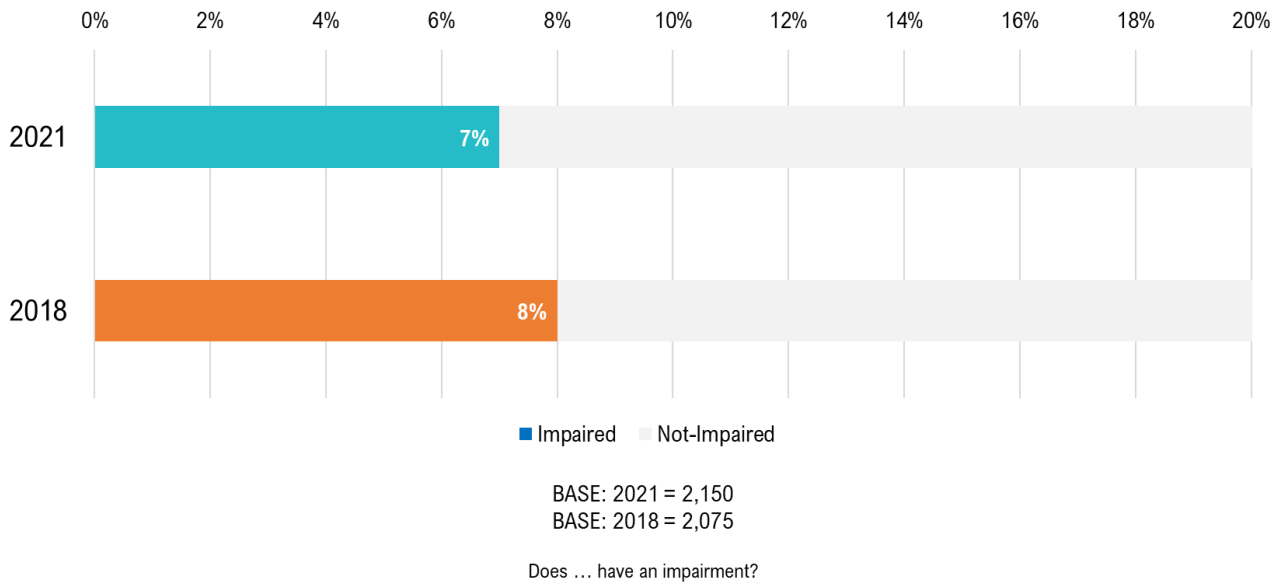


	2021 (n=196)	2018 (n=81)
Couldn't afford user fees	**85%**	**49%**
Was not available in facility	**9%**	**17%**
Can't afford transport	**6%**	**19%**
Staff were rude	**4%**	**1%**
Didn't Know where to go	**4%**	**1%**
Long Wait	**3%**	**6%**
Due to COVID-19	**1%**	
Others	**5%**	**6%**

