

HEALTH ACCESS AND UTILIZATION SURVEY

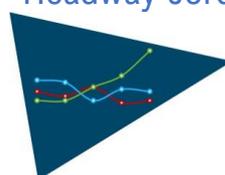
Access to Healthcare Services Among Non-Syrian Refugees living in urban setting
in Jordan

November 2021

Prepared for



By:
Headway Jordan



H E A D W A Y

Be ahead...

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I. Executive Summary

A. Sample Characteristics

- (403) Households (HHs) were interviewed in the sample from the non-Syrians segment
- The average Household size was at 3.7, distributed 1.9 Males and 1.8 Females
- Majority of the sample (81%) live in Amman, while the rest are scattered in other governorates with no significant concentration
- All of the sample have been in Jordan for more than 2 years
- While all the sample spoke Arabic, some respondents in the sample spoke other languages, (23%) English, and (10%) other languages

B. Knowledge on Health Access

- Among the sample a good awareness level on the nearest UNHCR supported clinic (48%) was found
- Half of the sample were aware that all registered refugees have subsidize access to government health facilities
- Almost (53%) of the sample were aware that they can access UNHCR's supported health services

C. Antenatal Care

- Average percentage of pregnant women in reproductive age was (31%)
- Most of women in the sample have visited health care centres during pregnancy, and (74%) of them made more than four visits, with (25%) of them faced some difficulties mainly due to not being able to afford fees (79%). The mothers who did not seek antenatal care were mainly because they could not afford user fees
- The child's delivery ratio was at (76%). Where (51%) of them delivered via Normal Vaginal, followed by Caesarean Section (47%), while only (2%) through Assisted Vaginal
- (58%) in the sample selected the private facility for delivery. As for Governmental Hospitals, (29%) of non-Syrians delivered their child in there
- (47%) of the sample paid nothing for the delivery, while (22%) paid between JOD 251 to 750, and this came because 47% of the cases went through Caesarean Section

D. Children Vaccination

- Awareness of children's free access to vaccination scored high at (94%)
- (94%) of the sample reported that they possess a vaccination card for their child
- (2%) of non-Syrians have reported that their child has not received the Measles/MMR vaccine, and almost all who have received the vaccine received at governmental health centres
- Similar to Measles/MMr, (2%) of non-Syrians have reported that their child has not received the Polio vaccine, and for those who have received the polio vaccine, almost all of them received it at governmental health centres

E. Family Planning

- Only (25%) were aware of the availability of family planning services in Jordan
- (39%) of the sample have reported that they have heard information on family planning in the past year; the sources of awareness were mainly through Health Centres Staff followed by Community Events
- Only (21%) of the sample tried to access contraceptives, largely through MOH health centres

F. Chronic Diseases

- (26%) of the sample reported having chronic disease conditions
- The most prevalent diseases among the total sample were Hypertension by (11%), and Diabetes by (7%)
- (46%) of the chronic-diseased in the sample couldn't get their medicine for the past three months. That was mainly due to affordability issues
- And (47%) of the sample could not access the other health service due to not being able to afford the user fees

G. Impairment

- (11%) of the total sample recorded having at least one type of impairment
- The most common impairment was "Physical Impairment" with (57%), followed by "Sensory Impairment" with (24%)
- The highest reported cause of impairment was "Natural (From birth / congenital, illness, degenerative)" with (54%), followed by "Violence / War Related" with (23%)
- Surgical treatment was the most used treatment method with (28%) of the impaired sample, leaving the other treatment methods with somehow close splits

H. Access to Health Care Facilities

- (37%) of the sample needed health care services in the past month
- (75%) sought health care service, with the mostly sought health facilities of Private Clinic / Hospital (at 38%), and Private Pharmacy (at 30%), followed by Governmental Centre / Hospital (at 22%), While a small minority sought NGO's and others
- While the majority were able to obtain the health care services (81% of the sample), some of the respondents reported that they have faced difficulties, mainly on accessing the health care centre and affordability of user fees
- Overall, about (81%) who sought the service paid for it. The maximum amount paid by was JD 6,000, while the average of payment was JD 75
- (17%) of the those who sought health services needed to visit a second health care facility to meet their health care needs

- (42%) of the sample were not able to obtain the service at the second health care facility. The major reasons behind that were “Health Care Refused” or “Could Not Afford Users Fees”, being as top two reasons. When it comes to payments, non-Syrians paid on the services with an average of JD 75 & 90th Percentile of JD 69
- (36%) of the sample noticed an increase in the costs of health care services in the past one year, this impact led to reducing visits to doctors or hospitals, inability to afford required medical services, or affording required medications
- Most of the sample were impacted by the health costs increase with (86%) reported that. This resulted in reducing the visits to health care facilities and reducing the intake of some medications
- A large percentage (66%) in the sample spent money on health care services; Taking the last month, the spending on health out of the monthly income, was at ratio of (68%)

II. Background & Methodology

A. Background

Currently all non-Syrian refugees in Jordan live in non-camp settings. Prior to 2014 data on non-camp refugee access and uptake of health services was not systematically available. To develop a cost-effective and efficient mechanism for regular monitoring of the health access and utilization of non-camp refugees, UNHCR initiated surveys conducted by telephone to assess health access and utilization amongst out-of-camp refugees. The households were chosen by simple random sampling using UNHCR Database. Selected households were contacted by telephone and all interviews were carried out with one adult household member.

The initial survey was conducted in 2014 and repeated surveys were conducted in 2015, 2016, 2017 and 2018. These have provided a useful baseline and follow up of access and utilization of key health services.

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

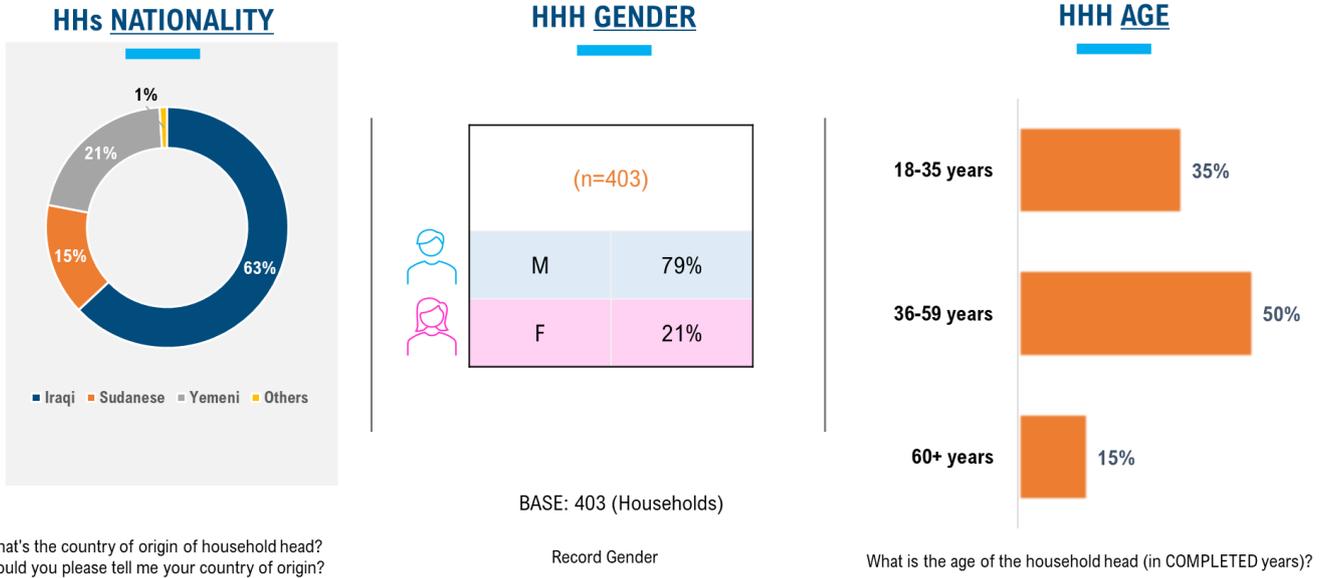
The following Methodology was adapted in the 2021 HAUS:

