# HEALTH ACCESS AND UTILIZATION SURVEY

## ACCESS TO HEALTH SERVICES IN JORDAN AMONG IRAQI REFUGEES

**Follow up Survey**

**December 2017**

FOR:

**United Nations High Commissioner for Refugees**

BY:

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# Executive summary

Monitoring the health access and utilization behaviors among non-camps refugees has been regular practice since 2014. With increase burden on health system, economic crisis and policy changes; Iraqi refugee's ability to access health services impacted. Currently all Iraqi refugees in Jordan live in major urban centers[1], where more than 88% living in Amman. UNHCR recognize that the availability of reliable data is essential to understand health services needs among urban refugees.

In an effort to develop a cost-effective and efficient mechanism for regularly monitoring the health access and utilization of non-camp refugees hence the health access and utilization survey was conducted on behalf of the UNHCR to assess each of the following attributes:

**Sample structure**

- Iraqi refugees living in non-camp settings are predominantly concentrated in Amman (90%).
- Among the 302 interviewed Iraqi households, 1327 members were reported living within these households given an average of 4 members per household.
- An average of 1 child was reported living among the 302 interviewed Iraqi households

**Health services access & awareness**

- More Iraqis lack awareness of free access to health services in UNHCR facilities this year where 38% reported that they are unaware of this compared to 35% in 2016.
- 52% of the respondents lacked awareness on the location of the nearest clinic compared to 49% in 2016.

**Childhood vaccination**

- 65% of the households who had children less than 5 years old have been aware of the free access to the child vaccination care (decreasing by 12% compared to 2016) while 67% obtained the child vaccination card (decreasing by 16%)
- The percentage of households who reported that their children received MMR/ polio vaccination decreased in 2017 indicating a substantial lack in the awareness and access of vaccination among Iraqis where from the households who had children less than 5 years old, 76% (vs. 94% in 2016) reported that their children had MMR vaccination and 83% reported that their children had polio vaccination (vs. 92% in 2016).

**Antenatal care**

- Among the 12% of females who needed antenatal care 81% received the care needed

[1] UNHCR statistical report, December 2017.

- 29% of those who had the care encountered difficulties while receiving it, which is significantly higher than last year (only 7% in 2016)
- Private hospitals and clinics were predominantly the main place of delivery in line with last year's results, followed by governmental hospitals.
- Regarding the delivery costs, 2017 results shows an increase in the percentage of those who had the delivery for free (39% vs. 36% in 2016), yet the majority of those who paid the cost of delivery was estimated to be in the range of 100~750 JDs

**Chronic diseases**

- Hypertension is predominantly the most reported disease followed by diabetes among household members who had a chronic disease
- From those who needed medicine for their chronic condition, 51% of them were unable to access medicine showing a significant increase when compared to those who were unable to access medicine in 2016 (37% only). Yet in line with last year's results, being unable to afford the fees is the main reason for accessing medicine.

**Disability & impairment**

- Physical impairment scores the highest among types of disability/impairment (53%) followed by mental (17%) and intellectual (13%) impairments.
- Those who reported that their disability was due to violence/war increased in 2017 (34%) compared to 2016 (15%)
- A significant drop is witnessed in the rehabilitation and surgical treatments received for disability/impairment; where only 16% reported receiving rehabilitation treatment compared to 42% in 2016, and only 17% reported having surgical treatment compared to 36% in 2016.
- Only 39% of those who have chronic disease reported to receive proper treatment for their impairment.

**Monthly health access assessment**

- Health care services were needed by 25% of household members in 2017 and 75% of them actively sought health services
- From those who sought the services the majority initially reached either private clinic/hospital (30%) yet with lesser percentage compared to 37% last year.
- JHAS clinic shows this year as the following facility sought with an increase in the percentage of those who sought it by 10% compared to last year results.
- The mean of the combined income of households is 323.0 JDs where they spend an average of 241.0 JDs on health care which is more than 75% of their total income.

# 1. INTRODUCTION

## 1.1 Background & Objective

The increase in the number of refugees from the Syrian Arab Republic (Syria) across the region in 2017 continued and the need remains for a large-scale response to address the needs of refugees already present in the host community. As of end of 2017, 655,624 Syrian refugees were registered with UNHCR, including refugees hosted in Za'atari, Azraq camps, Emirati Jordanian (EJC) camp and King Abdullah Park.

Additionally, the continuous violence and insecurity in Iraq, after the 2003 military intervention, led to the displacement of Iraqis to the neighboring countries. The Jordanian government estimates that there are some 450,000 to 500,000 Iraqis hosted in Jordan. At the end of December 2017 65,922 Iraqis are registered with UNHCR in Jordan. Due to the escalating violence in Iraq, it is expected to see an increase the number of Iraqis seeking asylum.

Apart from the Iraqi refugees, UNHCR also assists refugees of other nationalities including Sudanese, Somalis, Yemenis and others and had registered 15,897 non-Iraqi non-Syrian refugees by the end of December 2017.

## 1.2 Overview of Health Services Available to UNHCR PoCs in Jordan

In 2017 UNHCR continue supporting the provision of health service to all registered Iraqi refugees through implementing partners and affiliated hospitals network. While UNHCR maintain essential health services for Iraqis it encourage them to increasingly utilize the governmental health services especially at the Primary Health Care level.

## 1.3 Research context

In relation to Iraqis UNHCR reached an agreement with the Ministry of Planning and International Co-operation (MOPIC) to provide PHC services including all services provided to Jordanians in the comprehensive health care centers to all Iraqis regardless of their UNHCR registration. The user has to pay for utilizing these services at the same rates as those paid by uninsured Jordanians who do not participate in the national health insurance scheme (i.e. non-insured Jordanian rates).

Services provided include outpatient consultations by a PHC general practitioner/family doctor or a specialist for management of acute and chronic illnesses and free of charge basic preventative services such as vaccinations. For antenatal care and family planning the consultation is free but medications and investigations are charged.

Note that for Iraqis, only services at PHCs are available at a non-insured Jordanian rate, while in governmental hospitals they will have to pay the foreigners rate.

## 1.4 Research design & methodology

### 1.4.1 Methodology

Quantitative Interviews were carried out among target respondents through telephonic Interviews. Representativeness was ensured throughout the interviewing process beginning with the starting points which were chosen randomly from the provided database by UNHCR, in case more than one respondent was eligible for answering any part of the questionnaire, the classification grid/random function concept was applied to select who will continue answering the interview.

### 1.4.2 Target respondents

- Iraqi refugees who live in non-camp settings.
- The study will be carried out with one adult household member (18 years or more)

### 1.4.3 Data analysis

Data was collected using CATI (Computer Aided Telephonic Interviews) through QPSMR Software. This approach was selected to eliminate errors while completing the questionnaire and allow exporting of the data immediately for further analysis, thus cutting down on time required for data editing, punching and cleaning. Data analysis and significance testing (t-test with 2 tails) was conducted through Quantum IBM software, a highly sophisticated and very flexible computer language designed to simplify the process of obtaining useful information from a set of questionnaires. Quantum is also used for checking, validating, editing and correcting data.

### 1.4.4 Survey tools and guidelines

Draft questionnaires were developed for respective categories of respondents in consultation with partners. Previous questionnaires were reviewed to develop the draft questionnaires. These were sent to partners for comment. After finalization, the questionnaire (available in both English/Arabic); the questionnaires were pretested by a team of expert researchers and finalized in consultation with partners.

Pretesting plan and finalization of questionnaires:

Process testing

During pre-testing, process testing of cluster identification/mapping, sampling frame preparation, household identification, sampling technique, CATI process, and so on was also piloted for better understanding of the sampling procedure.

### 1.5.5 Training

Formal training of survey teams was arranged for proper understanding of all the survey tools and survey procedures. All investigators and supervisors were trained and provided with a detailed field instruction manual.

The training included both classroom session as well as field practice; it consisted of sessions on interviewing techniques and rapport building with respondents; how to identify selected households; a thorough explanation of all questions; how to fill the questionnaires; how to handle non-response; how to check questionnaires for errors; and how to handle their daily schedules.

### 1.6.6 Fieldwork

The validity and quality of the data collected was ensured via committing to the following responsibilities:

- Study Manager: oversaw and documented all required quality checks. Furthermore the study manager verified that the supervisor did validate and verify the data.

- Supervisor participated and assisted the interviewers where needed moreover the supervisor verified data entries and attended a sample of the interviews for each the interviewers.

- Interviewers with the assistance of their supervisor's ensured consistency of the data collected and corrected any skip patterns.

### 1.6.7 Quality Assurance

Quality assurance was assiduously sought, and as a guiding principle 'Quality Control at all levels' is the basic policy of the survey company (Nielsen). Especially at the stage of research designing, data collection and analysis, the uppermost quality at all levels was maintained. The ESOMAR (Europe) code

of conduct is used as a basic guideline in all the aspects of marketing and social research. Only employing interviewers with adequate experience is one of the norms of the operational policy. Adequate records were kept in a computerized database about each individual to track him or her for maintaining field management standards. Moreover, checking procedure was even more rigid.

**Team selection and mobilization:**

As for the selection and recruitment of supervisors and interviewers; it was carefully done by the field manager. The recruitment was made from the existing panel of field supervisors and interviewers, where all supervisors must have a minimum qualifications of graduation and fluent in both English and Arabic. Interviewers had previous experience on similar projects where final selection was based on interviewer's performance during the pre-training sessions.

**Execution phase:**

Pretesting: The questionnaire was pre-tested before conducting the pilot interviews and fieldwork for flow of questions, clarity and translation errors if any. The pre-testing was conducted in an area similar in demographics to the original area of the survey. One team of 4 interviewers accompanied with one supervisor conducted the pre-test.

**Pilot phase:**

Following the training, all trained interviewers participated in the pilot. They were organized in teams and accompanied with 1 supervisor

**Quality control:**

The diagram below illustrates the total quality management (TQM) control process that was in place for this survey.


Quality control measures were taken during each step of the project. The pre-field control was explained in pre-testing section, during field and post field are explained in the next section.

**Data cleaning:**

Using CATI technology for data entry, a set of quality checks was ensured that does not accept any illogical answers. Accordingly, the data entered to the system were cleaned automatically, as the entry program shows a warning message in case there is something wrong with the data entered or contradiction between any answers. After completing the data collection, an extra validation check was done through Error Check Report to identify any further errors that might be missed during the punching stage.

## 1.5 Research limitations

The study aims to evaluate the access of Syrian and non-Syrian refugees to health services and utilization in Jordan; although the study achieved its goals it had various limitations in which were inevitable.

First of all the study was absolutely dependent on the respondent to disclose the requested information on every household individual which in this case is combined with the second limitation of this study that is the respondents ability to recall the requested information.

Inadequacy to recall the information on the household members leaves a possibility to favoritism and preference to bias the information disclosed by the respondent regardless of all assorted preventative measures applied.

In addition, the interviews were conducted exclusively with refugees registered in UNHCR data base thus the inability of the findings to consolidate all of the refugees inhabited within the Jordanian borders.

# 2. SAMPLE STRUCTURE

## 2.1 Iraqi refugees profile

**Arrival of the first refugee in Jordan -** The very first arrival of a family member to Jordan has been reported to be more than 2 years by (61%) of the respondents.