III. Impairment

7% of the sample are impaired

Figure 29. Impairment rate



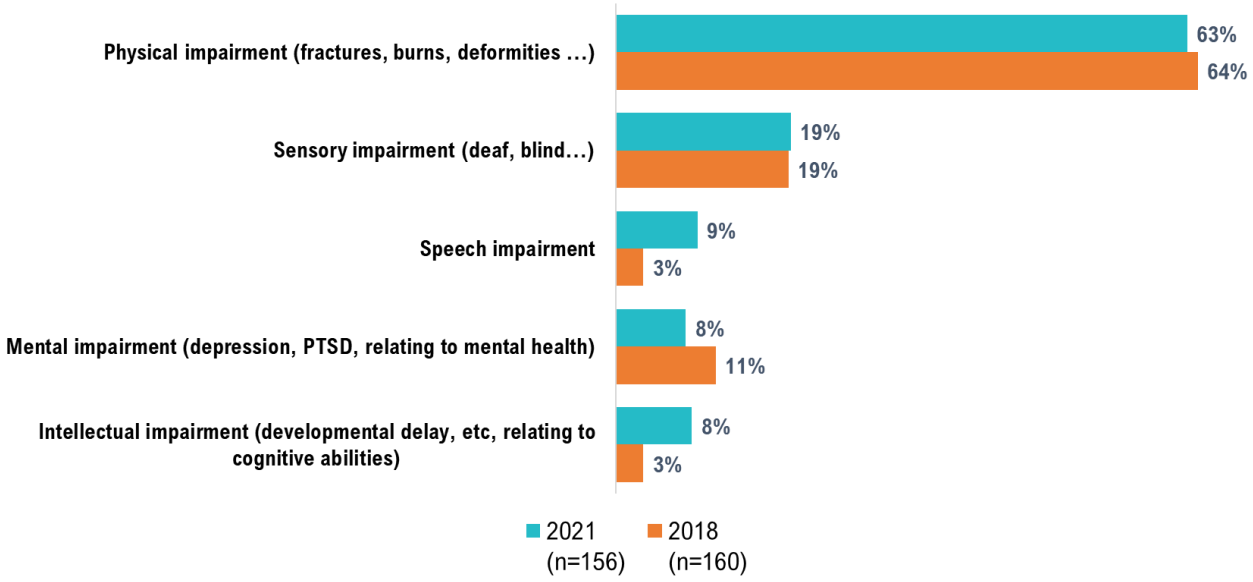
BASE: 2021 = 2,150
BASE: 2018 = 2,075

Does … have an impairment?

A. Type of impairment

The most common impairment was physical, followed by sensory impairment

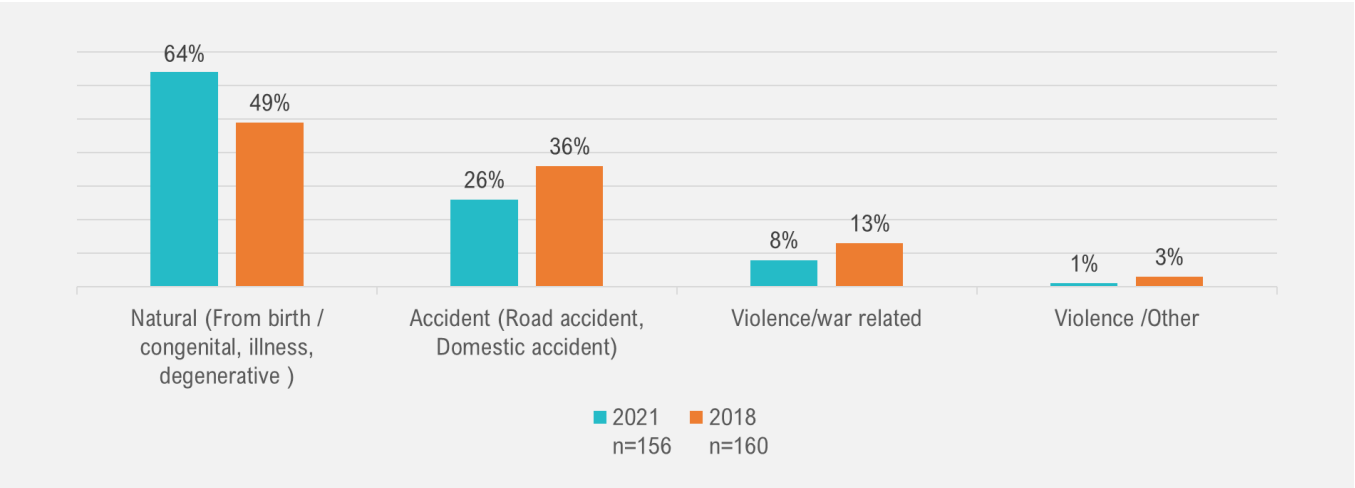
Figure 30. Types of impairment



What kind of impairment does … have?