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

III. Households' Demographics

C. Head of Households' Demographics

Figure 1. Head of Household Nationality, Gender, and Age



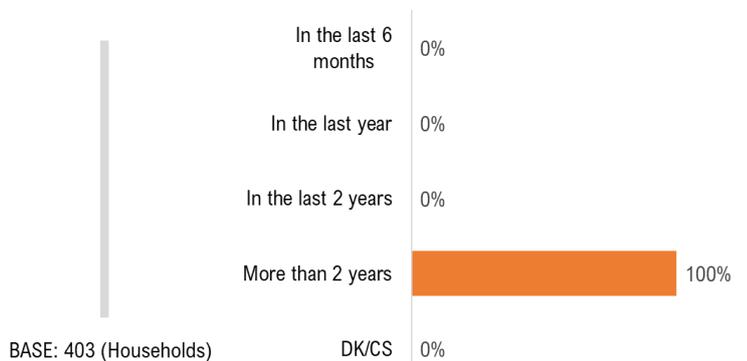
Majority of the sample (81%) live in Amman, while the rest are scattered on other governorates with no significant concentration

Table 1. Place of Residence

Amman	81%
Irbid	1%
Mafrq	1%
Zarqa	4%
Balqa	4%
Ma'an	3%
Madaba	1%
Aqaba	2%
Karak	1%
Jerash	0%
Ajloun	0%
Tafileh	0%

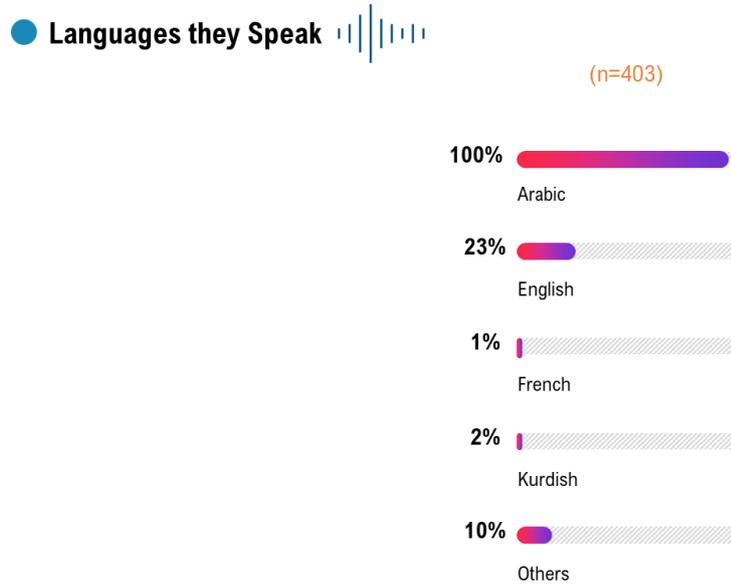
In which governorate do you live?

Figure 2. Period Living in Jordan



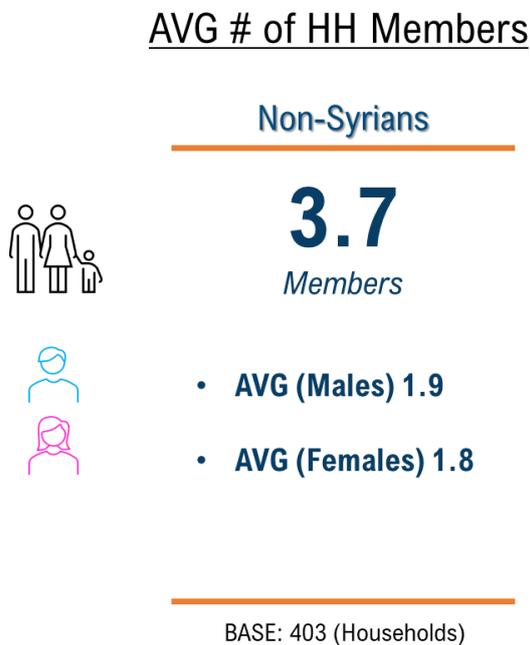
When did the first person in your family arrive in Jordan?

Figure 3. Languages spoken



D. Households' Family Composition

Figure 4. Households' family composition

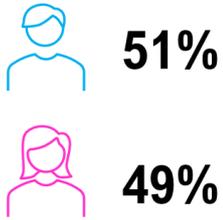


What is the total number of individuals in your household?

E. Households Members' Demographics

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

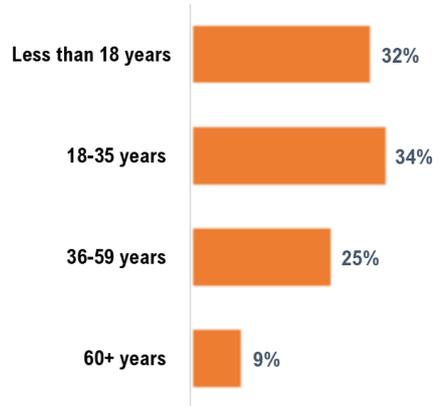
HH Members GENDER



Would you please tell me the gender of ... ?

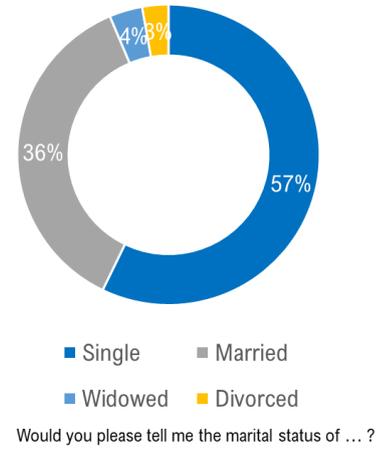
Base: All HHs Members 1499

HH Members GENDER



Would you please tell me the age of ... ?

HH Members Marital Status



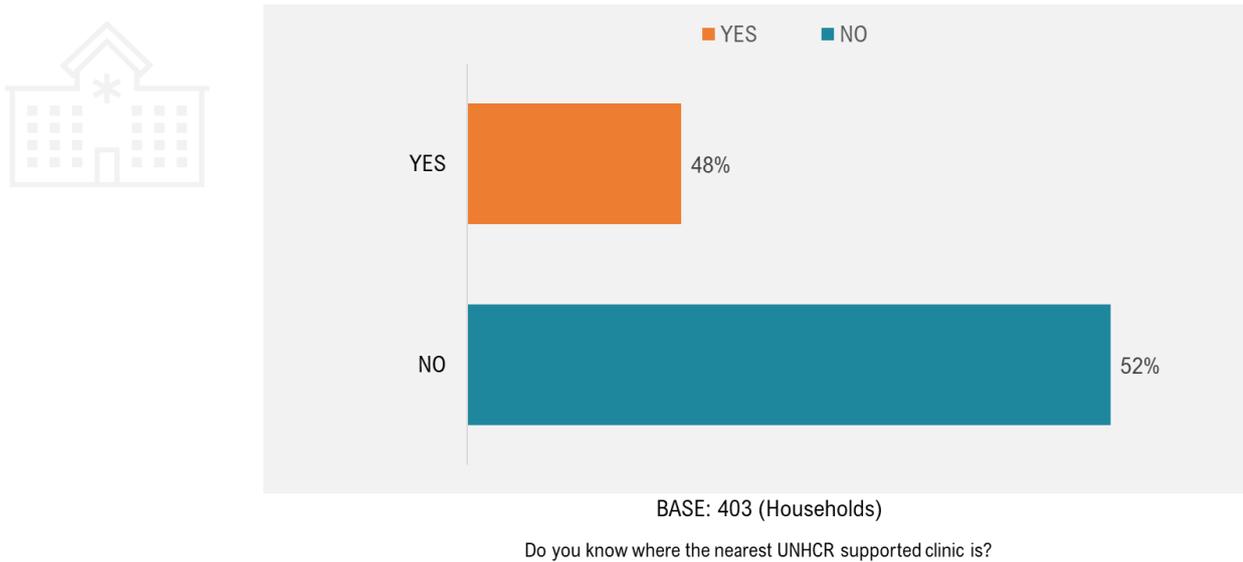
Would you please tell me the marital status of ... ?