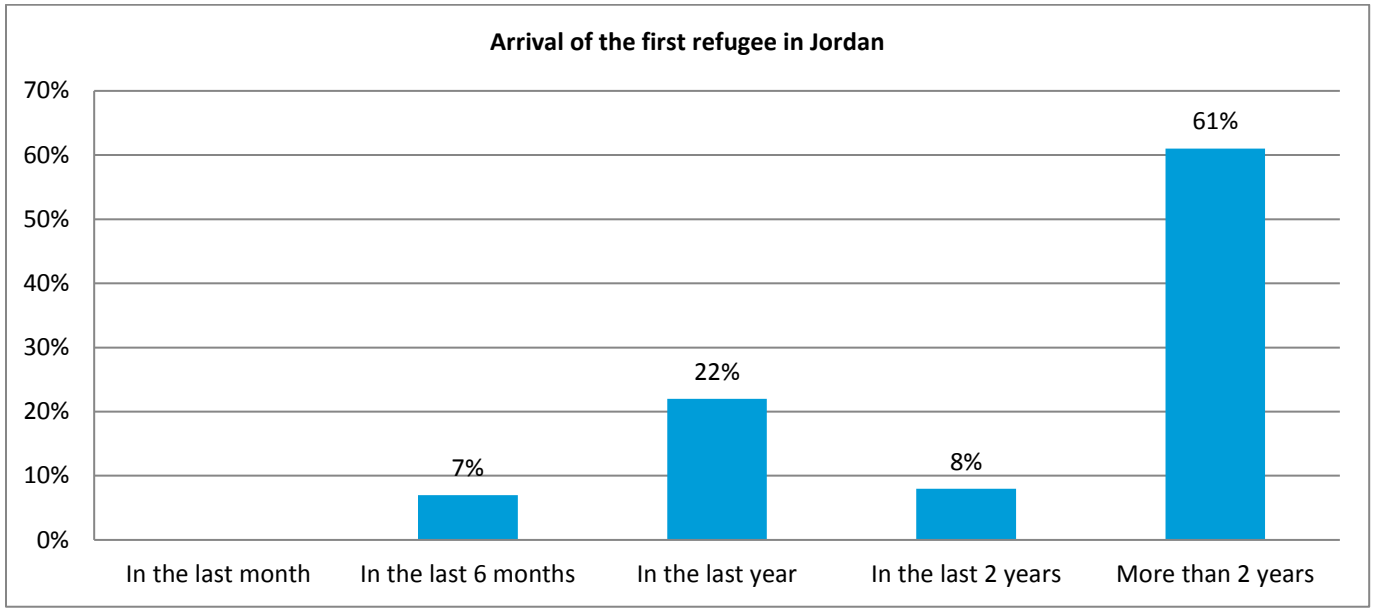



Figure 1: Arrival of the first refugee – All respondents (n=302)

**Residing governorate –** Similar to last year results, Iraqi refugees host communities are highly concentrated in Amman (90%).

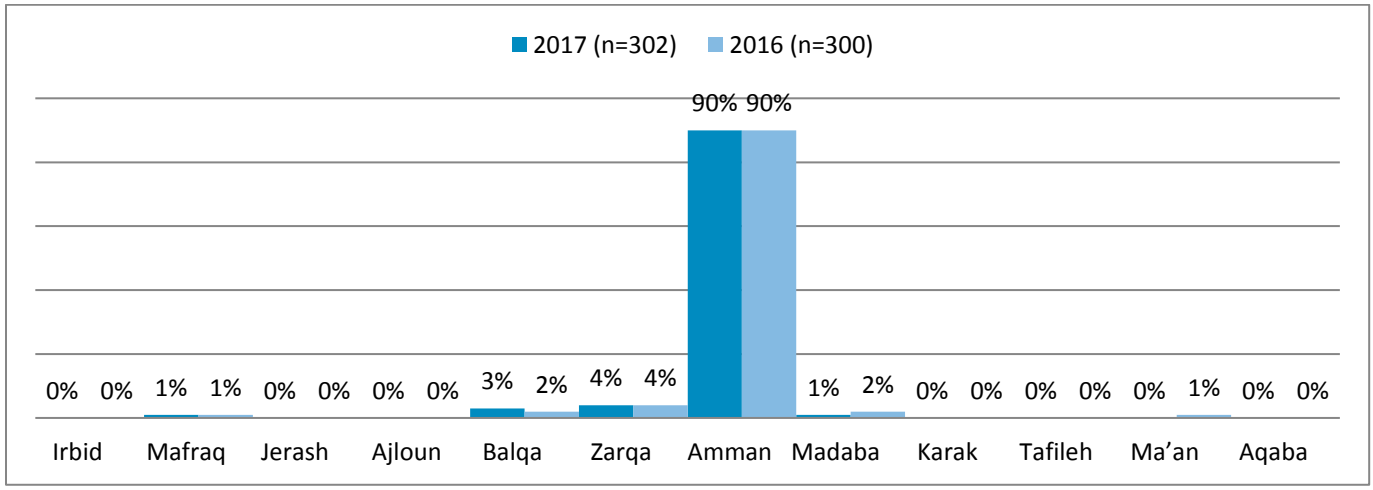



Figure 2: Residing governorate

**Iraqis place of birth –** 42% of the Iraqi households who sought refuge in Jordan after the Middle East crisis were originally from Baghdad.

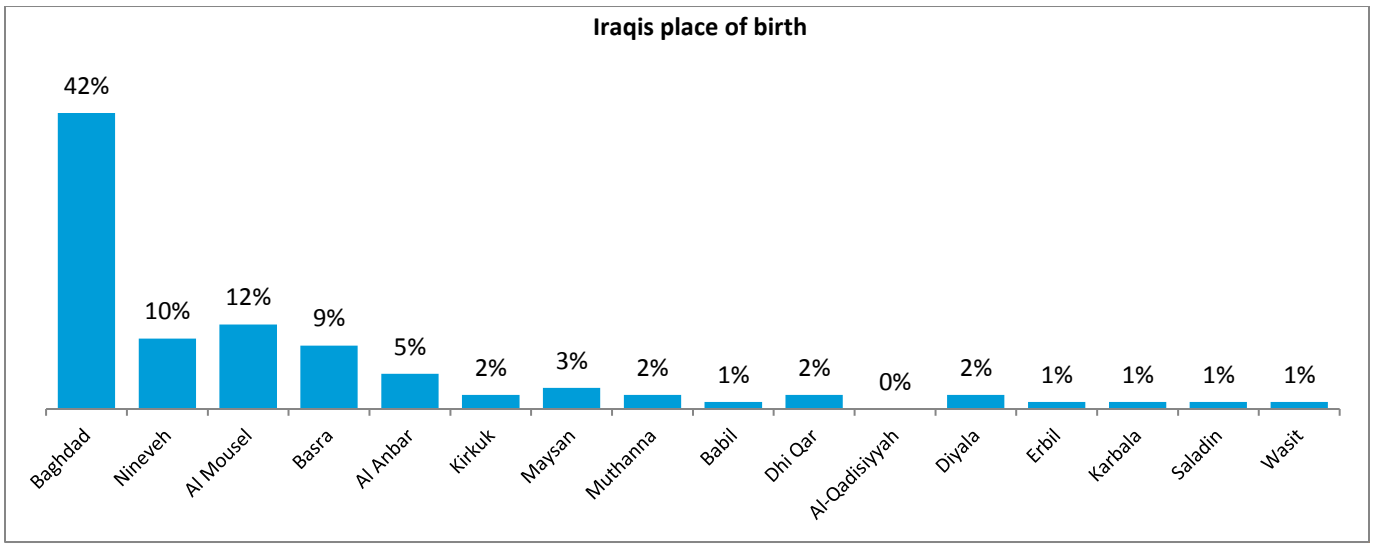



**Figure 3: Place of birth - Iraqis (n=302)**

## 2.2 Household head profile

**Household head profile:** Only 74% of the respondents interviewed were the head of households. For those who were not interviewed themselves, 91% of them were males as compared to 9% females. The majority fell into the age group of 36-55 years old by (48%) and (34%) reported that they have abandoned Secondary schooling however only (4%) of them were illiterate. English comes as the secondary language (29%) as compared to Arabic which is the primary language of (100%) of the household heads.

| Household head profile | 2017 (n=302) |
|---|---|
| **% of Household head** | **74%** |
| Gender | |
| Male | 91 |
| Female | 9 |
| Age | |
| Less than 18 years | 1 |
| 18-35 years | 8 |
| 36-55 years | 53 |
| More than 55 years | 38 |
| Education | |
| Knows how to read and write | 3 |
| Primary School | 15 |
| Intermediate/complementary school | 16 |
| Secondary school | 8 |
| 2 years Diploma | 14 |
| University | 40 |
| None | 4 |
| Language spoken | |
| Arabic | 99 |
| Kurdish | 3 |
| Turkish | 0 |
| English | 28 |
| Other | 23 |

All Figures are in % except n

## 2. 3 Household Profile

**Disability & Impairment**
Of the 1327 household members, 6% of them has been recorded as disabled and needed the assistance of others to perform daily activities.

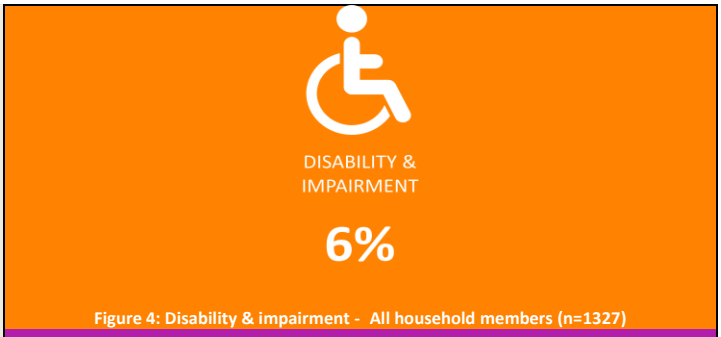



Figure 4: Disability & impairment - All household members (n=1327)

**Gender**
Females outnumber males by 2%

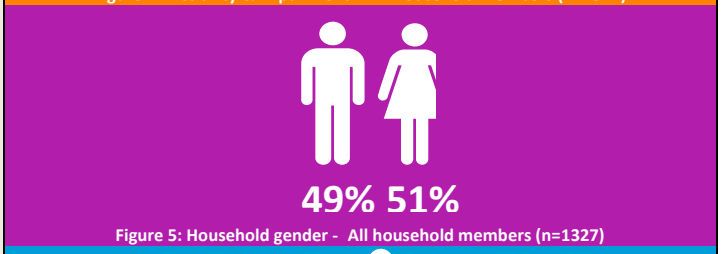



Figure 5: Household gender - All household members (n=1327)

**Pregnant females who needed antenatal care**
Among females who are at reproductive age, 12% were pregnant in Jordan during the last 2 years and needed antenatal/maternal care

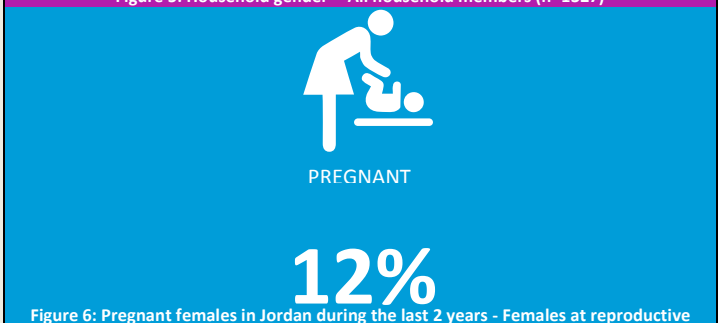



Figure 6: Pregnant females in Jordan during the last 2 years - Females at reproductive age (n=230)

**Mean of household members**
1327 household members has been reported to be living under the same roof and eating from the same pot in 302 households where the mean number of the members has been reported to be 4 members per household


Figure 7: Average # of household members - All household members (n=1327)

**Age groups**
From all household members (63%) of them were youth less than the age of 35 where (28%) of them where less than the age of 18.


