HEALTH ACCESS AND UTILIZATION SURVEY

“HAUS 2025”

Photo: © UNHCR/Shawkat Alharfoush

AMONG “SYRIANS LIVING IN NON-CAMP SETTING” JORDAN

October 2025

Acknowledgements

This survey was conducted by Headway Jordan using the UNHCR Health Access and Utilization Survey (HAUS) tools and protocols. We would like to extend our sincere appreciation to the respondents who volunteered their valuable time to participate in the survey. A total of 406 Syrian households residing in non-camp settings were interviewed during the survey for this year. In the year 2024, 452 Syrian household participated in the survey. 367 Syrian households participated in the same exercise conducted in 2023 and 403 in 2021. We are particularly thankful to UNHCR for extending their 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

Contents

Executive Summary 8

Background and Methodology 12

Detailed Findings 15

- Head of Household Demographics 15
- Household Members Demographics 20
- General awareness on Health care Access 22
- Household Health Demographics 24
- Health Service and Health Seeking Behaviour 25
- Childhood Vaccinations 33
- Sexual & Reproductive Health 36
- Nutrition including Infant and Young Child Feeding “IYCF” 45
- Chronic Diseases 48
- Disability 51

Discussion 53

Conclusion 55

Recommendations 56

Limitations 57

References 58

About UNHCR 59

About Headway 59

ANNEX “A”: Main Indicators 60

List of Figures

Figure 1. Head of HH gender 15
Figure 2. Head of HH age 15
Figure 3. Region 16
Figure 4. Duration since first family member arrived to Jordan 16
Figure 5. Languages spoken 17
Figure 6. Head of HH education level 17
Figure 7. Monthly household income 18
Figure 8. Head of HH marital status 18
Figure 9. Possession of a security card 19
Figure 10. Card issued in the same place they live in 19
Figure 11. Security card is valid 19
Figure 12. HH members gender 20
Figure 13. HH members age 20
Figure 14. HH members marital status 20
Figure 15. HH members education level 21
Figure 16. Possession of a white card 23
Figure 17. Needed to access health-care services in the past month 25
Figure 18. First location the health-care service was sought at 25
Figure 19. Received health-care services in first facility 26
Figure 20. Paid for health-care service in first facility 26
Figure 21. Satisfaction with health-care services provided in first location 27
Figure 22. Referred/Sought a second health-care facility 28
Figure 23. Second location the health-care service was sought at 28
Figure 24. Received health-care services in second attempt 28
Figure 25. Paid for second health-care service/referral 28
Figure 26. Satisfaction with health-care services provided in second facility 29
Figure 27. Noticing an increase in health care costs in past year 30
Figure 28. Impact due to increase in health care costs 30
Figure 29. Adopted a coping strategy 31
Figure 30. Aware of free children vaccination at MOH health facilities 33
Figure 31. Aware of child vaccination card 33
Figure 32. Possession of baby vaccination card 33
Figure 33. Received MMR vaccination 34
Figure 34. Location received MMR vaccinations at 34
Figure 35. Received Polio vaccination 35
Figure 36. Location received Polio vaccinations at 35
Figure 37. Mother of children younger than 2 years old 36
Figure 38. Received antenatal care 36
Figure 39. Number of antenatal care visits 36
Figure 40. Encountered difficulties to receive antenatal care 37
Figure 41. Type of child's delivery 38
Figure 42. Location for delivery 39
Figure 43. Reasons for selecting private hospital/clinic 39
Figure 44. Received financial support to pay child's delivery fees 39
Figure 45. Usage of contraceptives by mothers of children younger than 2 years old 40
Figure 46. Tried to obtain contraceptives in the past year 41
Figure 47. Location sought family planning services at 41
Figure 48. Usage of contraceptive method 42
Figure 49. Type of contraceptive method used 42
Figure 50. Preferred type of contraceptive method 42
Figure 51. Satisfaction with contraceptive method used 43

Figure 52. Heard information about family planning in the past year 43
Figure 53. Decision on number of children 44
Figure 54. Noticed difficulties with child's growth or nutrition during the past month 45
Figure 55. Requested professional assistance 45
Figure 56. Registered to professional assistance nutrition program 45
Figure 57. Children who were ever breastfed 46
Figure 58. Timing of breastfeeding initiation 46
Figure 59. Child was breastfed during the night or day 46
Figure 60. Child was fed solid/semi-solid food during the night or day 46
Figure 61. Type of solid/semi-solid food the child was fed 47
Figure 62. Number of solid/semi-solid food categories the child was fed 47
Figure 63. Prevalence of chronic diseases 48
Figure 64. Type of chronic disease 48
Figure 65. Ability to obtain medical care or medications in the past 3 months for his chronic disease 49
Figure 66. Location to obtain medical care or medications from for his chronic disease 49
Figure 67. Paid for monthly medical care or medications for his chronic disease 49
Figure 68. Prevalence of disability 51
Figure 69. Disability type living with 51
Figure 70. Type of support received for disability 52

List of Tables

Table 1. Health care accessibility indicators 22
Table 2. Source of information on subsidized health care 22
Table 3. Reasons for not possessing a white card 23
Table 4. Snapshot of family members certain health parameters 24
Table 5. Reasons for inability to receive health-care services in first facility 26
Table 6. Amount spent on health-care services in first facility 26
Table 7. Reasons for inability to receive health-care services in second facility 29
Table 8. Amount spent monthly on health-care services 31
Table 9. Coping strategies implemented 31
Table 10. Preferred source to receive information on health care 32
Table 11. Difficulties encountered to receive antenatal care 37
Table 12. Amount spent on child's delivery service 38
Table 13. AVG Amount spent on delivery services – per type and location 38
Table 14. Awareness and usage of family planning services in Jordan 40
Table 15. Source of information about family planning in Jordan 43
Table 16. Type of chronic disease - others 48
Table 17. Amount spent monthly on medication for chronic disease 50
Table 18. Reasons prevented receiving medical care or medications for chronic disease 50
Table 19. Cause of disability 51
Table 20. Reasons prevented receiving support for disability 52

Executive Summary

Household demographics

The 2025 Health Access and Utilization Survey (HAUS) conducted comprehensive interviews with 406 Syrian households residing in non-camp settings throughout Jordan, aiming to find measurements of disease prevalence, health status, health expenditure and knowledge and access to key health services in comparison to the findings from 2023 and 2024. A significant majority of the surveyed households were male-headed, accounting for 73 per cent, with over half of these household heads falling within the age range of 36 to 59 .

The average household size showed a slight decline, now comprising approximately 5.2 members, with Amman identified as the predominant area of residence for 42 per cent of these families. Almost all households reported having lived in Jordan for over two years, reflecting stability in their situation, and the possession of valid security cards among households rose to an encouraging 82 per cent.

In terms of education, the data revealed persistent challenges, as 78 per cent of household heads had not completed secondary education, and 5 per cent had attained higher degrees. Financially, the average monthly income for these households was approximately 260 Jordanian Dinars (JOD), with a considerable number earning below the 300 JOD threshold, highlighting the economic difficulties they face.

Furthermore, the demographic structure of the households demonstrated a gender balance, with nearly half of the family members being under the age of 18.

General awareness on health care access

The 2025 HAUS revealed that awareness of subsidized health care services available at Ministry of Health (MOH) facilities experienced a slight decline, dropping to 60 per cent from 63 per cent in 2024. However, among those who were aware of these services, an impressive 93 per cent demonstrated a clear understanding of how to access them. When it comes to the white card system, awareness remained stable at 43 per cent. The primary sources of information regarding the white card were public clinics, cited by 66 per cent of respondents, followed by relatives at 20 per cent, and channels provided by UNHCR at 19 per cent.

Possession of white card has increased by 3 per cent yet it remained limited at 28 per cent among household, however; over half of the individuals who did not have a white card identified a lack of knowledge about the application process as a significant barrier to obtaining one. In addition, 28 per cent of households expressed complete unawareness of the white card and its associated benefits.

Health service and health seeking behaviour

The survey revealed that 25 per cent of members from surveyed Syrian households required health care in the preceding month, reflecting a 3 per cent decrease since the 2024 HAUS survey. When seeking treatment, the majority (57 per cent) opted for private healthcare facilities. This preference marked an 11 per cent increase in reliance on private providers since the previous survey. In contrast, 21 per cent of individuals sought care at pharmacies and 20 per cent at public institutions, indicating a concerning decline in visits to government or NGO clinics.

Remarkably, 95 per cent of respondents were able to receive care at the first facility they visited. However, the financial burden of health services emerged as a significant barrier for those unable to obtain care. On average, individuals reported spending approximately 48 JOD for the services received at the initial facility. Despite the financial challenges, most respondents expressed satisfaction with the quality of care they received. Around 8 per cent needed to visit a second facility, mainly private pharmacies or facilities, with 61 per cent stated success in obtaining care, even though all stated paying for services.

Expenditure on health care and impact

Less than half of Syrian households experienced an increase in healthcare costs. The proportion dropped by 2 per cent compared to 2024, yet it remains 4 per cent above 2023. The escalating costs have significantly impacted respondents' access to healthcare, with a 60 per cent unable to afford necessary medications, 58 per cent opting to reduce their medical visits, and 52 per cent postponing critical medical procedures, all these figures reflecting a marked increase from previous years.

On average, households now spend 87 JOD monthly on healthcare, which is an increase of 11 JOD from 2024 findings. In response to these mounting costs, a significant 59 per cent of households have chosen to cut back on healthcare visits, while 51 per cent have resorted to savings or borrowing. Additionally, 47 per cent have diminished their medication usage, and 21 per cent have sought assistance from free NGO services. Notably, a disconcerting 26 per cent of households did not implement any strategies to manage these costs.

In the scope of health communication, there has been a marked preference for telecommunication tools to access information. Phone calls emerged as the most favoured method (60 per cent), followed by WhatsApp (43 per cent) and text messages (37 per cent). This trend indicates a growing reliance on digital channels for health-related communication compared to previous years.

Childhood vaccinations (excluding COVID-19)

Awareness of the availability of free vaccinations at MOH public health care facilities remains high. This is evidenced by the significant percentage of individuals holding vaccination cards, as well as the impressive rates of MMR and polio vaccinations administered at MOH health care centres.

Sexual & Reproductive Health

The 2025 survey revealed that a significant 35 per cent of non-single women of reproductive age were mothers to at least one child under the age of two. During their pregnancies, these mothers benefitted from remarkably high antenatal care rates, with 97 per cent receiving necessary medical attention, marking a 5 per cent increase from the 2024 findings and a 7 per cent rise compared to the 2023 survey. Furthermore, 88 per cent of these women completed at least four or more antenatal visits, reflecting a concerted effort to ensure maternal and infant health.

However, challenges persist in accessing antenatal care, as highlighted by 14 per cent of respondents who cited barriers such as the costs of services and transportation issues or geographic distance. These insights illustrate evolving dynamics in antenatal care since the 2023 survey. Notably, nearly two-thirds of mothers opted for vaginal deliveries, with the average delivery cost now reaching 299.9 JOD—approximately 35 JOD higher than the previous year.

The most frequently chosen facilities for childbirth were government hospitals, followed closely by private hospitals, with 43 per cent of mothers delivering in private healthcare. Positively, 36 per cent of mothers received full assistance with their delivery fees, reflecting a 14 per cent increase over the past HAUS surveys.

Awareness of antenatal services offered by MOH facilities currently stands at 48 per cent, while awareness of unplanned pregnancy prevention services is slightly lower at 42 per cent. Additionally, 24 per cent of respondents reported receiving information on family planning within the last year, yet 42 per cent recalled being counselled on contraceptive options shortly after delivery, increased back to match the results from 2023 after dropping to 34 per cent in 2024.

In the context of family planning, 30 per cent of non-single women reported actively using various contraceptive methods. Furthermore, 24 per cent sought family planning services in the previous year, primarily through visits to private doctors rather than MOH facilities. The most commonly utilized contraceptives were intrauterine devices (IUDs), pills, and male condoms, all of which garnered high levels of user satisfaction. Health workers, community events, social media, and other media platforms, emerged as the leading sources of information for these women.

Nutrition including Infant and Young Child Feeding “IYCF”

Over the past month, 5 per cent of children aged 0–5 years displayed growth or nutrition challenges, reflecting a positive decline from previous years. However, 15 per cent of families actively sought professional assistance, representing a notable drop compared to earlier surveys, with 2 per cent of families enrolled in nutrition programs.

On a more positive note, 79 per cent of children were ever breastfed, and 67 per cent of mothers initiated breastfeeding within the crucial first hour after birth, the highest rate recorded since 2023. Among children aged 6–23 months, the minimum dietary diversity witnessed significant improvement, with 39 per cent consuming foods from at least five out of eight recommended food groups. The most frequently consumed foods included grains, dairy products, eggs, and, of course, mother’s milk.

Chronic Diseases

A marginal rise in the prevalence of chronic diseases by 2 per cent has been observed among Syrian refugees, with 19 per cent of individuals reporting at least one chronic condition. The most prevalent disease was hypertension, affecting 38 per cent of this population, followed by diabetes at 27 per cent and ischemic heart disease, which impacts 15 per cent.

Among the 396 individuals diagnosed with chronic conditions, 81 per cent have been able to access the healthcare services they require, primarily relying on private pharmacies (60 per cent) over public healthcare facilities (27 per cent). Financially, the burden of medical care weighs heavily on most households, with an overwhelming 92 per cent incurring expenses for treatment. On average, these families spend around 28 JOD for monthly regimen. Interestingly, there has been a decline in overall spending on chronic disease management compared to previous years, from 48 JOD in 2024 survey to 28 JOD 2025 survey.

Disability

Out of the total household members surveyed, 6 per cent reported living with disabilities. Among these individuals, nearly half experienced physical impairments, while 29 per cent faced sensory challenges. The majority of these disabilities, approximately two-thirds were attributed to natural causes, with accidents (16 per cent) and injuries from conflict (10 per cent).