IV. General Knowledge on Health Access

A. Knowledge on UNHCR nearest supported clinic

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

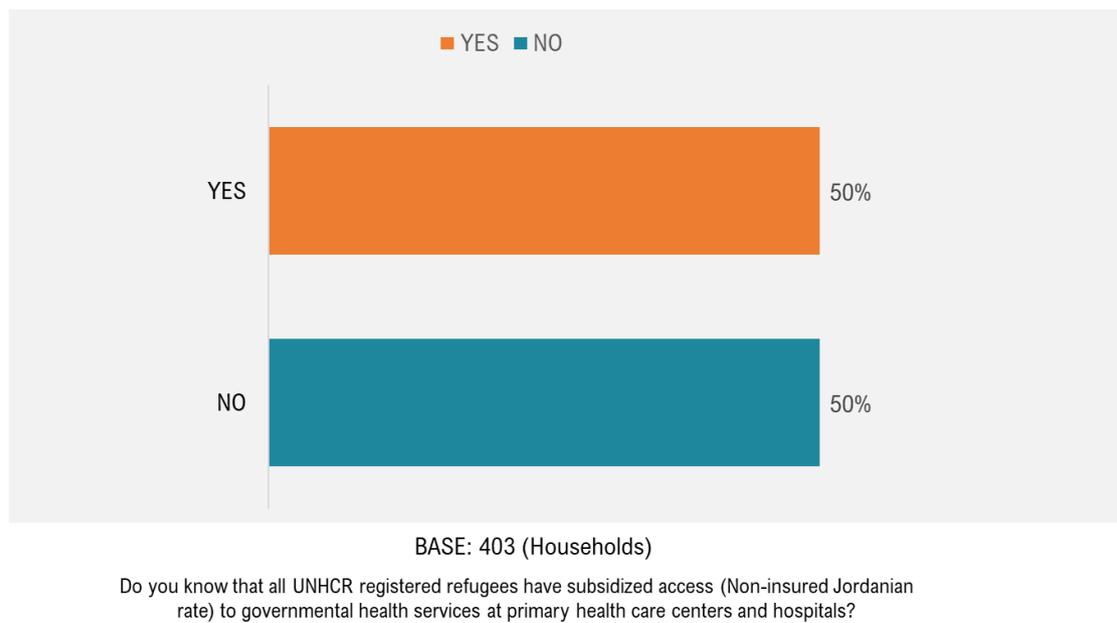
Figure 6. Knowledge on UNHCR's nearest clinic



B. Knowledge on Subsidized Access

With regards to the subsidized access to governmental health services, it appears 50% of the sample are aware of the subsidized access they are eligible to

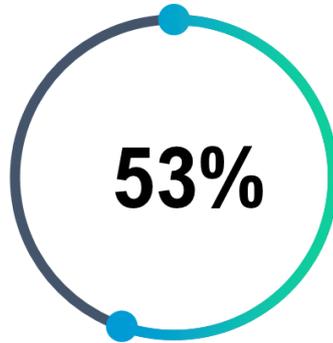
Figure 7. Knowledge on subsidized access to governmental health services



C. Knowledge on UNHCR supported health facilities

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

Figure 8. Knowledge on UNHCR's supported health facilities



BASE: 403 (Households)

Are you aware that refugees who can't afford to access governmental health services (Most vulnerable) can be assisted through UNHCR supported health facilities (Caritas currently) including clinics as well as governmental hospitals for emergency lifesaving through cash for health assistances program?

V. Households' Health Demographics

A. A Snapshot on Family Members

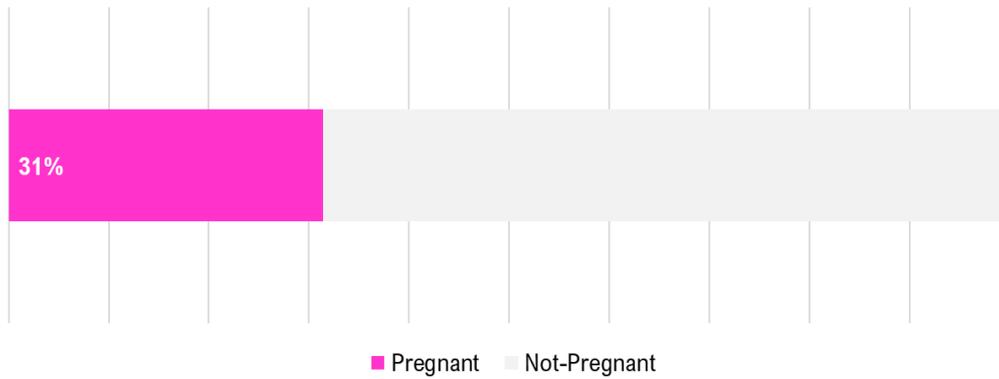
Table 2. A snapshot on family members' health demographics

Pregnant	Chronic	Impairment	Vaccination	Health Needs
				
TOTAL SAMPLE 72	Total Sample 398	TOTAL SAMPLE 158	Total Sample 89	TOTAL SAMPLE 550
Pregnant Women Penetration/ HH: 31%	Chronic Cases Penetration / HH: 26%	Impairment Cases Penetration / HH: 11%	Vaccinated Children Penetration / HH: 98%	Health Needs Penetration / HH: 37%

VI. Antenatal Care

31% of women at reproductive age (WRA) were pregnant in the last 2 years

Figure 9. Percentage of pregnant women in reproductive age



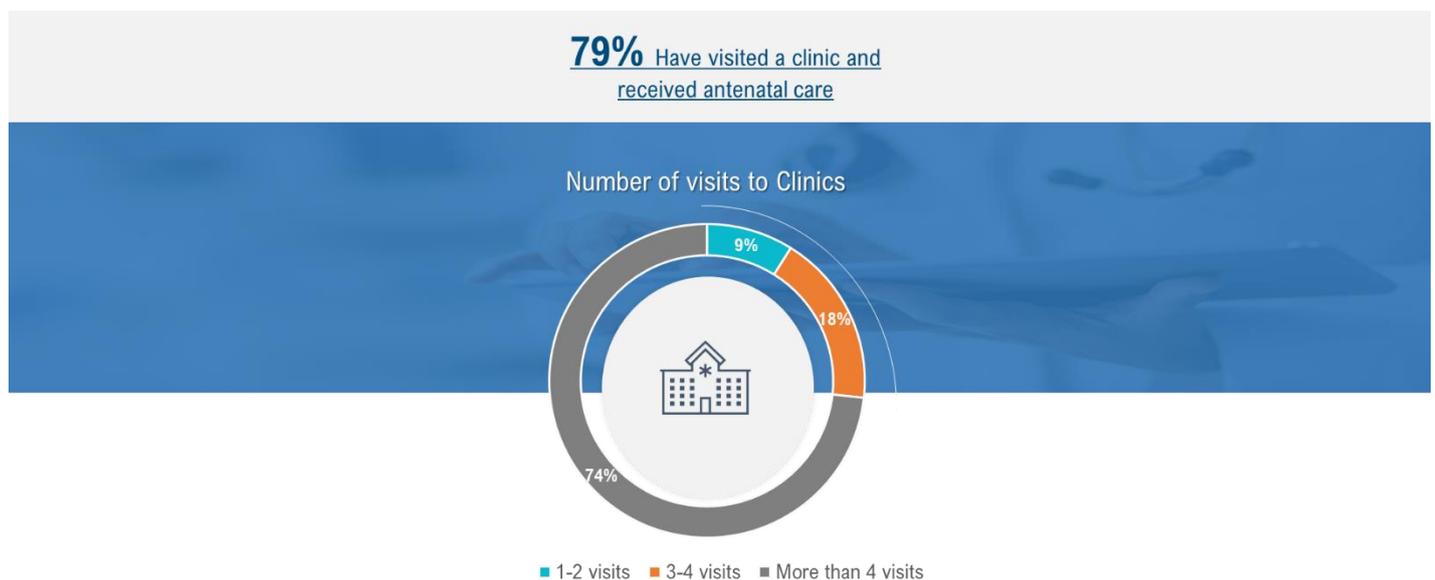
BASE: Total Women (15-49 Yrs.), Not Single

n = 229

A. Antenatal Care Coverage

Most of women in the sample have visited health care centers during pregnancy, and (74%) of them made more than four visits, (18%) made 3-4 visits, and (9%) made as less as 1-2 visits