Figure 8: Age of household members - All household members (n=1327)

**Chronic condition**
22% of the household members reported to have a chronic condition.

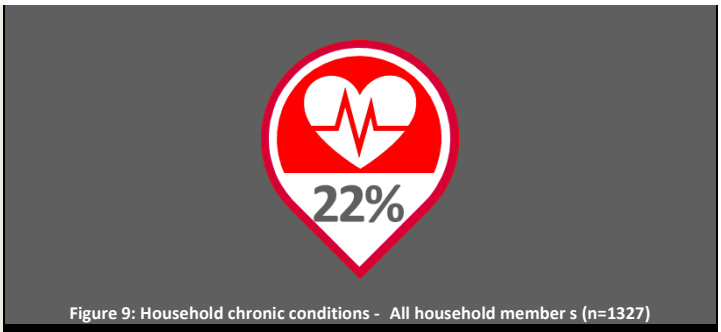


Figure 9: Household chronic conditions - All household member s (n=1327)

**Marital status**
53% of the household members are single while 38% are married.

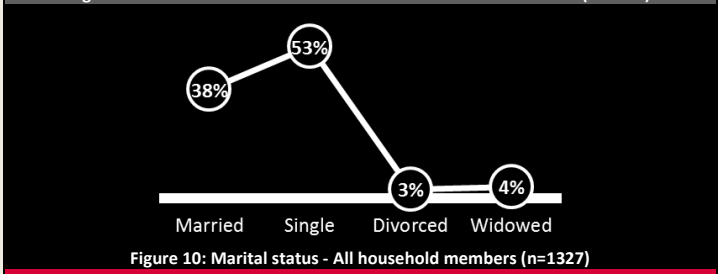


Figure 10: Marital status - All household members (n=1327)

**Mean number of children <5 years**
Each interviewed household had a mean score of 1 child that is in the age of 12 to 59 months

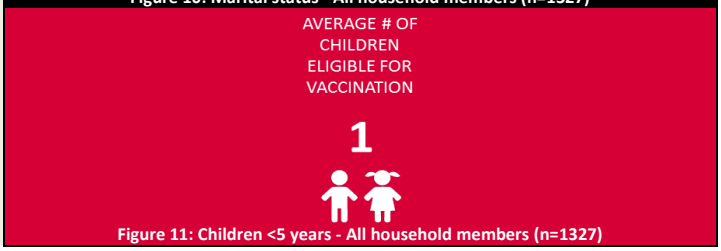


Figure 11: Children <5 years - All household members (n=1327)

## 2.4 Sample structure summary

**Sample structure summary –** From 302 interviewed households; an average of 4 members lived in the same household. 51% of the household members were females and 28% of the household members are less than 18 years old.

| | 2017 (n=302) | 2016 (n=300) |
|---|---|---|
| # of household members | 1,327 | 1,283 |
| Average # of household members | 4 | 4 |
| % of female household members | 51% | 50% |
| % of household members less than 18 years | 28% | 27% |

# 3. HEALTH SERVICES AWARENESS

**Awareness of health services provided by UNHCR**

A decrease in the percentage of Iraqis who are aware of the free access to UNHCR facilities shows this year compared to last year's results; where 62% of Iraqis interviewed were aware compared to 65% in 2016.

Similarly, there is a decrease by 2% in the percentage of Iraqis aware of the nearest clinic (51% in 2017 vs. 48% in 2016)

**Location of the nearest clinic**

Among those aware of the nearest clinic, Amman by far scored the highest (91%)

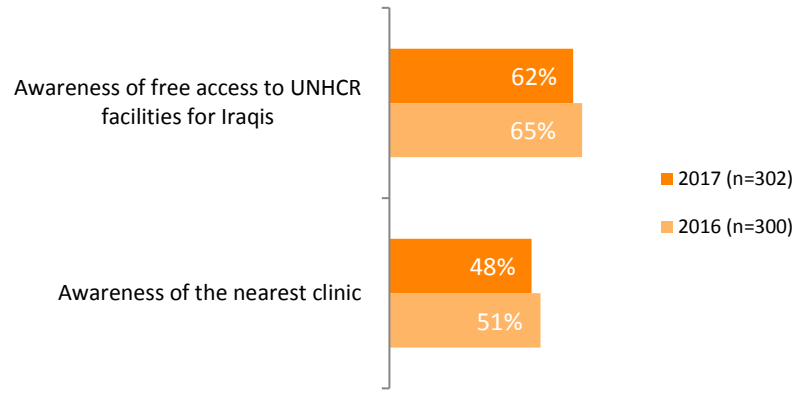



Figure 12: Knowledge of available health services - All respondents

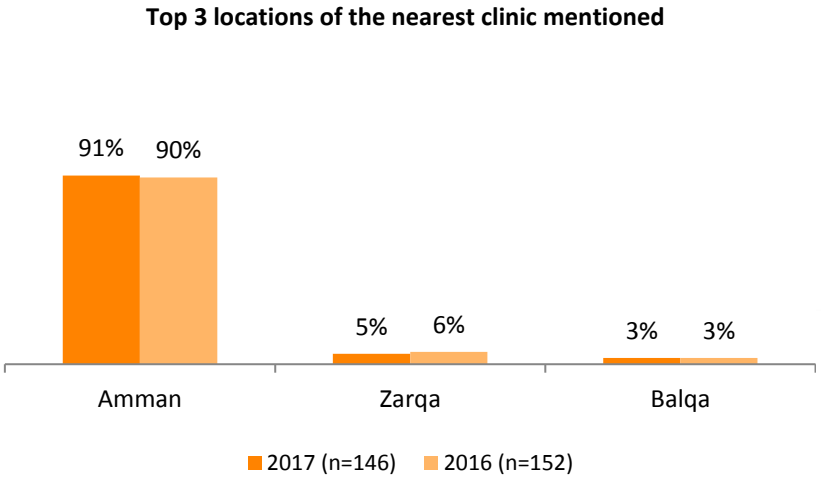



Figure 13: Awareness of the nearest clinic - Those who know the location of the nearest clinic

## 3.1 Health services awareness summary

**Health services awareness summary –** Awareness of free access to UNHCR facilities decreased among Iraqis to 62% in 2017

| | 2016 (n=300) | 2017 (n=302) |
|---|---|---|
| % of households who were aware of free access to UNHCR facilities | 65% | 62% |
| % of households who knew the location of the nearest clinic | 51% | 48% |

# 4. CHILD VACCINATION

**Awareness and access to vaccination card**

The awareness of free child vaccination at Ministry of Health facilities has considerably dropped in 2017 compared to the results of 2016 where 65% are aware of the free access to vaccination compared to 77% last year.

The percentage of households whose children have vaccination card decreased as well where 67% reported to have a vaccination card compared to 83% last year.

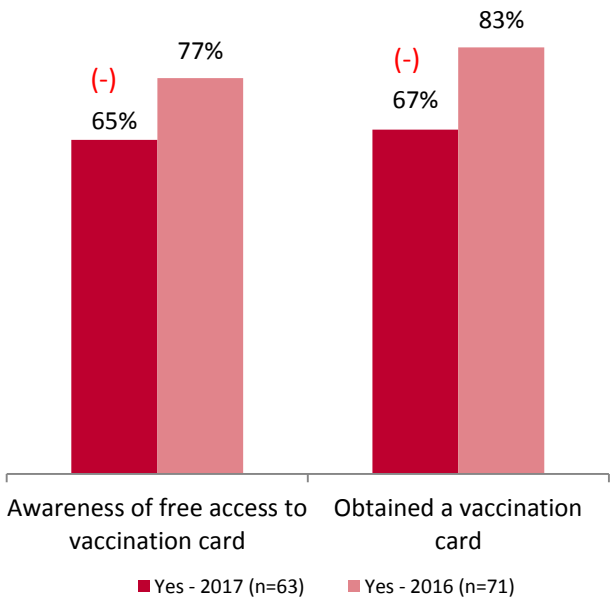



**Figure 14: Awareness and possession of free access vaccination card - Households that have children <5 years**

**Access to MMR and Polio Vaccination**

The percentage of households who reported that their children received MMR/ polio vaccination decreased in 2017 indicating a substantial lack in the awareness and access of vaccination among Iraqis.

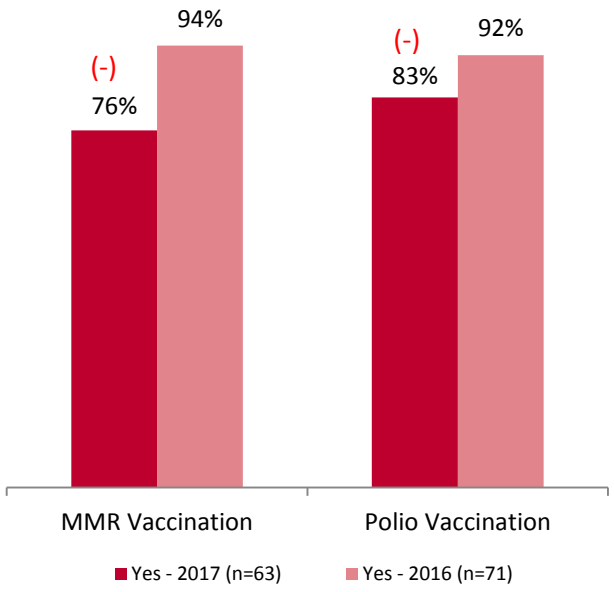



**Figure 15: Access to vaccination - Households that have children <5 years**

(+) Revaluation by more than 4%

(-) Devaluation by more than 4%

**Difficulties to obtain vaccination**

6% of the interviewed households had a difficulty to obtain either MMR or Polio vaccination for their children in 2017 showing an average of 3% increase compared to 2016 results.

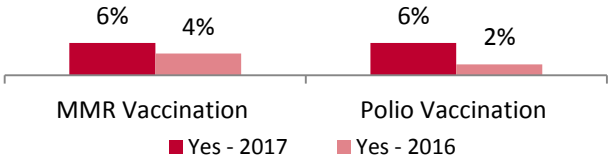



Figure 16: Difficulties to obtain vaccination - Those who obtained vaccination

**Vaccination Facility**

Governmental health centers are still the top facility that Iraqi households visit for children's vaccination (whether polio or MMR), yet there is a decrease in the percentage of its visitors in 2017 compared to 2016.

An increase in the percentage of households reporting that their children got vaccinated before arriving to Jordan is witnessed.

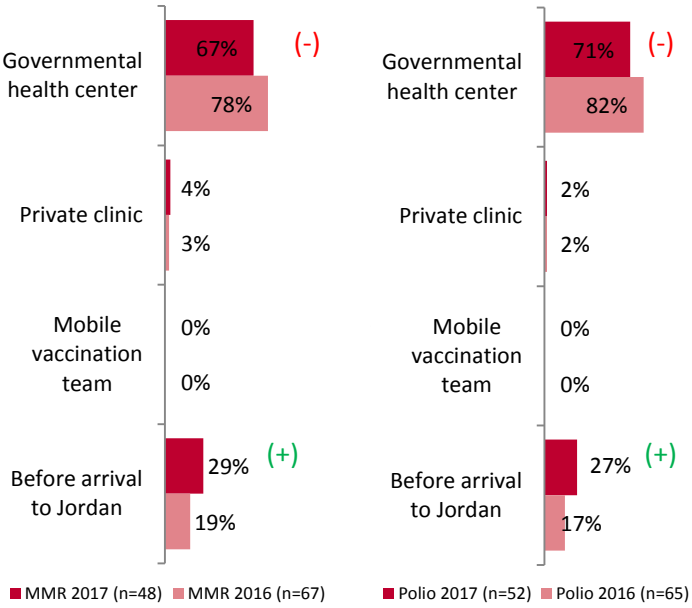



Figure 17: Vaccination facility - Those who obtained vaccination

(+) Revaluation by more than 4%

(-) Devaluation by more than 4%

**Encountered difficulties**
Only 6 reported they had difficulties obtaining MMR or polio vaccination this year. Main difficulties mentioned were the long wait, the fees, and the rude treatment of the staff.

