# Age & Disability MONITOR

## April 2014

The Age & Disability Monitor provides a bi-monthly overview of the most pressing issues and needs faced by persons with specific needs (PSN), including people with disabilities (PwD), people with injuries (PwI), and older people (OP) among the refugees disabling chronic illness, or older age from and IDPs within Syria. It also highlights inclusive interventions by humanitarian actors, which successfully address special needs arising from these cross-cutting vulnerabilities.

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**Findings of the HelpAge International/ Handicap International assessment in Jordan and Lebanon[i] show that families that include persons with specific needs identify access to health, and specialised services as a priority need[ii].**

**However, despite on-going efforts and continued expansion of the Syria crisis response, adequate and equal access to healthcare services for persons with disabilities, injuries, and chronic diseases, remains hampered by several factors.**

## Financial access

According to the 2013 Vulnerability Assessment conducted by WFP and UNHCR, 35% of refugee households in Lebanon are not receiving any health assistance with this percentage increasing for those who are not registered or only recently registered[iii]. Healthcare for Syrian refugees and other displaced populations from Syria is covered within the context of a highly privatised system. Within this context, the largest barrier to healthcare cited by refugees is mainly financial[iv]. For primary healthcare consultations, registered Syrian refugees pay a nominal fee that varies between 3,000-5,000 Lebanese pounds. For secondary healthcare that is considered "lifesaving," refugees are obliged to pay 25% of healthcare costs. Medications and diagnostic tests would be frequently overprescribed, increasing costs for refugees and UNHCR. Moreover, some providers require upfront payment of costs not covered by UNHCR[v]. For 15% of the Syrian refugee households in Lebanon, costs related to health are the main reason for falling into debt[vi]. Handicap International has observed refugees resorting to dangerous coping mechanisms such as returning to Syria to buy drugs, or to undergo surgery that is not accessible in Lebanon, and buying drugs on a "black market" for which the quality and safety cannot be assured[vii]. The overall financial constraints particularly affect those who have limited or no livelihood options due to their injury, disability, disabling chronic illness, or older age.

Ahmed and his wife. © Boram Lee/HelpAge International

Ahmed was partially paralyzed after a bomb landed on his coffeeshop. Currently living in a factory in the Bekaa, with his wife, Ahmed says: *"If I am not able to get assistance to have surgery performed outside Lebanon, I will have to return to Syria."*

In Jordan, the Ministry of Health has maintained its policy of free access to primary and secondary care in their facilities for registered Syrian living outside of camps. However, there is a tendency to access private health centres as a starting point, incurring costs. There is recorded dissatisfaction with costs of medication. Unregistered refugees, those with expired asylum seeker certificates, and those with a Ministry of Interior card that does not match their current place of residence have limited access to primary healthcare. These groups are especially vulnerable and may incur significant expenditures on health costs[viii].

In Syria, the price of medicines has increased by 25- 50% since the beginning of the conflict, affecting people's ability to pay for health services[ix].

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*"I have hope in my life, in the future, in my family. My greatest hope is to walk again, to return to Syria and to complete my university studies.* […] *I came to Jordan to find better healthcare because it was not possible in Syria. There were few doctors in Deraa as many had been killed."*

[Lubna, 24, rehabilitating in Jordan after being shot by a sniper in Syria]

Lubna. © Stuart Hughes/Handicap International

## Access to information on services

According to UNHCR, one of the key barriers to accessing healthcare for both registered and non-registered refugees is a lack of information on the available health services and the procedures involved in accessing those services. Despite outreach and communication efforts from UNHCR and NGOs, many refugees are not sufficiently aware of health services available to them and ways of accessing them. In Jordan, insufficient outreach and involvement of the Syrian community also affect access and coverage of key health services. There is a need for increased access to information for refugees, and provision of information and connection with health and rehabilitation services[x].

## Availability of health services

Perceived availability of services and possibility of access to such services is third and fourth important factor in Jordan and Lebanon respectively, informing refugee families' decision on where to settle. Urban contexts offer increased opportunities for employment and access to services (including limited specialised health care) and are the two essential reasons why families chose to live in urban settings[xi].