B. Impairment Causes

Figure 31. Impairment causes

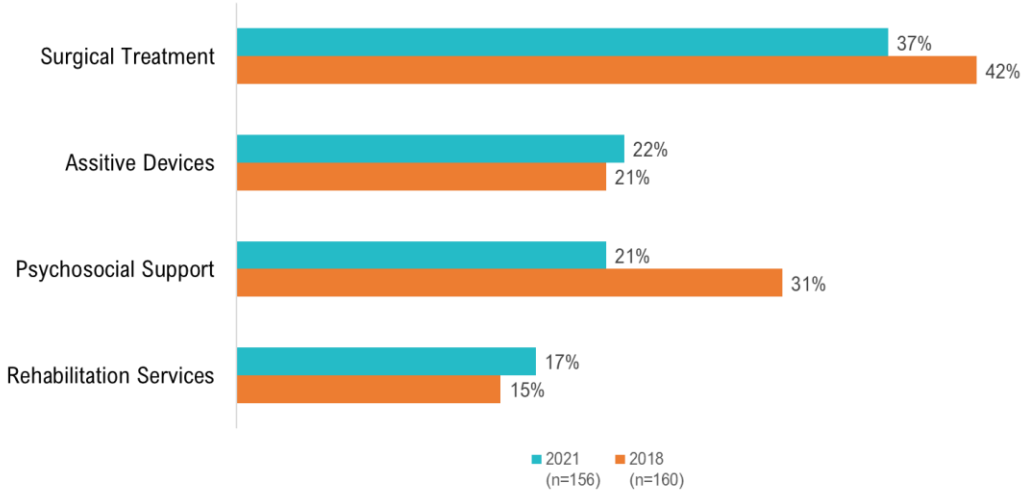


What was the cause of impairments?

C. Impairment – Health Access

A percentage in the sample did not receive treatments, phycological support, rehabilitation, or assistive devices

Figure 32. Health access for impairment



Has … received surgical treatment for his/her impairment?
Has … received psychosocial support for his/her impairment?
Has … received rehabilitation services for his/her impairment?
Has … received the assistive devices (such as crutches, walking frame, and wheelchair) for his/her impairment?

D. Barriers for Health Access (Impairment)

Table 4. Reasons for not receiving health care for their impairment

	2021	2018
BASE	**130**	**134**
Could not afford user fees	65%	49%
No services available	22%	11%
Felt it was unnecessary	16%	18%
Did not know where to go	13%	4%
Too far / Transport issues	10%	2%
Other	8%	16%

BASE: Who did not received health care services for their impairment

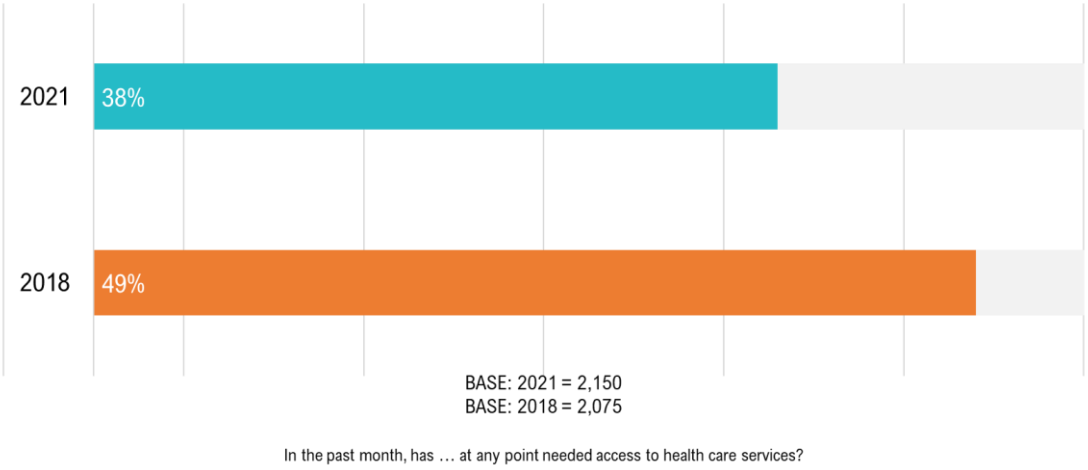
What prevented the impaired household member from getting proper care?

IV. Monthly Health Access Assessment

A. Needed Health Care Services

38% of the sample needed health care in the past 1 month.

