

# HEALTH & STATUS OF PALESTINE REFUGEES FROM SYRIA IN JORDAN: SITUATIONAL ANALYSIS

**FINAL REPORT**

**MARCH 31, 2017**

## **SUBMITTED TO:**

Dr. Akihiro Seita, Director of Health  
United Nations Relief and Works Agency  
for Palestine Refugees in the Near East  
(UNRWA)

## **PREPARED BY:**

Kumkum Amin, Associate Director  
John Snow, Inc. (JSI)





## ACKNOWLEDGEMENTS

This document highlights the health and situational status of Palestine refugees from Syria (PRS) now living in Jordan, based on a seven-week assessment visit to the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). As the first such qualitative assessment of PRS living in Jordan, the findings are believed to have implications for all those accessing services at the health centers, and not just for the PRS. While the focus was intentionally on the health of PRS, the study also sheds light on other aspects of refugee life in Jordan, including children's education, livelihoods, and the UNRWA assistance program.

The assessment was made possible as a result of an invitation from Dr. Akihiro Seita, Director of the Health Programme at UNRWA headquarters (HQ) in Amman, Jordan. He and Dr. Dorothée Klaus, Deputy Director of UNRWA Operations (Programmes) at the Jordan Field Office (JFO) opened their doors and welcomed the opportunity to examine and assess the situation facing this recent refugee population under UNRWA's mandate. Senior management at the Communications, Planning, and Relief and Social Services departments in HQ provided the broad context of UNRWA's work and support to the PRS.

In addition to UNRWA's senior leadership, I would also like to thank several staff at the JFO, in particular: Ms. Rasha Al Osta, Emergency Coordinator; Mr. Andrew Knight, Senior Emergency Coordinator; and, the fourteen social workers who worked tirelessly to ensure all logistical arrangements were made for the meeting in coordination with the Area Offices in North Amman, South Amman, and Zarka, and the health center in Irbid. The social workers also recruited participants at short notice, ensured their transportation was arranged, and that refreshments were available at the meetings. Without their support the study would not have been possible within this tight deadline. I would also like to thank Dr. Ishtaiwi Abu Zayed, Chief, Field Health Programme and the Area Health Officers: Dr. Mustafa Ammourah in Irbid, Dr. Fuad Nasereddin in North and South Amman, and Dr. Adnan Akhras in Zarka, as well as their dedicated health teams who were interviewed for this study. Their openness in sharing the joys and challenges faced daily is a testament to UNRWA's important contribution to the health and well-being of all Palestine refugees.

At the HQ department of health, I would like to thank Dr. Ali Khader, Deputy Director of Health; Dr. Yousef Shahin, Chief Disease Prevention & Control; Dr. Majed Hababeh, Chief Health Protection & Promotion; and, Ms. Samantha Buckley, Hospitalization Consultant. All of them reviewed the protocols at short notice, and their guidance helped shape the assessment in ways that were acceptable to those interviewed and helped build the body of evidence. A special thank you is owed to Dr. Yassir Turki, Health Communications and Community Based Initiatives Officer who made me welcome from the very first phone call, well before my arrival in Jordan.

My understanding of the situation facing the PRS would not have been possible without the invaluable support of Ms. Iman Alshanti who was more than a translator, and saw me through several long days and daunting deadlines; and, Ms. Mervat Younis, Administrative Assistant at UNRWA who was commissioned to serve as our note-taker during the group discussions but also proved to be an excellent sounding board as we reviewed the findings.

Finally, none of this would have been possible without the generosity of JSI's President, Joel Lamstein, and International Division Director, Ken Olivola. They willingly gave me the time and resources I needed to visit Jordan and to complete this report. Thanks also to my JSI colleagues Anne Austin, Laurie Kunches, Ben Vorspan, Mounia Msefer, and Penelope Riseborough, who each made important contributions at different stages of this study.

I hope that the results presented here help the many refugees who so kindly allowed me into their lives, as well as the thousands I did not have the opportunity to meet. I am indebted to their kindness, generosity of spirit, and perseverance in the face of much hardship. Upon their request, I do not have photographs to share but their smiling faces are forever etched in my memory. To them, I dedicate this report.



## TABLE OF CONTENTS

<b>Executive Summary .....</b>	<b>1</b>
<b>Overview .....</b>	<b>2</b>
<b>Purpose.....</b>	<b>2</b>
<b>Guiding Principles .....</b>	<b>2</b>
<b>Context.....</b>	<b>3</b>
<b>Methodology .....</b>	<b>3</b>
<b>Experience with PRS at Health Centers .....</b>	<b>4</b>
<b>Participant Profile.....</b>	<b>5</b>
<b>Key Findings.....</b>	<b>5</b>
Life in Syria and compared with Jordan .....	6
Who is a PRS?.....	7
Women with children under 2 years who delivered in Jordan.....	7
Women and men diagnosed and under treatment for NCDs.....	8
Hospitalization .....	8
Perception of UNRWA's health services.....	9
<i>Sick baby care.....</i>	<i>9</i>
<i>Hospitalization.....</i>	<i>10</i>
<i>System-wide (Health).....</i>	<i>10</i>
Perception of UNRWA's assistance program.....	11
<i>System-wide (Assistance).....</i>	<i>11</i>
Perception of UNRWA's schools .....	11
<i>System-wide (Education).....</i>	<i>11</i>
<b>Recommendations .....</b>	<b>12</b>
Health .....	12
Education.....	13
Microfinance .....	13
<b>Conclusion .....</b>	<b>13</b>