Across the region, Handicap International (HI), observes a gap in availability of long-term post- operative care, especially for injuries[xii], and physical rehabilitation support, which could lead to the possible development of permanent disabilities. In Jordan and Lebanon, 52% of families report that access to health care is a serious problem[xiii]. 15.6% of Syrian refugees and 54% of older refugees in Jordan and Lebanon have a chronic disease. Despite this large need, the quality of non-communicable diseases (especially chronic) management in both countries remains weak, characterized by limited capacity among health staff to properly assess patients with chronic diseases, inadequate monitoring; minimal health education for patients; limited early screening; and treatment interruptions due to a lack of (access to) medication.

Inside Syria, the conflict continues to hamper safe access to medical services and medical supplies available for treatment of injuries, chronic diseases and other conditions. Nearly two third of hospitals and health centres in Syria are rendered non-functional or only partly functionaly due to damage. 40% of hospitals are out of service, there is a depletoin of the health work force, and 92% of ambulances have been damaged[xiv], rendering half of the ambulances out of service. Prior to the conflict, domestic medicine production met 90% of the demand in Syria, which due to damage to pharmaceutical plants has declined by 70%. Furthermore, financial sanctions have limited the import of medicines[xv]. The breakdown of medical services disproportionately affects vulnerable segments of the population, including people with disabilities and older people[xvi] and those living with a chronic disease[xvii]. In an HI survey among injured IDPs inside Syria, 88.5% of the

assessed people with new injuries related to the crisis declared they did not have satisfactory access to rehabilitation services prior to an HI assessment and intervention[xviii]. Since the start of the conflict in March 2011, more than half of the chronically ill[xix] people in Syria have been forced to interrupt their treatment[xx]. Only 21% of 111 assessed sub-districts report regular provision of chronic disease medical services[xxi]. As an illustration, in Turkey 6% of Syrian refugees living in camps, and 5% of refugees outside of the camps indicate health concerns were their primary reason for leaving Syria[xxii]. Finally, increasing internal displacement of Syrians places insurmountable pressure on health facilities in host communities[xxiii].

## Physical accessibility

In Lebanon and Jordan, 45% of refugees affected by injury, disability and 60% of older refugees experience difficulties in activities of daily living (ADL). Among these, the ability to move long distances is the highest rated difficulty[xxiv]. From a health perspective, the constraints on mobility have an impact on the ability to physically access healthcare centres themselves, which is supported by HI's observations during home visits conducted by its mobile teams.

In Lebanon, limited legal status has been identified as a key challenge in accessing health services, as it affects refugees' freedom of movement, especially in locations where there are increased ad hoc official checkpoints.73% of Syrian refugees view freedom of movement as the main challenge faced by refugees with limited legal status[xxv].

In both Jordan and Lebanon, access to services is negatively affected by disability (either the child's or a carer's). Concern over safety was a reason given by many persons with disability for not leaving their shelters[xxvi].

In Jordan, refugees in urban settings have cited distance as one of the key obstacles in accessing health services[xxvii].

Inside Syria, the violent and unrelenting nature of the conflict is making it extremely difficult for humanitarian organisations to conduct their operations, reach the areas that are most in need, and for Syrians to gain physical access to medical services and facilities.

## Visibility and identification of specific needs

Both non-registration, and the non-identification of specific needs at registration can have a serious impact on access to basic services, including healthcare and cash assistance. In both Jordan and Lebanon, major gaps are concerning health services available for non-registered refugees.

Ensuring updated registration status has been identified as a challenge in accessing health services by refugees in Jordan[xxviii].

People with an impairment are underrepresented in registration data in Jordan and Lebanon. Even though registered, their impairment is often not properly identified and recorded[xxix]. In general, sensorial impairments are least likely to be identified during the registration process than physical impairments. Visual impairments account for just 2% of impairment identified by UNHCR in contrast to 28% of the impairments identified by HelpAge International and Handicap International[xxx].

## Recommendations

- Through baseline surveys and continuous and comprehensive service mapping, identify the gaps in coverage of and access to health services for registered and non-registered refugees, in order to inform an evidence based prioritization of the health response;
- Integrate age and disability-related and chronic disease health costs of refugee households in assessments for cash assistance;
- Strengthen the access to information among PSN regarding available health services;
- Ensure inclusive registration by ensuring adequate outreach and mobile registration, accommodating the registration of persons with limited mobility;
- Improve adequate identification of specific needs at registration through the comprehensive collection of sex, age and disability disaggregated data (SADDD) and information on chronic diseases;
- Scale up outreach and community oriented approaches such as home-based care, and where required mobile clinics;
- Prioritise the improvement of coverage and quality of management of chronic disease services at health centres and community level in order to prevent complications (stroke, gangrene, blindness, etc) , and increased levels of mortality and morbidity;
- Prioritise resettlement to third countries for severe medical cases for which no treatment is available in the host country.