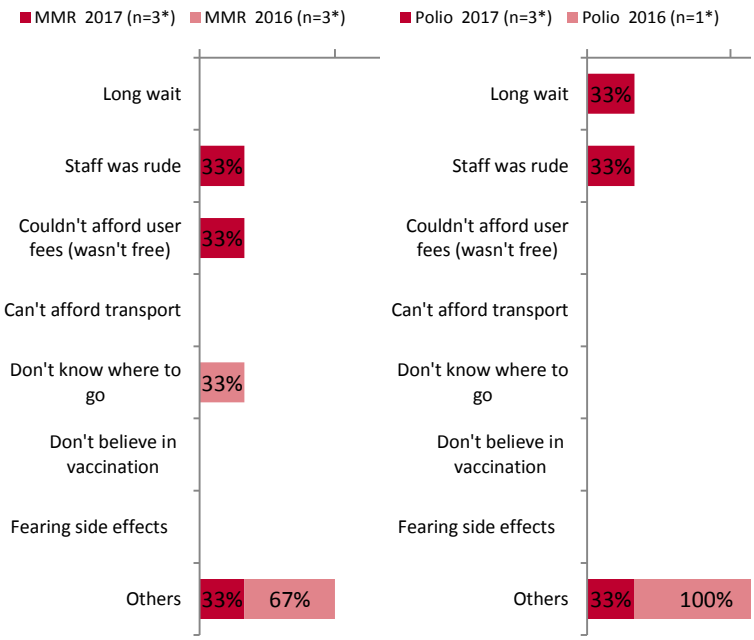



Figure 18: Difficulties while obtaining the vaccine - Those who encountered difficulties while obtaining the vaccine

(*) = Insufficient base for analysis

## 4.1 Child vaccination summary

**Child vaccination summary –** A decrease in the percentage of Iraqi households who had vaccination cards dropped compared to 2016. Most of Iraqi children obtained Polio and MMR vaccination through a Jordanian governmental primary health care center

| | 2017 (n=63) | 2016 (n=71) |
|---|---|---|
| % that had an vaccination card | 67% | 83% |
| % that faced difficulties obtaining vaccine | 6% | 3% |
| % that received MMR vaccine at Jordanian government primary health care centre | 67% | 78% |
| % that received polio vaccine at Jordanian government primary health care centre | 71% | 82% |
| % that received MMR vaccine before coming to Jordan | 29% | 19% |
| % that received polio vaccine before coming to Jordan | 27% | 17% |

# 5. Antenatal care

## 5.1 Access to antenatal care

**Access to antenatal care**
Among the 12% of females who needed antenatal care 81% received the care needed while 29% of those who had the care encountered difficulties while receiving it, which is significantly higher than last year (only 7% in 2016)

(+) Revaluation by more than 4% (-) Devaluation by more than 4%

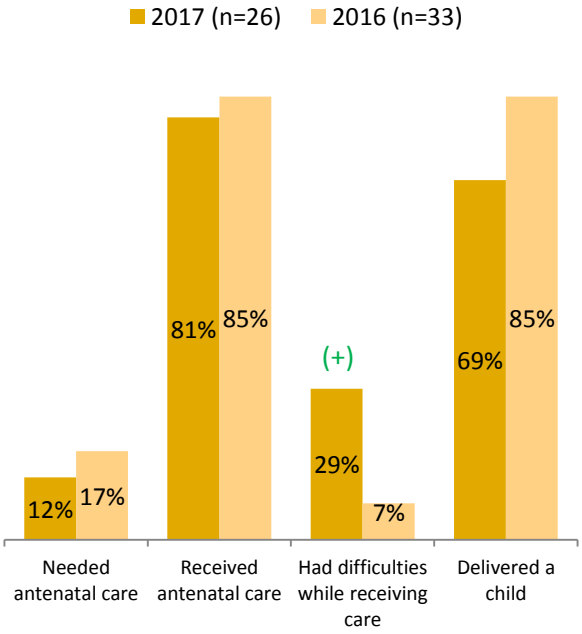



**Figure 19 - Access to antenatal care - Pregnant females in Jordan during the last 2 years**

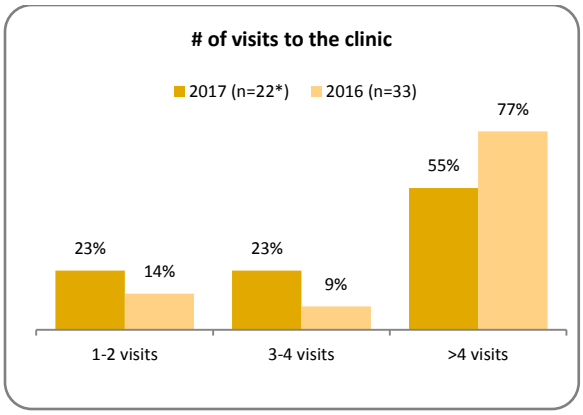



Figure 20: Number of visits to the clinic - Households that had females who received antenatal care

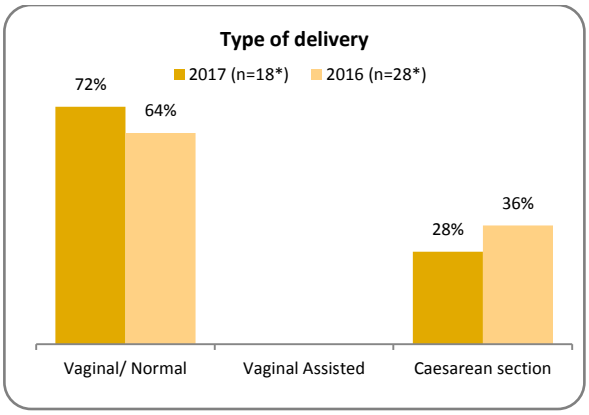



Figure 21: Type of delivery - Those who delivered a child

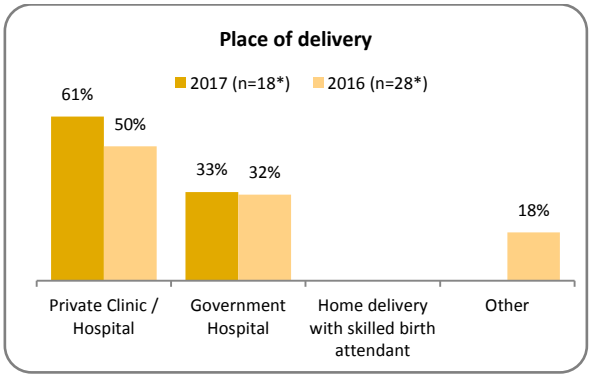



Figure 22: Place of delivery - Those who delivered a child

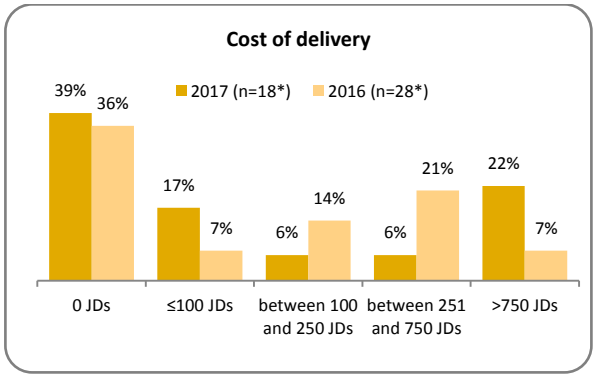



Figure 23: Cost of delivery - Those who delivered a child

Insufficient base for analysis (*)

Pregnant females had antenatal care coverage at 81% in 2017 while 55% of them had more than 4 visits to the clinic (compared to 77% in 2016).

72% of pregnant females delivered a child through normal vaginal delivery followed by 28% who had Caesarian section signifying a decrease in the C-section delivery compared to 2016 results (36%).

Regarding the delivery costs, 2017 results shows an increase in the percentage of those who had the delivery for free (39% vs. 36% in 2016), yet the majority of those who paid the cost of delivery was estimated to be in the range of 100~750 JDs mostly due to the high score of deliveries reported in a private hospital/clinic.

In line with 2016 results yet with considerably higher percentage, majority of child deliveries took place mainly in a private clinic/hospital (61%) and governmental hospitals (33%).

**Difficulties occurred while receiving care -** Long wait is the main difficulty while receiveing antenatal care, however this year it rudeness of staff, non affordable costs, and non-equipped facility were reported as difficulties as well.

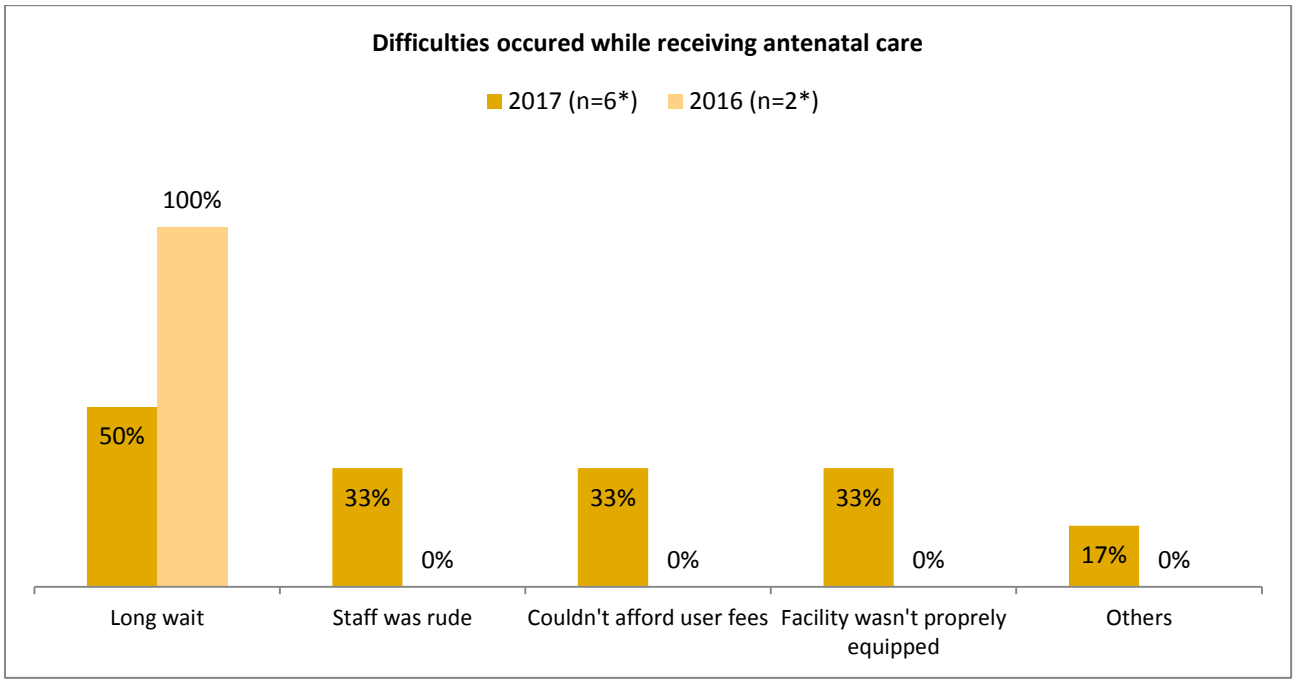



Figure 24: Difficulties occurred while receiving care - Those who encountered difficulties

Insufficient base for analysis (*)

**Reasons for a private facility –** The reasons behind accessing care in a private facility are equally based on the preference of respondents (36%) in addition to lack of eligibility to access governmental facilities at a subsidized rate (36%) which is highly reported this year compared to last year's results (14%)

| Reasons accessing care in a private hospital/clinic | 2017 (n=11)* | 2016 (n=14)* |
|---|---|---|
| Not eligible to access Ministry of Health facility at subsidized rate | 36% | 14% |
| Eligible to access Ministry of Health facility at subsidized rate but could not access | 0% | 7% |
| Prefer to go to a private facility | 36% | 36% |
| Others | 27% | 43% |

## 5.2 Family planning

In all households who had a pregnant female eligible to antenatal care they were reporting that 11% of the households were aware of family planning and 22% acquired knowledge on family planning mainly through TV, Radio or other media source and health center staff.