## ACRONYM LIST

ANC	Antenatal Care
FP	Family Planning
GOJ	Government of Jordan
HD	Health Department
HQ	Headquarters
IRB	Institutional Review Board for the Protection of Human Subjects
JFO	Jordan Field Office
JSI	John Snow, Inc.
MoU	Memorandum of Understanding
NCD	Non-communicable diseases
NGO	Nongovernmental organization
PNC	Postnatal Care
PRJ	Palestine Refugees from Jordan
PRS	Palestine Refugees from Syria in Jordan
UNHCR	United Nations High Commission for Refugees
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East

## FOREWARD

The refugee crisis has become the dilemma of this decade. As more people flee their countries, we see the current crisis unfold in various countries around the globe. The crisis poses the greatest threat to public health and global stability—and how we choose to respond speaks volumes about who we are as a people, and as global citizens.

At JSI we have long worked with migrant and refugee populations, whether those in the United States, or in South Sudan, Thailand, and Uganda, to name but a few.

This year we were glad to lend our public health perspective to an examination of the health and situational status of Palestine refugees from Syria living in Jordan. While the focus of the study was on the health of these refugees, the report also sheds light on other aspects of refugee life in Jordan, including their children's education, livelihoods, and the UNRWA assistance program.

When we undertook this task, we did not realize that it would be the first qualitative assessment of the health of Palestinian-Syrian refugees living in Jordan. But we are pleased we undertook the assessment because their stories are our stories writ large: people whose competing priorities don't allow them to seek health services as quickly as they should; who cannot afford the services that they need; and who put their children before themselves, often to the detriment of their own health.

We thank the staff at UNRWA headquarters, and the Jordan field office and health centers, all of whom welcomed our assistance. They were willing to listen to our observations and examine the care they have been providing, so that they can improve their services and better meet the needs of this most vulnerable group.

And special thanks to JSI Associate Director, Kumkum Amin, for the time she dedicated to this effort. Without her determination and experience—and dedication to the issues—this initiative would not have come about.

A handwritten signature in black ink, reading "Joel H. Lamstein". The signature is fluid and cursive, with the first name "Joel" being the most prominent.

Joel Lamstein

## EXECUTIVE SUMMARY

This qualitative assessment of the health and status of Palestine refugees from Syria in Jordan (PRS) was conducted *pro bono* by John Snow, Inc. (JSI) at the request of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

An estimated 17,000 PRS are registered with UNRWA. While this is a fraction of the 650,000 Syrian refugees in Jordan, the PRS are the most marginalized – one-third lack legal documents to live in Jordan and consequently risk deportation. Moreover, the non-admittance policy was applied to the PRS, by the Government of Jordan (GOJ), almost 3 ½ years before the borders were sealed to all other refugees fleeing Syria.

The purpose of the assessment was to understand: i) access to maternal health and child health services, as well as treatment and prevention of hypertension and diabetes; ii) access to hospitalization; and, iii) the specific vulnerabilities arising from the current legal, political, and economic status of the PRS to enable UNRWA develop an advocacy strategy. Eighteen focus groups were conducted in Irbid, North Amman, South Amman, and Zarka with three segments of the PRS: women with children under-2 years who had delivered in Jordan; women and men who were diagnosed with diabetes mellitus and/or hypertension; and, women and men who were themselves, or had a family member hospitalized in Jordan within the past twelve months. Prior to conducting group discussions, meetings were held with UNRWA staff, all of whom were eager to learn more about the PRS and their experiences.

Although the discussion focused primarily on health, the PRS discussed a wide range of issues and concerns. A few highlights below.

- Almost all participants described the contrast between Jordan and Syria as the difference between “heaven” and “hell”.
- Most participants considered their situation as the worst of both worlds – they do not receive support from the United Nations High Commission for Refugees (UNHCR) and charities yet are discriminated against for being Syrian.
- Several women considered their pregnancy a “mistake” and initially wanted to abort.
- Hospital experience in Jordan was mixed; and several in need of hospitalization had postponed procedures and even consultation due to high out-of-pocket expenses.
- It was not uncommon for women diagnosed with hypertension and/or diabetes to be the primary caregivers for young grandchildren due to the death or divorce of parents.
- Some systemic problems within UNRWA’s health centers exist that likely impact all clients and not just the PRS.
- Participants with school-age children believed schools are not welcoming and learning experiences, and their children face discrimination for being Syrian.
- Almost all PRS would like opportunities for employment to regain dignity and ensure children were not forced to be the family’s primary breadwinner.
- ~~JSI~~ Lack of clear communication by UNRWA on how cash assistance is determined (particularly *how much* is allocated)

While all participants expressed gratitude to UNRWA for support to them and their families, none wished to continue living on handouts. “Syrians have the UNHCR, we have no one” was a sentiment expressed by several participants. The question of who will advocate for the PRS and what role UNRWA will play in giving voice to their plight, remains.