Figure 10. Receiving antenatal care and number of visits to clinics



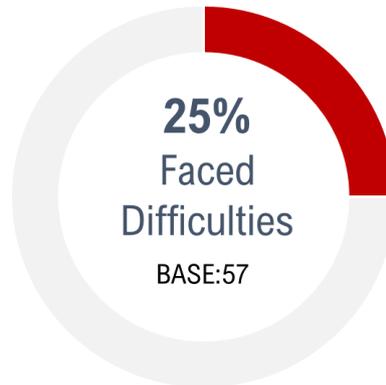
BASE: 72 (Have visited a clinic and received antenatal care)

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

B. Difficulties while getting Antenatal Care

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

Figure 11. Facing difficulties while getting antenatal care



Did ... has any difficulties while getting that care?

With (25%) of women faced some difficulties while getting antenatal care, these difficulties were mainly due to not being able to afford fees (79%) and the long wait (64%).

Figure 12. Difficulties faced (Antenatal Care)

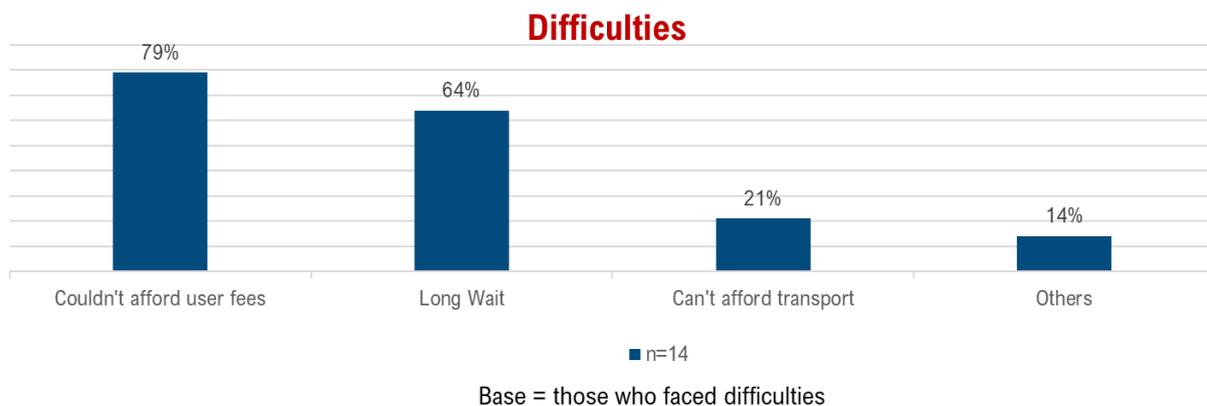


Table 3. Difficulties faced (Antenatal Care) – weighted

Importance weight of difficulties						
Couldn't afford user fees	Long Wait	Can't afford transport	Due to COVID-19	Facility wasn't properly equipped	Don't know where to go	Others
51%	20%	15%	3%	2%	2%	8%

What were those difficulties?

C. Barriers to Antenatal Care for women who did not seek Antenatal care

The mothers who did not seek antenatal care were mainly because they could not afford user fees

Table 4. Reasons for not seeking antenatal care

Reason	COUNTS
Couldn't afford user fees	7
Too far / Transport issues	4
Felt it was unnecessary	3
Health center refuse to provide services	2
Other	2

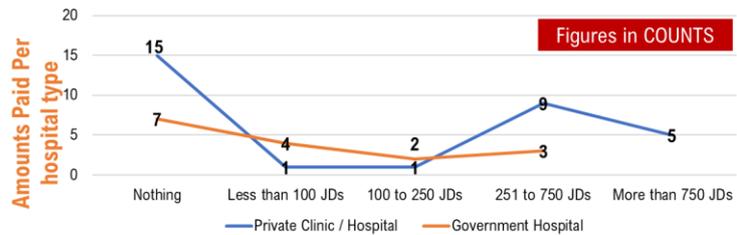
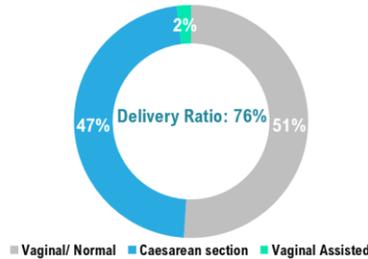
BASE: 15 (who did not seek Antenatal care)

What prevented ... the pregnant household member from getting antenatal care during the pregnancy?

D. Child delivery & Pay

Figure 13. Child delivery and costs

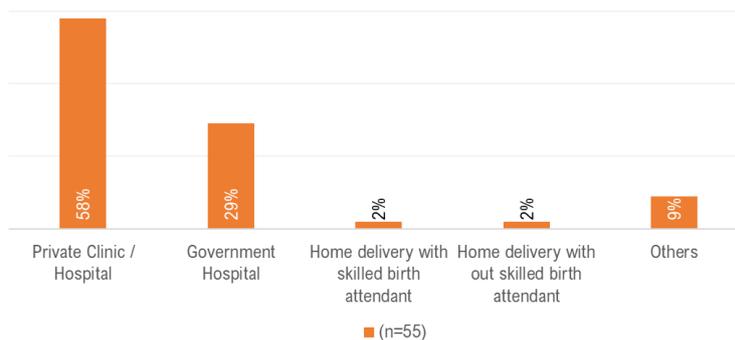
Base: 55



E. Place of Child Delivery

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

Figure 14. Delivery facility health care facility



Reasons for selecting a private facility

Table 5. Reasons for delivering the child at private health care facility

	(n=32)
Funded by UNHCR	25%
Referred to it	25%
Prefer to go to a private facility	22%
Eligible to access Ministry of Health facility at subsidized rate but could not access	13%
Not eligible to access Ministry of Health facility at subsidized rate	6%
Emergency Delivery	3%
Others	6%

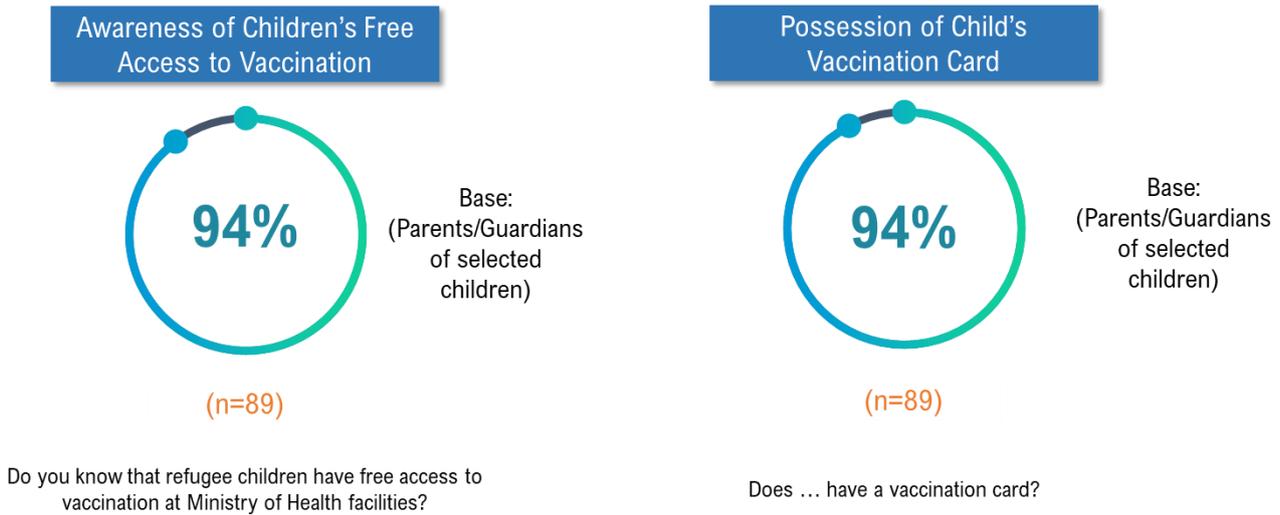
VII. Children Vaccination

A. Children’s Vaccination Access & Vaccination Card

Only 6% of reported that they are unaware of the free access of Children's Vaccination.