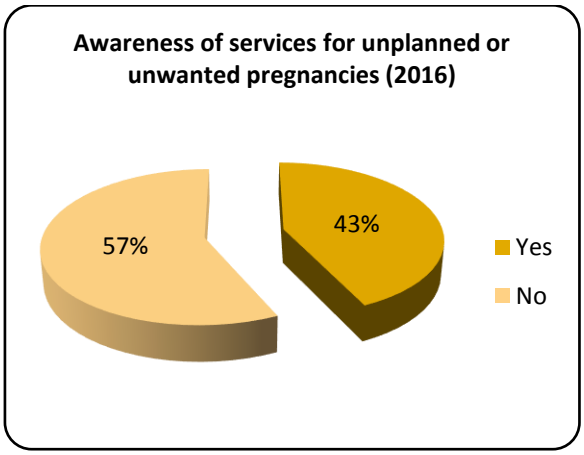



Figure 25: Awareness of services for unplanned pregnancies - Households that had pregnant females (n=28*)

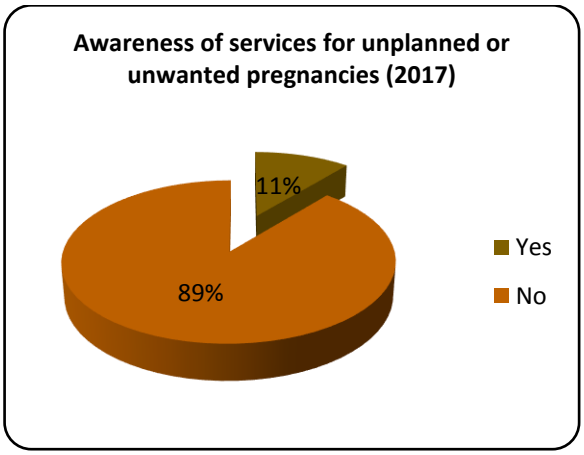



Figure 27: Awareness of services for unplanned pregnancies - Households that had pregnant females (n=18*)

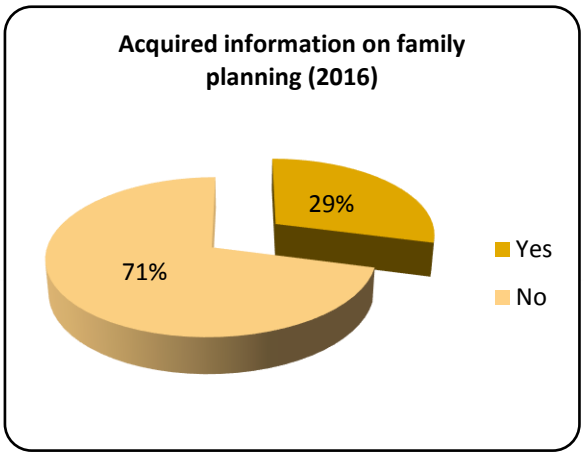



Figure 26: Acquired information on family planning - Households that had pregnant females (n=28*)

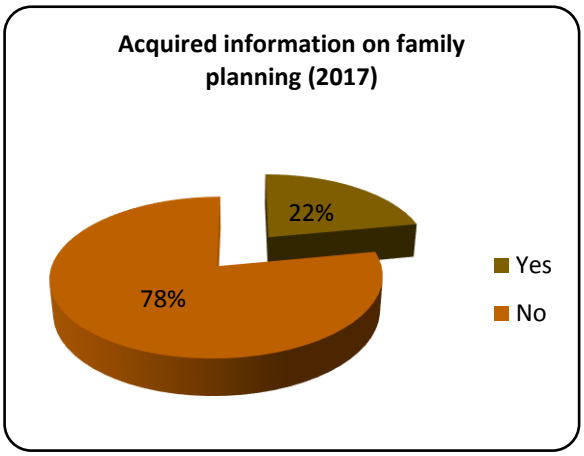



Figure 28: Acquired information on family planning - Households that had pregnant females (n=18*)

Insufficient base for analysis (*)

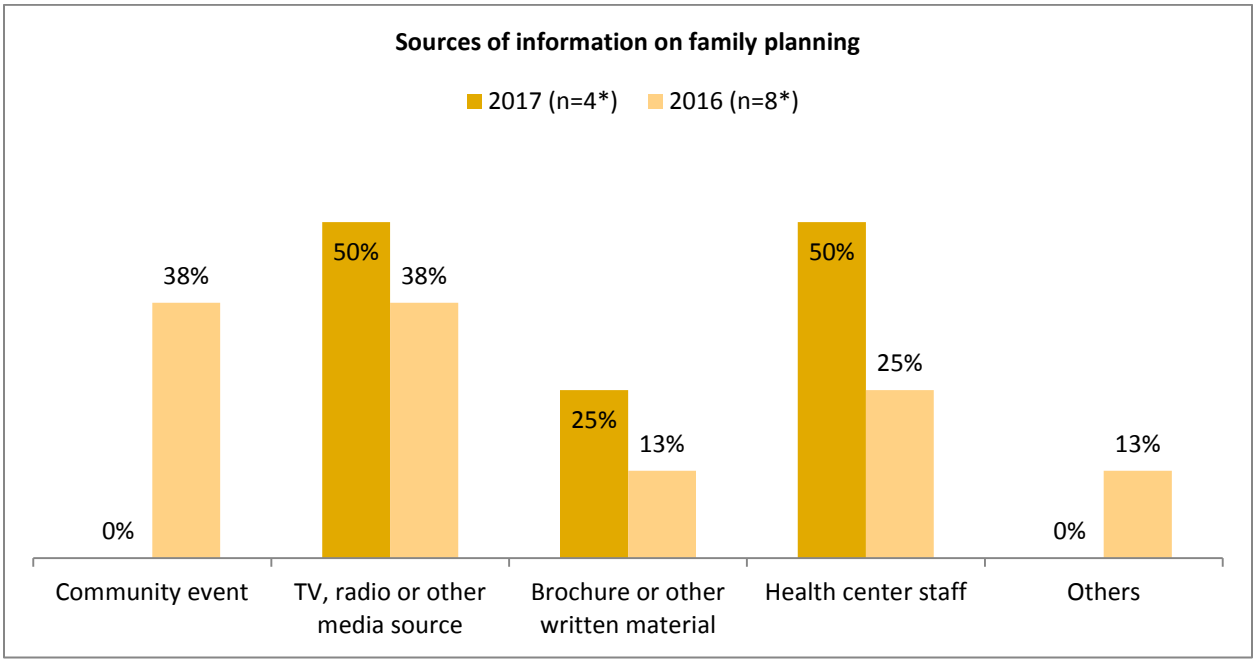



Figure 29: Sources of information on family planning - Households that had pregnant females

## 5.3 Contraceptives

None of households who had a female eligible to antenatal care had a household member who tried to obtain contraceptives according to 2017 results.

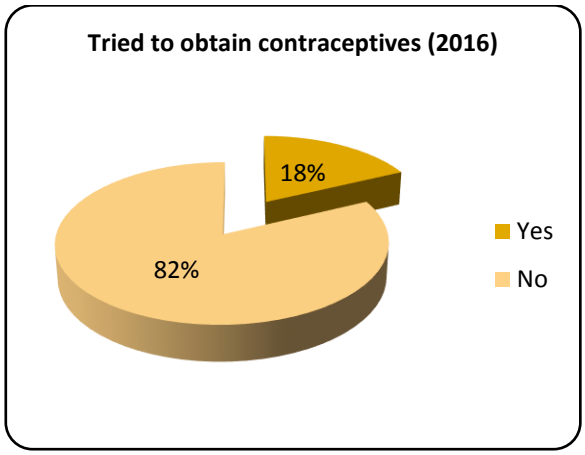



Figure 30: Trial to obtain contraceptives - Households that had pregnant females (n=28*)

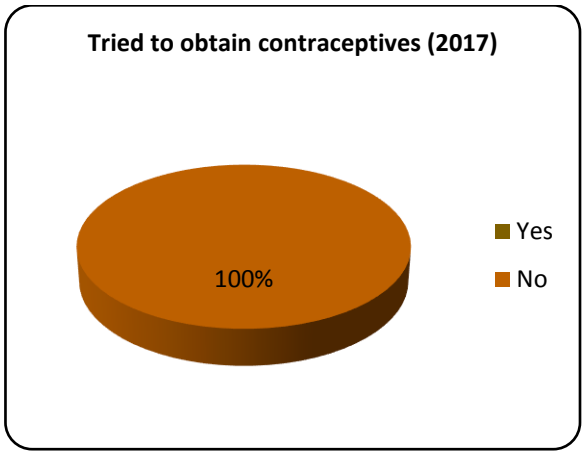



Figure 32: Trial to obtain contraceptives - Households that had pregnant females (n=18*)

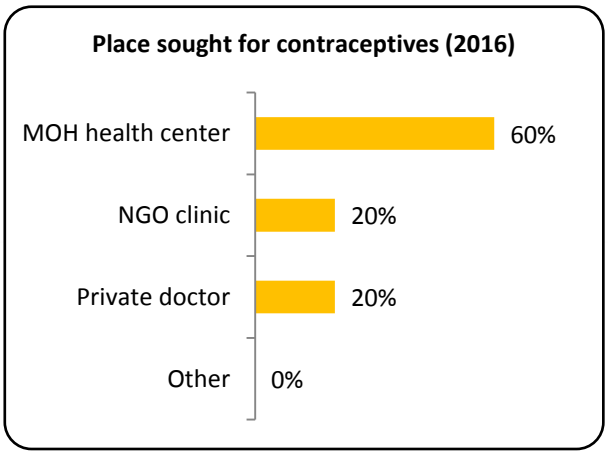



Figure 31: Place sought for contraceptives - Households who had a family member trying to obtain contraceptives (n=5*)

Insufficient base for analysis (*)

**Given that there are no females that tried to obtain contraceptives (as explained in figure 32) in 2017 therefore no data on the place sought for contraceptives**

## 5.4 Antenatal care summary

Deliveries in a private clinic/hospital score the highest among all facilities and 18% more than deliveries in governmental facilities among Iraqi's, most of the deliveries were Vaginal/normal yet 36% of them were caesarian deliveries.

| | 2017 (n=26) | 2016 (n=33) |
|---|---|---|
| % of pregnant women who had at least one ANC visit | 81% | 85% |
| % of pregnant women who had difficulty accessing ANC | 29% | 7% |
| % of those who couldn't afford fees or transport | 33% | 0% |
| % of those who encountered Long wait | 50% | 100% |
| % of deliveries by caesarean section | 28% | 36% |
| % of deliveries in private facilities | 61% | 50% |
| % of deliveries in government facilities | 32% | 32% |
| % of deliveries free of cost | 39% | 36% |

# 6. CHRONIC DISEASE

## 6.1 Type of disease

From all household members who had a chronic condition, hypertension is the top reported disease followed by diabetes and Ischemic heart disease.