Despite their struggles, more than half of those with disabilities did not receive any form of support for their conditions. The primary barriers cited included the high costs of services (57 per cent), service availability (24 per cent), and insufficient awareness about available treatment locations (13 per cent). Of those who did seek help, 32 per cent reported receiving some form of medical assistance, while 12 per cent benefited from assistive support to aid in their daily lives.

Background and Methodology

Background

Despite its no longer the largest displacement crisis, the Syrian refugee crisis continues to be a complex and protracted humanitarian crisis. Current numbers indicate that 13 million people were displaced either internally or externally[1]. At the moment the total number of registered Syrian refugees in UNHCR database is around 4 million refugees, with close to 450,000 refugees living in Jordan[2].

In Jordan, majority of Syrian refugees are living in urban settings (out of camps), with the remaining living in camps, including Zaatari, Azraq camps, and Garden Park.[3]

Since the eruption of the Syrian refugee's crisis, UNHCR supported the provision of primary health care services and emergency lifesaving secondary health care to camps refugees. UNHCR stopped the funding support in July 2025 to the Primary Health Care (PHC) clinic located in Amman due to funding constraints. UNHCR, jointly with the Ministry of Health, is working to encourage Syrian refugees to increasingly utilize the governmental health services at the Primary and Secondary health care levels.

Since 2012, Government of Jordan (GoJ) adopted several health care access policies ranging from free access, subsidies policies to prohibiting policies. However, since March 2019 GoJ allowed Syrians registered with UNHCR to access health-care services at the non-insured Jordanian rate when they use all types of health services provided by the Ministry of Health. This is a subsidized rate that is used for Jordanians who don't have government health insurance. Though the non-insured Jordanian rate is normally affordable for non-vulnerable individuals, this is expected to cause considerable hardship for many refugees.

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 can be an issue. UNHCR has developed the Health Access and Utilization Survey (HAUS) in a form of household telephone survey that is simple, flexible, and cost-effective to identify factors that may affect refugees' ability to access and successfully utilize appropriate health services when needed. HAUS allows the estimation of proportion of households with chronic disease conditions and disabilities, for, 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 the ability to access and successfully use appropriate health-care services.[4]

[1] https://www.unhcr.org/where-we-work/countries/syrian-arab-republic
[2] https://data.unhcr.org/en/situations/syria
[3] https://www.unhcr.org/countries/jordan
[4] https://www.unhcr.org/sites/default/files/2023-04/HAUS-Plus-Manual.pdf

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

Therefore, UNHCR partnered with Headway Jordan to conduct a survey among Syrian refugees living in non-camp settings 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.

Objectives

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

Survey methodology

A quantitative approach was adopted to 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 global HAUS+ questionnaire adapted for Jordan context was used to collect the necessary information for the survey. The tool was tested by Headway Jordan. The Adapted tool collected information on nine areas including Demographic information, Child immunization and Nutrition, Infant and Young Child Feeding Practices, Sexual and Reproductive Health (SRH) practices, Chronic diseases, Mental illness and Disability, and access to health care in the last months.

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.

These numbers along with numbers from previous surveys 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. After all calculations that were applied, the applied sample calculation methodology yielded a 371 Household needed to be sampled to meet HH and individual level indicators adjustment.[5]

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

The tool was scripted using KOBO platform with an average interview length of 12-15 minutes. 406 telephonic interviews were conducted by 12 trained enumerators from August 27 to September 04, 2025. The sample size was calculated based on key statistical metrics.

Once all data was collected and quality was ensured, the raw data was cleaned and validated for missing values and inconsistencies, coding of close ended questions was done automatically by the data collection system during scripting of the questionnaire, and the data was later tabulated and analysed using Microsoft office tools (365) to develop this report.

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

Detailed Findings

Head of Household Demographics

Gender and age

of the 406 households interviewed (73 per cent) were headed by males, up from 71 per cent in the 2024 survey. Furthermore, over half of the heads of households were aged 36 to 59, representing a three per cent increase since the 2024 survey.

Almost one-third of the heads of households were under 36 years old in the 2025 survey, which reflects a decrease from the 37 per cent noted in 2024, while 13 per cent were 60 years old or older. This distribution of gender and age groups has remained relatively consistent with the surveys conducted over the past three years.

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

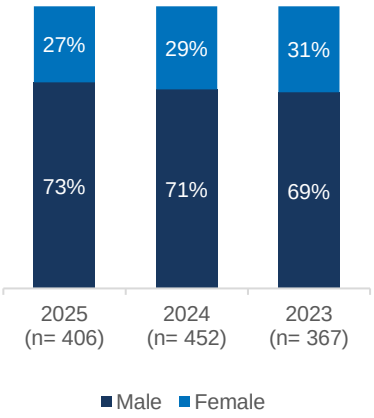
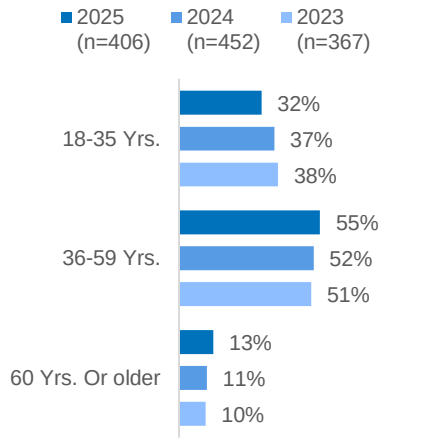


Figure 2. Head of HH age
Percentage of head of household



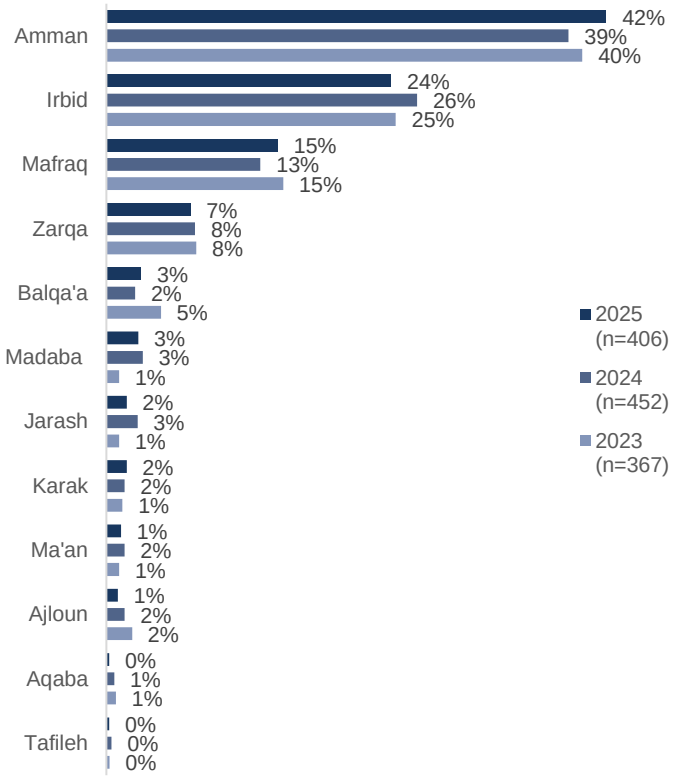
Note: figures do not add up to 100 per cent due to rounding

Residence

The distribution of Syrian households across governorates in the 2025 HAUS showed a slight divergence from the previous years, 2024 and 2023. A significant number of these households were located in Amman, where the proportion increased to 42 per cent, up from 39 per cent in 2024 and 40 per cent in 2023, as indicated by previous surveys. Mafraq also saw a slight rise over the last year, but comparable with the 2023 survey. Furthermore, nearly all respondents reported residing in Jordan for at least 2 years, consistent with earlier surveys.

Figure 3. Region

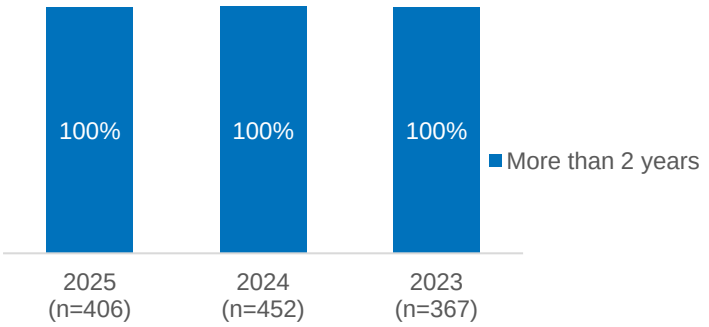
Percentage of head of household



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

Figure 4. Duration since first family member arrived to Jordan

Percentage of head of household

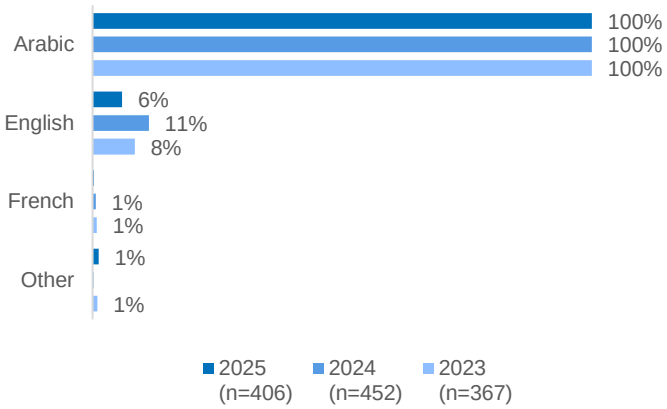


Languages spoken

All surveyed heads of households reported proficiency in Arabic. However, the 2025 survey also showed a decline in the percentage of Syrian heads of households reporting proficiency in English compared to the previous year.

Figure 5. Languages spoken

Percentage of head of household

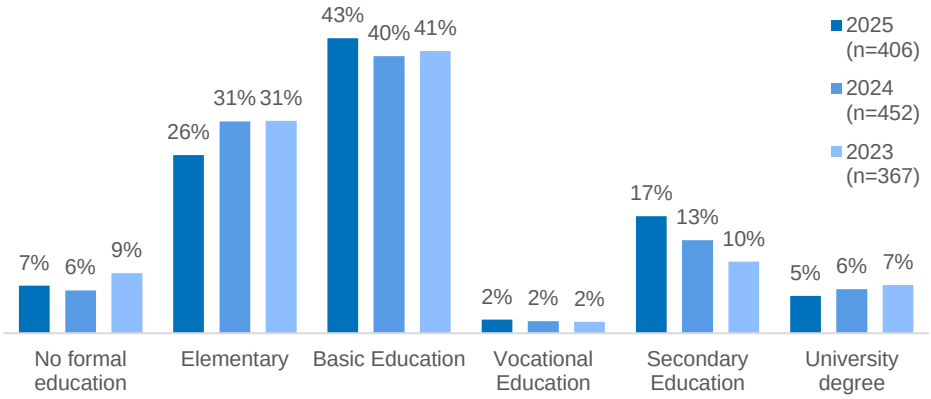


Education level

The primary educational attainment of Syrian heads of household indicated that 43 per cent have completed their basic education, while over three-quarters have completed an education lower than secondary education. Furthermore, 7 per cent have not participated in any form of formal education. And 5 per cent have earned a university degree.

Figure 6. Head of HH education level

Percentage of head of household



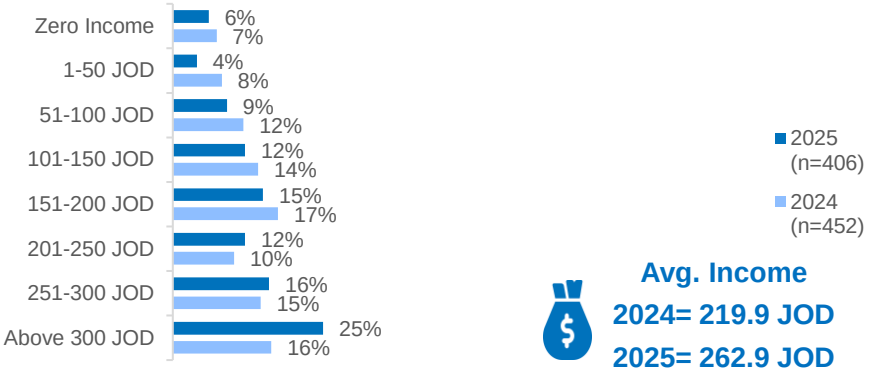
Note: figures do not add up to 100 per cent due to rounding

Monthly household income

The average monthly household income was reported to be slightly above 260 Jordanian Dinars (JOD), with 25 per cent of households indicating an income exceeding 300 JOD. Nevertheless, the predominant portion of households continued to report incomes that fall below the 300 JOD threshold.

Figure 7. Monthly household income

Percentage of households



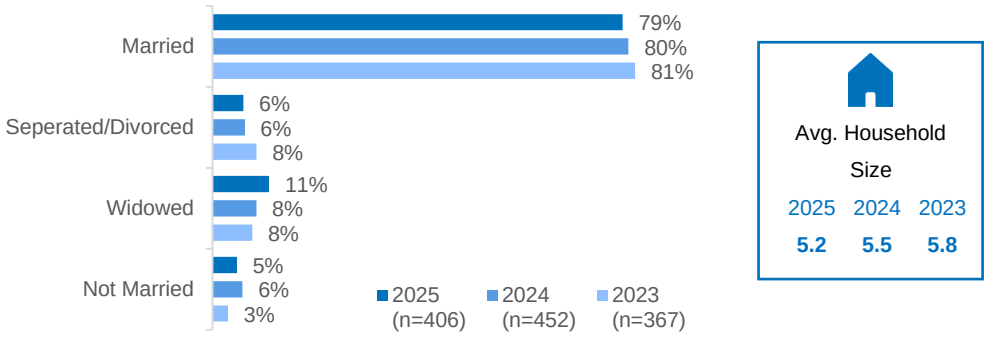
Note: figures do not add up to 100 per cent due to rounding

Household size and marital status

The majority of Syrian heads of household were married. The average household size in 2025 was recorded at 5.2 members, a slight decrease from an average of 5.5 members as reported in the 2024 survey.