As for possession of child's vaccination card, only 4% reported that they don't have vaccination card for their kid

Figure 15. Awareness of free vaccination access and possession of vaccination card

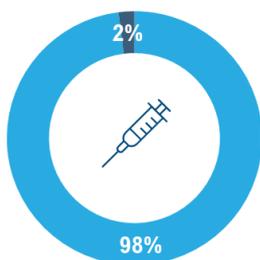


B. Measles / MMR

2% reported that their child has not received that Measles/MMR vaccine, and almost all who have received the vaccine received it at governmental health centers

Figure 16. Measles / MMR vaccination

Measles / MMR Vaccinated?



Base: 89

■ Yes ■ No

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

Place of Vaccination

	Governmental health center	Before arrival to Jordan
n=84	99%	1%

Where did ... receive Measles/MMR vaccine?

C. Polio

Similar to Measles/MMr 2% Non-Syrians have reported that their child has not received that Polio vaccine, and almost all received it at governmental health centers

Figure 17. Polio vaccination

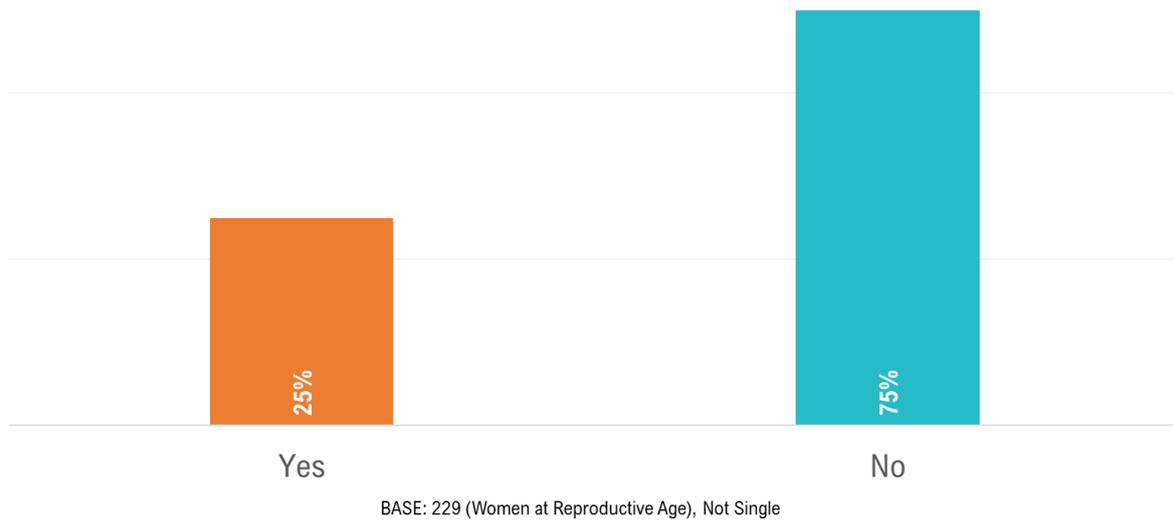


VIII. Family Planning

A. Awareness of Family Planning Services

Most of women at reproductive age were not aware of the availability of family planning services

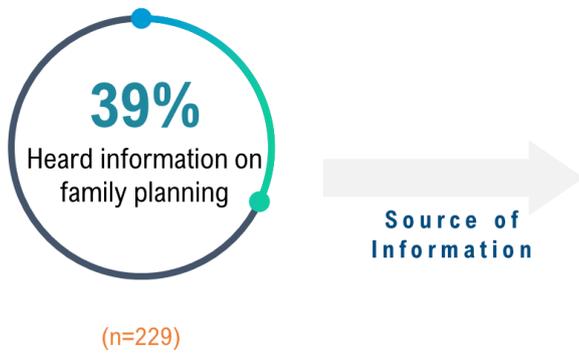
Figure 18. Awareness of family planning services



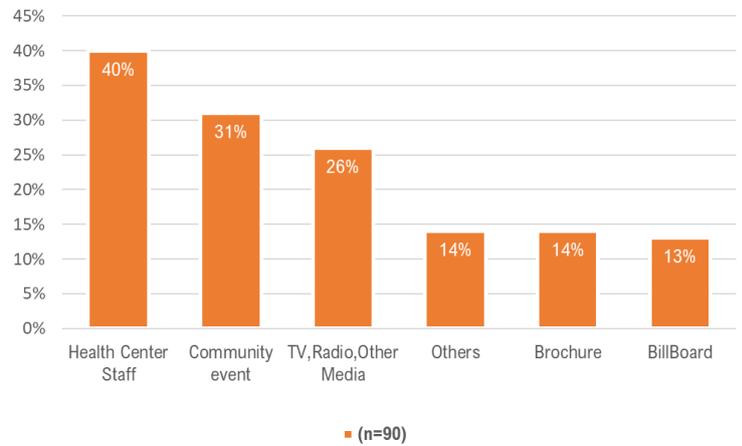
B. Access to information on family planning

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

Figure 19. hearing about family planning and source of information



Have you or any of your family members heard any information about family planning in the past year?



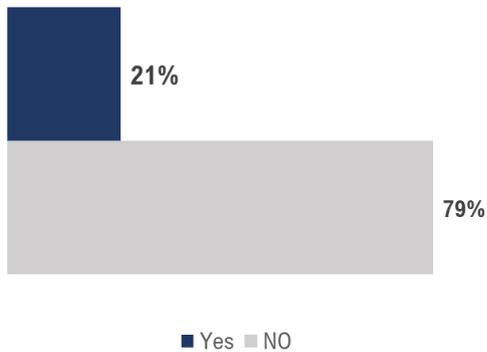
You said you/a family member have information about family planning, can you please tell us about the source of information?

C. Access to contraceptives

Only a 21% of Non-Syrians tried to access contraceptives, largely through MOH health centers

Figure 20. Access to contraceptives

Tried to Access to Contraceptives



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

Source of Access

(n=48)

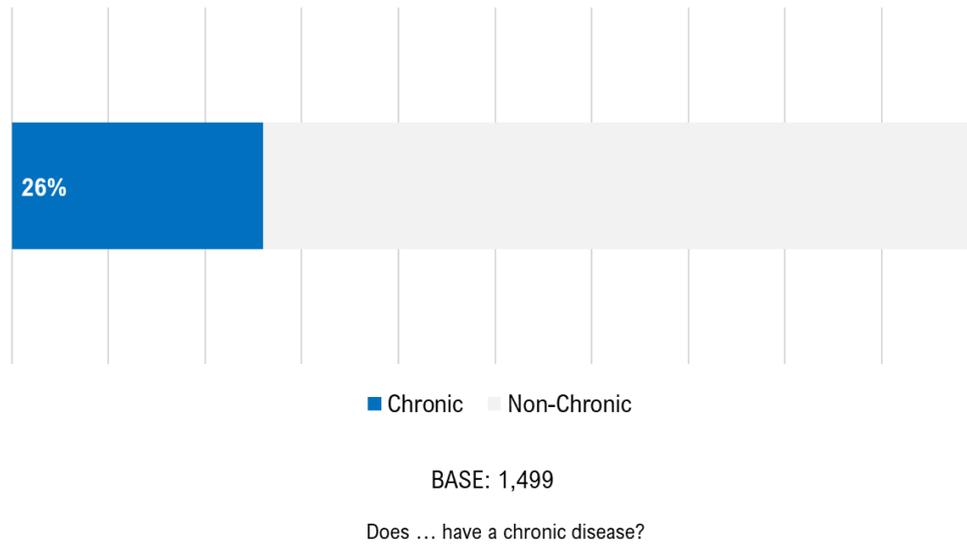
MOH health center	27%
Private doctor	23%
NGO clinic	13%
Other	42%