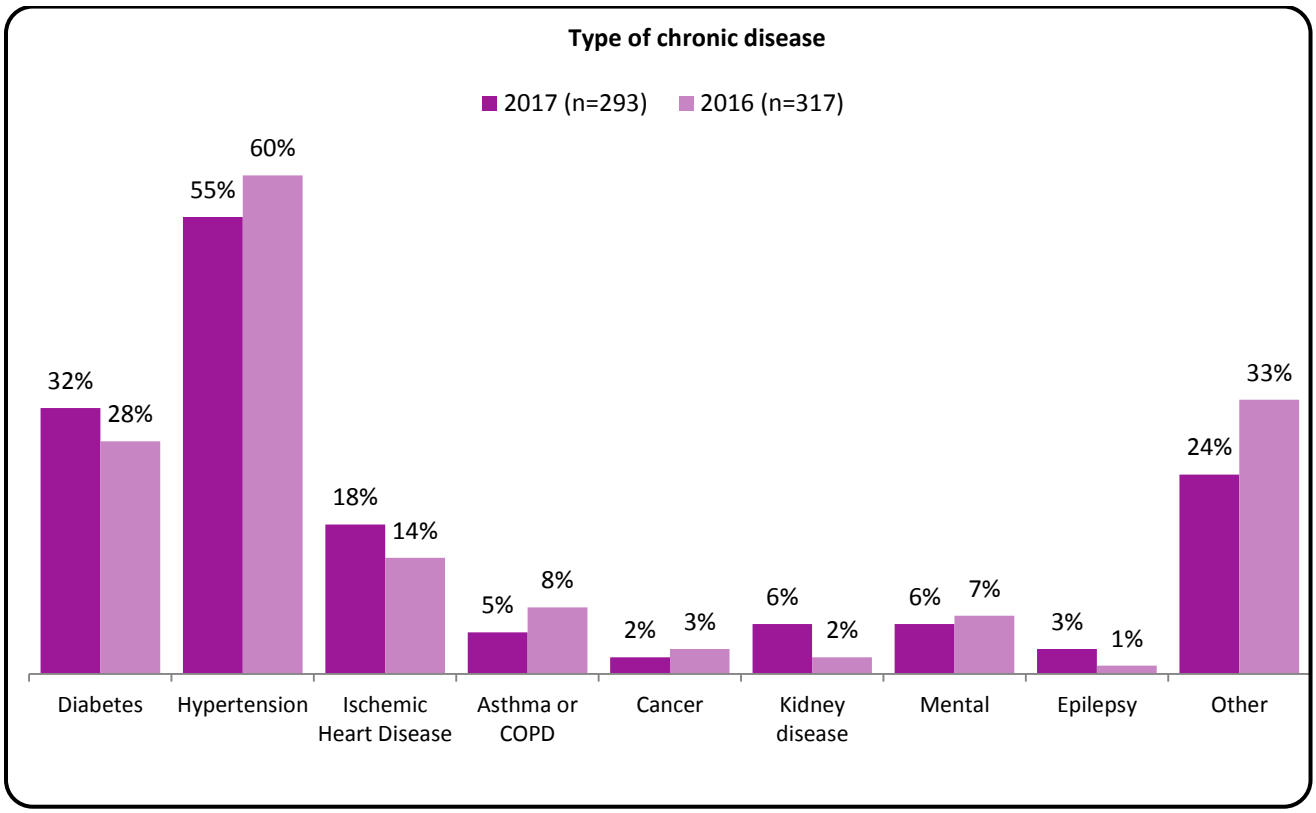



Figure 33: Type of chronic disease - Household members that have a chronic condition

## 6.2 Access to medicine for chronic conditions

From those who needed medicine for their chronic condition, 51% of them were unable to access medicine showing a significant increase when compared to those who were unable to access medicine in 2016 (37% only). Yet in line with last year's results, being unable to afford the fees is the main reason for accessing medicine.

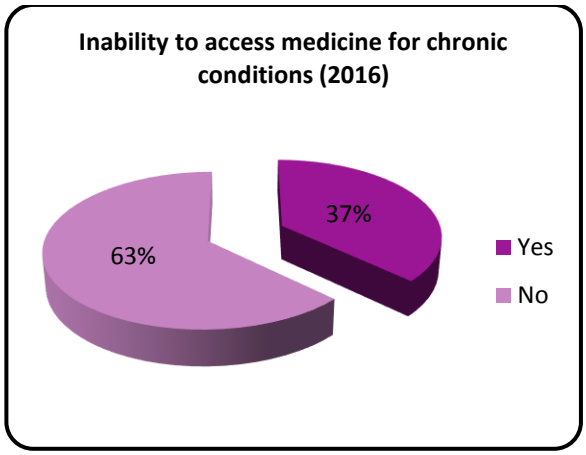



Figure 34: Inability to access medicine - households members with chronic condition (n=199)

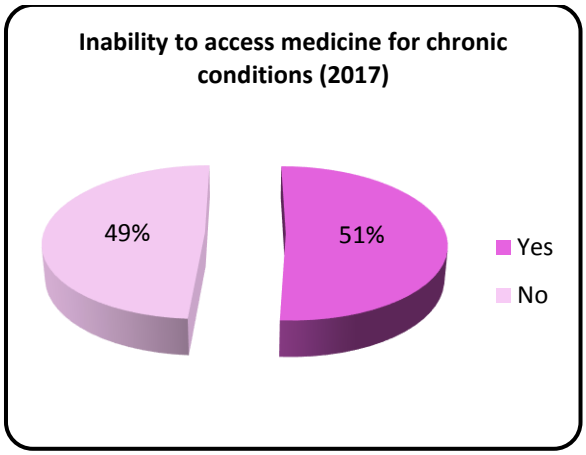



Figure 36: Inability to access medicine - households members with chronic condition (n=187)

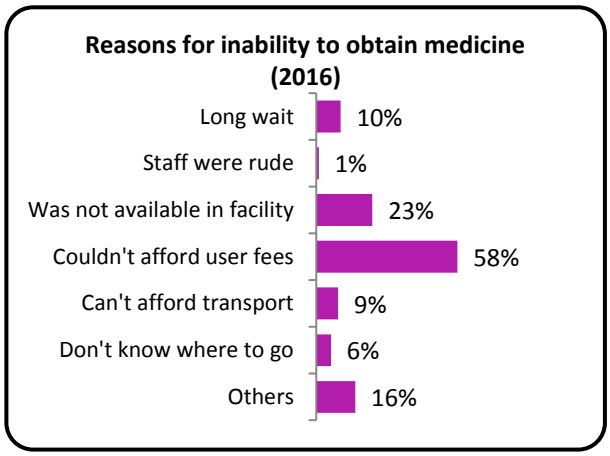



Figure 35: Reasons for inability to access medicine - Those who were unable to obtain medicine (n=116)

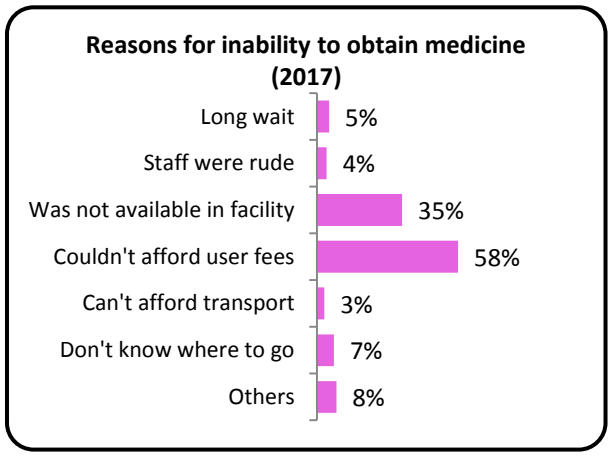



Figure 37: Reasons for inability to access medicine - Those who were unable to obtain medicine (n=144)

## 6.3 Access to medical services for chronic conditions

The percentage of members with chronic diseases who could not access medical services for their condition has considerably increased when compared to last year (44% in 2017 vs. 31% in 2016). Being unable to afford the fees comes as the top reason for not accessing the medical services similar to last year.

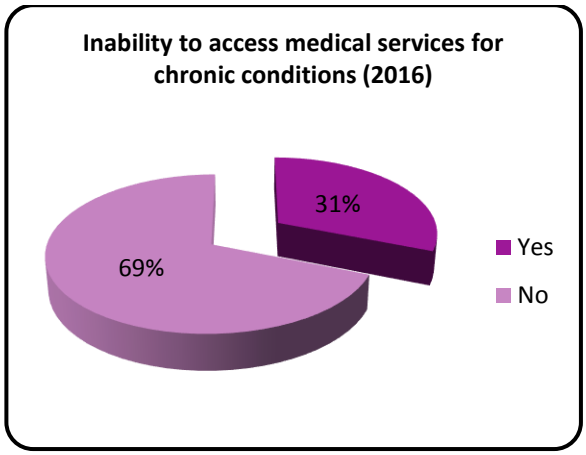



Figure 38: Inability to access health services - households members with chronic condition (n=199)

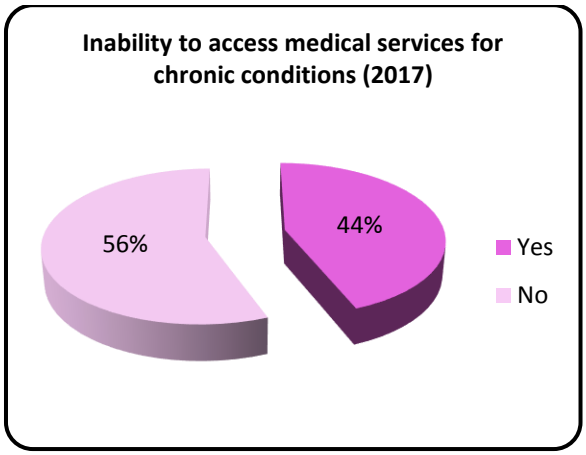



Figure 39: Inability to access health services - households members with chronic condition (n=187)

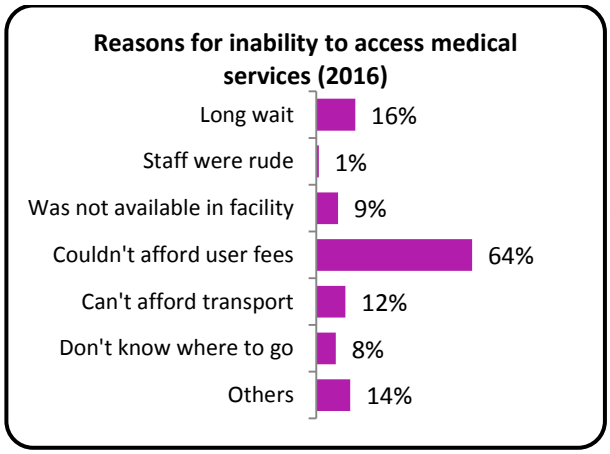



Figure 40: Reasons for inability to access health services - Those who were unable to access health services (n=97)

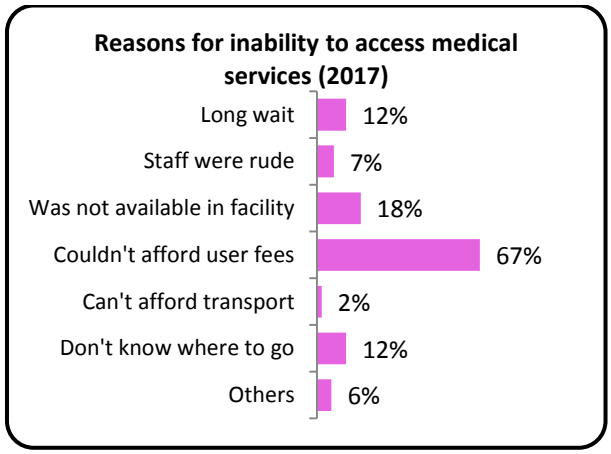



Figure 41: Reasons for inability to access health services - Those who were unable to access health services (n=144)

## 6.4 Chronic disease summary

The percentage of household members with chronic condition who weren't able to access medicine or health services increased considerably in 2017 (48%) when compared to 2016 results (34%).

Another rising matter that shows this year is the unawareness of the facilities to be sought for medical care; where 12% (increasing by 4%) mentioned that they were not able to access medical care because they didn't know where to go for that purpose.

| | 2017 (n=302) | 2016 (n=300) |
|---|---|---|
| % of households members with a chronic condition | 22% | 25% |
| % of adults with chronic conditions who weren't able to access medicine or other health services | 48% (+) | 34% |
| % of those who couldn't afford fees of medicine | 58% | 58% |
| % of those who couldn't afford fees of medical service | 67% | 64% |
| % of service unavailable in local facility | 18% (+) | 9% |
| % of those who didn't know where to access care | 12% (+) | 8% |

(+) Revaluation by more than 4% (-) Devaluation by more than 4%

# 7. DISABILITY & IMPAIRMENT

## 7.1 Type of disability & impairment

Physical impairment scores the highest among types of disability/impairment (53%) followed by mental (17%) and intellectual (13%) impairments.