## OVERVIEW

At the request of the UNRWA, the Boston-based public health consulting firm John Snow, Inc. offered *pro bono* services of a senior manager to conduct a situational analysis of the health and status of PRS residing in Jordan. The qualitative study, which took 7 weeks to complete, is the first such to focus exclusively on PRS.

This report reflects the presentations made in Amman on December 11<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup>, and 15<sup>th</sup>, respectively, to the Health Department (HD) at Headquarters (HQ); the leadership of the Jordan Field Office (JFO) health and emergency coordination units; the deputy director of JFO operations and JFO unit heads; and, the social workers and staff at the 4 health centers based in Irbid, North Amman, South Amman, and Zarka. In addition, the report summarizes the key issues and concerns raised by social workers and health center staff (prior to conducting the group discussions) with respect to the provision of care and support to PRS residing in Jordan.

## PURPOSE

The purpose of the assignment was threefold:

- i) To understand the health issues affecting PRS in Jordan around access to services for maternal and child health, sick baby care, and prevention and treatment of non-communicable diseases (particularly diabetes and hypertension);
- ii) To understand access to hospitalization and factors preventing such access as a result of UNRWA's cap on hospitalization expenses for PRS (based on internal clearance processes); and,
- iii) To provide an overview of the difficulties or opportunities that PRS have to access health needed services, and help frame a data-driven advocacy strategy through an understanding of the specific vulnerabilities of PRS resulting from the current legal/political/economic status.

The above issues are salient to not only strengthen UNRWA's health services, but also to manage donor expectations and funding in regard to its current hospitalization policy and health support strategy, and particularly relevant in light of the continuing conflict in Syria.

## GUIDING PRINCIPLES

The assessment was guided by the following four principles as articulated by the JFO:

1. The research outcomes must be put to use in the interest of the researched group.
2. At no point shall the research project endanger the protection needs of PRS.
3. UNRWA JFO will closely work with JSI on developing the research protocol and facilitating encounters with PRS.
4. Research outcomes will be validated and reviewed by UNRWA, including any publication (if at all) emerging from this research as per the signed Memorandum of Understanding (MoU) between UNRWA and JSI.

## CONTEXT

March 2017 marks the sixth anniversary of the war in Syria. Of its 22 million people, an estimated 4.8 million are refugees and 6.6 million have been displaced within Syria.

Jordan has absorbed 650,000 Syrian refugees as a direct consequence of the war, and of these, an estimated 17,000 are registered Palestine refugees from Syria with UNRWA in Jordan. Although the PRS constitute a small percentage of refugees from Syria in Jordan, they are the most discriminated against—one-third lack legal documents to live in the country and consequently are considered “irregular” (or undocumented), as defined by the UNHCR. Moreover, the GOJ is concerned that the PRS, unlike other Syrians, may choose not to return to Syria when the war ends. PRS have been turned away at the border since April 2012, and risk deportation if they are in Jordan. The GOJ formally announced its policy of non-admittance to PRS in January 2013; in contrast, the last entry point for all other refugees from Syria was sealed following the June 2016 incident at Rukban border crossing.

Before the crisis, approximately 560,000 Palestine refugees residing in Syria enjoyed a stable life and were granted rights by the government that were almost equal to those of Syrian nationals. PRS had access to government health centers and hospitals, and their disease burden was not unlike that of other middle income countries of the Middle East in that non-communicable diseases (NCD) accounted for 70- 80% of deaths. PRS also had access to UNRWA’s primary health care services though ironically, there was a spike in registration at the UNRWA health centers in Syria at the start of the war (as government facilities became inaccessible). Since first arriving in Jordan five years ago, the living conditions and restrictions on gainful employment have severely impacted the ability of PRS to access health services and, consequently, their health status.

## METHODOLOGY

The qualitative assessment was led by JSI and supported by a translator recruited locally by UNRWA. The research team worked closely with the JFO, in particular the emergency coordination unit and the health department. The research team reviewed the relevant literature; conducted individual meetings with senior management at the HD/HQ and JFO; held a group meeting with eleven emergency social workers, three protection social workers, and one data entry clerk; and small group meetings with selected staff at 4 health centers (in general each meeting included the area health officer, doctor, staff nurse, midwife, and data entry clerk).

These discussions helped the research team to finalize the approach for data collection (i.e., group interviews rather than one-on-one household interviews); the venue, duration and timing for the group interviews; the PRS segments to include in the study; the number of groups for each segment, and if the groups should be arranged by gender; recruitment of participants; and, arrangements for refreshments, and criteria for paying transport costs to select participants. The recruitment of participants and meeting logistics were arranged by social workers under the supervision of the JFO’s Emergency Coordinator.

The UNRWA team agreed to conduct group discussions with 3 segments of PRS: i) women with children under-2 years of age who had delivered in Jordan; ii) women and men (separately) diagnosed with diabetes mellitus and/or hypertension; and, iii) women and men

(separately) who were themselves, or had at least one family member, hospitalized in Jordan within the past twelve months.

A research protocol was developed for each segment which was reviewed by the HD and JFO, and approved by JSI's Institutional Review Board for the Protection of Human Subjects (IRB) (Annex I).