Figure 8. Head of HH marital status

Percentage of head of household



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

Security Card

The possession of security cards had increased by more than 1 per cent since the 2024 survey, with the majority obtaining their cards at the same location where they reside, and 82 per cent reported that their security card was valid.

Figure 9. Possession of a security card

Percentage of head of household

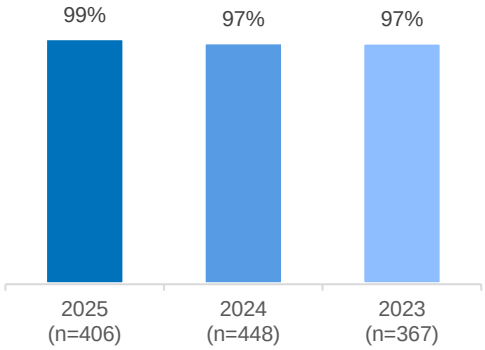


Figure 10. Card issued in the same place they live in

Percentage of head of household in possession of a security card

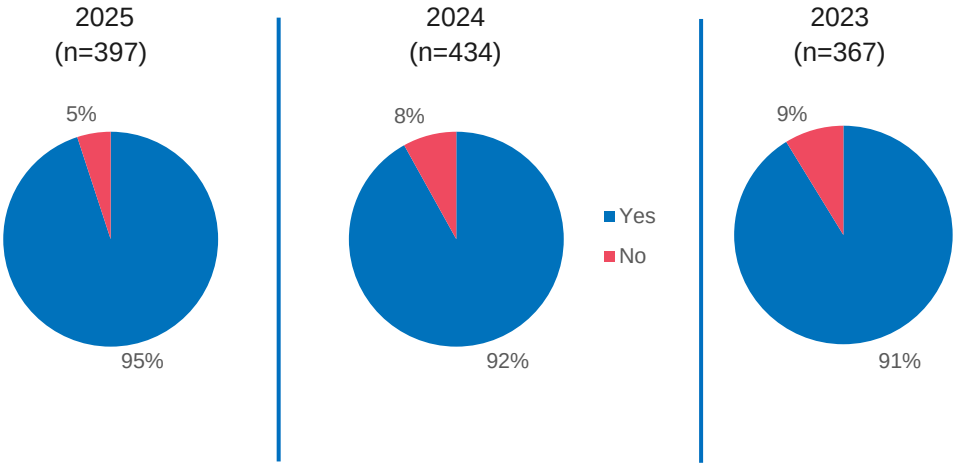


Figure 11. Security card is valid

Percentage of head of household in possession of a security card

Household Members Demographics

Gender and age

The demographic composition of the Syrian households surveyed showed a nearly even distribution of male and female members within the households. Notably, approximately half of these individuals were under the age of 18, while over a quarter fell within the age range of 18 to 35 years. These demographic characteristics have remained stable during the periods when the surveys were conducted in previous years.

Figure 12. HH members gender
Percentage of household members

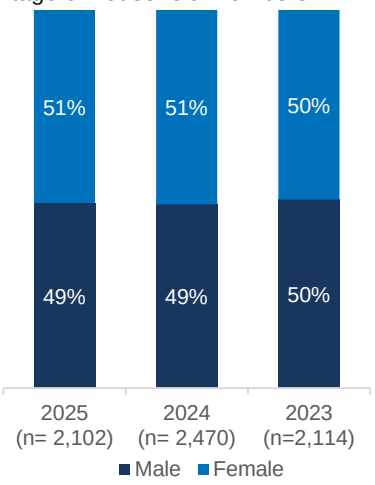
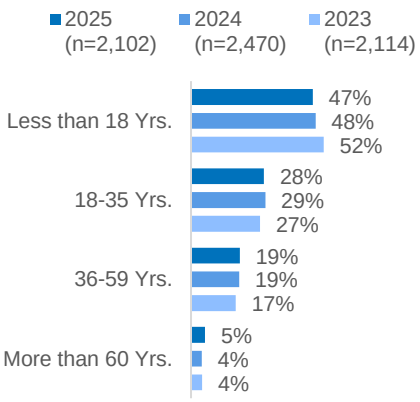


Figure 13. HH members age
Percentage of household members

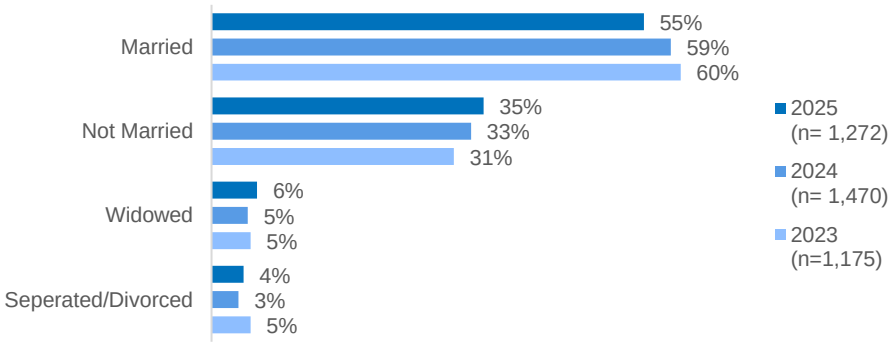


Note: figures do not add up to 100 per cent due to rounding

Marital status

Slightly over half of household members aged 15 or older were married, with 35 per cent currently single.

Figure 14. HH members marital status
Percentage of household members 15 years old or older



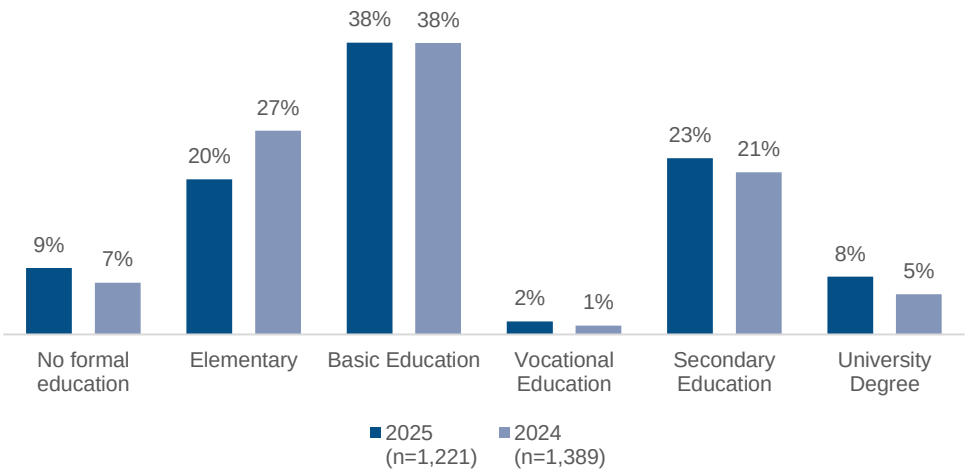
Note: figures do not add up to 100 per cent due to rounding

Education level

Among household members aged 16 years or older, the predominant level of education attained was basic education, which constituted 38 per cent of the population. Additionally, 23 per cent of individuals completed secondary education, while 8 per cent obtained a university degrees.

Figure 15. 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

The level of awareness regarding access to subsidised health care in Ministry of Health (MOH) facilities decreased to 60 per cent in the 2025 survey, a 3-percentage-point decline from the 2024 survey results. However, it is noteworthy that 93 per cent of individuals who were aware of the availability of subsidised health care services reported understanding the information related to accessing MOH facilities at subsidised costs. Regarding the knowledge of obtaining a white card from the nearest MOH health care facility to access the non-insured rate, 43 per cent of the sample indicated awareness of this information, consistent with findings from the 2024 survey.

Table 1. Health care accessibility indicators

Percentage of head of household

	2025 (n=406)	2024 (n=452)	2023 (n=367)
Aware about the access to MOH facilities at a subsidized cost	60%	63%	65%
Understood information regarding accessing subsidized health care (2025, n= 244/ 2024, n=286) >> head of household who are aware of Access to subsidized health care at MOH medical facilities	93%	90%	69%*
Aware about visiting the nearest MOH facility to issue a white card	43%**	43%**	49%

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

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

Two-thirds of respondents who were aware of subsidised health care reported public clinics or hospitals as main source of information. 20 per cent of respondents received this information from neighbours or relatives, while 19 per cent reported receiving it through UNHCR-provided communication channels.

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= 244)	2024 (n= 286)
Public clinic or hospital	66%	68%
Neighbours/Relatives	20%	26%
UNHCR communication channels (Help line, Help Site, WhatsApp, Facebook)	19%	14%
Community Health Volunteers	2%	2%
NGO clinics	2%	1%
Service guide for health care issued by Ministry of Health	1%	1%
Other	0%	5%

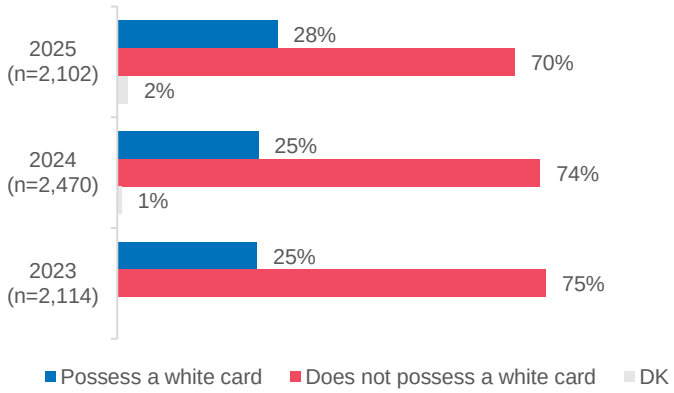
White Card

over a quarter of household members possess a white card (White Card is 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), reflecting a 3 per cent increase compared to the 2024 and 2023 HAUS surveys. Among those without the card, the primary reason cited was a lack of knowledge about the issuance process, accounting for 61 per cent of respondents. Additionally, 4 per cent indicated they lacked the necessary documentation, while 3 per cent stated that they did not find the required card useful.

The data further revealed that 28 per cent of Syrian households were unfamiliar with the white card concept.

Figure 16. Possession of a white card

Percentage of household members



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

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= 1,278)	2024 (n= 1,837)
I don't know how to issue the white card	61%	73%
Don't know about it	28%	
I have a problem in the required documents (Valid ASC, MOI card issues, rental contract	4%	7%
I am not interested/ don't want to approach the centre to seek services	3%	5%
The health centre refused to issue the card	1%	2%
Other	2%	7%
Don't Know the reason why the HH member does not possess the White Card		6%

Household Health Demographics

The table below provides a summary of the number of Syrian household members residing outside of refugee camps, categorised by various health demographics.

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

	2025 N=2,102	2024 N=2,470	2023 N=2,114
MMR vaccination (Children between 9-59 months)	192	264	227
Polio vaccination (children between 9-59 months)	184	259	222
Antenatal care (Women of reproductive age and have child less than 2 Years old)	116	135	127
Using family planning (Non-single Women of reproductive age 15 – 49 years old)	100	127	114
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)	69*	102*	90
Used health-care services in the past month	528	645	588
Has a Chronic disease	396	417	330
Living with disability	120	133	123

*Different eligibility criteria in (year) survey

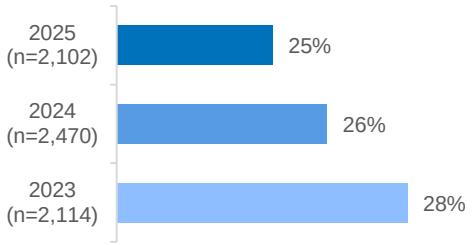
Health Service and Health Seeking Behaviour

Required health-care services in the past month

In this survey, 25 per cent of household members reported needing to access health care services within the past month, a 3 per cent decline from the 2023 survey results, and 1 per cent from 2024 findings.

Figure 17. Needed to access health-care services in the past month

Percentage of household members

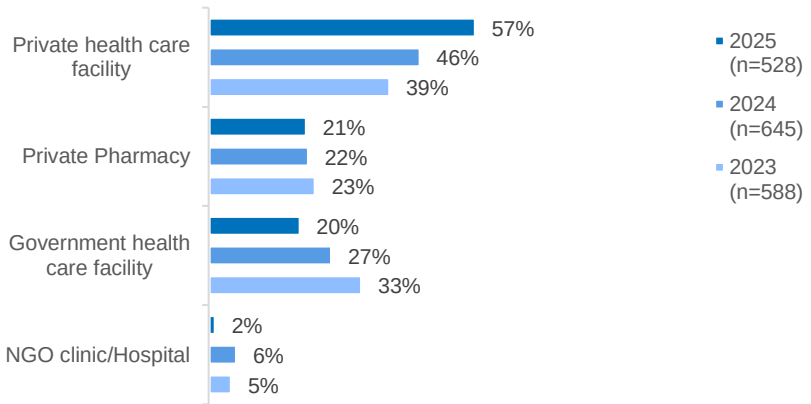


Sought health-care services (first location sought)

The survey revealed that the majority of Syrian household members prefer to visit private health care facilities (57 per cent) when needed healthcare, followed by private pharmacies (21 per cent) and public health care facilities (20 per cent). There has been an 11 per cent increase in the utilization of private health care facilities compared to the 2024 HAUS results. Conversely, the reliance on governmental or NGO health clinics continues to decrease at a consistent rate.

Figure 18. 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

Access to health care was achieved at the first facility in 95 per cent of cases, maintaining a consistent pattern observed in prior years. Among those who were unable to access health care, the predominant barrier identified was the cost of services.