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

IX. Chronic Diseases

Chronic diseases are found among the sample with 26% of them carrying at least one chronic disease

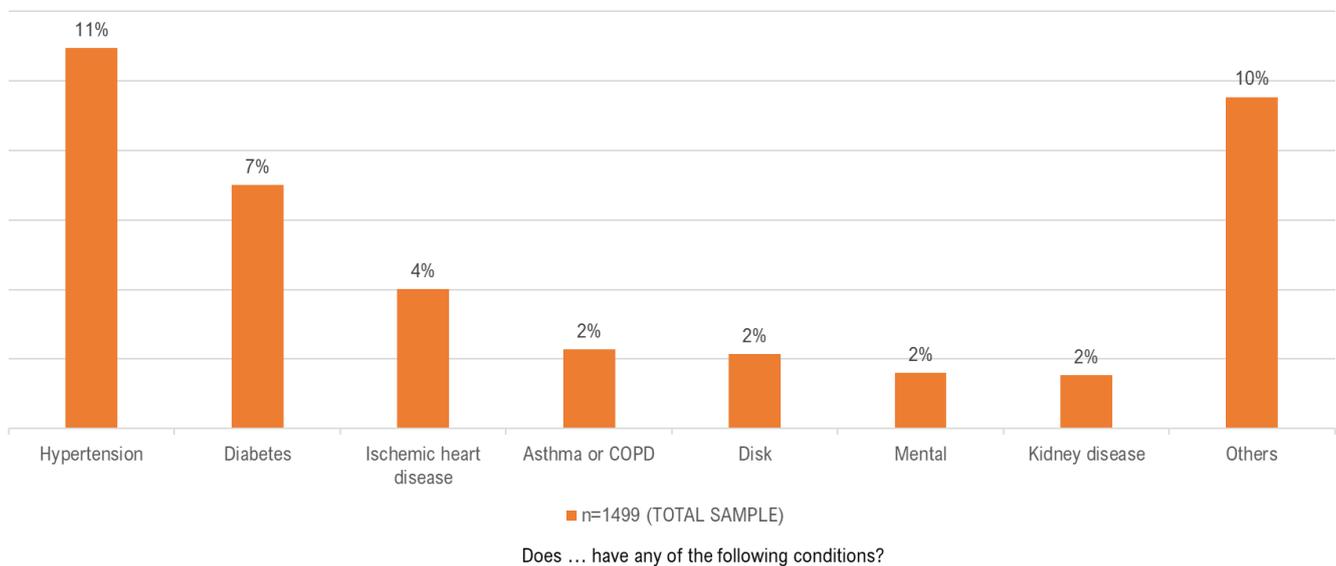
Figure 21. Chronic Diseases incidence rate



A. Chronic Conditions

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

Figure 22. Chronic conditions



B. Ability to obtain medicines among chronic patients

Affordability is the main reason for not obtaining Chronic medications. 89% of the respondents couldn't get it due to that.

Figure 23. Obtaining medication for Chronic Conditions

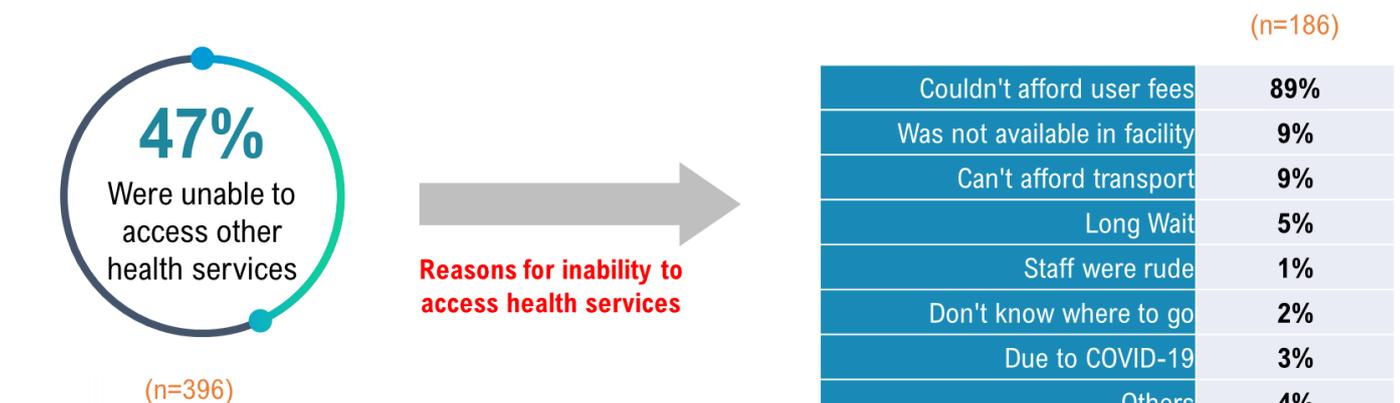


For any reason, has ... been unable to obtain medicine in the last three months?

C. Ability to access other health services among chronic patients

Affordability of the cost is the main reason that prevented patients from accessing the health care services. It appears that the major issue was financial, as almost 89% of the sample couldn't access other the health services due to that

Figure 24. Accessing other health services for Chronic Conditions



For any reason, has ... been unable to access health services in the last three months?