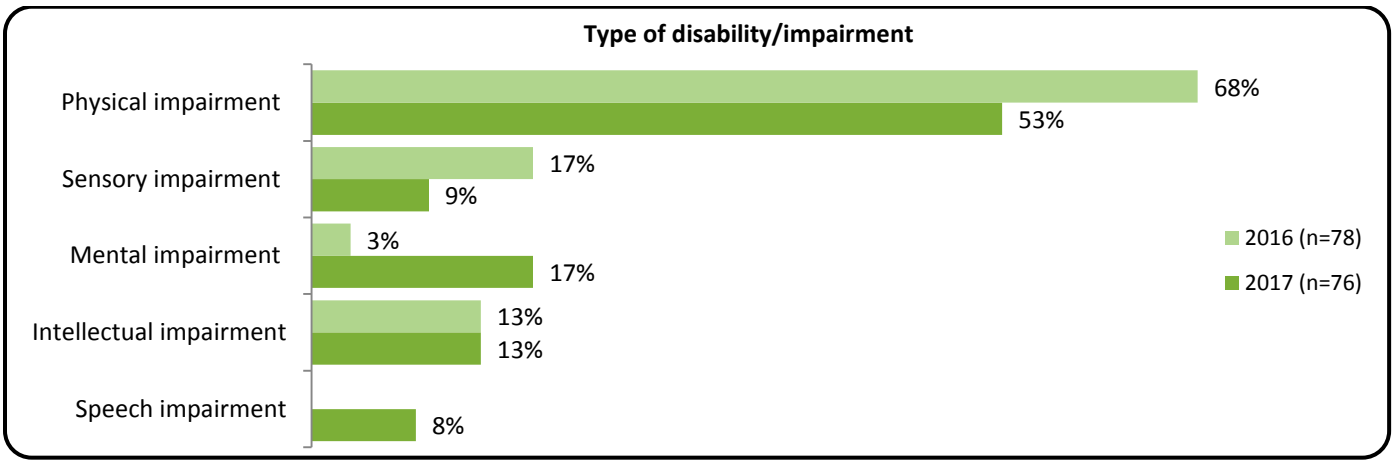



Figure 42: Type of disability/impairment - Household members who had a disability/impairment

55% of the disabilities occurred due to natural reasons, yet those who reported that their disability was due to violence/war increased in 2017 (34%) compared to 2016 (15%)

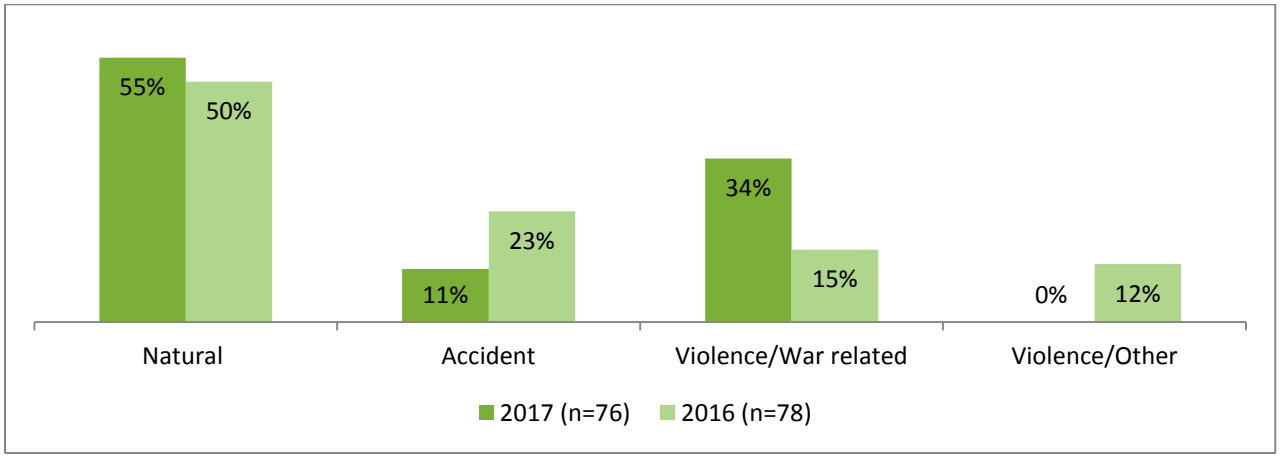



Figure 43: Cause of disability/impairment - Household members who are disabled/impaired

## 7.2 Disability & impairment therapy

In 2017 most of the cases received their first treatment in Iraq, followed by Jordan (42%).

A significant drop is witnessed in the rehabilitation and surgical treatments received for disability/impairment; where only 16% reported receiving rehabilitation treatment compared to 42% in 2016, and only 17% reported having surgical treatment compared to 36% in 2016. On the other hand psychosocial treatment is improved where 18% (compared to 10% in 2016) reported to have received such treatment.

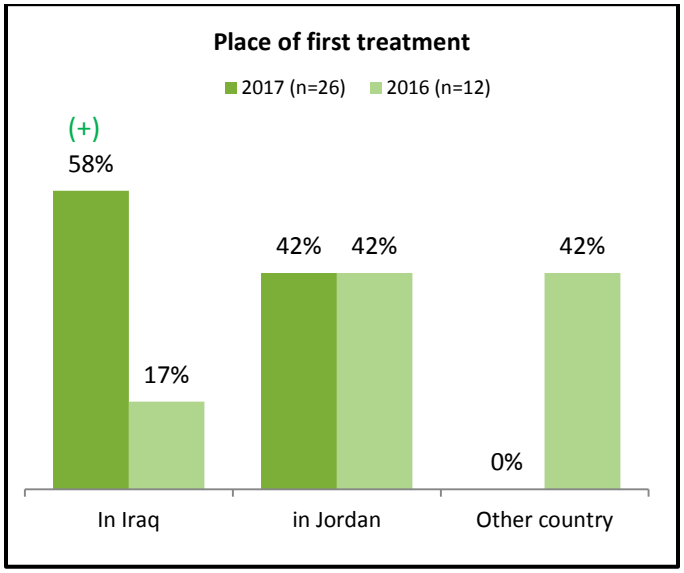



Figure 44: Place of first treatment - those who had a violence/war related disability/impairment

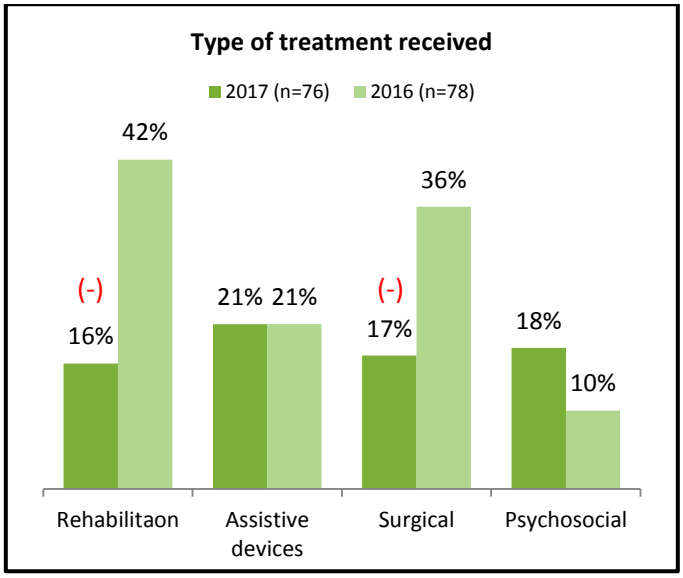
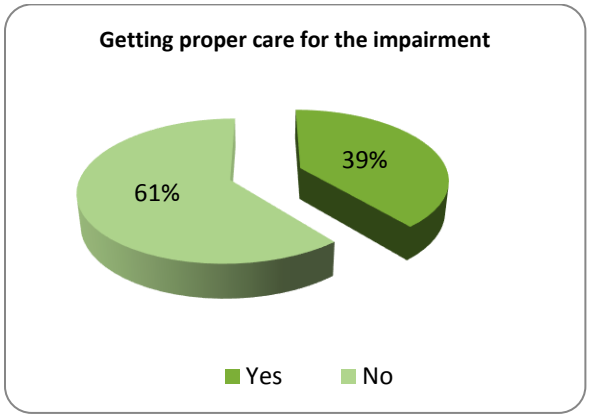



Figure 45: Type of treatment received - Household members who are disabled/impaired

(+) Revaluation by more than 4% (-) Devaluation by more than 4%

## 7.3 Getting proper care

Only 39% reported to receive proper care for their impairment. 36% of household members with disability reported that they couldn't afford the fees of health care.



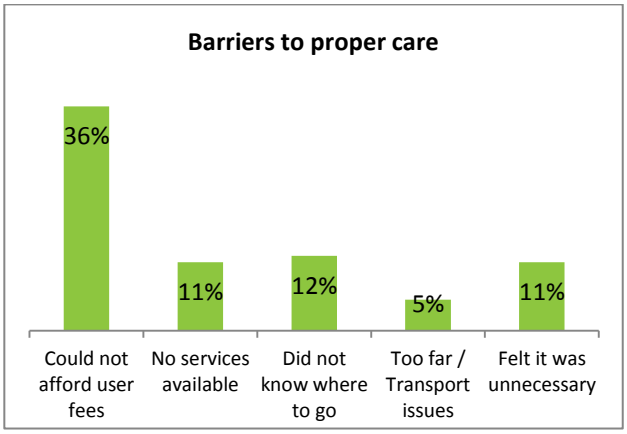




Figure 46: Barriers to proper care - Household members who are disabled / impaired (n=76)

## 7.4 Disability & impairment summary

Impairments due to war was highly reported among Iraqis (34%) in 2017 with an increase of 19% when comparing to last year.

58% of Iraqis with disability were first treated in Iraq, which is a significantly high percentage compared to 17% who reported that last year.

| | 2017 (n=76) | 2016 (n=78) |
|---|---|---|
| % who were reported to have a disability | 6% | 6% |
| % of impairments due to war related violence | 34% (+) | 15% |
| % of those who received care in Jordan | 42% | 42% |
| % of those who received care in Iraq | 58% (+) | 17% |

(+) Revaluation by more than 4% (-) Devaluation by more than 4%

# 8. MONTHLY HEALTH ACCESS ASSESMENT

## 8.1 First facility

Health care services were needed by 25% of household members in 2017 and 75% of them actively sought health services.

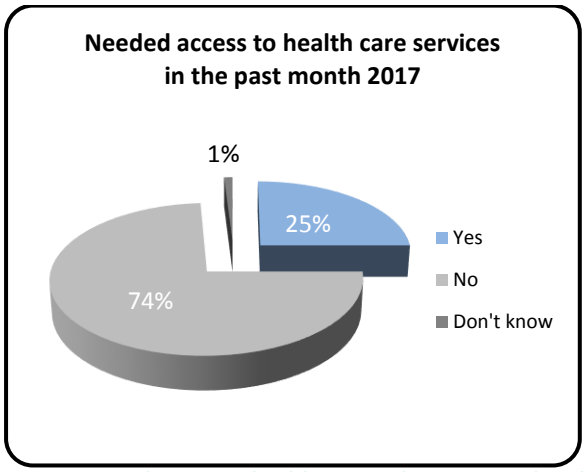



Figure 47: Need to access health care in the past month - All household members 2017 (n=1327)

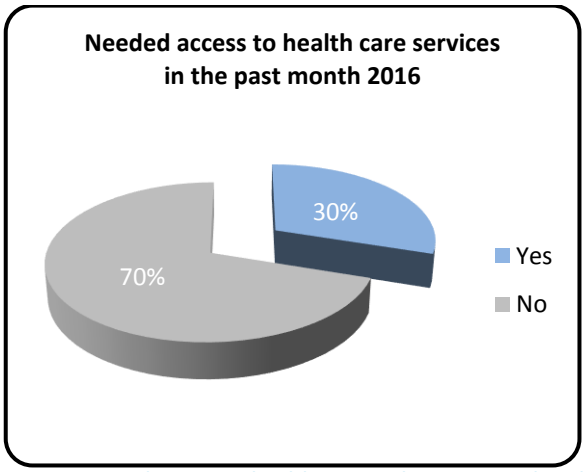



Figure 48: Need to access health care in the past month - All household members 2016 (n=1283)