Figure 19. Received health-care services in first facility

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

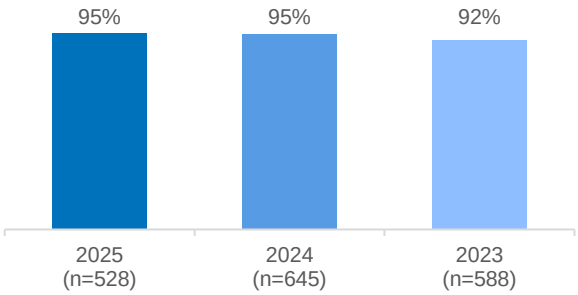


Table 5. Reasons for inability to receive health-care services in first facility

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

	2025 (n=27*)	2024 (n=34)	2023 (n=49)
Couldn't afford user fees	70%	59%	51%
Don't like the health services/staff	19%	-	12%
Health centre refuse to provide services	4%	9%	8%
Too far / Transport issues	-	3%	4%
I don't carry the proper documents	-	-	2%
Didn't know where to go	-	-	0%
Others	15%	29%	22%
I Don't Know	-	3%	8%

*Low Sample

A notable trend emerged regarding Syrians' financial contributions to accessing various services. The data indicated that a significant proportion of respondents reported incurring fees at the initial locations they approached for assistance. Specifically, the average amount paid for these services was 48 JOD, up from 37 JOD in the 2024 survey. This consistent upward line in the average fees paid has been observed since the 2023 survey, indicating a growing financial burden on respondents seeking essential services.

Figure 20. Paid for health-care service in first facility

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

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

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

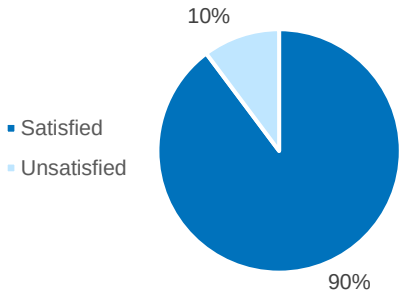
	2025	2024	2023
Base	478	530	480
Max	1,900 JOD	1,200 JOD	1,300 JOD
AVG	48 JOD	37 JOD	27 JOD
90tile	79 JOD	60 JOD	50 JOD

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

Most members were satisfied with care received in first facility.

Figure 21. Satisfaction with health-care services provided in first location

Percentage of household members who received health-care services in first location (2025, n=499)



Sought health-care services (second location sought)

In 8 per cent of cases, individuals needed to seek health care at a second facility. Among these, 44 per cent accessed services at a private pharmacy, and an equal percentage received care from private health care facility, while 10 per cent sought assistance from governmental health care facilities. However, behavioural patterns regarding access to health care in these venues changed in 2024, with an increasing inclination towards private health care facilities, contrasted with a significant decline in the use of public services.

Figure 22. Referred/Sought a second health-care facility

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

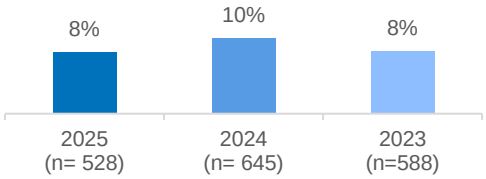
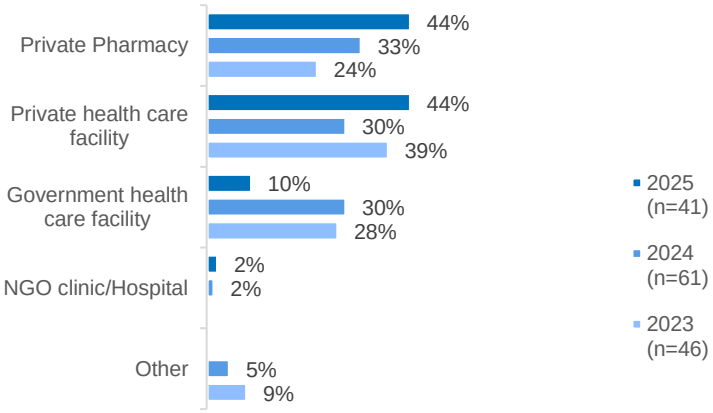


Figure 23. Second location the health-care service was sought at

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



At the second health-care facility, 61 per cent of individuals who sought care were able to receive it, with all of them having to pay for the services. The survey found that more Syrians were able to access services at the second facility compared to the findings of 2024 survey.

Figure 24. Received health-care services in second attempt

Percentage of household members who accessed second health-care facility

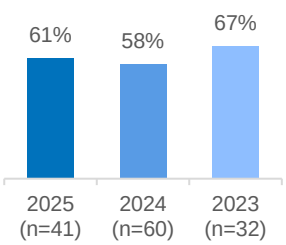
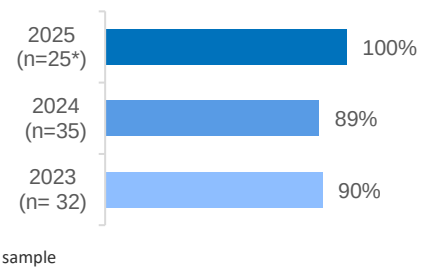


Figure 25. Paid for second health-care service/referral

Percentage of household members who accessed second health-care facility



*Low sample

The primary obstacle mentioned for not receiving care was the cost of the service. However, 92 per cent of those who received care reported being satisfied with the services.

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

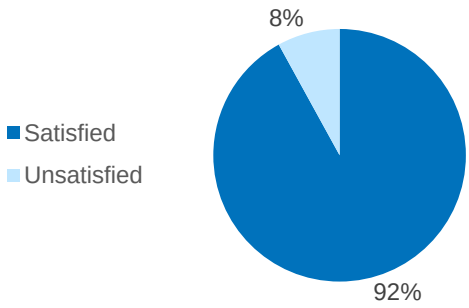
Percentage of household members who couldn't access health-care service in second facility

	2025 (n= 16*)	2024 (n= 25*)
Couldn't afford user fees	88%	76%
Too far / Transport issues	6%	4%
Service wasn't available	-	4%
Health centre refuse to provide services	-	4%
I don't Carry the proper documents	-	-
Others	13%	28%

*Low sample

Figure 26. Satisfaction with health-care services provided in second facility

Percentage of household members who received health-care services in second facility (2025, n=25)



Expenditures and impact

Slightly less than half of the surveyed households noticed an increase in healthcare costs, indicating a 2 per cent decrease from the 2024 HAUS results yet a 4 per cent increase compared to the 2023 findings.

While 12 per cent of respondents reported no impact from these rising costs, the financial burden resulted in 60 per cent of Syrian households being unable to afford necessary medications, 58 per cent refraining from visiting medical facilities or doctors, and 52 per cent opting not to undergo essential medical procedures. Notably, the three aforementioned reasons were cited by more Syrians in 2025 than in previous years.

Figure 27. Noticing an increase in health care costs in past year
Percentage of head of household

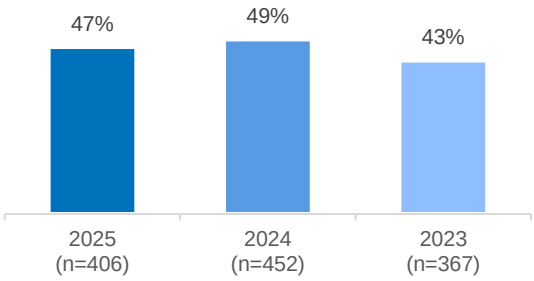
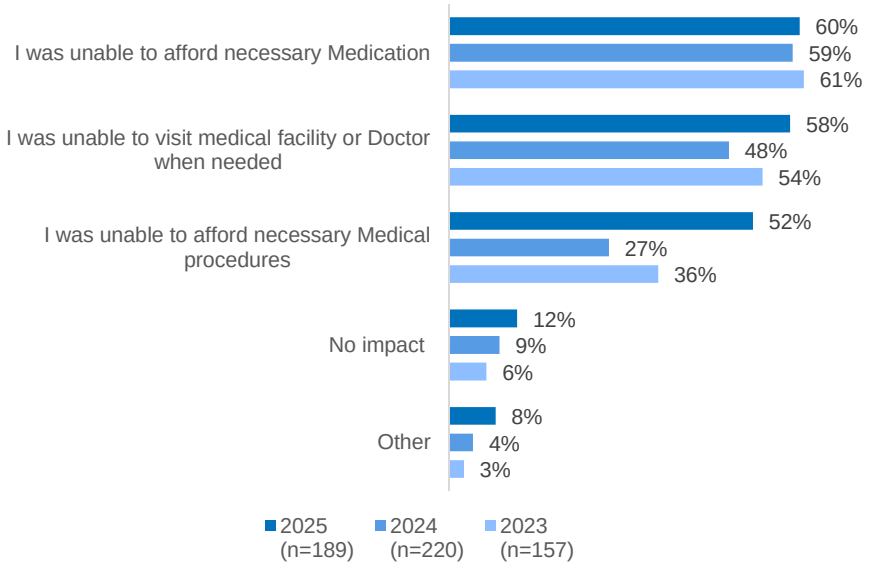


Figure 28. Impact due to increase in health care costs
Percentage of head of household who noticed an increase in health care costs in the past year



The average monthly expenditure on healthcare was 87 JOD, representing an increase by 11 JOD from 2024.

Table 8. Amount spent monthly on health-care services

Percentage of head of household

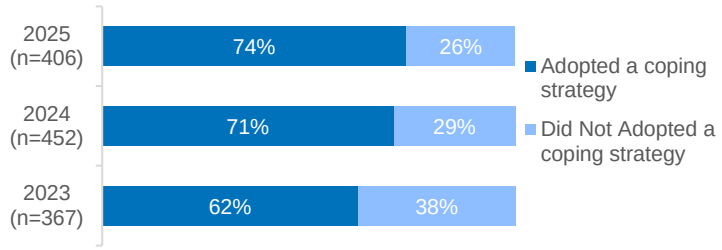
	2025	2024	2023
Base	406	452	367
Max	3,000 JOD	4,999 JOD	1,500 JOD
AVG	87 JOD	76 JOD	74 JOD
90tile	180 JOD	150 JOD	150 JOD

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

The survey revealed that 26 per cent of respondents did not adopt any strategies to manage healthcare needs. Among those who did, 59 per cent chose to limit their visits to healthcare providers, signifying an 18 per cent increase from the previous year. Additionally, 51 per cent resorted to using their savings or incurring debt to cover healthcare expenses, and 47 per cent reduced or stopped medication use, which marks a 17 per cent increase from the prior year. 21 per cent of respondents sought free healthcare services from NGO facilities, reflecting a decrease of 4 per cent compared to the previous year.

Figure 29. 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=299)	2024 (n=319)	2023 (n=226)
Reduced visits to health-care provider	59%	41%	39%
Spent from Saving/Borrow	51%	37%	35%
Reduced/stopped using medications	47%	30%	26%
Searched for free health-care services by NGO's	21%	25%	37%
Other	3%	6%	8%

Furthermore, telecommunication services such as phone calls (60 per cent), WhatsApp messages (43 per cent), and text messages (37 per cent) continues to be the preferred methods for receiving healthcare information. These communication mediums, excluding text messages, were preferred by a larger proportion of Syrians in 2025 than in 2024 and 2023 surveys.

Table 10. Preferred source to receive information on health care

Percentage of head of household

Information Source	2025 (n=406)	2024 (n=452)	2023 (n=367)
Phone	60%	48%	38%
WhatsApp	43%	32%	21%
Text Messages	37%	40%	29%
Internet (UNHCR website and Facebook)	12%	18%	25%
Health-care employees	7%	7%	12%
Billboards	0%	2%	0%
Brochures, other Written documents	0%	2%	0%
Others	0%	7%	3%

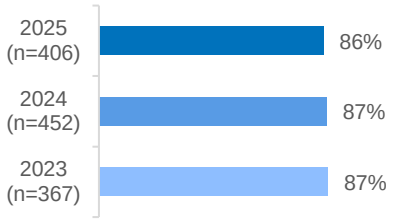
Childhood Vaccinations

Vaccinations access

The levels of awareness regarding the availability of free vaccinations for children at the Ministry of Health facilities remain notably high among Syrian households.

Figure 30. Aware of free children vaccination at MOH health facilities

Percentage of head of household



Almost all children aged between 9 and 59 months possess a vaccination schedule card.

Figure 31. Aware of child vaccination card

Percentage of household children between the ages 9-59 months

Figure 32. Possession of baby vaccination card

Percentage of household children between the ages 9-59 months

MMR vaccination

The uptake of Measles, Mumps, and Rubella (MMR) vaccinations among Syrian children was high, with a coverage rate of 97 per cent, administered primarily at government facilities.

Figure 33. Received MMR vaccination

Percentage of household children between 9-59 months

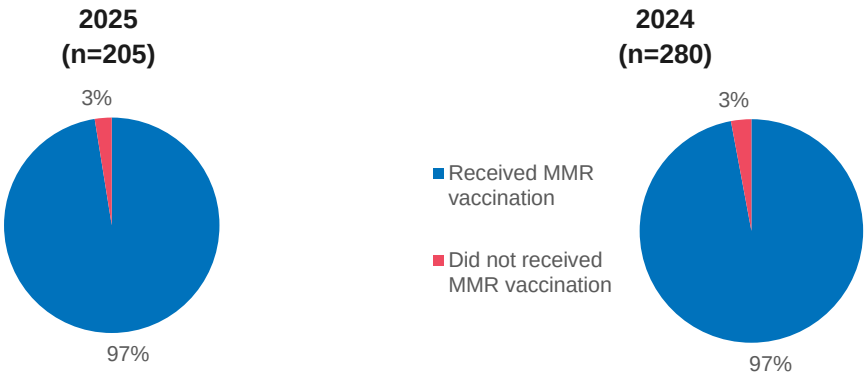
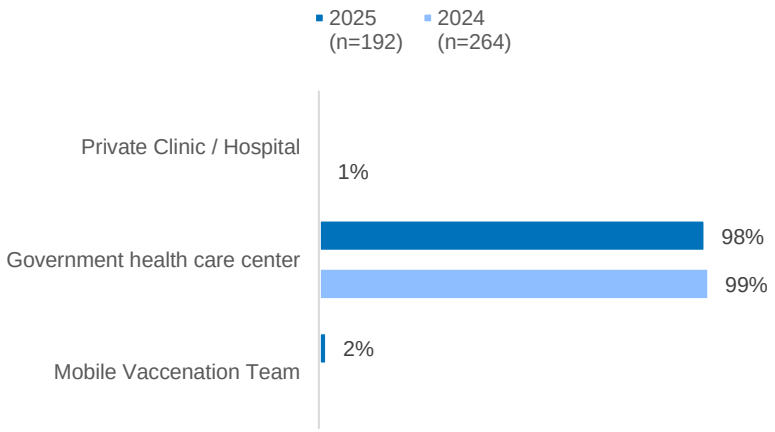


Figure 34. Location received MMR vaccinations at

Percentage of household children between 9-59 months and received MMR vaccination



Polio vaccination

Similar to MMR, 96 per cent of children reported receiving the Polio vaccination, with nearly all vaccinations occurring in government facilities.