X. Impairment

11% of the sample are impaired

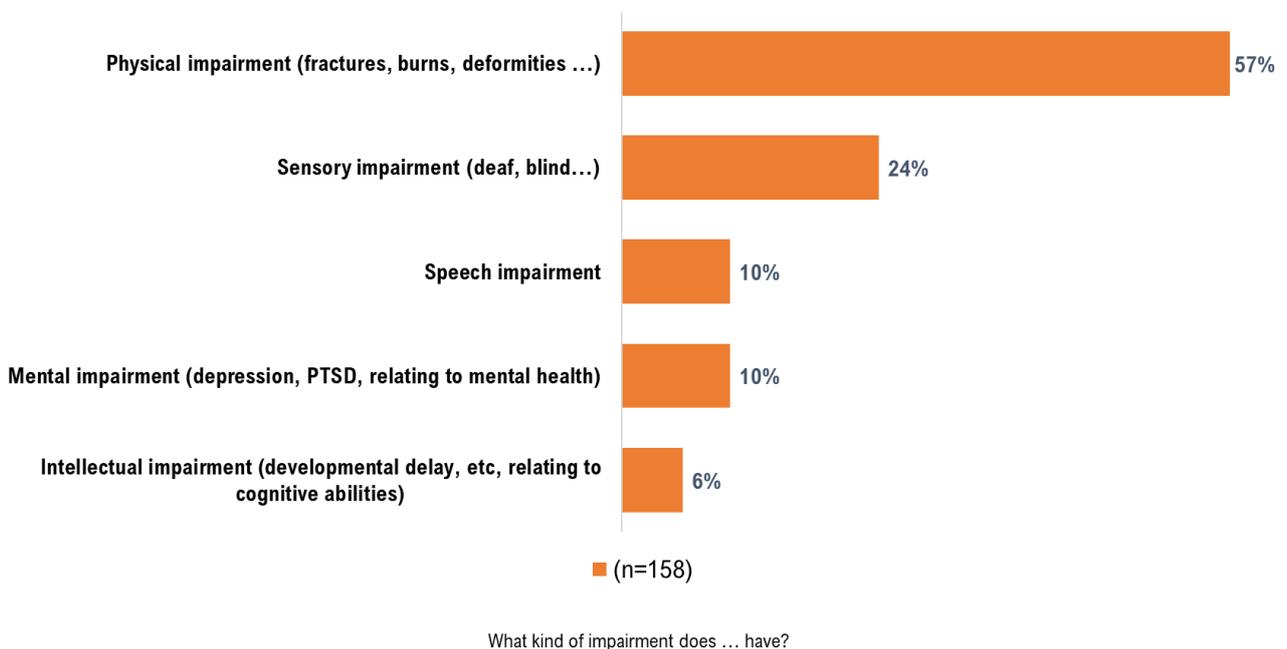
Figure 25. Impairment rate



A. Type of impairment

The most common impairment was physical, followed by sensory impairment

Figure 26. Types of impairment



B. Impairment Causes

Figure 27. Impairment causes

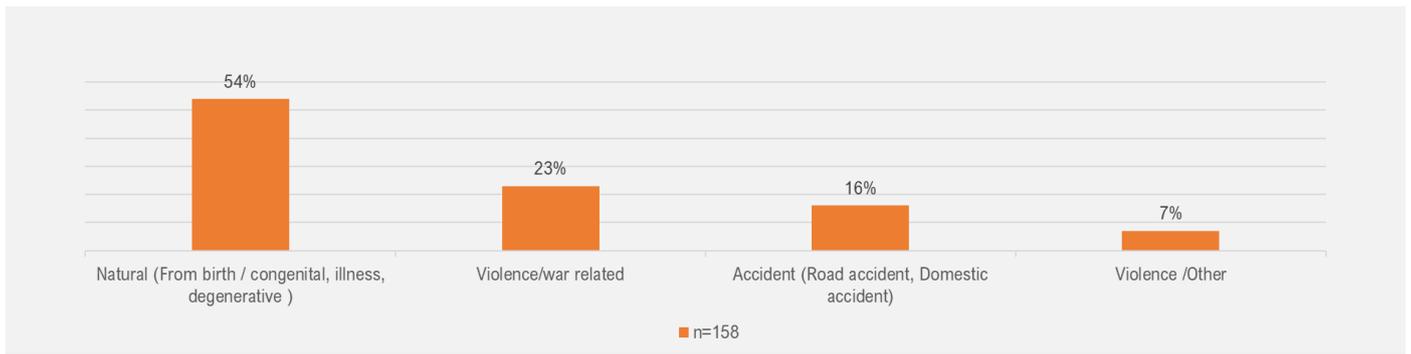


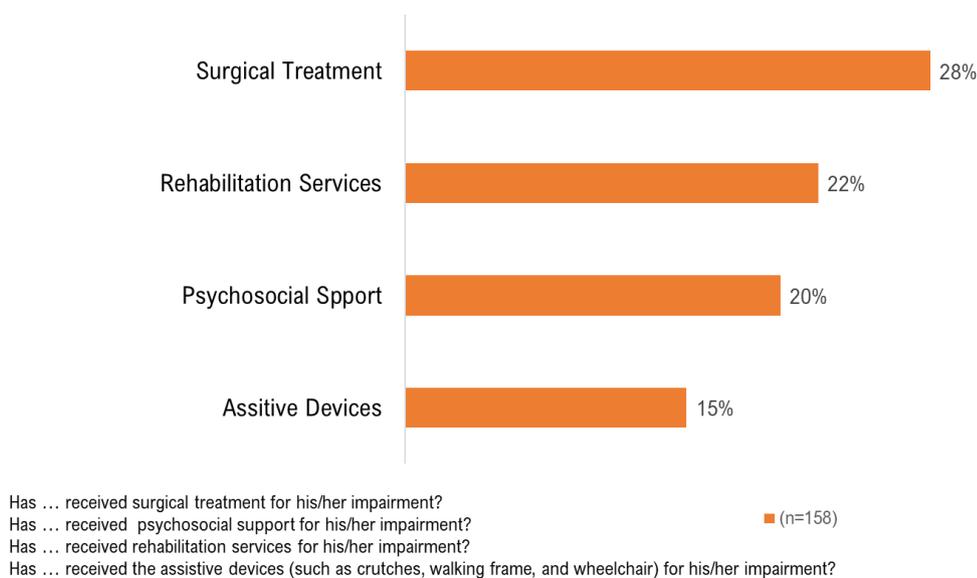
Table 6. Impairment vs. cause of impairment

	Physical	Sensory	Speech	Mental	Intellectual
BASE	90	38	16	16	9
Natural (From birth / congenital, illness, degenerative)	43%	74%	50%	44%	89%
Violence/war related	27%	18%	25%	31%	0%
Accident (Road accident, Domestic accident)	24%	8%	6%	6%	0%
Violence /Other	6%	0%	19%	19%	11%

C. Impairment – Health Access

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

Figure 28. Health access for impairment



D. Barriers for Health Access (Impairment)

Table 7. Reasons for not receiving health care for their impairment

BASE	134
Could not afford user fees	78%
No services available	33%
Felt it was unnecessary	16%
Did not know where to go	10%
Too far / Transport issues	4%
Security issues	1%
Other	8%
Nothing prevents	12%

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

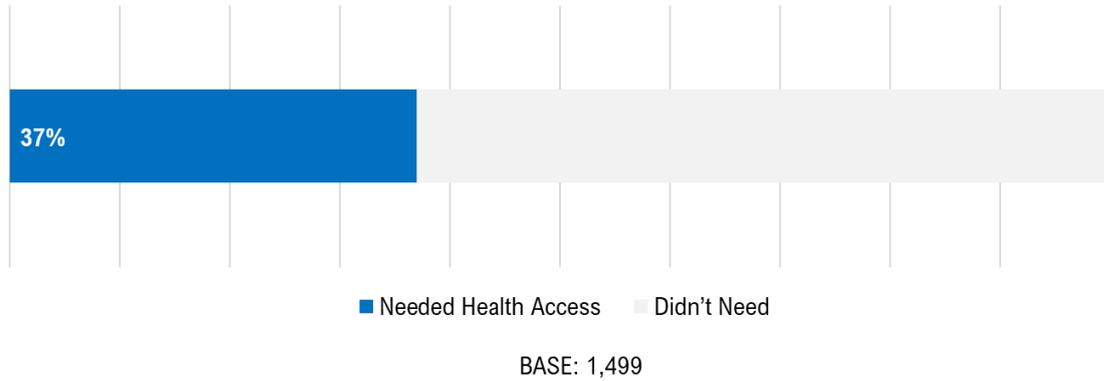
What prevented the impaired household member from getting proper care?

XI. Monthly Health Access Assessment

A. Needed Health Care Services

37% of the sample needed health care in the past 1 month.

Figure 29. Need for health care services



In the past month, has ... at any point needed access to health care services?

B. Sought Health Care Services

75% of those who needed health care services sought the health care

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

Figure 30. Seeking health care services

Sought Health Care Services in the past one month

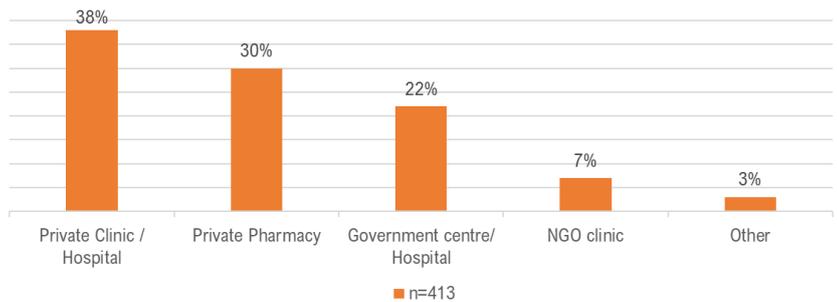


Base: Who needed access to health services

(n=550)

During the past month, has ... sought health care services?

First Place the health services was sought at



Base: Those who Sought Health Service

Where is the first place ... went to for care?

C. Ability to Obtain the Health Care Services

While the majority were able to obtain the health care services, a 19% of respondents reported that they have faced difficulties, mainly on accessing the health care center and affordability

Figure 31. Ability to obtain health care services at first facility

Ability to obtain the Health Care Services



Base: Who sought health care service:

(n=413)

Were ... able to get health care there?