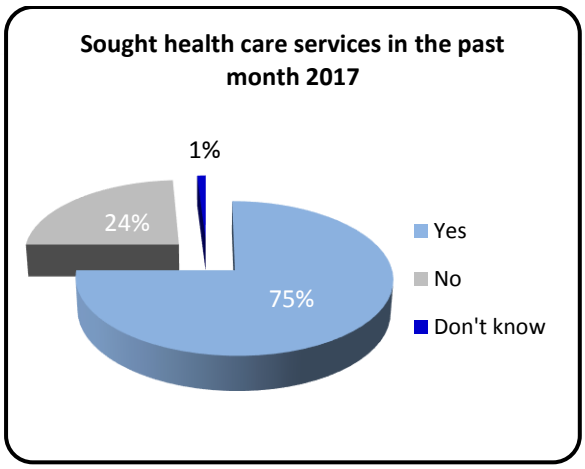



Figure 49: Sought health care services in the past month - All household members who sought health care 2017 (n=337)

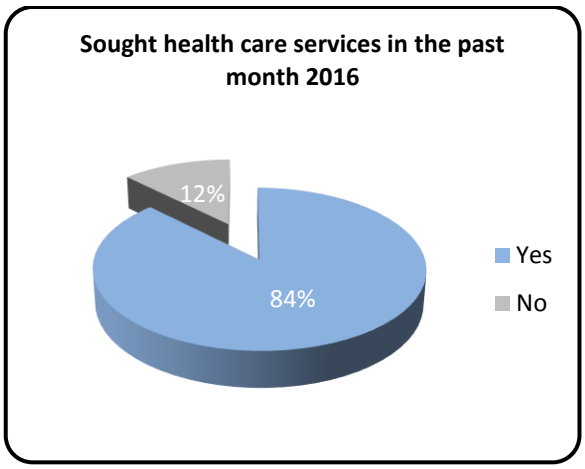



Figure 50: Sought health care services in the past month - All household members who sought health care 2016 (n=385)

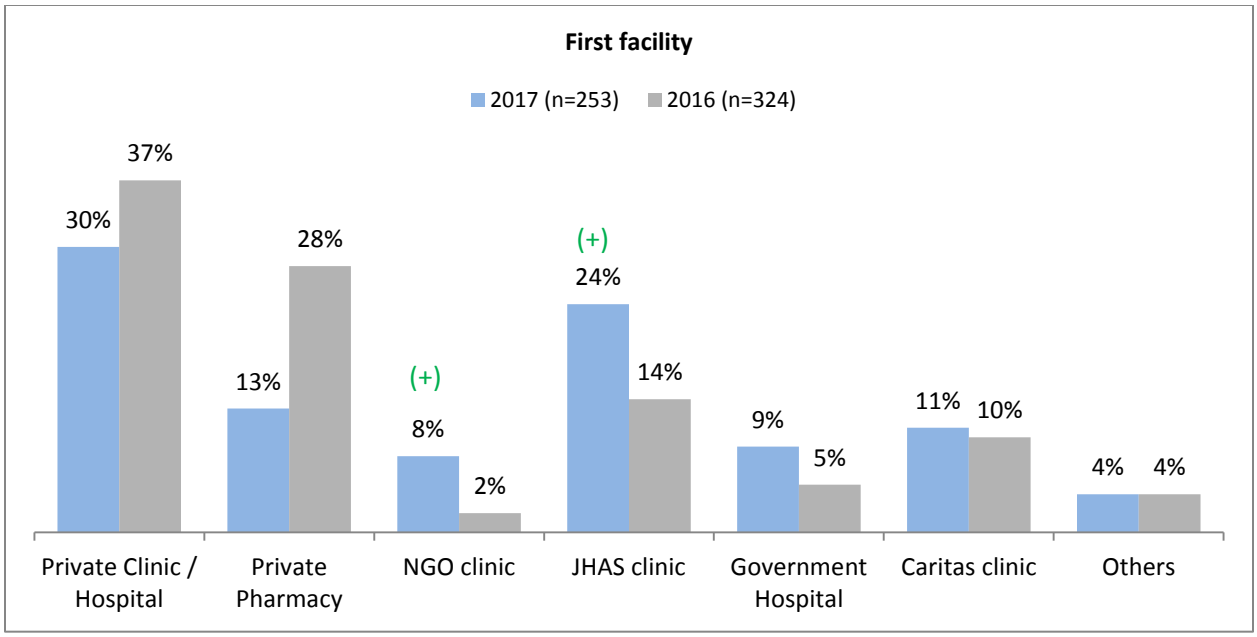



**Figure 51: First facility - Those who sought health care services**

(+) Revaluation by more than 4% (-) Devaluation by more than 4%

From those who sought the services the majority initially reached either private clinic/hospital (30%) yet with lesser percentage compared to 37% last year. JHAS clinic shows this year as the following facility sought with an increase in the percentage of those who sought it by 10%. On average, those who sought facilities paid 90.5 JDs in the first facility

## 8.2 Second facility

As a result of inability to be served in the first facility 26% of household members decided to seek an alternative facility.

From those who sought the second facility the majority reached either another private clinic/hospital (52%) or a private pharmacy (17%) and paid an average 241.57 JDs in the second facility

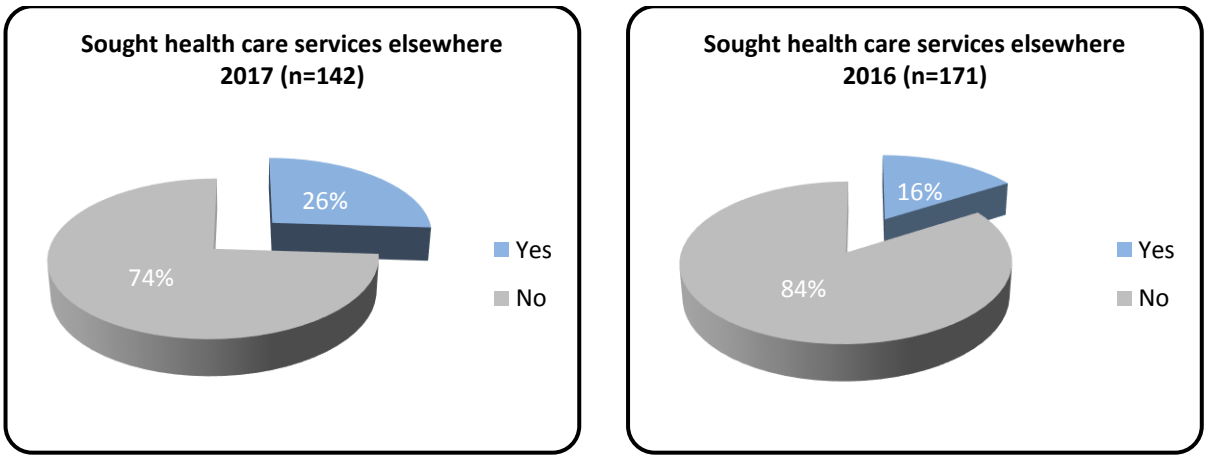



Figure 52: Sought healthcare elsewhere - Those who sought healthcare services

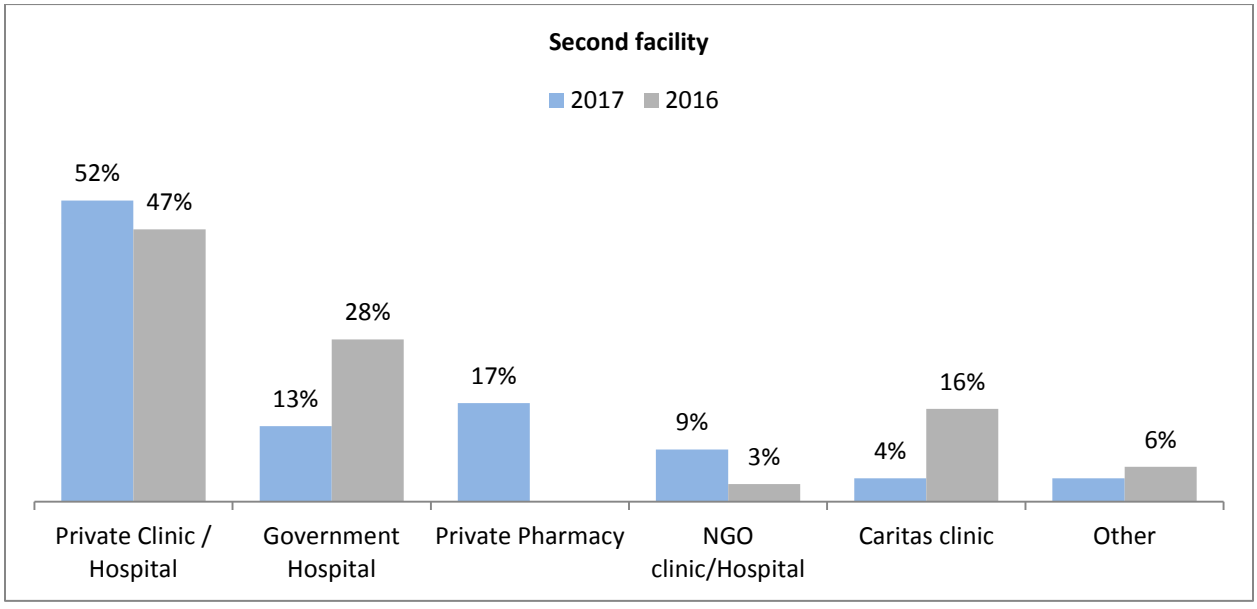



Figure 53: Second facility - Those who sought care elsewhere 2017 (n=46), 2016 (n=32)

## 8.3 Household spending

The mean of the combined income of households is 323.0 JDs where they spend an average of 241.0 JDs on health care which is more than 75% of their total income.

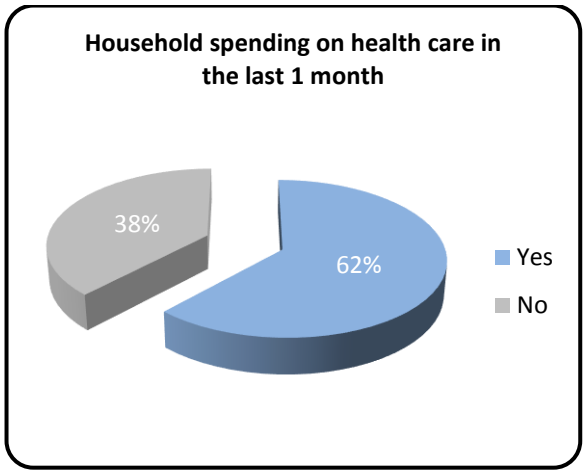



Figure 54: Household spending in the last month - All households (n=302)

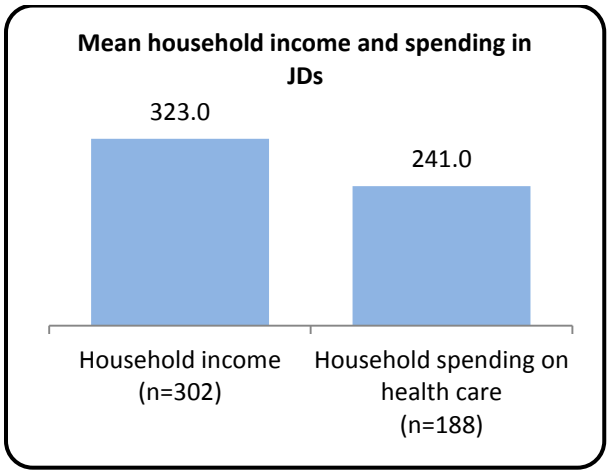



Figure 55: Mean household income & expenditure – All households who spent on health

## 8.4 Monthly household assesment summary

The mean cost of care dropped by half in 2017 where those who sought health care in 2017 paid on average 90.5 JD compared to 180.8 JD in 2016. This could be referred to the decreased usage of private hospitals and clinics.

| | 2017 (n=302) | 2016 (n=300) |
|---|---|---|
| % of surveyed household members who needed health care in preceding month | 25% | 30% |
| % of those who were able to receive care in first health facility | 75% | 89% |
| % of those initially seeking care in a private clinic or hospital | 30% | 37% |
| Average cost for care in first facility | 90.5 | 180.8 |