

Spring 2016

Healthcare Access for Syrian Refugees Lacking Legal Documentation in Jordan

Caroline Flynn

SIT Graduate Institute - Study Abroad

Follow this and additional works at: https://digitalcollections.sit.edu/isp_collection

 Part of the [Family, Life Course, and Society Commons](#), [Inequality and Stratification Commons](#), [International Public Health Commons](#), and the [Near and Middle Eastern Studies Commons](#)

Recommended Citation

Flynn, Caroline, "Healthcare Access for Syrian Refugees Lacking Legal Documentation in Jordan" (2016). *Independent Study Project (ISP) Collection*. 2372.

https://digitalcollections.sit.edu/isp_collection/2372

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact digitalcollections@sit.edu.

Healthcare Access for Syrian Refugees Lacking Legal Documentation in Jordan

Caroline Flynn

Tulane University

BSPH Candidate: Public Health and International Development

SIT, Middle East, Jordan, Amman

Academic Director: Abdulhaq, Bayan, Ph.D

Project Advisor: Dababneh, Abeer, Ph.D

Submitted in partial fulfillment of the requirements for Refugees, Health, and
Humanitarian Action, SIT Study Abroad, Spring 2016

Table of Contents

Acknowledgements.....	3
Abstract.....	4
Introduction.....	5
Literature Review.....	8
Healthcare Access for Syrian Refugees in Jordan.....	8
Barriers to Accessing Healthcare.....	9
Civil Documentation and Statelessness.....	10
International and Domestic Civil Documentation Law.....	11
Ministry of Interior Service Card.....	11
Birth Registration.....	13
Methodology.....	17
Results.....	20
Current Healthcare Options for Syrian Refugees Lacking Documentation.....	20
Barriers to Accessing Healthcare.....	22
Strategies to Fill Gaps in Healthcare Access.....	27
Conclusion.....	31
Study Limitations.....	34
Recommendations for Further Studies.....	36
Bibliography.....	37
Copyright Permission.....	39

Acknowledgements

I would like to thank my Academic Director, Dr. Bayan Abdulhaq, as well as the rest of the program staff of SIT, with special regards to Leena Taani, who provided Arabic translations for the survey instruments of this study.

I would like to thank my Project Advisor, Dr. Abeer Dababneh, for her support, time, and interest in my project.

To the UNHCR, Ministry of Health, Higher Population Council, High Health Council, ARRD- Legal Aid, and Institute of Family Health- thank you so much for your participation in this project. Your time, effort, and perspectives made this study possible.

Thank you to the following organizations from whom I gathered material culture and literature for my preliminary research: Amnesty International, Norwegian Refugee Council, CARE International, UNHCR, and ARDD- Legal Aid.

Abstract

The purpose of this study is to analyze the access and utilization of health care services by Syrian refugees lacking documentation. This study focuses on the current procedures utilized by healthcare providers for addressing lack of legal documentation in their Syrian refugee patients, as well as broader policies and strategies for addressing the status and protection of these undocumented individuals.

This study grapples with the relationship between legal documentation and access to services. The increased costs and barriers to healthcare that come with stateless and refugee status may influence health outcomes and socioeconomic opportunities that impact these individuals for the rest of their lives. The identification of the gaps that exist in healthcare provision for Syrian refugee children lacking documentation may help to mobilize interventions to deliver healthcare and other social services to these vulnerable populations in order to enhance their capacities and individual agency.

My hypothesis for this study was that Syrian refugees lacking legal documentation have decreased access to the provision of healthcare. This study was carried out through semi-structure qualitative interviews with representatives from NGO healthcare providers, legal aids, and refugee and health based organizations.

The study found that although some healthcare services are not pre-conditioned on possession of legal documentation, legal documentation is needed in order to access most forms of healthcare within Jordan. The data collected supported the hypothesis that Syrian refugees lacking documentation face decreased access to healthcare, due to a number of interrelated factors.

Keywords: Public Health, Development Studies, Disaster Management, Public Administration

Introduction

This study surrounds the access and utilization of healthcare by Syrian refugees who lack civil documentation. As of September 2015, Jordan accomodates 630,000 Syrian refugees (NRC, 2015). Within these numbers are individuals residing within camps and Jordanian host communities, all with differing levels of vulnerability. Furthermore, in 2014, the UNHCR estimated that 30% of Syrian refugee children lack birth certification (NRC, 2015). This figure and dialogue surrounding this issue of civil documentation has been echoed by other organizations and resources throughout my field exposure in Jordan. Civil documentation often acts as an individual's key for entry into the systems which deliver aid, care, services, and opportunities. As a student of Public Health, I am concerned with the factors that influence an individual's access to healthcare. The thematic seminars of this SIT program have shed light on the specific challenges in humanitarian health response in the context of the Syrian Refugee Crisis in Jordan. From a Public Health perspective, the presence or absence of civil documentation may act as an indicator for access to healthcare, and therefore may be an indicator for health.

The huge numbers of refugees fleeing from neighboring countries and into Jordan places a significant burden on the nation's infrastructure within multiple sectors- education, sanitation, water, and health. Balancing the needs of refugees with the needs of the Jordanian population requires systemic solutions, across all of these sectors. The UNHCR, NGOs, and the Jordanian government are working to administer services to the Syrian refugee population, and it is the goal of this community of actors to ensure healthcare for this population. In order to achieve this goal, it is important that this

community of actors acknowledges the needs and access to healthcare of the most vulnerable Syrian refugees- those who lack proof of identity.