Figure 33. Need for health care services

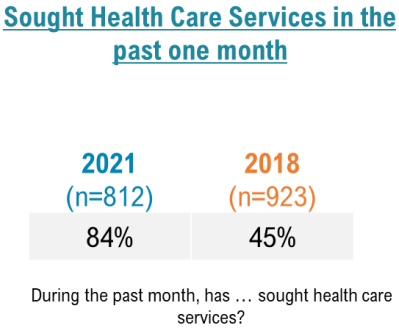


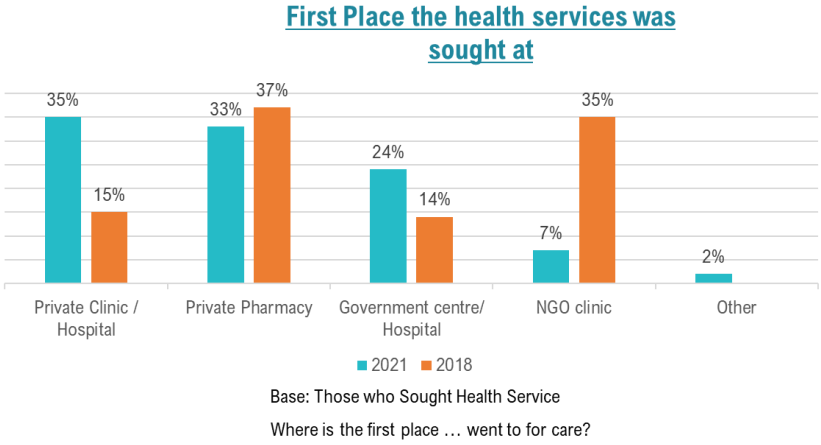
B. Sought Health Care Services

84% of those who needed health care services sought the health care

Mostly, the health care services were sought at the private sector through clinics / hospitals and pharmacies

Figure 34. Seeking health care services





C. Ability to Obtain the Health Care Services

While the majority were able to obtain the health care services, a 11% of respondents reported that they have faced difficulties, mainly on accessing the health care center and affordability

Figure 35. Ability to obtain health care services at first facility

Ability to obtain the Health Care Services

2021 (n=684)	2018 (n=413)
89%	81%

Barriers

Base: Who sought health care service

Were … able to get health care there?

Reasons of inability

	2021	2018
Couldn't afford user fees	44%	31%
Health centre refuse to provide services	42%	17%
Don't like the health services/staff	12%	12%
Too far / Transport issues	5%	0%
Didn't Now where to go	3%	12%
Others	11%	36%

Base: Those who were not able to obtain the health care

D. Payments for Health Care Services – First Facility

The majority have paid for the health care services they have obtained in the last month

With the average payment was at (JOD 37) and 90cile (JOD 60)

Figure 36. payments at first health care facility

Paying for Health Services

2021 Sample: 86% Paid for Heath Services

2018 Sample: 77% Paid for Heath Services

Base: those were able to get the health care service
2021 = 611 II 2018= 335

Did … have to pay for the health services received?

Amounts Paid

	90cile	Max	Count	Mean
2021	JOD 60	JOD 1,500	525	JOD 37
2018	JOD 60	JOD 5,000	696	JOD 47

Definitions:
90cile = The value where 90% of the observations are below it
Max = The maximum value paid
Count = Number of payments
Mean = The straight average of payments

Base: those who have paid for the health care service

Table 5. Average pay by first facility type

	Private Pharmacy	Private Clinic / Hospital	Government center/ Hospital	NGO clinic	Other	Grand Total
Base	**212**	**210**	**91**	**7**	**8**	**528**
Average	JD 13.51	JD 65.52	JD 26.81	JD 6.71	JD 53.06	JD 37.00

E. Sought health services in a Second Facility

17% of those who sought health care services in the past one month were referred to another health care facilities, mostly to private facilities