Reasons of inability

(n=78)

Couldn't afford user fees	45%
Health centre refuse to provide services	42%
Don't like the health services/staff	9%
Too far / Transport issues	5%
Didn't know where to go	1%
Others	15%

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

D. Payments for Health Care Services – First Facility

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

With the average payment was at (JOD 75) and 90cile (JOD 99)

Figure 32. payments at first health care facility

Paying for Health Services

81% Paid for Health Services

Base: those were able to get the health care service
n = 335

Did ... have to pay for the health services received?

Amounts Paid

	90cile	Max	Count	Mean
	JOD 99	JOD 6,000	272	JOD 75.3

Definitions:

90cile = The value where 90% of the observations are below it

Max = The maximum value paid

Count = Number of payments

Mean = The straight average of payments

Base: those who have paid for the health care service
n = 273

E. Barriers and Payments by First Facility Type

Table 8. Barriers & payments at first health care facility

Reasons of inability to obtain the health care services

	Government center/ Hospital	Private Clinic / Hospital	NGO clinic	Private Pharmacy	Other	Total
BASE (those who have faced Difficulties)	35	18	11	11	3	78
Couldn't afford user fees	34%	89%	27%	82%	67%	54%
Health center refuse to provide services	66%	17%	64%	0%	0%	42%
Other	20%	0%	27%	0%	67%	15%
Don't like the health services/staff	14%	6%	9%	0%	0%	9%
Too far / Transport issues	0%	6%	0%	27%	0%	5%
Didn't know where to go	0%	0%	0%	9%	0%	1%

Amounts paid

Row Labels	Government center/ Hospital	Private Clinic / Hospital	NGO clinic	Private Pharmacy	Other	Grand Total
BASE (those who had to pay)	27	130	6	107	3	273
AVG PAID	JOD 282.9*	JOD 81.3	JOD 12.5	JOD 20.4	JOD 4.7	JOD 53.2

*One respondent reported a pay of JOD 6000

F. Sought health services in a Second Facility

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

Figure 33. Seeking a second health care facility

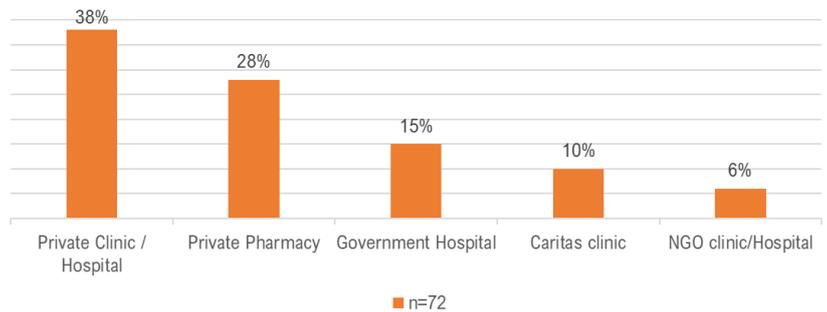


Base: Who sought health care service

(n=413)

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

Second facility type

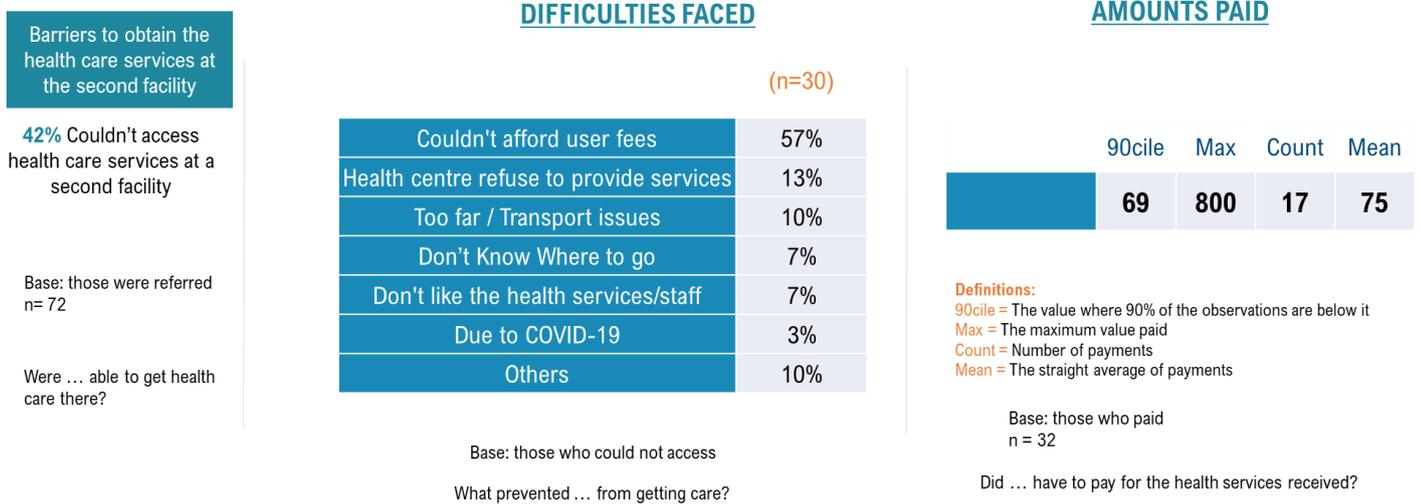


You said ... were referred somewhere else, would you please tell me where were ... referred to or sought care?

G. Barriers to obtain Health Care Services at the Second Facility

42% of non-Syrians could not get the health care services at the second facility, mostly due to inability to afford user fees

Table 9. Barriers and amounts paid at the second health care facility sought



H. Health Costs Increase & Impact

36% of the sample have noticed an increase in the health care costs over the last year, that mostly resulted in the inability to visit the physicals and not being able to afford obtain the medical procedures and medications

Figure 34. Health care costs increase and impact

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



Base: All HHs
(n=403)

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



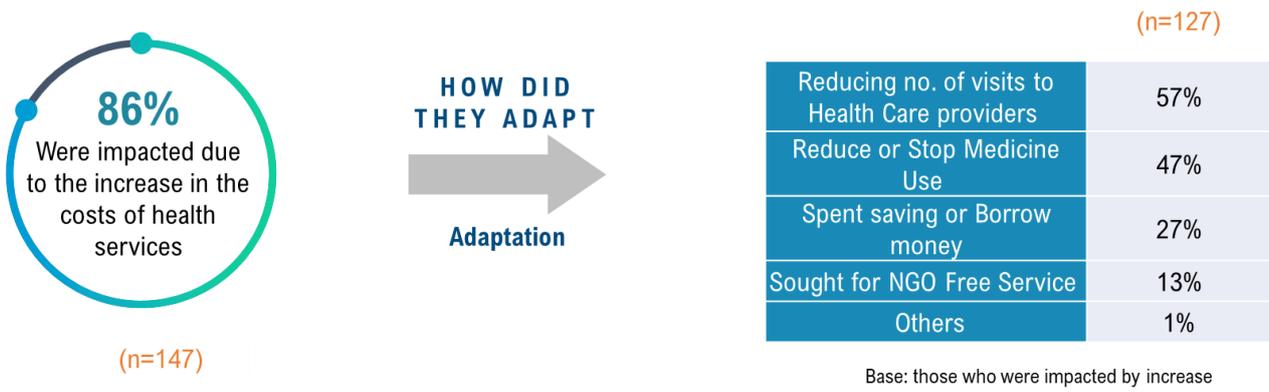
Impact of the increase in health care costs over the last year

Impact	(n=147)
Not able to afford required medication	71%
Not able to afford required other medical procedure (e.g. investigation, devices, consumables)	70%
Not able to visit doctor or hospital when needed	61%
Others	2%
No Impact	14%

I. Health Costs Increase Impact Adaptation Strategy

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

Figure 35. Adaptation to health care costs increase



What was the impact of this increase?

J. Spending on Health Vs. Households Income

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

Taking the last month, the spending on health was 68% of the monthly income.

Figure 36. spending on health care vs. income