The study rests on the theory of Political Ecology. Political Ecology offers a pertinent framework for "understanding how social and environmental systems intersect to shape health across spatial and temporal scales" (King, 2010). Political Ecology addresses the links between political, economic, and social structures, and uses these links to guide decision-making. Under the theory of Political Ecology, there lies a real connection between the health of an individual and social, political, and economic realities. For Syrian refugees in Jordan, their political status as a refugee influences the type of access they have to healthcare. This study makes the further assumption that lack of documentation which proves political identity would therefore influence an individual's access to healthcare.

In an article by Paul Jackson and Abigail H. Neely, entitled "Triangulating Health" the authors assert, "health is inherently a nature-society relationship." This assertion acknowledges the power that societal influences have over health outcomes, in addition to the power of biological propensities. This article engages the idea of political ecology in the context of the field of "health geography," thus seeking to expand what is used in discourse to analyze social determinants of health. Through this dialogue, the health status of Syrian refugees and the barriers that undocumented refugees may face to healthcare access can be critically analyzed.

Through this study, I hoped to gain a holistic view of the issues of statelessness and documentation at both the health provider and institutional level, specifically in the context of the Jordan response. Based on the aforementioned theoretical framework of

health as an interaction between biology and society, the main hypothesis of this study is that lack of civil documentation for a Syrian refugee results in decreased access to healthcare.

Literature Review

The following literature review seeks to provide a background to the pertinent topics within this research question. This literature review defines the processes of civil documentation for Syrian refugees, the implications and consequences of documentation, and the barriers to healthcare access for Syrian refugees.

Healthcare Access for Syrian Refugees in Jordan

The most recent comprehensive study surrounding healthcare access for Syrian refugees living in Jordan was published by Amnesty International in 2016. This document entitled *Living on the Margins: Syrian refugees in Jordan struggle to access healthcare*, defines the relevant factors which influence the health and wellbeing of Syrian refugees residing in Jordan. Currently in Jordan, 639,704 Syrian refugees are registered with the UNHCR. However, estimates state that there are likely hundreds of thousands of Syrian refugees living in Jordan who are not registered with the UNHCR and are residing in urban host communities (Amnesty, 2016). Registered refugees, particularly those living in camps, have access to services through humanitarian aid agencies. However, over 80% of Syrian refugees residing in Jordan live in host communities, and may struggle with accessing affordable services (Amnesty, 2016). According to UNHCR's Vulnerability Assessment Framework Baseline Survey, 86% of Syrian refugees living in host communities in Jordan are below the poverty line (Amnesty, 2016).

Barriers to Accessing Healthcare

A potential barrier to healthcare access identified by this Amnesty study is cost. At the beginning of the crisis, Jordan Ministry of Health offered free healthcare services for all Syrian refugees. In November 2014, Jordanian authorities introduced fees for Syrian refugees accessing public health centers. The fees are equal to those paid by non-insured Jordanians. Syrian refugees must present their Ministry of Interior Service Card in order to receive these subsidized rates. If a Syrian refugee seeking care at Ministry of Health providers does not possess documentation through the Ministry of Interior which verifies their refugee status, he or she must pay the “foreigners’ rate,” which is 60% higher than the non-insured Jordanian rate (Amnesty, 2016). Vulnerable families can continue to access free services at UNHCR and Jordan Health Aid Society clinics (CARE, 2015). These financial barriers are thus intertwined with the issue of documentation. Cost of Ministry of Health services is affected by the presence of appropriate documentation, which in turn affects access.

Following this 2014 policy change, UNHCR revised its healthcare provision strategy in order to fill potential gaps in access. This was done through partnership with Jordan Health Aid Society. JHAS has reported, there has been a 27% increase in patient visits in their clinics since the Ministry of Health changed its payment policy (Amnesty, 2016). These JHAS clinics provide services to UNHCR registered refugees who are classified as “vulnerable.” This vulnerable population accounts for 35% of total urban UNHCR registered Syrian refugees (Amnesty, 2016). JHAS has reported that it has been difficult to meet these increased demands, and they are unable to see all of the patients seeking care in a given day (Amnesty, 2016). This indicates that access to healthcare was

further affected by Jordanian government policy changes, even beyond barriers due to pure differences in cost.

Civil Documentation and Statelessness

Examining issues of civil documentation involves examining the phenomenon of statelessness. The international legal definition of a stateless person is set out in Article 1 of the 1954 Convention relating to the Status of Stateless Persons, which defines a stateless person as "a person who is not considered as a national by any State under the operation of its law" (UNHCR). In the context of Jordan, Syrian refugees who lack birth certification which proves their Syrian origins are at risk of statelessness. This issue has many implications. In a 2015 CARE study on the status of Syrian refugees within Jordan host communities, they stated, "Lack of documentation severely curtails refugees' access to assistance and public services, in particular health services, and increases their risk of being subject to exploitation as well as their fear of arrest, transfer to the camps and/or possible *refoulement*." This idea was mirrored again in a Norwegian Refugee Council study analyzing the status of civil documentation for Syrian refugees in Jordan:

Jordan's civil documentation policies and practices implicate a range of universal human rights: most directly, the right to be registered immediately after birth, the right to be recognised as a person before the law, and the right to a nationality. Less directly, civil documentation affects a variety of other rights, such as the rights to health and education. These are all human rights enumerated in international treaties that are binding in Jordan and apply to every person within the Jordanian state, including Syrian refugees (p. 5).