Participants were selected from the JFO database on PRS. The database was first categorized by the three segments and the long list was sent to the research team. The research team then selected every third name and participants were recruited off this shortlist. To standardize the recruitment process, the social workers were given a written script developed by the research team (Annex II).

A total of 18 group discussions were held (six per segment) over six days between November 28 and December 5, 2016. Meetings were held with three groups daily, each for 2 hours. A consent form was read out in Arabic at the start of each meeting, and a hard copy was given to all participants (Annex III).

At the suggestion of the social workers the discussions were not recorded; instead, a note-taker was assigned by UNRWA. Six groups met at the New Irbid Health Center in Irbid; three groups each met at the North Amman and South Amman Area Offices in Nuzha and Wehdat, respectively; and, six groups met at the Resource Center in the Zarka Area Office. These locations were selected based on the geographic concentration of PRS, and proximity to the social workers' offices (which were already known to PRS).

## **EXPERIENCE WITH PRS AT HEALTH CENTERS**

Meetings with health center staff were crucial to understanding their experience in serving PRS, and the issues they would like to learn more about with respect to this population.

All staff were eager to obtain insights into PRS, e.g., how those diagnosed with NCDs are making lifestyle changes to manage their health, if their children's immunizations are up-to-date, if new babies are registered, why they access services outside UNRWA, whether the UNRWA referral process is working, how they are being treated in the community; and, to understand their experience of UNRWA services in Jordan as compared with Syria.

Summarized below is the experience staff had with PRS, which remarkably, was quite consistent across all four health centers:

- PRS know about the services that are available through UNRWA.
- All patients at the UNRWA health centers are treated equally—staff do not discriminate between PRS and Palestine refugees from Jordan (PRJ).
- PRS receive better support compared with PRJ—100% hospital reimbursement at a public hospital, as well as at a private hospital with prior approval; 100% reimbursement for drugs; no ceiling.
- Some Jordanians are fed up with Syrians as they are taking away jobs, while others have benefited as they now have access to cheap labor.
-

- In general PRS are “sweet talkers” and “know how to attract”; they are also “very entrepreneurial” and have “higher expectations” unlike PRJ (“who wait patiently”).
- A few PRS are “arrogant” or “angry;” “their women come out strongly” but staff know how to be patient with them (“they have gone through a lot, and we understand”).
- All PRS with risk factors are screened routinely and most cases are discovered in Jordan. PRS diagnosed with NCDs generally present with both hypertension and diabetes, but of those with just one disease, diabetes is more common.
- Pills are the preferred method of family planning; “never use condoms;” male involvement is necessary but limited, and women have “little power to initiate.”

Some staff compared the situation experienced by PRS with the 1948 refugees (when Palestinians came with virtually nothing and lived in tents), and at least one person at each health center asked why the study was focusing only on the PRS since these refugees receive better benefits than the PRJ, and are significantly better off than the ex-Gazans. It was explained that the reason for the study was not intended to draw distinctions between the different refugees served by UNRWA but rather to understand the unique experiences of this particular segment of refugees. In general, staff were sympathetic to the plight of the PRS.

## PARTICIPANT PROFILE

The profile of each participant was recorded using an in-take form, which summarized basic demographic data on all attendees. Thus, of the 104 individuals who participated in the 18 groups, 80% live outside camps in Jordan (mirroring the general Syrian refugee population). In Syria, 72% used to live in Yarmouk Camp, Damascus, Deraa, or Deraa Camp.

On average, participants had lived in Jordan for 4 years; the six groups with children under 2 years had an average of 3.2 children ranging in age from 1-7 years. The average age of women diagnosed with hypertension and/or diabetes was 56 years; the average age was 55 years for men (everyone without exception looked older than their chronological age).

Eighty-four percent did not know each other prior to the meeting; of those who knew each other, these were typically sisters-in-law who did not live under the same roof, or neighbours.

All participants had family—siblings, parents, grandparents, cousins—still residing in Syria; only one or two had husbands still in Syria. While all women with children under 2 years live in Jordan with their immediate family—i.e., husband and all children—among the hospitalization and NCD cases, both men and women have lost children during the war. Some women have lost spouses, and in Zarka and South Amman it was not uncommon for women diagnosed with a NCD to support one or two grandchildren whose parents were divorced or dead. It was also not unusual for school age children to be working to support a grandparent-led family, or one that had a sick father, or missing parent. Daughters who had finished high school were often “sitting at home,” unable to pursue higher education, obtain a job, or get married.

## KEY FINDINGS

Most participants did not know each other but this was not a constraint to speaking openly and freely, sharing experiences, and offering advice to each other. Although the focus of the discussions was largely on health access, participants provided insights into other aspects of their life as well as experience with UNRWA more broadly.

All participants had experienced the trauma of war (except one person who was already in Jordan when the war broke out and remained in the country) and of losing close family members. The women appeared to hold their emotions, while in each of the five men's groups at least one man cried during the discussion. It was evident that these individuals had never been asked for their opinions, and expectations were high in terms of changes that UNRWA would effect after the meeting.