Figure 35. Received Polio vaccination
Percentage of household children between 9-59 months

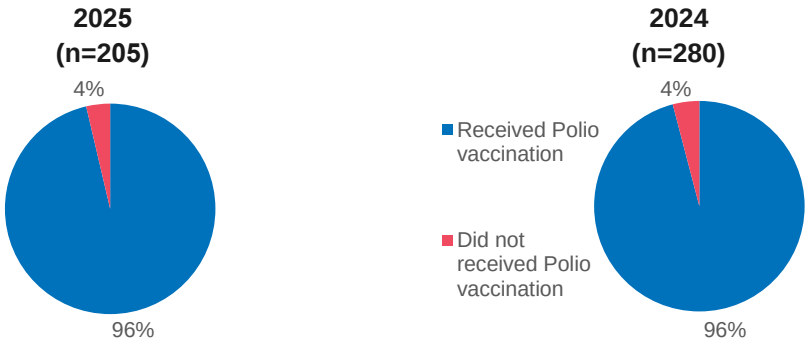
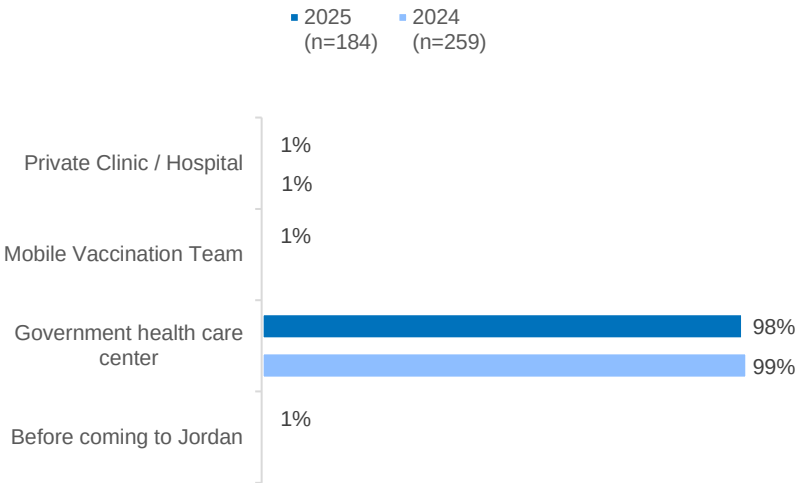


Figure 36. Location received Polio vaccinations at
Percentage of household children between 9-59 months who received Polio vaccination



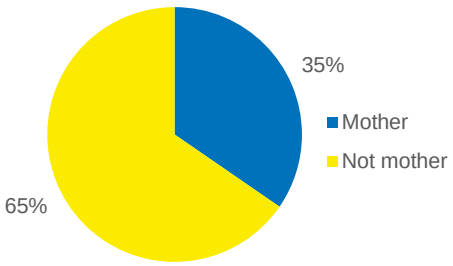
Note: figures do not add up to 100 per cent due to rounding

Sexual & Reproductive Health

Mothers of a 2-year-old child

The survey indicated that 35 per cent of women of reproductive age who are not single reported having at least one child under the age of two years.

Figure 37. Mother of children younger than 2 years old
Percentage of non-single women in reproductive age (2025, n=344)



Antenatal care

Over 95 per cent of mothers received antenatal care during their pregnancies, reflecting a 5 per cent increase from the previous year's data. Additionally, 88 per cent of these mothers made at least four visits.

Figure 38. Received antenatal care
Percentage of mothers of a child younger than 2 years old

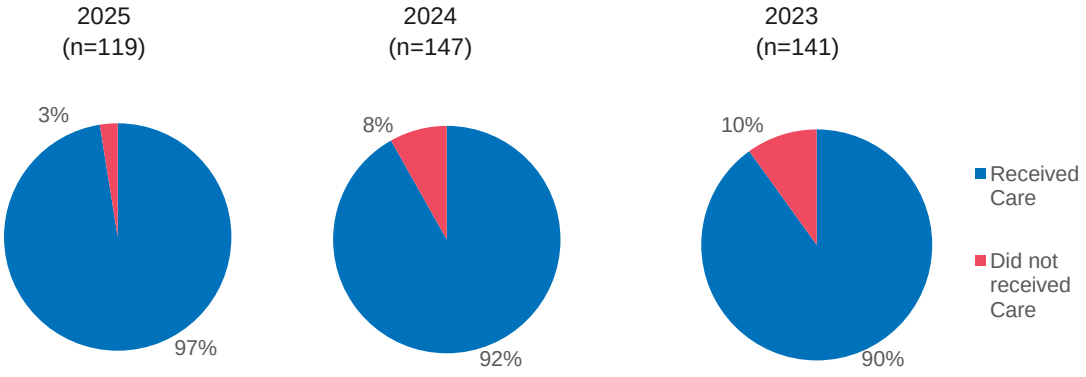
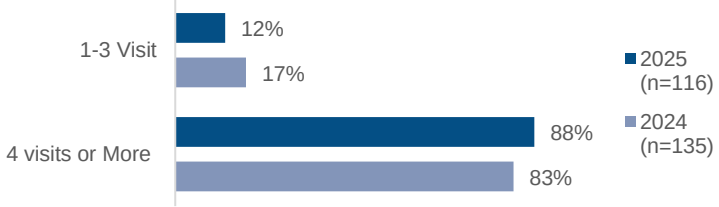


Figure 39. Number of antenatal care visits
Percentage of mothers of a child younger than 2 years old who received antenatal



The primary challenges associated with accessing antenatal care include the cost of services, which affects 56 per cent of individuals, and difficulties related to distance to service providers or transportation, which impact 25 per cent of the population.

Figure 40. Encountered difficulties to receive antenatal care

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

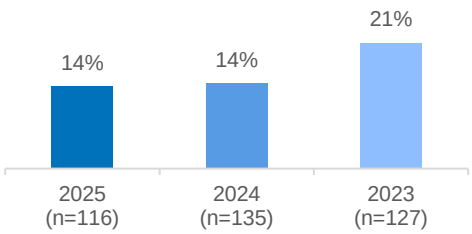


Table 11. Difficulties encountered to receive antenatal care

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

	2025 (n=16*)	2024 (n=19*)	2023 (n=27*)
Couldn't afford user fees	56%	68%	81%
Too far / Transport issues	25%	11%	19%
Long Wait	19%	21%	7%
Don't like the health services/staff	0%	5%	4%
Others	6%	11%	0%

*Low sample

Delivery

Approximately two-thirds of mothers indicated that they underwent vaginal delivery. The average delivery cost rose to an average of 299.9 JOD in 2025.

Figure 41. Type of child's delivery

Percentage of mothers of a child younger than 2 years old (2025, n=119)

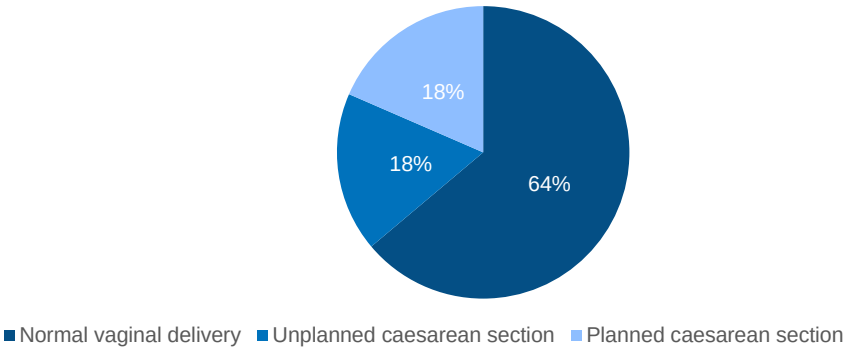


Table 12. Amount spent on child's delivery service

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

	2025	2024	2023
Base	109	132	115
Max	1,500 JOD	1,500 JOD	1,800 JOD
Avg	299.9 JOD	265.2 JOD	243.6 JOD
90tile	500 JOD	550 JOD	500 JOD

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

Table 13. AVG Amount spent on delivery services – per type and location

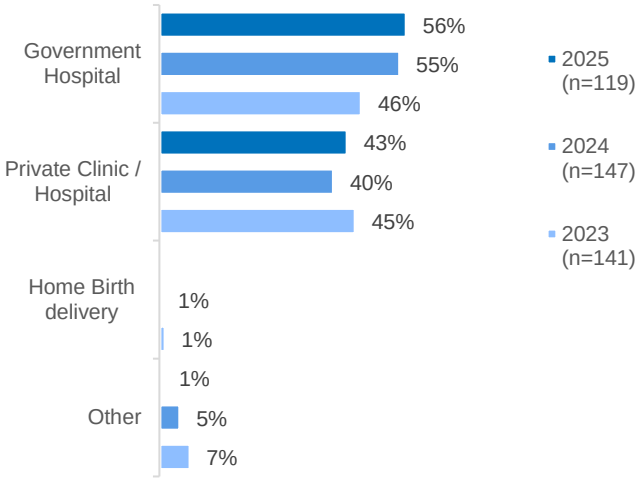
Average of amount paid for delivery service

	AVG Normal vaginal delivery	AVG Unplanned caesarean section	AVG Planned caesarean section
Government Hospital	124.04 JOD	434.44 JOD	412.5 JOD
Private Hospital	254.68 JOD	524.44 JOD	393.44 JOD

Government hospitals were identified as the most frequently utilized facilities for childbirth, with private hospitals being cited by 43 per cent of respondents. Furthermore, 36 per cent of participants indicated that they received comprehensive assistance with their delivery medical fees, which marks a substantial increase of 14 per cent over last year's survey.

Figure 42. Location for 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 43. Reasons for selecting private hospital/clinic

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

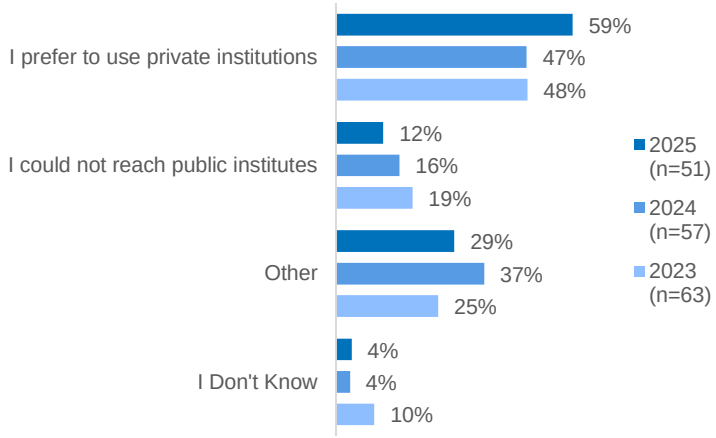
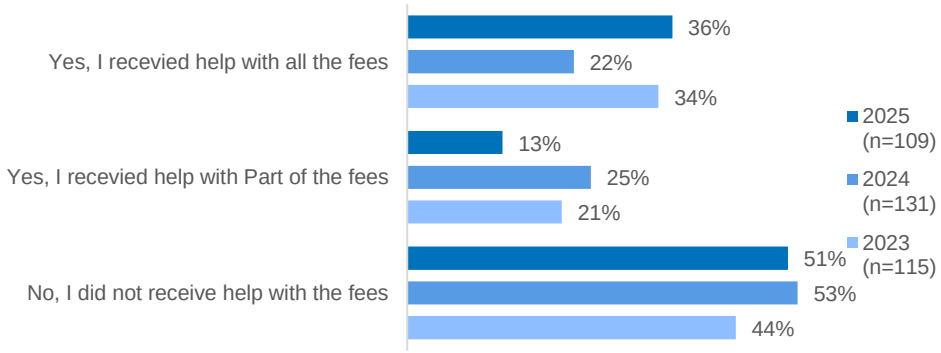


Figure 44. Received financial support to pay child's delivery fees

Percentage of mothers who paid for delivery



Family planning

Slightly less than half of respondents indicated awareness of the current free antenatal care services available at Ministry of Health facilities, while awareness of pregnancy prevention services was reported at 42 per cent. Additionally, 24 per cent of respondents stated they had received information regarding family planning within the past year, and 42 per cent of women recalled being advised on the use of contraceptives following delivery.

During the past year, 30 per cent of non-single women of reproductive age utilized contraceptive methods, whereas 24 per cent sought family planning services.