International and Domestic Civil Documentation Law

Every child has the right to be registered immediately following birth. The UN Human Rights Council has stressed “the importance of birth registration, including late birth registration, as a means for providing an official record of the existence of a person and the recognition of that individual as a person before the law” (UN Human Rights Council, 2012). In the refugee context, the Convention on the Rights of the Child (CRC) requires that states ensure that refugee children “receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the [CRC],” which include the right to birth registration and the right to a nationality. Although lack of birth certification does not always lead to the condition of statelessness, the Office of the UNHCR states that "birth registration is fundamental to the prevention of statelessness" (NRC, 2015).

Ministry of Interior Service Card

For Syrian refugees in Jordan, the primary source of civil documentation comes from the Civil Status Department. The Civil Status Department is a branch of the Jordan Ministry of Interior and is the entity which handles birth registration for Jordanians and non-Jordanians alike (NRC, 2015).

Syrian refugees may possess different kinds of documents issued by the Jordanian government or UNHCR that illustrate their legal status in some way (NRC, 2015). The processes and requirements for obtaining these documents are interlinked and have changed as time has passed. As of February 2015, the Jordanian government requires that

Syrian refugees possess a Ministry of Interior (MoI) Service Card (NRC, 2015). This identification card is needed for accessing public healthcare and government-run education services. MoI cards are only valid within a certain geographic area; therefore refugees must register with the MoI if they move locations within Jordan.

Beyond MoI registration, Syrian refugees may also be registered with the UNHCR. For Syrian refugees within camps, they may possess a UNHCR “Proof of Registration” document, and those living outside camps may possess an “Asylum Seeker Certificate” (ASC) which illustrates that this individual and the family members of the individual are people of concern for the UNHCR. The ASC allows families to access UNHCR services as well as aid from other humanitarian agencies (NRC, 2015). The NRC reports that a significant number of Syrian refugees who left refugee camps in 2014 faced great difficulty in registering with the MoI. Since July 2014, the Jordanian authorities have prevented UNHCR from providing Asylum Seeker Certificates to those who leave the camps without going through the bailout process, which prevents refugees from accessing UN provided services and from getting a MoI service card which also prevents them from accessing public services (Amnesty, 2016).

The NRC estimates that 45% of Syrian refugees who have left camps and now reside in host communities never went through the formal bailout process. This estimate is echoed by the UNHCR, who notes that 160,000 refugees have left Za’atari Camp without undergoing the formal bailout process (Amnesty, 2016).

In early 2015, the Jordanian government commenced a re-verification campaign with the goal of re-registering Syrian nationals in Jordan (NRC, 2015). All Syrian refugees, regardless of their registration status with UNHCR, must present themselves to

local police stations and obtain a biometric MoI card and confirm their place of residence. This process requires receiving a certificate from Ministry of Health, and presenting this certificate, along with a copy of a leasing agreement, and a copy of their landlord's identity document to the local police station. This re-verification process is meant to give Syrians who informally left the camps to move to host communities the chance to receive a MoI card and regularize their status. As of August 2015, over 183,000 Syrian refugees were re-verified (NRC, 2015). At the beginning of this re-verification campaign, the process of procuring the necessary certifications cost around 30 JD, and the price has since decreased to 5 JD. Because of the costs associated with re-verification, there may be gaps in access to this procedure due to vulnerability (NRC, 2015).

Birth Registration

At the beginning of the Syrian refugee crisis, birth and marriage registration rates were very low for Syrians within Jordan. Refugees reported that the main barriers to birth registration were lack of understanding of the importance and process of birth registration, inability to provide the documents required for registration of marriages and births, giving birth at home with a midwife, or giving birth at home due to an ability to pay for hospital services (ARDD).

In interviews conducted through Norwegian Refugee Council, refugee families who had children not possessing birth certification stated that they feared or experienced negative consequences, such as restricted access to services, specifically healthcare (NRC). To overcome document issues, some families had adopted coping strategies such

as borrowing the birth certification of other children, or even returning to Syria to retrieve the documents (NRC).

In an NRC study of 37 Syrian families, covering the births of 45 children, they found that 20 of these children had birth certificates, while the remaining 25 did not. The reasons listed by families for lack of birth certification of their children were: inability to produce proof of marriage to Civil Status Department, the child was older than one year, the child's birth date was less than six months after the date of marriage, and pending status of birth certificate (NRC, 2015).

In order to solve this problem, this report recommends increasing the flexibility of the civil documentation process, removing barriers such as time limits and fines, raising awareness in the Syrian community about the importance of birth documentation, and increasing coordination between UNHCR and the Jordanian government (NRC, 2015).

Another reason why a Syrian refugee may lack civil documentation is because their birth was not registered within Syria. Families may have had to flee to Jordan before receiving a birth notification from a hospital or midwife, or may have left this birth notification at home. The Norwegian Refugee Council study cited an instance in which a Syrian woman attempting to register her child's birth at the Civil Status Department was unable to do so, and the employee of the Civil Status Department accused her of attempting to commit fraud. Because of this, the family has been unable to access public healthcare (NRC, 2015).

Finally, inconsistencies in Civil Status Department procedures can affect a Syrian family's ability to procure civil documentation. Some Civil Status offices require original documents, while for some offices, copied versions of these documents are sufficient

(NRC, 2015). This inconsistency results in differing levels of awareness on the registration process, as well as people being insufficiently prepared to obtain documentation from the Civil Status Department.

In 2014, UNHCR estimated that 30% of Syrian refugee children lacked birth certificates (NRC). In a 2015 CARE International study, they found that one in three Syrian refugee families surveyed could not access healthcare when needed in the six months preceding the study. This study also found that there had been a significant increase in the numbers of refugees without proper documentation. Of those surveyed, 3% lacked UNHCR registration, and 5% without a Ministry of Interior Card (CARE, 2015). Perhaps exacerbating this issue is the increasing instances of early marriage, also cited as a trend by CARE in this study.