Figure 37. Seeking a second health care facility

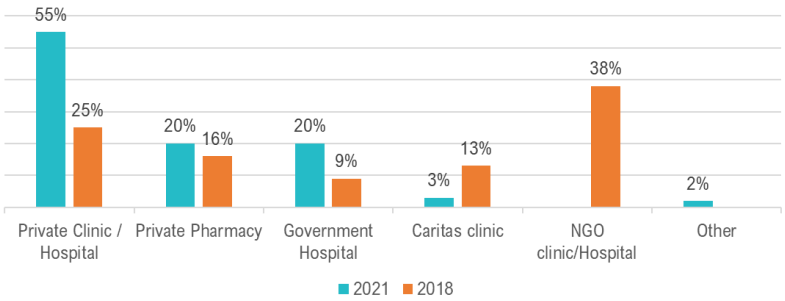
Sought health services in a second facility

2021 (n=684)	2018 (n=923)
14%	5%

Base: Who sought health care service

Were … referred somewhere else or did he/she seek care elsewhere?

Second facility type



You said … were referred somewhere else, would you please tell me where were … referred to or sought care?

F. Health Costs Increase & Impact

31% of the sample have noticed an increase in the health care costs over the last year, that mostly resulted in the inability to visit the physicals and not being able to afford obtain the medical procedures and medications

Figure 38. Health care costs increase and impact

If noticed an increase in health care costs over the last year

Base: All HHs

(n=403)

Have you noticed any increase in health care costs over last year?

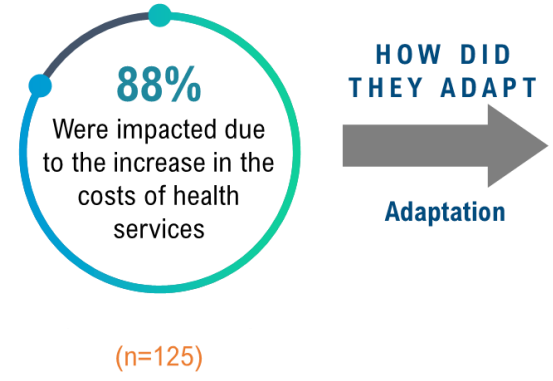
Impact of the increase in health care costs over the last year

Impact	2021 (n=125)
Not able to afford required medication	74%
Not able to afford required other medical procedure (e.g. investigation, devices, consumables)	70%
Not able to visit doctor or hospital when needed	58%
Others	4%
No Impact	12%

G. Health Costs Increase & Adaptation Strategy

The vast majority were impacted by the health costs increased, and this resulted to reducing the visits to health care facilities and reduce some medications

Figure 39. Adaptation to health care costs increase



	2021 (n=110)
Reducing no. of visits to Health Care providers	44%
Reduce or Stop Medicine Use	35%
Spent from Saving/Borrow	26%
Sought for NGO Free Service	21%
Others	4%

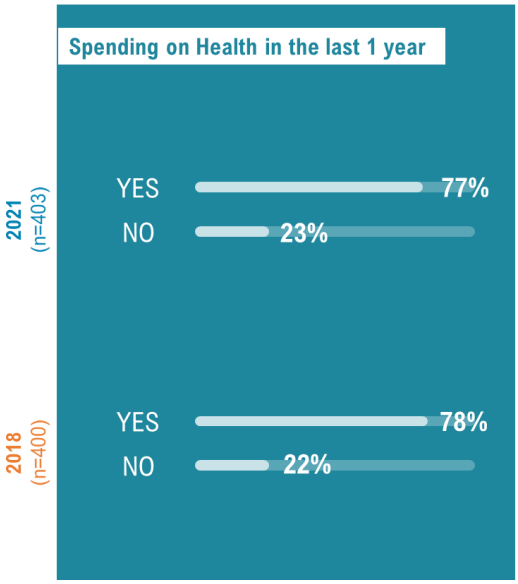
Base: those who were impacted by increase

H. Spending on Health Vs. Households' Income

A large percentage of the 2021 sample spent money on health care services

Taking the last month, the spending on health was 44% of the monthly income

Figure 40. spending on health care vs. income



	Income	Spending on health	Spending to income RATIO
2021	219	97	44%
2018	153	98	64%

AVG in JOD

Did the household spend any money on health care in the previous calendar month?
How much was the money spent of Health in the previous calendar month?
How much was your total HH income in the previous calendar month