### Life in Syria and compared with Jordan

With only one exception, everyone described life in Syria as “beautiful” and “simple.” Most participants owned their homes, or could afford to rent; believed that everyone could save money even if they were not rich; and, could take their families on outings and picnics on Fridays (their weekend). Education (which was free in Syria) seemed to be highly prized and parents/ caregivers were not made responsible for educating their children. As PRS they did not feel discriminated against—“had all benefits of a citizen except the passport” —and were treated as citizens. (A few participants mentioned that as the war progressed they were beginning to feel a difference in the attitude of Syrians towards them.)

This view of Syria stood in sharp contrast to their life now in Jordan. Although a few mentioned “safety and security” offered by Jordan when compared with the conditions prevailing in Syria, almost everyone agreed that the two worlds are as different as “heaven” and “hell.” In Jordan rents are high and the cost of living (water, electricity, food, transport) is unaffordable, which makes it hard for a family to survive. Several families are living huddled in the same house or building. This situation is compounded by the fact that men cannot find jobs, and if they do it is intermittent, wages are low, and there is no job security (“I cannot take a day off if I fall sick because I will lose my job”). Some men who work sporadically for low wages do so without a permit and live in fear of being caught and deported.

Parents universally complained about the schools in Jordan, in particular about the government schools, but the UNRWA schools were not entirely exempt. Children are struggling in class, are being bullied and verbally abused by other children, yet little support is offered by the school authorities. Unlike in Syria, parents have to be more closely engaged with their child's education in Jordan (“teachers don't teach here”) and schools are lax and do not enforce rules (“a child can leave the premises and no one will know”). In part, children are struggling in the classroom because (among other reasons) they have missed some years of schooling, and/or are not conversant in English. Consequently, several participants reported children unwilling to go to school and have permanently dropped out. Other factors halting a child's education are: parents cannot afford transport costs; afternoon sessions are not preferred even for boys (“it gets dark early”); school certificates are missing; the child has lost a few years of schooling due to war; family needs money and the young teenager is the only source of income.

Several participants mentioned that it is not only the children who are called names and taunted as “Syrians,” but that they too have felt discriminated due to their accent (“Syrian is

### Postpartum Depression Case

In Zarka, a 30-year old woman with a 3-month old son and 3 other children arrived in Amman with her husband 14 months ago. She knows no one in the country, does not leave the house, and wants to go back to Syria where her parents are still living. She had tried to kill herself and her children on more than one occasion, so her husband prevented her from leaving the house. She was allowed to attend the meeting in the expectation of receiving money.



the most hated word”) by taxi drivers, at the hospital where they are charged “tourist prices” because they are considered Syrian, by landlords, neighbours, and bosses at work.

### Who is a PRS?

Unlike UNRWA’s definition of a Palestine refugee which is patrilineal (i.e., children of a Palestinian woman married to a Jordanian man are considered Jordanian and not Palestinian), PRS is a political construct and has the widest of definitions. Thus, a Syrian woman or man married to a PRS, a PRJ living in Syria and married to a PRS or Syrian, and all of their children, are all considered PRS. Several participants, in particular those who were themselves Syrians or married to Syrians, were initially registered with the UNHCR but subsequently turned over to UNRWA. Several of those with UNHCR cards (which provided cash assistance and access to hospital services) were cynical of the agency (“they put our names down to get their numbers up”), and did not consider the effort spent in renewing the card worth the benefits they received.

It is significant, however, that the majority of participants referred to themselves as Syrian and strongly identify with Syria (“that was our country, our home”). Only when asked if that meant that they do not consider themselves Palestinians that they agreed on being Palestinians also and must keep the memory of Palestine alive. (In contrast, the PRJ typically define themselves as belonging to the land of their ancestors.) All but a few participants said that they do not see a future in Jordan and that they “should have stayed and died in Syria.” Most said they would like to return to Syria and if they had the opportunity to do so, they would leave right away. They also acknowledged, however, that “Syria is no more.”

#### Syrian refugee or Palestinian from Syria?

Most participants said that when Jordanians learn that they are from Syria it is assumed that they are helped by charities and other organizations. But the PRS are not supported by these agencies, yet are discriminated by Jordanians, and even the PRJ, for being from Syria. Several expressed concern that they do not have any one to advocate on their behalf for work permits, education, resettlement: “Syrians have the UNHCR, we have no one”.

Most participants considered their situation as the worst of both worlds—they receive no support from UNHCR and charities that serve Syrian refugees yet they are discriminated for being Syrian and charged high prices. *Several participants expressed concern that while “Syrians have the UNHCR, we have no one.”*

### Women with children under 2 years who delivered in Jordan

Several women, when asked how they felt when they first learnt of their pregnancy, said that it was a “mistake,” that they “wished to abort,” and that their husbands felt more strongly about abortion. They went through with the pregnancy, however, and almost all had received antenatal care (ANC). While the choice of facility depended on proximity to their residence, most accessed ANC at an UNRWA health centre, and delivered at a hospital that they were referred to by UNRWA, or was based on the family’s experience, or was self-selected based on proximity to residence (from the list provided by UNRWA); one person delivered at a private hospital as her family had “*wasta*” (influence or clout).

Women were typically discharged from the hospital at their discretion, without a check-up, and visits to the health center after delivery were only for their babies — no one mentioned receiving postnatal care (PNC) services for themselves upon discharge from the hospital, or

subsequently at a health center. In fact, women did not understand the question when asked if they accessed PNC services nor why they needed to for themselves.