Beyond Jordan's obligation to ensure birth registration for all children, Jordan is a party to the International Covenant on Economic, Social, and Cultural Rights, which guarantees the right to the enjoyment of the highest attainable standard of physical health (Amnesty, 2016). This document asserts that the achievement of the highest attainable standard of physical health requires health services, goods, and facilities be available, accessible, acceptable, and of good quality. If access is hampered due to lack of civil documentation and difficult procedures for obtaining this documentation, then Jordan and relevant actors have the obligation to attempt to diminish these documentation barriers to accessing healthcare.

The ICESCR further states that to ensure the highest level of healthcare for all, states are obligated to prioritize marginalized and vulnerable groups when allocating resources, and to address discrimination in health services and information. This duty

extends to Syrian refugees, as the treaty clarifies that these obligations extend to non-nationals, asylum seekers, and stateless persons (ICESCR).

Methodology

Overall Research Experience:

This study was conducted through six semi-structured interviews of representatives from relevant organizations. The interviews were conducted in English and carried out over a two week period. The interviews were conducted with representatives from Ministry of Health, Higher Population Council, High Health Council, UNHCR, ARDD-Legal Aid, and Institute of Family Health.

Justification for Methodology:

For this study, I wanted to obtain perspectives from three principal spheres: NGO healthcare providers, NGO legal aids, and governmental and upper-level organizations tasked with handling refugee and health issues. By interviewing these three different groups, I could assess the activities being undertaken to address the issue of lack of documentation of Syrian refugees at different levels. I also wanted to gain insight on these groups' perceptions of this issue. The ultimate goal in participant selection for this study was to gain comprehensive insight on if and how this specific population of Syrian refugees access healthcare services, and to what extent.

The specific participant organizations of this study were selected through recommendations from my Academic Director, as well as my Project Advisor. I utilized a contact at Jordan Ministry of Health, who connected me to further human resources and interview participants. Literature review prior to the study also helped in the selection of the sources. I interviewed all the participants within their offices and places of work, as all of my study participants were professionals within their field. Their office spaces were natural places to conduct private and convenient interviews.

Methods for the Protection of the Integrity of the Data and Interview Participants:

The data used in this study was qualitative in nature. I chose to collect data entirely through semi-structure interviews in order to give interview participants the opportunity to ask questions of me, as well as expand on their responses. The relevant research questions of this study involve many direct and indirect factors, and semi-structured interviews allowed for a comprehensive discussion and explanation of these factors. The interviews were recorded with an audio recorder and corroborated by note taking on an observation sheet immediately following the interview. Each interview was transcribed and coded, and direct quotes from the participants were utilized whenever possible to preserve the integrity and authenticity of the findings. Following the transcription process, each recording of the interviews were deleted permanently.

To protect the identity and integrity of the interview participants, I did not record their names or any key identifiers in my findings. Each interview participant was designated in general terms as a representative of their place of work, with no indication of their role in their place of employment. Additionally, in the discussion of the results, each perspective was labeled as the words of an organization's representative, rather than generalizing their words and opinions as shared by their organization or employer as a whole.

Obstacles and Problems:

Prior to the initiation of this study, the intention was to gain perspectives of multiple NGO healthcare providers in order to gain insight into potentially differing types of protocols for the healthcare provision of Syrian refugees lacking legal documentation.

However, due to limited time, it was difficult to contact and establish interviews with NGO healthcare providers.

Changes of Plans During the Research Process:

Because of the difficulty in establishing interviews with NGO healthcare providers, I was able to gain more insight from other parties and perspectives. After conducting interviews with organizations specializing in policy recommendation and health systems management, I learned that the perspective of a legal aid organization would be valuable for this study. Incorporating this new perspective allowed for a more holistic glimpse into not only the scope of the documentation issue in the context of Syrian refugees in Jordan, but into more direct and pragmatic individualized response to the absence of legal documents.

Results

This study sought to answer the following key research questions: 1) What current healthcare options are present for Syrian refugees lacking documentation? 2) What barriers influence their ability to access healthcare? 3) What actions (if any) are international and Jordanian institutions taking to make healthcare accessible to Syrian refugees lacking documentation?

The results of this study will take into account the three primary perspectives of the six interviews conducted. Across these six semi-structured interviews, there were cross-cutting trends and topics among the responses, as well as contradictions. In the context of my aforementioned research questions, the following findings shed light on the framework of this study.

Current healthcare options for Syrian refugees lacking documentation:

Needs Met

The majority of the interview respondents mentioned some aspects of health needs of Syrian refugees, regardless of legal status, being met. The responses varied to the degree with which they asserted access to healthcare was present for this population. Vaccination services were mentioned by the Ministry of Health, Higher Population Council, and High Health Council as care that is accessible and administered to each person within Jordan, free of charge, and with no documentation necessary.

"Through mass media, any person living in Jordan less than 5, in spite of nationality, wherever he is, can come to our health center and take the polio vaccine. That is our policy." –Ministry of Health Representative

This MoH representative also mentioned other communicable diseases, such as Tuberculosis, that can be managed free of charge and with no conditionalities within Jordan, as mandated by Public Health Law. The representative from High Health Council (HHC) further mentioned that Jordan offers free healthcare services to those under six years old- "we offer help to Syrian refugees, even without birth certificates, for vaccination and basic services."

Beyond these "basic services" and vaccination provided by MoH, the MoH representative stated that treatment and hospital services must be covered by the UNHCR or NGOs. The MoH representative did not expand on the accessibility of these services.