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

Percentage of female household members between 15-49 years old

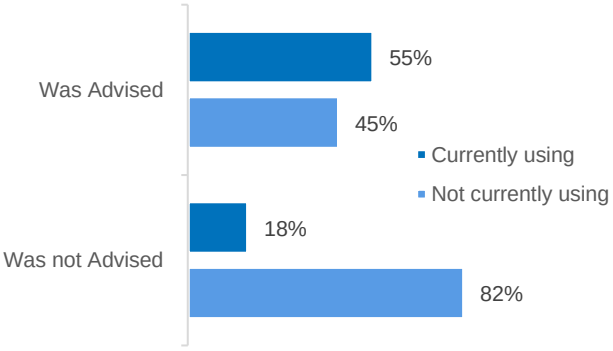
	2025	2024	2023
Awareness of free antenatal Care and family planning service at MOH facilities (2024, n=452 // 2025, n=406) >> Heads of Household	48%	44%	-**
Awareness of any available services to prevent unplanned pregnancy (2024, n=390 // 2025, n=296) >> Households with at least one non-single women in reproductive age (2023, n=141) >> mothers of a child younger than 2 years old	42%	47%	53%
Heard information about family planning in the past year (2024, n=390 // 2025, n=296) >> Households with at least one non-single women in reproductive age (2023, n=141) >> mothers of a child younger than 2 years old	24%	33%	45%
Advised/Provided with any contraceptive methods after delivery (2023, (n=141) // 2024, (n=147) // 2025, (n=119)) >> mothers of a child younger than 2 years old	42%	34%	42%
Currently using any contraceptive methods (2023, (n=351) // 2024, (n=422) // 2025, (n=344)) >> non-single women in reproductive age	30%	32%	33%
Tried to obtain contraceptive methods in the past year (2024, n=390 // 2025, n=296) >> Households with at least one non-single women in reproductive age (2023, n=351) >> non-single women in reproductive age	24%	27%	26%

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

** Was not measured in (year) survey

Figure 45. Usage of contraceptives by mothers of children younger than 2 years old

Percentage of mothers of a child younger than 2 years old, (2025, n=116)



almost one quarter of households with at least one non-single woman of reproductive age reported having sought contraceptive services within the past year. Notably, visits to private medical practitioners have increased since 2024, making them the most frequently mentioned source of such services, in contrast to previous years when the Ministry of Health (MOH) Health Facility was the predominant choice.

Figure 46. Tried to obtain contraceptives in the past year

(2024, n=390 // 2024, n= 293) >> Households with at least one non-single women in reproductive age
(2023, n=351) >> non-single women in reproductive age

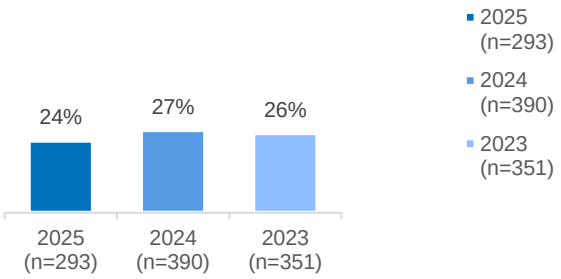
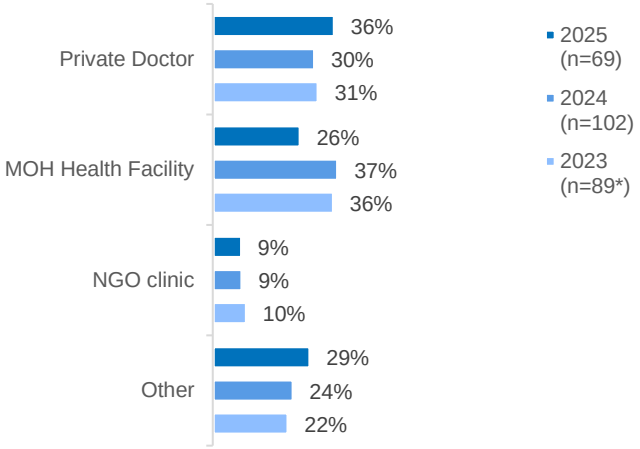


Figure 47. Location sought family planning services at

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



*Different eligibility criteria in 2023 survey (non-single women in reproductive age who tried to obtain contraceptive methods in the past year)
Note: figures do not add up to 100 per cent due to rounding

The most utilized contraceptive products were intrauterine devices (IUDs), oral contraceptive pills, and male condoms, which also ranked as the most preferred methods among respondents.

Figure 48. Usage of contraceptive method

non-single women in reproductive age

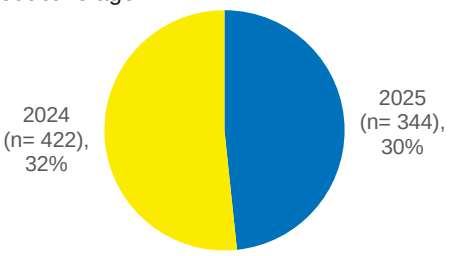


Figure 49. Type of contraceptive method used

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

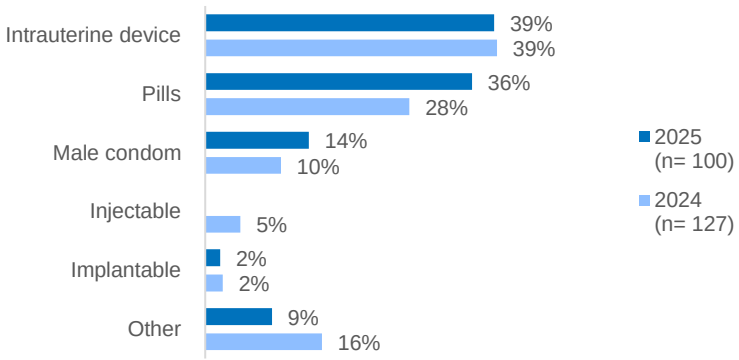
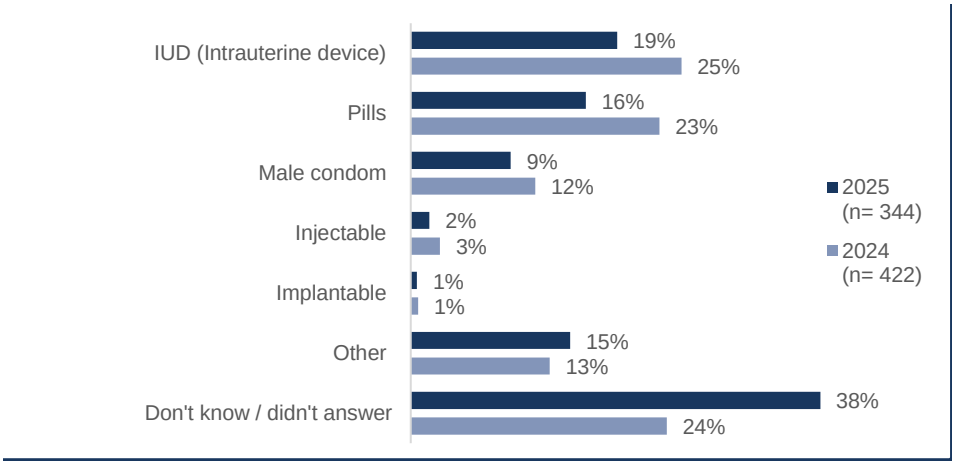


Figure 50. Preferred type of contraceptive method

Percentage of non-single women in reproductive age

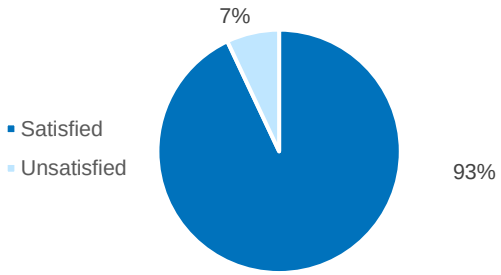


Note: figures do not add up to 100 per cent due to rounding

Furthermore, satisfaction rates regarding family planning products were notably high among women at reproductive age.

Figure 51. Satisfaction with contraceptive method used

Percentage of non-single women in reproductive age currently using contraceptive method (2025, n= 100)



Healthcare professionals, social media platforms, and other media channels continued to serve as the primary sources of information regarding family planning services.

Figure 52. Heard information about family planning in the past year

(2024, n=390 // 2025, n=296) >> Households with at least one non-single women in reproductive age
(2023, n=141) >> mothers of a child younger than 2 years old

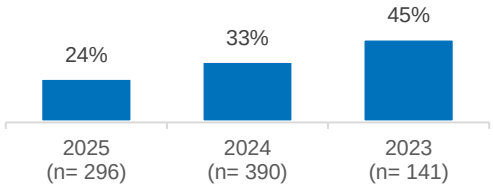


Table 15. Source of information about family planning in Jordan

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

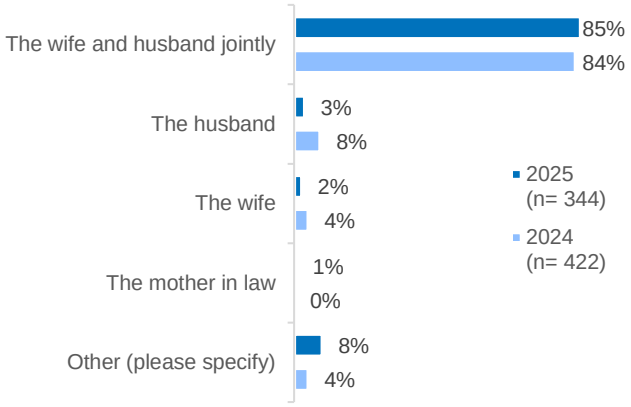
Information Source	2025 (n=70)	2024 (n=125)	2023 (n=63*)
Health-care employees	33%	47%	62%
Community Event	31%	31%	29%
Audio, Radio, other Social Media Sources	23%	18%	8%
Billboards	4%	2%	3%
Broachers, other Written documents	1%	4%	2%
Others	23%	24%	10%

*Different eligibility criteria in 2023 survey (non-single women in reproductive age who heard information of available services to prevent unplanned pregnancy)

Concerning decisions regarding family size, 85 per cent of respondents indicated that the decisions were made jointly by both partners.

Figure 53. Decision on number of children

Percentage of non-single women in reproductive age



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

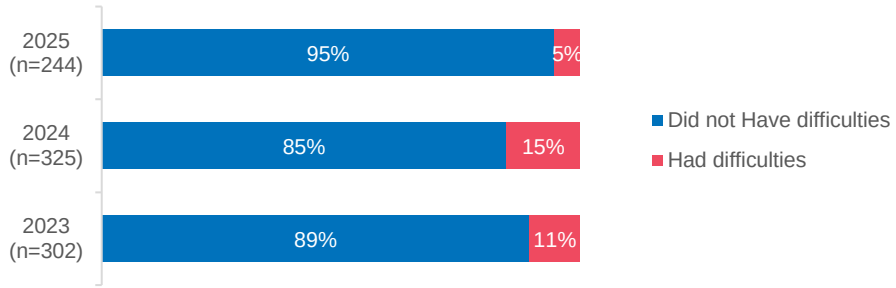
Nutrition including Infant and Young Child Feeding “IYCF”

Nutrition and Growth

In the past month, 5 per cent of children aged 0 to 5 years encountered challenges related to their growth or nutrition. This represents a decrease of 10 per cent in reported cases in 2025 compared to 2024, and a reduction of 6 per cent when compared to 2023.

Figure 54. Noticed difficulties with child’s growth or nutrition during the past month

Percentage of children between the age of 0 – 59 months

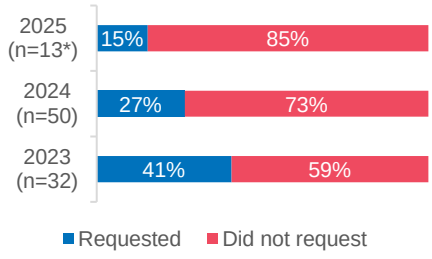


Seeking professional support

Among children experiencing growth or nutritional difficulties, 15 per cent of families sought professional assistance, a significant decline from the 27 per cent (in 2024) and 41 per cent (in 2023). Additionally, 2 per cent of these children were enrolled in a professional nutrition assistance program.

Figure 55. Requested professional assistance

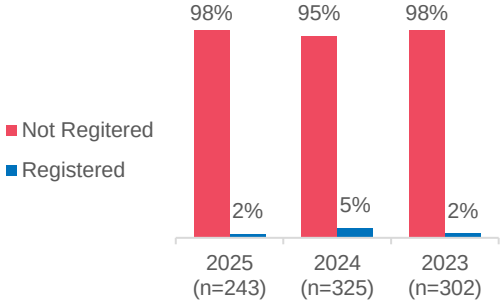
Percentage of children between 0-59 months with difficulty in growth or nutrition



*Low sample

Figure 56. Registered to professional assistance nutrition program

Percentage of children between 0-59 months (n= 325)



Breastfeeding

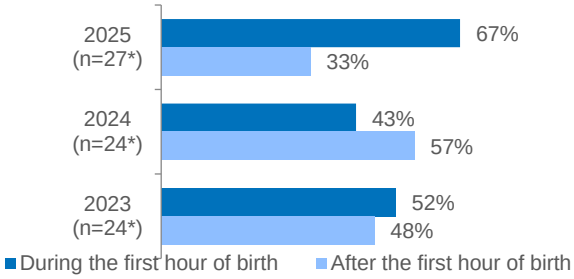
Regarding breastfeeding practices, 79 per cent of children under the age of two were ever breastfed. Furthermore, 67 per cent of children under six months were initiated with breastfeeding within the first hour following birth. This marks the highest rate of early breastfeeding initiation recorded since the 2023 survey.

Figure 57. Children who were ever breastfed

Percentage of children between 0-23 months

Figure 58. Timing of breastfeeding initiation

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



Of the children who were breastfed, 76 per cent were breastfeeding on the day preceding the interview. However, among those older than six months, 85 per cent had commenced the consumption of solid or semi-solid food.