However, all children born in Jordan are immunized and all but one child was registered (the mother of the child who was not registered expected it to happen soon).

### Women and men diagnosed and under treatment for NCDs

The participants were largely selected from among those diagnosed with co-morbidity. Several participants said that diabetes and hypertension were only two of the many health problems from which they suffered. Participants who were diagnosed in Syria typically learnt of their condition at a private facility; those diagnosed in Jordan did so at an UNRWA facility. In almost all cases the focus was on medication with little discussion by the doctor on lifestyle changes. Typically, participants learnt about diet and lifestyle (exercise, smoking) from their families who had a similar condition, their own research and, on rare occasions, from the doctor. One participant had attended a one-day workshop conducted by a non-governmental organization (NGO) in Jordan and had found it “somewhat useful,” but all others were managing the diseases on their own. Two participants had self-monitoring devices for blood sugar which they use judiciously given the high cost of strips (one participant had learnt of the device from a family member and the other from her doctor); others did not know of such a device. Almost all participants tried to eat healthy and exercise as a way to manage their condition; men found smoking the hardest to give up. In more than a few cases where the man is unable to work due to ill health, families rely on the earnings of a teenage son who has either dropped out of school voluntarily or because the family cannot afford to send him to school.

#### Noncommunicable Disease Case

In Irbid, a 67-year old grandmother with co-morbidity, cares for two grandchildren. Her son is divorced and both he and her daughter-in-law have remarried; one son is dead, and another is still in Syria. Her 16-year old grandson is working to support the family, and her 20-year old granddaughter is at home—not continuing with her studies, not working, spending her days doing nothing.

### Hospitalization

None of the hospitals accessed by participants received an unequivocally positive response — reviews were mixed across the board. However, participants’ experience at Basheer, Amira Basma, and Irbid Specialized, were generally more positive when compared with those who received services at Badea’a, Feisal, and Zarka (“there is no privacy; even the cleaner can walk in”).

Women who had a caesarean section reported receiving better care by the doctor and nursing staff—every one of them stayed at the hospital for 2-3 days, and both the mother and baby were checked by the doctor prior to discharge.

#### Hospitalization Case

In North Amman, a 44-year old man who is not working and not following any regimen for his diabetic condition arrived at the hospital “almost dead.” Since his wife is not working, his 13-year old son, who is out of school and working, paid JOD 130 for hospital stay at Salt hospital, which was not presented to UNRWA for reimbursement.

All deliveries were reimbursed easily by UNRWA but reimbursement for other cases varied, and in some cases participants did not submit bills for reimbursement as it was assumed that the expense would be disallowed—suggesting some confusion on what was reimbursable, if

there was a cap on the payment, and how services of a private provider could be accessed. All participants reported that the pre-payment system required by UNRWA placed a burden on family resources, and that they did not have access to people who could loan them the large sums of money required. Everyone knew of someone in their family (including themselves) who had delayed consultation and/or hospitalization for a persistent ailment due to high cost of services. Several participants complained of “disc,” headaches, and vision problems which were mostly going untreated.

### **Perception of UNRWA’s health services**

Some participants were not familiar with UNRWA in Syria, and had begun using its services only after coming to Jordan. A few mentioned not having access to any other health services and were grateful to UNRWA. The health centers were trusted to provide immunization, family planning (FP), and ANC services; and everyone acknowledged that the UNRWA health centers “keep order” through the ANC visit reminder system.

The availability of drugs for NCD patients was considered generally good, but some men in Irbid complained of stock-outs (“if you go for three medicines you’ll be given only two, if you go for two medicines, you’ll be given only one”). Women in Irbid, however, did not complain of stock-outs, and when probed said that they may have to come back the next day but it was not a real problem. Participants generally agreed that while UNRWA’s services were not as good as the private sector, it was better than the government facilities.

The issues listed below were seen as problems within the UNRWA health system. While some may be systemic and likely not unique to PRS and require an organizational re-think, others may require reinforcement of UNRWA policy to ensure consistency across health centers. Still others may require no change but rather better communication with patients to explain UNRWA’s protocol.

#### **Women’s health**

Although women visit UNRWA for regular ANC, an ultrasound check-up is available only for those who are “high-risk” or in the 8<sup>th</sup> month if they happen to be at the health center when the specialist is visiting with the portable machine. Most women said that “without ultrasound, it is not a real check-up”. This lack of routine access to ultrasound during an ANC visit prompts women to visit another provider.

#### **Treatment by Health Center Staff**

A pregnant woman in Zarka, who was accessing antenatal care at an UNRWA health center, delivered prematurely at a government hospital. The baby died after 2 days, and she was told it was the result of a lung deformation. When she received a reminder call from UNRWA for her next ANC visit, she told them about her recent loss. The staff member was very matter-of-fact and had no reaction upon receiving the news – “nothing in her words or tone suggested she was sorry for my loss.” The woman did not go back to UNRWA for her next pregnancy.

Women also mentioned that since the UNRWA doctors are not specialized, they are able to provide only limited care (“if I fall sick when pregnant, the doctor is unable to do anything”). This often results in women seeking care at another facility, which is financially costly, time consuming, and can further compromise their health.