From the UNHCR perspective, the assertion that there are no gaps in access to healthcare for this population was mirrored: "I'm not aware that access to healthcare is a problem. For us, they would be put onto the parents' registration." A UNHCR representative stated that Syrian refugees lacking birth certification can still be registered with the UNHCR, and would then be added to the family's Ministry of Interior Card. This in effect would give them "the same level of access as regular refugees." Syrian refugees residing in host communities have access to subsidized MoH services through their MoI card, and if they cannot afford these services, they should be able to access services through partner clinics. As for the UNHCR registration process, they stated that "there is no waiting time. If someone wants to be registered, they could be registered within a couple of days. People who consider themselves refugees are registered."

From the NGO perspective, a representative from Institute of Family Health (IFH) stated that "In our clinics, we are dealing with them in a smooth way. We ask for identity and phone number. We don't care if they are registered or not registered. We serve any

human with any nationality." These services range from ante-natal care and post-natal care, to GBV services, and psychosocial support.

Barriers to accessing healthcare:

Healthcare access gap due to lack of documentation

While interview respondents mentioned ways in which aspects of healthcare was accessible, even for Syrian refugees lacking documentation, there were numerous mentions of lack of legal documentation being problematic for accessing care. When asked "How do Syrian refugees lacking documentation access care?", a representative from Higher Population Council (HPC) responded, "Well, that is the problem. They are not accessing healthcare." While IFH does not pre-condition healthcare provision on a patient's ability to present documentation, an IFH representative stated, "other healthcare providers and NGOs ask for documentation before providing services due to conditionalities with their donor."

ARDD- Legal Aid expanded on this, asserting that their work in assisting others in acquiring documentation indirectly assist individuals in accessing resources.

Documentation gaps

Responses from the interviewees indicated that there are real gaps in documentation for the Syrian refugee population. Said a representative from HHC: "Of course lack of certification is a major issue. It is important to accessing facilities, including the health services." Interview respondents cited various reasons for documentation gaps, including: fleeing Syria without documentation, issues with birth

certification, absence of birth notification, unaccompanied children, unregistered marriages, and children being born on the border.

HPC cited documentation gaps as a significant issue: "There are numbers who aren't documented in either way- no legal status as visitor, refugee, work permit. It is very difficult to identify where they are and their numbers." Within this gap, there are issues with birth certification and proof of marriage: "For those children who are born to mothers who have marriages that aren't documented- the child resulting from this is therefore undocumented." This statement was corroborated by representatives from ARDD, who mentioned that without a marriage document, you cannot register your child.

Another gap in documentation mentioned by UNHCR originates from the many unaccompanied children entering Jordan from the Syrian border. These children may enter under the guise of being a part of a family, but are really traveling alone, with no documents. There are also Syrian children being born on the border. These children may not have access to a birth notification, and therefore cannot gain birth certification.

Many interview respondents expressed concern over the implications of the gaps in legal documentation among Syrian refugees.

"This will be a problem- if there is a solution in Syria, what is going to happen to them? They don't carry Syrian nationality, the Syrians will not admit that they are Syrians. And Jordan will say they are not Jordanians because they are not born to a Jordanian father.

So what will happen to these children with no nationality?" –HPC Representative

An IFH worker echoed this sentiment, citing the discrepancy between the number of registered refugees in Jordan as reported by the UNHCR, and the numbers of Syrians estimated to be residing in Jordan by the 2015 census.

Attitudes, Knowledge, Culture

A theme mentioned by five out of the six interview respondents regarding the barriers to healthcare access was the influence that a Syrian refugee's identity, background, and attitudes play in their ability to access care and documentation. The word "fear" was mentioned repeatedly as a factor influencing a Syrian refugee's ability and desire to seek healthcare. An HPC representative mentioned that undocumented Syrian refugees "are hesitant to access services, because they are afraid they will be reported." This assumption was backed up by an IFH representative, who shared an anecdote regarding attitudes of Syrian refugees at their clinic:

*"If a Syrian mother without a UNHCR card came in and said, this is my name, this is my phone number, I am Syrian and I need help, we never say, 'go out.' We provide these services because she is need.
"and sometimes she brings the card the second visit, because maybe she hid the card before because it was expired and she was afraid. She thought that if she give us expired papers, she wouldn't receive services."*

Interview respondents also conveyed that personal attitudes influenced the ability of undocumented Syrian refugees to gain legal documentation. As stated by an HHC worker, "Sometimes those people don't want to disclose themselves. They are afraid or

intimidated. This could be another part of the problem. They are scared sometimes."

Syrian refugees may also be afraid of legal action taken against them, and are afraid of "being caught."

Their cultural context also informs their attitudes toward service access. "As much as you try to give people assurances, they will always be afraid. They come from a military state, they come from a state where fear is there already" (HPC representative). Further, many Syrians come from an agricultural society and may be illiterate, unvaccinated, and have the culture of marrying their daughters young. This culture, coupled with being a refugee residing in a new country with unknown protocols, could be a barrier to accessing documentation and services. In an interview with a representative from ARDD, this tension was expressed, acknowledging that when people enter Jordan, they most likely do not know the law.

Some interview participants discussed that people may not have legal documentation as a matter of personal choice or circumstance. "There are Syrians in Jordan who for various reasons do not consider themselves refugees" (UNHCR representative). Beyond choosing to not identify as a refugee, people may prefer to not have their presence documented. "There are some people here because they have bad intentions- there are various reasons for people wanting to stay unknown" (HPC representative).