Figure 59. Child was breastfed during the night or day

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

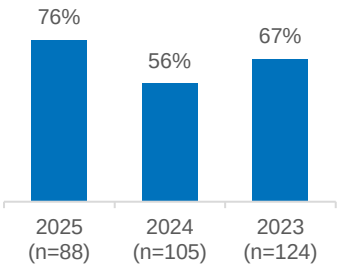
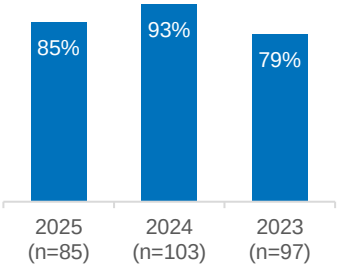


Figure 60. Child was fed solid/semi-solid food during the night or day

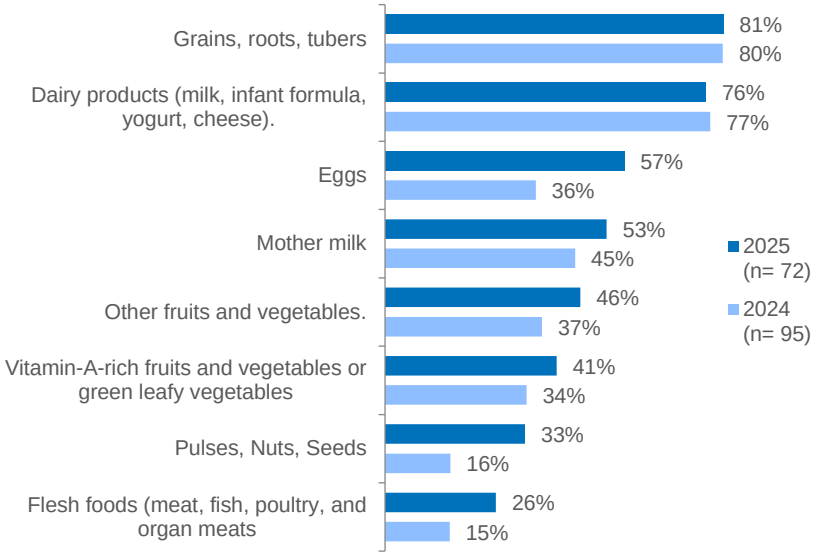
Percentage of children between 6-23 months



The most commonly reported types of food consumed by children aged 6 to 23 months include grains, roots, and tubers at 81 per cent; dairy products at 76 per cent; and eggs at 57 per cent, with mother milk reported at 53 per cent.

Figure 61. Type of solid/semi-solid food the child was fed

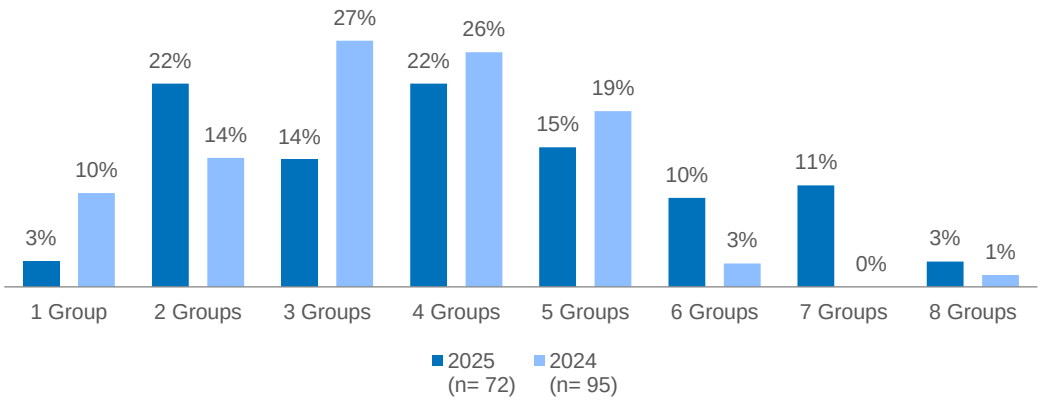
Percentage of children between 6-24 months who were fed solid/semi-solid food during the night or day



Notably, 39 per cent of children aged 6 to 23 months consumed foods and beverages from at least five out of eight defined food groups during the previous day, indicating a significant increase of nearly 15 per cent, over 2024 results, in the number of children diversifying their diet with various food groups.

Figure 62. Number of solid/semi-solid food categories the child was fed

Percentage of children between 6-23 months who were fed solid/semi-solid food during the night or day



Chronic Diseases

The prevalence of chronic diseases among Syrian refugees was found to be at 19 per cent, reflecting a 2 per cent increase compared to the results from the 2024 HAUS. Hypertension remained the most frequently reported condition, affecting 38 per cent of individuals, followed by diabetes at 27 per cent and ischemic heart diseases at 15 per cent.

Figure 63. Prevalence of chronic diseases

Percentage of household members

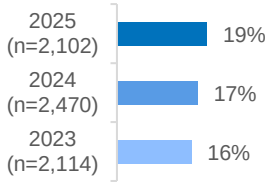


Figure 64. Type of chronic disease

Percentage of all household members suffering from chronic disease

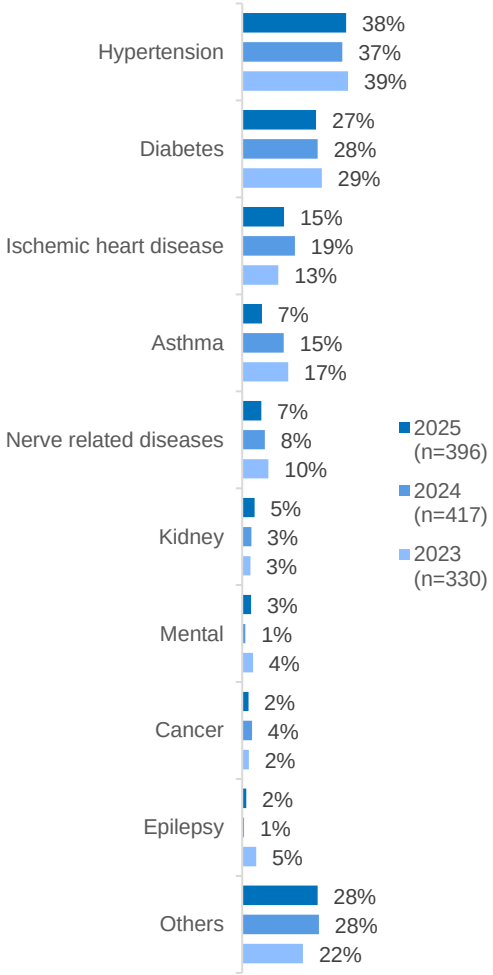


Table 16. Type of chronic disease - others

Percentage of all household members suffering from chronic disease

	2025 (n=396)	2024 (n=417)	2023 (n=330)
Disc	14%	-	1%
Thyroid	9%	8%	8%
Muscle disease	7%	5%	5%
Blood disorders (Anaemia, Thalassemia, …)	4%	2%	3%
Rheumatism	4%	2%	1%
Cholesterol	2%	0%	1%
Allergy	-	-	0%
Others	16%	12%	9%

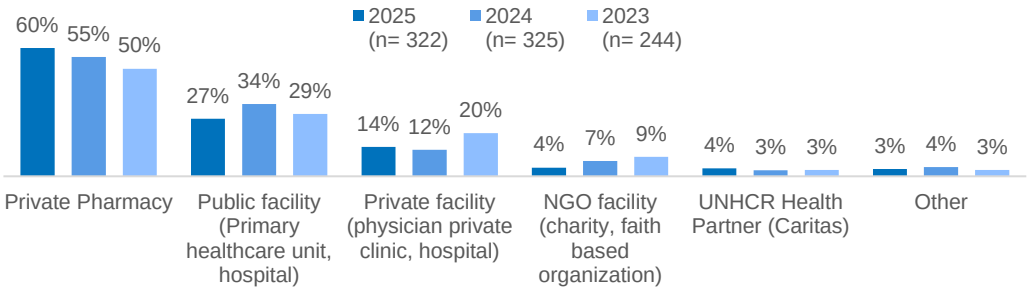
Of the 396 individuals diagnosed with chronic diseases, 81 per cent reported having successful access to the healthcare services required for their condition. Among these individuals, 60 per cent received care from a private pharmacy, while 27 per cent utilized public healthcare facilities, indicating a growing trend towards procuring medications from private pharmacies.

Figure 65. Ability to obtain medical care or medications in the past 3 months for his chronic disease

Percentage of household members suffering from chronic disease

Figure 66. Location to obtain medical care or medications from for his chronic disease

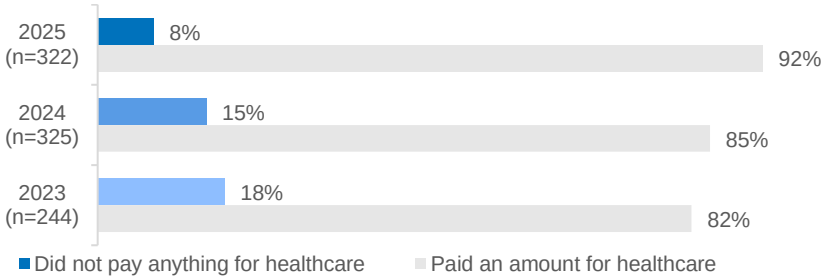
Percentage of household members suffering from chronic disease and was able to obtain medical care or medications in the past 3 months for his chronic disease



The majority of household members living with chronic conditions, specifically 92 per cent, indicated that they had incurred out-of-pocket expenses for medical care related to their health issues. This marks a consistent increase as compared to the findings from 2023 and 2024 surveys.

Figure 67. Paid for monthly medical care or medications for his chronic disease

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



The average expenditure on medications for chronic diseases among those who paid for their healthcare was 28 JOD. 90 per cent of respondents reported expenditures of 54 JOD or less for their care, some individuals disclosed spending up to 400 JOD on managing their chronic medication. These results represent a decrease relative to prior findings from the 2024 and 2023 surveys.

Table 17. Amount spent monthly on medication for chronic disease

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

	2025	2024	2023
Base	297	276	244
Max	400 JOD	650 JOD	3,000 JOD
Avg	28 JOD	48 JOD	41.8 JOD
90tile	54 JOD	50 JOD	50 JOD

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

Among the 19 per cent of respondents who were unable to access healthcare for their condition, the predominant reason cited was the inability to afford healthcare fees, accounting for 76 per cent of this group. Additionally, 15 per cent indicated that the necessary medications or healthcare services were not available.

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

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

	2025 (n=74)	2024 (n=89)	2023 (n=83)
Couldn't afford user fees	76%	67%	63%
Medication/ health care is unavailable	15%	15%	13%
Didn't know where to go	3%	-	-
Long waiting time	1%	3%	7%
Could not afford commuting fees	-	3%	10%
Don't like the health services/staff	-	-	-
Due to COVID-19	-	-	-
Others	12%	16%	22%
I Don't Know	-	2%	0%

Disability

Among Syrian household members, 6 per cent are living with disabilities. The predominant types of impairments identified are physical disabilities (43 per cent), sensory disabilities (29 per cent), and mental illnesses (13 per cent). It is noteworthy that a significant increase in sensory impairment has been observed since the 2023 survey.

Figure 68. Prevalence of disability

Percentage of all household members

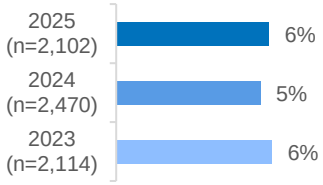
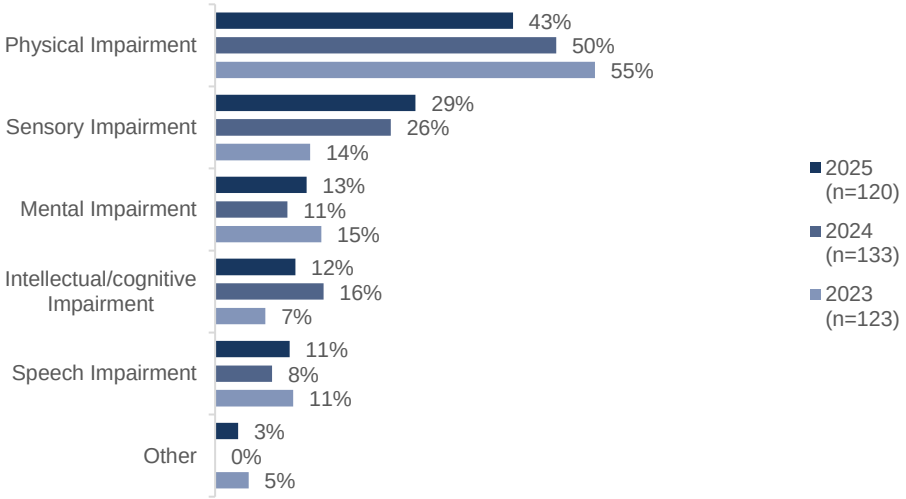


Figure 69. Disability type living with

Percentage of household members with disability



In terms of causation, 62 per cent of respondents attributed their disabilities to natural causes, while 16 per cent cited accidents and 10 per cent indicated war-related causes.

Table 19. Cause of disability

Percentage of household members with disability

	Natural (At birth)	Accident (House, road, …)	War	Violence	Other	I Don't Know
2025 (n=120)	62%	16%	10%	1%	8%	4%
2024 (n=133)	51%	31%	11%	0%	5%	3%
2023 (n=123)	42%	21%	20%	3%	14%	2%

With regard to support mechanisms, 32 per cent reported receiving medical assistance, 12 per cent utilized assistive devices, and only 3 per cent indicated a need for psychological support. Furthermore, 56 per cent of respondents reported a lack of any support. The survey reported an 8 per cent increase in the number of household members with disabilities receiving support since the 2024 survey. The main barriers to accessing necessary assistance included the unaffordable costs (57 per cent), unavailability of services (24 per cent), and a lack of awareness regarding where to seek help (13 per cent).