#### **Sick baby care**

Women complained that the doctor does not “lay hands” on their sick child, implying that the doctor does not physically check the child but rather “just asks the parent questions.” Parents also mentioned that the same treatment is offered to them and their children regardless of



health problems, and that the medicines dispensed at the health centers are not efficacious. Accustomed to being prescribed antibiotics, several mentioned that the drugs they received are like “sugar and water”, i.e., without medicinal value.

The family health team approach instituted by UNRWA recently is intended to promote better care for the whole family. Families checking in with the clerk are issued a “ticket” upon arrival for the individual who needs to see a provider. Several participants mentioned that the system only allows for one ticket to be issued per family and that this poses a problem if they bring two sick children on the same day. Thus, rather than seeing both children, the parent is “told to bring the second child back the next day.” As a result, participants said that they might return to the UNRWA health center or they might seek care for the second child elsewhere (“depending on severity of the child’s health”). Regardless, this adds to the family’s expenses and results in delays to starting treatment.

### **Care of Non-communicable Diseases**

Similar to the situation with two sick children, there was general agreement among the participants that the system is unable to accommodate “emergency” cases (“I’m told the doctor cannot see me and I should come back on my appointment date”).

The men’s groups first brought up the fact that appointments are not issued after 11 am (“if you arrive at the health center feeling sick or with a sick child you will not be seen”). In such cases, participants also mentioned going elsewhere for care, “which adds to the cost of treatment and transport.”

Since most NCD participants do not suffer only from hypertension and diabetes, some participants asked for cholesterol drugs to be made available at UNRWA.

### **Hospitalization**

Up-front payment for hospitalization was a universal concern for all participants. Participants said that they find it easier to request loans from family and neighbors for the woman’s delivery as they know the money will be reimbursed by UNRWA. But for all other health issues, for which they may have to pay out of pocket, they do not have the resources nor have access to people who can loan the money. Consequently serious health issues are being neglected - from “disc” and eye problems often resulting from diabetes, to problems with the wrist, back and legs. In almost all cases participants said that consultation and hospitalization for their conditions are out of question.

### **System-wide (Health)**

Even with an appointment, participants said that wait times at health centers can be long, and that doctors and staff do not apologize for keeping them waiting (“our time is not considered important”).

Some participants who regularly visit the Hussein, Wehdat, and Zarka Camp health centers mentioned that staff “need to be managed”—they are not polite and that “even if one person is rude person it can ruin the feeling they have for all staff at the health center.”

The lab services at Hussein were singled out as having long wait times and “may require additional staff” (this was offered as a solution but participants recognized that there may be other contributing factors).

## Perception of UNRWA's assistance program

The UNRWA social workers are highly respected and well liked (“unlike health center staff, the social worker smile at us”), and are seen as their lifeline. The Agency’s cash assistance program is valued (“it feels like Eid every three months”).

In more than one group, participants mentioned that “if not for UNRWA we would be flat out broke”, and several participants mentioned that “we are alive today because of UNRWA.” In comparison, those who had received support from UNHCR in the past (before all those classified as PRS were supported by UNRWA) thought it was more time-consuming relative to the cash assistance (“they ask embarrassing questions – what do you eat/drink, where do you get money to feed yourself - and then we spend half the day going to their offices to collect 10 JDs”). However, the UNHCR system of hospitalization for delivery was valued as families did not have to take loans to pay and then get reimbursed – the UNHCR card ensured that women were admitted and deliveries were “free of charge”.

### System-wide (Assistance)

All of the concerns cited by participants regarding the assistance program point to a lack of systems-wide communication: participants wanted to know how assistance is allocated (why some families receive more than others); want information on when and why they are removed from assistance; learn? via SMS text message when funds are released (as was the practice earlier). (Social workers in Zarka and Irbid confirmed that the text messaging system had not worked in recent months.) Finally, the explanation of how assistance is calculated was met with stone faces—they did not want to hear about the “computer algorithm” that made the allocation, but instead wanted to understand why all cases are not treated equally (“give it a human face”).

## Perception of UNRWA's schools

The choice of school depends on proximity to the home. Therefore, not all children go to UNRWA schools; some go to government schools. In general, children who are just entering school (age 6) have an easier time adjusting, but children who have had some years of schooling in Syria and then enter the Jordan system find the adjustment difficult. Parents also mentioned that not having school certificates has created difficulties in placing children in the correct class which has resulted in children dropping out permanently. Respondents also expressed concern that “school gates are not closed” and there is no system for tracking children who “leave without permission” during the school day. Remedial classes are not offered to children struggling (especially with English), or if such classes are available parents do not know about them. Participants said that they feel tremendous pressure to engage with their children on school assignments as they believe very little teaching actually goes on in the classroom. With one exception—who said the teacher took an interest in her child and offered extra English lessons—there is little effort made by teachers to engage with PRS children and find out what their blocks are to learning.

### System-wide (Education)

While the UNRWA schools are seen as more accommodating of their children, there is no known recourse with the school administration when children are bullied and stigmatized for “being Syrian.”

If children are being tested and placed in the UNRWA schools, this system is not known to parents.