Financial Vulnerability

"They don't have documentation, they are afraid of approaching official organizations, and they are poor." –HPC Representative

Financial vulnerability was mentioned by half of the interview respondents as a relevant factor for this undocumented population of Syrian refugees- both as a reason for lack of documentation, and as an added barrier to accessing services. The HPC representative cited the figures from the recent JRP Vulnerability Assessment that 80% of Syrian refugees in Jordan are below the poverty line. "Some people came with savings, but people have used them because we are now entering the sixth year" (HPC representative). With this statistic in mind, there is the assumption that these Syrian refugees who face difficulty with acquiring legal documentation also are financially disadvantaged. This would likely lead them to depend on home remedies, lay-midwives, and NGOs.

Documented refugees have their own programs of financial support (HHC representative). Those who are undocumented cannot benefit from UNHCR financial support, and would therefore "be less privileged in accessing these services."

In an interview with a representative from ARDD, financial strains were mentioned as a barrier to acquiring legal documentation. The fee to register a marriage in Jordan is 1000JD, and the fine for having an unregistered child is 10JD (ARDD representative). When ARDD established "amnesty periods" where marriage and birth registration fees were waived, they were able to register 3000 cases.

Temporality

Interview participants mentioned a timeline which affected the barriers and policies influencing presence of documentation and access to care. A representative from

MoH, as well as a representative from HPC mentioned this shift in the status and care of Syrians within Jordan.

Prior to the crisis in Syria, Syrians came to Jordan to work on a seasonal basis, or to visit family members in Jordan. Because of these family ties and the regular travel between Syria and Jordan, "at the beginning there wasn't much focus on documentation- everyone thought it was temporary" (HPC representative). Further, a MoH representative mentioned at the beginning of the crisis, there was no effort to stop any refugee from entering Jordan.

"As time passed, the government started recognizing the importance of documentation- they started finger printing and iris scanning. People would come in and out and say they didn't have documents, or would change their documents. They would receive assistance several times under different names."

Strategies to fill gaps in access to healthcare access for Syrian refugees lacking documentation:

Each interview participant was asked what strategies are being developed by their organization to increase access to healthcare for Syrian refugees lacking legal documentation.

Response to Issue

The organizational response to this issue differed from interview to interview. From the MoH perspective, as well as the HHC, their focus primarily surrounded strengthening general access to services for Syrian refugees, without specifically targeting the undocumented population. Specifically, an MoH representative mentioned

the Health System Strengthening (HSS) campaign funded by USAID meant to renovate hospitals and expand health infrastructure to accommodate the influx of Syrians into the health system. Other interview respondents cited specific activities of their organizations that were geared toward assessment of this issue and increasing access to formal documentation. Many interview respondents mentioned that they believe response to this issue should involve the international community and the collaboration of many actors.

The HPC representative mentioned the connection that the documentation issue has to the phenomenon of early marriage for Syrian women in Jordan. The Higher Population Council is currently carrying out a study in partnership with the Ministry of Social Development to identify cases of early marriages (marriage occurring before the age of 15). These cases are of interest, as marriages cannot be legally registered before the age of 15. This study will engage community leaders and NGOs to identify these cases. Identifying these cases will assist actors in identifying undocumented children.

Efforts to make documentation more accessible were mentioned by HPC, UNHCR, and ARDD. UNHCR mentioned that they are working to establish an authority at the Syrian-Jordanian border that can issue birth notifications to mothers who give birth on the border. Additionally, they currently have a staff member in Mafraq keeping a list of children without birth certification, and the UNHCR protection unit is "working on finding solutions for children without notification and were born on the border" (UNHCR representative).

ARDD Legal Aid focuses on finding solutions for individuals lacking documentation. In order to fill gaps in birth registration, they advocated for and created two amnesty periods in which people could register their children free of charge. These

periods, winter 2014 and summer 2015, allowed roughly 6000 cases to be registered (ARDD representative). In addition to these amnesty periods, a significant goal of ARDD is making people aware of their rights. This education takes the form of workshops led by community leaders. These educational sessions seek to inform people on how they can register themselves and their families in accordance with Jordanian law (ARDD representative).

Unclear Scope

Amid the challenges and work to fill gaps that may exist in healthcare access for undocumented Syrian refugees is the notion that this issue has a large, yet unclear scope. Five of the six interview respondents mentioned this idea.

"The problem is, we don't know how many children like this there are, because we don't know how many mothers like this there are." –HPC Representative

The implications of this lack of statistics is significant. The HPC, HHC, and ARDD representatives mentioned the difficulty of making sufficient services available if there is not sufficient information surrounding the demographics and geographic distribution of populations.

"When you don't know where people are, how can we provide water, sewage, garbage collection, housing. How can you plan for development?" –HPC Representative

ARDD mentioned that though the Syrian refugee population is concentrated in Amman, there are Syrians scattered through Jordan, and this makes it difficult to reach Syrian populations in need of legal assistance.