Figure 70. Type of support received for disability

Percentage of household members with disability

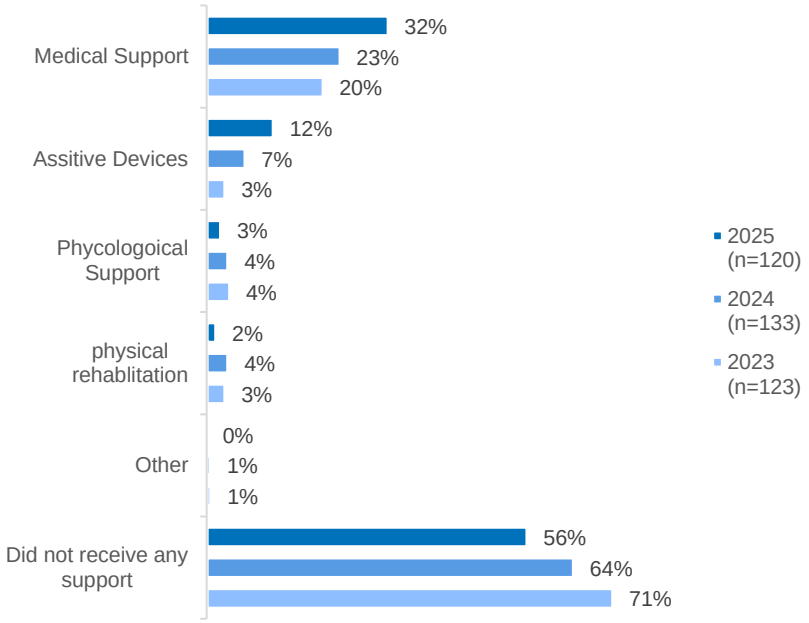


Table 20. Reasons prevented receiving support for disability

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

	2025 (n=67)	2024 (n=85)	2023 (n=87)
Couldn't afford user fees	57%	47%	54%
Service is unavailable	24%	22%	16%
Didn’t know where to go	13%	13%	10%
Too far / Transport issues	4%	-	2%
Felt it was unnecessary	4%	6%	1%
Others	3%	8%	9%
I Don’t Know	15%	13%	14%

Discussion

The findings of HAUS 2025 offer a comprehensive analysis of health access and utilization patterns among Syrian refugee households residing in non-camp settings across Jordan. The data reveal modest improvements in certain domains, such as maternal healthcare access and childhood nutrition. However, they also underscore persistent and emerging challenges related to affordability, chronic disease management, disability support, and awareness toward essential services.

A notable observation is the relative stability of Syrian refugee households in Jordan, with a majority having a member residing in the country for over two years and a growing number possessing valid security cards. However, education and income levels remain low; most heads of households have not completed secondary education, and a significant proportion of households live below the income threshold of 300 JOD per month. These socioeconomic challenges hinder both health literacy and the ability to afford necessary healthcare services.

While health care access is generally available, it remains constrained by financial barriers and knowledge deficits. Awareness of subsidized services at MOH facilities has slightly declined, and the white card system continues to be underutilized due to inadequate information regarding the application process. This highlights the necessity for enhanced communication strategies and community outreach to bridge the information gap. Encouragingly, when individuals are informed about available services, they typically comprehend the procedures regarding how to access them, demonstrating the potential impact of well-targeted awareness campaigns.

A clear trend toward private sector healthcare has emerged, with 57 per cent of individuals seeking care expressing a preference for private providers. This raises important questions about the perceived quality and accessibility of public health services. While private providers may offer quicker or more convenient access, the financial burden is significant, especially considering the reported average monthly health expenditure of 87 JOD. This shift, coupled with the fact that 60 per cent of households are unable to afford necessary medications and over half are delaying treatments, underscores the urgent need for stronger financial protection mechanisms within the healthcare system.

Maternal and child health indicators, however, reveal encouraging progress. Notably, 97 per cent of women reported receiving antenatal care, and breastfeeding rates have improved. These gains suggest that previous investments in reproductive and maternal health begin to yield positive outcomes. Nonetheless, awareness of family planning services remains limited, with only a small fraction of women reporting recent counselling on contraceptive options. This gap highlights the need for sustained efforts to better integrate family planning into maternal health services and to expand outreach beyond the immediate postpartum period.

Nutrition and child feeding practices show encouraging progress, particularly in breastfeeding and dietary diversity among young children. However, the low percentage of families seeking assistance for children facing nutritional challenges, and even fewer enrolled in nutrition programs, suggests either a lack of perceived need or persistent barriers to accessing these services. Strengthening the integration of nutritional support within primary healthcare and community-based programs could help address this gap.

Chronic disease management is an increasing concern, with rising prevalence rates and growing reliance on private pharmacies. Although access to services for individuals with chronic conditions is relatively favourable, the substantial out-of-pocket costs place a heavy burden on already vulnerable households. Similarly, disability services remain largely inaccessible, with more than half of affected individuals receiving no support. These findings highlight the urgent need for inclusive health policies that address the long-term care needs of persons with disabilities.

The growing use of mobile phones and digital platforms, such as WhatsApp, for health communication presents a valuable opportunity. Health stakeholders can leverage this trend to disseminate information on service availability, chronic disease management, nutrition, and family planning in more effective and scalable ways.

In conclusion, while Syrian refugee households in Jordan demonstrate resilience and gradual improvements in certain health indicators, the data reveal persistent systemic gaps; particularly in affordability, awareness, and access for marginalized groups. Coordinated efforts from government entities, non-governmental organizations, and international stakeholders are essential to address these challenges and to promote the health and well-being of this population in a sustainable and equitable manner.

Conclusion

The 2025 Health Access and Utilization Survey (HAUS) offers a comprehensive overview of the evolving health, demographic, and socioeconomic conditions affecting Syrian refugee households residing in non-camp settings across Jordan. The findings highlight both progress and persistent challenges in achieving equitable healthcare access and service utilization for this vulnerable population.

Demographic stability is evident, as most households have lived in Jordan for over two years and a growing number possess valid security cards. However, significant educational and economic constraints remain: many household heads lack secondary education, and a large proportion of families live below subsistence income levels. These socioeconomic pressures directly influence health behaviours and access to care.

Healthcare awareness and utilization continue to vary. While knowledge of subsidized services has slightly declined, those who are informed demonstrate a strong understanding of how to navigate the health system. Nonetheless, limited awareness of the white card application process remains a key barrier. Despite a reduced overall need for healthcare, there is a growing reliance on private providers and a decline in visits to public and NGO facilities—suggesting concerns about the quality and accessibility of public services.

Affordability is a critical issue. Rising healthcare costs have led many households to reduce medical visits, borrow money, limit medication use, or seek NGO assistance. A significant number of families are adopted a coping strategies that might hinder the ability to obtain necessary healthcare, exposing systemic financial vulnerabilities. Encouragingly, maternal and child health indicators show improvement, particularly in antenatal care and breastfeeding. However, gaps persist in family planning awareness and participation in nutrition programs.

Chronic disease and disability management are growing concerns. Many individuals rely on private pharmacies and out-of-pocket payments for treatment, raising a concern on effectiveness of provided management and monitoring, placing a heavy financial burden on households. Disability services remain largely inaccessible due to financial, informational, and logistical barriers, with more than half of affected individuals receiving no support.

Digital health communication is on the rise, with increased use of mobile phones and platforms like WhatsApp. This presents a valuable opportunity for health stakeholders to disseminate information on service availability, chronic disease management, nutrition, and family planning in more scalable and effective ways.

In conclusion, Syrian refugee households in Jordan demonstrate resilience and gradual improvements in key health indicators. However, systemic gaps in affordability, awareness, and access persist. Multisectoral interventions are urgently needed to strengthen health systems, enhance financial protection, improve awareness, and expand targeted outreach. Continued collaboration among government entities, NGOs, and international partners will be essential to bridge equity gaps and ensure sustainable, high-quality healthcare for Syrian refugees in Jordan.

Recommendations

1. **Enhance Awareness of Subsidized MOH Services**
   Awareness of subsidized Ministry of Health (MOH) services has slightly declined. To address this, health outreach efforts should be strengthened through trusted communication channels such as public clinics, community health workers (CHWs), SMS messaging, and WhatsApp. These platforms can effectively raise awareness about the range of available public health services.

2. **Increase Uptake of the White Card**
   White card ownership remains low at 28 per cent, with over half of non-holders citing lack of knowledge as a key barrier. It is essential to simplify and widely disseminate clear, accessible information about eligibility and the application process to improve uptake and facilitate access to healthcare services.

3. **Strengthen Family Planning Integration**
   Family planning uptake is low compared to national averages. Integrating comprehensive family planning education into antenatal care services is recommended. Additionally, healthcare providers should receive targeted training to discuss contraceptive options effectively and provide appropriate resources and referrals.

4. **Include Refugees in Growth Monitoring Programs**
   Significant challenges in child growth and nutrition were identified. Continued advocacy is needed to ensure the systematic inclusion of refugee children in national growth monitoring programs to support their health and development.

5. **Leverage Digital Communication for Health Messaging**
   With 60 per cent of individuals using phone calls, 43 per cent SMS, and 37 per cent WhatsApp for health information, digital platforms offer a valuable opportunity for targeted health messaging, timely reminders, and service updates. These tools should be integrated into health communication strategies.

6. **Improve Awareness of Pregnancy Prevention Services**
   Only 24 per cent of women are aware of pregnancy prevention services, with most seeking care from private providers. Strengthening the integration of sexual and reproductive health (SRH) services (including family planning) within MOH and NGO-operated urban health facilities is critical.

7. **Sustain Progress in Infant and Young Child Feeding**
   Refugees show higher rates of early breastfeeding initiation and timely complementary feeding compared to the host population. Maintaining momentum requires continued inclusion of refugees in national health programs and sustained support for infant and young child feeding practices.

8. **Address Chronic Disease and Disability Care Gaps**
   Chronic disease burden is high, with affordability as the main barrier to care. Long-term strategies should focus on raising awareness of affordable public healthcare options. Additionally, the high prevalence of disability and lack of tailored services call for a comprehensive analysis and improved inclusion strategies for people with disabilities in health programs.

Limitations

- **Reliance on Respondent Recall**
  The survey was entirely dependent on respondents to accurately disclose information about each household member. Limitations in recall may have introduced bias, including favouritism or selective reporting, despite the implementation of various preventative measures.

- **Response Bias and Lack of Verification**
  As with many survey-based methodologies, the data collected could not be independently verified. This includes sensitive or variable information such as household income, vaccination locations, delivery fees, and birth locations, which may be subject to reporting inaccuracies.

- **Restricted Sample Scope**
  Interviews were conducted exclusively with active refugees registered in the UNHCR database who had valid phone numbers. Due to government-imposed restrictions on refugee registration, the survey was unable to capture data from non-registered refugees, limiting the generalizability of findings.

- **Misclassification of Health Conditions**
  Some respondents lacked clarity on whether a family member's health condition qualified as chronic or constituted a disability. These cases were reclassified during the data cleaning and validation phase to ensure consistency and accuracy in reporting.

References

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

About UNHCR

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

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

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

About Headway

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

ANNEX "A": Main Indicators

	Indicator	2025	2024	2023
1	% Of head of household who were **aware of access to UNHCR supported health facilities**	**	**	67%
2	% Of head of household who were **aware of access to subsidized health care at MOH medical facilities**	60%	63%	65%
3	% Of head of household who were **aware of access to nearest MOH medical facilities to issue a white card to get subsidized rate**	43%***	43%***	49%
5	% Of head of household who **understood information regarding accessing subsidized health care**	93%	90%	69%*
6	% Of household members who **possess a white card**	32%	25%	25%
7	% Of household members who **needed to access health-care services in the past month**	25%	26%	28%
8	% Of household members who needed to access health-care facility in the past month and **received health-care services in first facility**	95%	95%	92%
9	% Of household members who received health-care facility in first attempt and **paid for health-care service in first facility**	95%	90%	90%
10	% Of household members who **referred/sought to second health-care facility**	8%	10%	8%
11	% Of household members who **received health-care services in second facility**	61%	58%	67%
12	% Of head of household who **noticed an increase in health care costs in past year**	47%	49%	43%
13	% Of head of household who were **impacted due to increase in health care costs**	88%	91%	94%
14	% Of head of household who **adopted a coping strategy**	74%	71%	62%
15	% Of head of household who were **aware of free children vaccination at MOH health facilities**	86%	87%	87%
16	% Of household children between the ages 9-59 months who **possess of baby vaccination schedule card**	99%	98%	96%
17	% Of household children between the ages 9-59 months who **received MMR vaccination**	97%	97%	96%
18	% Of household children between the ages 9-59 months who **received Polio vaccination**	96%	96%	95%
19	% Of non-single women in reproductive age who were **mother of a child younger than 2 years old**	35%	35%	40%
20	% Of mothers of a child younger than 2 years old who **received antenatal care**	97%	92%	90%
21	% Of head of household who **Aware of free antenatal Care and family planning service at MOH facilities**	48%	44%	**

22	% households with non-single mothers who were **aware of available services to prevent unplanned pregnancy in Jordan**	**42%**	**47%**	**53%**
23	% Of households with non-single mothers who **heard information about family planning in the past year**	**24%**	**33%**	**45%**
24	% Of mothers of a child younger than 2 years old who were **advised/provided with of any contraceptive methods after delivery**	**42%**	**34%**	**42%**
25	% Of non-single women in reproductive age who were **currently using any contraceptive methods**	**30%**	**32%**	**33%**
26	% Of households with non-single women in reproductive age who **tried to obtain contraceptive methods in the past year**	**24%**	**27%**	**26%**
27	% Of children between the age of 0 – 59 months who **faced difficulties with growth or nutrition during the past month**	**95%**	**15%**	**11%**
28	% Of children between 0-59 months with difficulty in growth or nutrition who **requested a professional assistance**	**15%**	**27%**	**41%**
29	% Of children between 0-59 months with difficulty in growth or nutrition and were **registered to professional nutrition assistance program**	**2%**	**5%**	**2%**
30	% Of children between 0-24 months who were **breastfed ever**	**79%**	**83%**	**86%**
31	% Of children between 0-24 months who **were breastfed during the night or day**	**76%**	**56%**	**67%**
32	% Of children between 6-24 months who **were fed solid/semi-solid food**	**85%**	**93%**	**79%**
33	% Of Percentage of children between 6-24 months who **achieved Minimum Dietary Diversity**	**39%**	**23%**	******
34	% Of Percentage of household members who were **suffering from chronic diseases**	**19%**	**17%**	**16%**
35	% Of Percentage of household members who were **Able to obtain medical care or medications in past 3 months for his chronic disease**	**81%**	**79%**	**75%**
36	% Of Percentage of household members who were **living with disability**	**6%**	**5%**	**6%**
37	% Of Percentage of household members living with disability who **did not receive any support**	**56%**	**69%**	**71%**
38	% Of Percentage of household members over 18 years old who **received COVID-19 vaccination**	******	******	**82%**

*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 wave

HEALTH ACCESS AND UTILIZATION SURVEY

AMONG “SYRIANS LIVING IN NON-CAMP SETTING”

October 2025

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

www.unhcr.org/jo