## RECOMMENDATIONS

While the primary focus of this study was to understand health factors affecting PRS, the group discussions raised issues that extended beyond to include education and access to livelihoods. Thus the recommendations are categorized by Health, Education, and Microfinance.

### Health

Some of the recommendations speak to current practices which will likely affect all patients (not only PRS) and reflects inconsistencies and inadequate communications between patients and staff. Another group of recommendations apply to things that have been piloted but should be fast-tracked, and still others may require additional resources (staff and funding) to implement.

1. Eliminate practice of issuing one ticket per family: It is unclear how widespread the practice of issuing one ticket per family is. While some health centers confirmed doing so as a way to manage workloads, others said that this is neither in UNRWA's guidelines and nor is it their practice. Regardless, this issue requires closer examination at each field office and at each facility to ensure that an appropriate client-centered response is developed and adhered to by staff.
2. Offer appointments after 11 am: This practice appears to have evolved as a way to manage staff work load, but just as above, to what extent this is prevalent across health centers is unknown. The issue requires closer examination and an appropriate client-centered response needs to be developed and implemented consistently by staff.
3. Extend contact time with patients: As a result of limited contact time with patients, doctors do not examine patients, ask parents questions on the basis of which they make a diagnosis, and are seen as quick to prescribe medicines. Whether the medicines are efficacious or not, the doctor-patient interactions are perceived as inadequate and which consequently appears to bias their experience. While this may or may not be the general perception of care received, PRS need to be treated differently and contact time with them need to be increased to get a deeper understanding of their situation.
4. Expand access to ultrasound during ANC visit: Staff have expressed concern that clients do not use the UNRWA health centers exclusively for ANC visits. This appears to be largely due to the lack of an ultrasound check up, reserved primarily for high risk cases. However, this perceived gap in service also appears to suggest a gap in quality. It would be in UNRWA's interest to not ignore this issue but to either explain why this service is not offered, offer it for a small fee, or introduce the service for all pregnant women.
5. Offer access to emergency appointment for NCD patients: The inability to receive care on demand in the event of an emergency is perceived as an important gap by patients whose treatment is being managed at an UNRWA health center, and is also construed as poor quality of care. Potential alternatives that UNRWA could consider include phone support, or referral to another provider within the system.
6. Fast-track psychosocial services and NCD support groups: Both services are being tested within the health teams and early evidence suggests that these have been well received by UNRWA's larger patient population. NCD patients need to be actively counselled on observing a healthy lifestyle (and not prescribed medicines only) and support groups should be started quickly to ensure more patients learn to hold themselves and others accountable for their health. With respect to psychosocial

services, resources should target PRS as a priority to address their sense of isolation and dislocation, and which is likely contributing to their overall diminished health.

7. Review pre-payment policy for hospitalization: Lack of access to loans makes it difficult for PRS to seek timely consultation and hospitalization for the wide array of health issues that they experience (e.g., vision loss, wrist injuries, knee problems, heart conditions). UNRWA must review the process that is currently in place for payment of hospitalization without the need for reimbursement, similar to UNHCR's process for Syrian refugees.

## Education

Although not the primary intent of this assessment, several issues emerged with respect to the education needs of children which the education department might wish:

1. Assess and place children according to competency: Many parents mentioned school authorities being reluctant to enroll their children without school certificates. This has made enrollment difficult, resulting in additional years of lost education. If it is UNRWA's policy to test and place (as suggested by the JFO education team) then the question is, is this policy being communicated clearly to families or is the policy not being implemented. Either way, it requires immediate attention.
2. Introduce remedial English classes: PRS children are at a disadvantage as English was not taught in schools in Syria. Special tutoring is essential to help these children gain language competency and cope with class work. This can be introduced in a variety of ways (and not just led by teachers in a classroom setting), e.g., student-led "lunch tables", discussion of television news, film screenings, etc.
3. Create welcoming environment in schools: Parents attributed their children's reluctance to attend school, overall poor performance, and drop out among the older ones to a school environment that is at best indifferent to their situation and needs. More can and needs to be done to foster a "welcoming" community – one in which these recent refugee children feel safe, their parents have recourse in the event of bullying, and teachers pay greater attention to their academic performance.

## Microfinance

While this area of support was not explored in depth, most PRS did not wish to continue living on handouts (much as they were grateful for it). The entrepreneurial nature of Syrians more generally suggests that the microfinance department could be engaged to explore the potential for lending, especially to women, to start small businesses from their homes. For those seeking jobs, what role could this department play in linking individuals to placement opportunities through a "jobs board"?

## CONCLUSION

An issue that has clearly emerged from this assessment is that within UNRWA there is no formal mechanism for gathering and analyzing feedback. Although social workers are the first line of engagement with PRS, information they are privy to, individually and collectively, is not sought by other departments; and, if information is received, more by accident than design, little attempt is made to drill down to obtain a better understanding of its breadth and depth. A concerted senior level effort across departments is required to harness and share information internally for improved client-centered decision-making. More broadly, UNRWA must ask itself – in the face of such feedback - what role can it play to advocate for PRS, and what will its role be in the 21<sup>st</sup> century.



John Snow, Inc.  
44 Farnsworth St  
Boston, MA 02210  
[www.jsi.com](http://www.jsi.com)