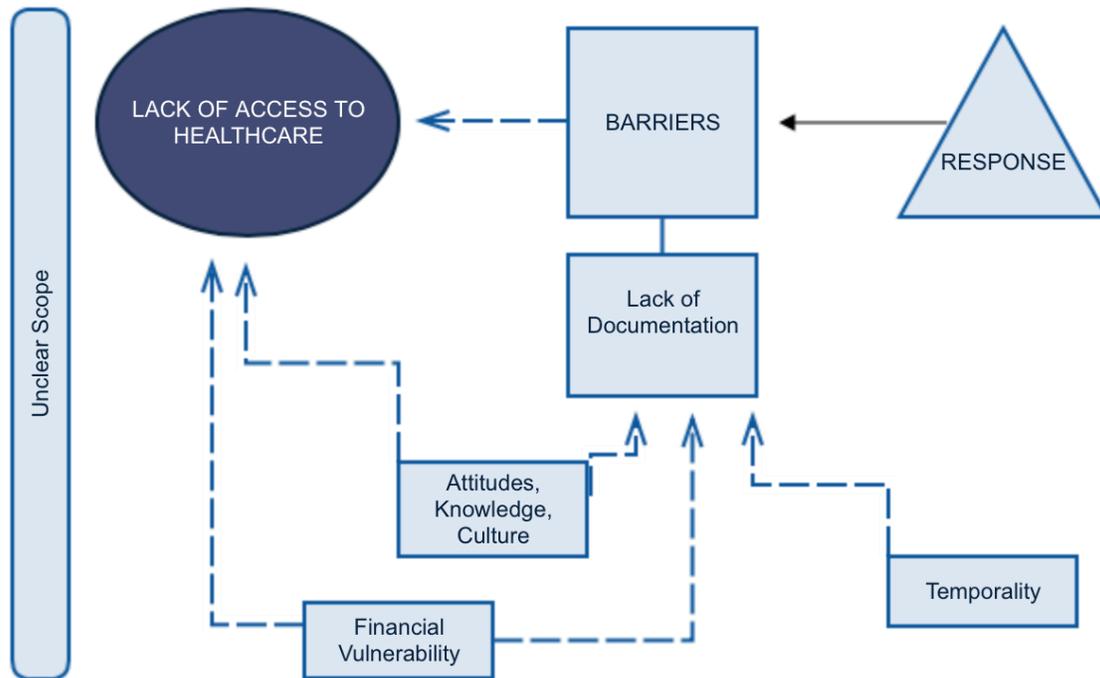
The lack of clarity of surrounding this population further makes it difficult to target interventions specific to undocumented Syrians. From the Ministry of Health perspective, it is difficult to differentiate strategies in healthcare provision between Jordanians and non-Jordanians. There is also additional fear that the system may be being abused. An HPC representative cited anecdotes in which people would seek services- healthcare and other forms of aid- and would either say they didn't have documents, or they would change their documentation each time they sought services. This would allow an individual to receive the same aid multiple times, under different names (HPC representative).

Conclusion

The initial hypothesis of this study was that Syrian refugees lacking legal documentation have decreased access to the provision of healthcare. Through the perspectives engaged through interviews, there were mixed responses regarding the scope that Syrian refugees can or cannot access healthcare. The general trends in the responses indicated that Syrian refugees without legal documentation are able to access health services such as vaccination, as well as basic services that treat and prevent the spread of communicable diseases through the Ministry of Health. Further, this study found that the NGO healthcare provider interviewed did not require legal documentation as a condition for administering healthcare to Syrian refugees.

The above examples of access represent aspects of the findings of my study which do not directly support the original hypothesis that healthcare access is decreased for Syrian refugees lacking legal documentation. However, within the scope of this study, the findings indicated that there are significant gaps in healthcare access for Syrian refugees lacking documentation. The trend in the responses, across all six interviews, indicated that Syrian refugees are expected to hold a valid UNHCR registration card, as well as a Ministry of Interior Service Card, in order to receive most health services that extend beyond vaccination. The interview participants of this study mentioned a variety of factors which inhibit healthcare access for this population, ultimately supporting the idea presented in the hypothesis that lack of legal documentation has a negative effect on healthcare access for Syrian refugees.

The following conceptual model visually illustrates how the factors discussed by the participants in this study ultimately influence lack of access to healthcare.



Lack of access to healthcare is directly influenced by the presence of barriers to healthcare. The principle barrier discussed within the scope of this study was lack of legal documentation. The interview participants of this study mentioned temporality, personal attitudes, and financial vulnerability as the primary three factors which influence the ability of Syrian refugees to possess formal documentation. Attitudes and financial vulnerability also play a role in inhibiting healthcare access by directly influencing the ability and likelihood of an ability to seek and receive care, regardless of documentation status. Working to combat these barriers are the response activities of healthcare providers, legal aids, and governmental and non-governmental actors. Current and future response efforts have implications and effects on every aspect of the conceptual framework of this issue, which in turn affect healthcare access. Underlying all of the

factors discussed by the interview respondents was the unclear scope of this population and lack of data surrounding these gaps in healthcare access, documentation access, and the relationship between these gaps. Because of lack of clear data surrounding how many undocumented Syrian refugees are residing in Jordan, there is difficulty in administering interventions to address this gap in access that these individuals might face.

In conclusion, the results of this study overall supported the hypothesis that Syrian refugees lacking legal documentation face decreased access to most healthcare services.

Study Limitations

There are a number of limitations to this study that compromise the ability to reach conclusions and sufficiently prove or disprove the proposed hypothesis.

The most significant of these limitations are the sample size of the participant population. Due to the limited time available in the ISP period, I was only able to secure six interviews for this study. Additionally, these participants were selected based on convenience and previously established connections of my Academic Director and Project Advisor. The study could have benefitted from additional perspectives of NGO healthcare providers serving refugees. Due to time restraints, only one NGO healthcare provider was interviewed in this study.

Another limitation present in this study was the sensitive nature of the study topic. Issues of documentation can be politically sensitive in nature, and this could affect the responses given to the questions posed during the interviews.

My research is additionally influenced and informed by my social identity. In relation to my participants, I am a student and observer attempting to understand the responses of organizations, communities, and a nation of which I am not a part. I am an American female of European descent, coming from an upper-middle class upbringing. As an English speaker, with limited studies in Arabic and limited exposure to Arab culture, I may have a different linguistic and cultural understanding of the intent and meaning of my interview questions as well as the intent and meaning of the interview responses. Furthermore, as a white American woman, I have certain biases that may influence what I perceive as sufficient health care access and services.

My social identities moreover may have affected the way that my perspective interviewees perceive me. My identity as a white American may cause my interview may influence the way in which they answer questions. When interviewing representatives from refugee and health related organizations regarding potential solutions, they may have taken my American identity into account when speaking about the role of the international community.

Recommendations for Further Studies

To analyze the access and utilization of healthcare services for Syrian refugees lacking legal documentation, this study engaged the perspectives of healthcare providers and organizations responsible for refugee and health policy and planning. In order to view this issue more holistically, I recommend that a study be carried out which engages the perspective of Syrian refugees themselves who have faced barriers in accessing health care services due to lack of legal documentation. In doing so, there would be the opportunity to learn more specifically the reasons why an individual may lack legal documentation.

Along this vein, a study which examines how lack of legal documentation affects access to other types of services beyond healthcare (education, psychosocial support, employment), would be helpful in further illustrating the scope of this issue.

A comparative study of healthcare access for Syrian refugees lacking documentation verses Jordanians who lack documentation would also be beneficial for gaining clarity on the scope of this issue, as well as help direct appropriate interventions to the populations most in need.

Bibliography

Primary Sources:

ARDD-Legal Aid Representatives. Personal interview. 11 April, 2016.

High Health Council Representative. Personal interview. 6 April, 2016.

Higher Population Council. Personal interview. 4 April, 2016.

Institute of Family Health Representative. Personal interview. 10 April, 2016.

Ministry of Health Representative. Personal interview. 3 April, 2016.

UNHCR Amman Representative. Personal interview. 10 April, 2016.

Secondary Sources:

Birth and Marriage Registration in Jordan ARDD-Legal Aid. Arab Renaissance for

Democracy and Development. Retrieved April 18, 2016, from http://ardd-jo.org/sites/default/files/resource-files/birth_and_marriage_registration_en.pdf.

I am Here, I Belong. UNHCR: The UN Refugee Agency. Retrieved April 12, 2016, from

http://www.unhcr.org/ibelong/wp-content/uploads/2015-10-StatelessReport_ENG16.pdf.

Jordan: Living on the Margins- Syrian Refugees in Jordan Struggle to Access Healthcare

(pp. 3-24, Rep.). (2016). London: Amnesty International. Retrieved April 24, 2016, from <https://www.amnesty.org/en/documents/mde16/3628/2016/en/>.

Political Ecologies of Health (pp. 38-55.). (2010). B. King. Progress in Human

Geography. Retrieved on April 17, 2016, from <http://phg.sagepub.com/content/34/1/38.abstract>.

Legal Status of Individuals Fleeing Syria. Syria Needs Analysis Project. ReliefWeb, June 2013. Retrieved April 13, 2016, from http://reliefweb.int/sites/reliefweb.int/files/resources/legal_status_of_individuals_fleeing_syria.pdf.

Registering Rights: Syrian Refugees and the Documentation of Births, Marriages, and Deaths in Jordan. Norwegian Refugee Council. NRC, IHRC, Oct. 2015. Web. <http://www.nrc.no/arch/_img/9208964.pdf>.

Triangulating Health: Toward a Practice of a Political Ecology of Health. Paul Jackson & Abigail H. Neely. (2014). *Progress in Human Geography*. Retrieved April 16, 2016 from <http://phg.sagepub.com/content/early/2014/03/30/0309132513518832>.

What Is Statelessness? UNHCR.org. UNHCR: The UN Refugee Agency, n.d. Web. <<http://www.unhcr.org/pages/49c3646c158.html>>.

SIT Study Abroad
School for International Training



Access, Use, and Publication of ISP/FSP

Student Name: Caroline Flynn
 Email Address: cflynn1@tulane.edu
 Title of ISP/FSP: Healthcare Access for Undocumented Syrian Refugees
 Program and Term/Year: Refugees, Health, and Humanitarian Action, Spring 2016

Student research (Independent Study Project, Field Study Project) is a product of field work and as such students have an obligation to assess both the positive and negative consequences of their field study. Ethical field work, as stipulated in the SIT Policy on Ethics, results in products that are shared with local and academic communities; therefore copies of ISP/FSPs are returned to the sponsoring institutions and the host communities, at the discretion of the institution(s) and/or community involved.

By signing this form, I certify my understanding that:

1. I retain ALL ownership rights of my ISP/FSP project and that I retain the right to use all, or part, of my project in future works.
2. World Learning/SIT Study Abroad may publish the ISP/FSP in the SIT Digital Collections, housed on World Learning's public website.
3. World Learning/SIT Study Abroad may archive, copy, or convert the ISP/FSP for non-commercial use, for preservation purposes, and to ensure future accessibility.
 - World Learning/SIT Study Abroad archives my ISP/FSP in the permanent collection at the SIT Study Abroad local country program office and/or at any World Learning office.
 - In some cases, partner institutions, organizations, or libraries in the host country house a copy of the ISP/FSP in their own national, regional, or local collections for enrichment and use of host country nationals.
4. World Learning/SIT Study Abroad has a non-exclusive, perpetual right to store and make available, including electronic online open access, to the ISP/FSP.
5. World Learning/SIT Study Abroad websites and SIT Digital Collections are publicly available via the Internet.
6. World Learning/SIT Study Abroad is not responsible for any unauthorized use of the ISP/FSP by any third party who might access it on the Internet or otherwise.
7. I have sought copyright permission for previously copyrighted content that is included in this ISP/FSP allowing distribution as specified above.

Student Signature

Caroline Flynn

Date

4/7/16