i HelpAge International and Handicap International. (9 April 2014). Hidden Victims of the Syrian Crisis: disabled, injured and older refugees.

ii See also: CARE Jordan (April 2013). Baseline Assessment of Community-Identified Vulnerabilities among Syrian Refugees living in Irbid, Madaba, Mufraq, and Zarqa.

iii WFP/UNHCR (2013). Vulnerability Assessment of Syrian Refugees in Lebanon.

iv Handicap International. Livelihoods Assessment Report. August 2013.

v UNHCR (January 2013). Health Monthly Update.

vi Handicap International. (August 2013). Livelihoods Assessment Report.

vii HAI/HI. (24 February 2013). Field visits to Tripoli (T5 area).

viii Jordan RRP6 Response Plan – Health Sector.

ix OCHA (31 January 2014). Humanitarian Bulletin Syrian Arab Republic Issue 41 | 14 January 2013 – 31 January 2014.

x Jordan RRP6 Response Plan – Health Sector. See also: CARE Jordan (April 2013). Baseline Assessment of Community-Identified Vulnerabilities among Syrian Refugees living in Irbid, Madaba, Mufraq, and Zarqa.

xi Ibid. HelpAge International and Handicap International.

xii This is further emphasized in the health chapter of the Jordan RRP6 Response Plan.

xiii Ibid. HelpAge International and Handicap International.

xiv WHO. (26 January 2014). WHO calls on international community to support health needs of Syrians in Syria and neighbouring countries in 2014; Physicians for Human Rights. (January 2014). Syria's Medical Community under Assault.

xv OCHA. (31 January 2014). Humanitarian Bulletin Syrian Arab Republic: Issue 41.

xvi OCHA. (10-23 September 2013). Humanitarian Bulletin:Issue 34.

xvii ACAPS/SNAP. (September 2013). Regional Analysis: Syrian and Host Communities and Ibid, OCHA. (10-23 September 2013).

xviii Handicap International (January 2014). Causes and types of injuries encountered by Handicap International while working with Internally Displaced Persons in Syria: a focus on the impact of explosive weapons.

xix A chronic illness is a long term disease that often requires a life-long treatment, such as medication, physiotherapy, and other forms of treatment in order to slow or stop the disease progression.

xx Syrian International Coalition for Health, Kherallah M, Alahfez T, Sahloul Z, Eddin KD, Jamil G., 2012. Health care in Syria before and during the crisis.

xxi Assessment Working Group for Northern Syria (31 December 2013). Syria Integrated Needs Assessment.

xxii AFAD. (17 January 2014). Syrian refugees in Turkey, 2013. Field survey results.

xxiii UNFPA. (31 January 2014). Regional Situation Report for Syria Crisis Issue No. 17.

xxiv Ibid. HelpAge International and Handicap International

xxv NRC. (March 2014). The consequences of limited legal status for Syrian refugees in Lebanon.

xxvi Handicap International. 17 April 2013. Beneficiary Accessibility Assessment.

xxvii REACH (October 2013). Syrian Refugees in Host Communities: key Informant Interviews. Findings of Household assessment of Syrian Households in host communities in the northern governorates.

xxviii Jordan RRP6 Response Plan.

xxix Ibid. HelpAge International and Handicap International.

xxx Ibid. HelpAge International and Handicap International.

# GOOD NEWS: public services accessible to all

Following an accessibility survey conducted in Tripoli by Handicap International and HelpAge International, which identified physical accessibility as a gap in service facilities and public spaces, different actors came together to address this and improve the physical accessibility of Tripoli.

In 2013, UNHCR and the Danish Refugee Council (DRC) partnered with the Forum of the Handicapped (FOH) in Tripoli, on community support projects intended to make public places and facilities physically accessible for persons with mobility problems. As part of this initiative, funded by the EU, 90 ramps were installed across Tripoli, as well as lifts at Nawfal Palace (a cultural centre) and at the Tripoli municipality.

"We have successfully combined our efforts and are gradually working to ensure physical access to services for all in Tripoli," says Bathoul Ahmed, UNHCR spokesperson, Tripoli. "This has contributed to promote the inclusion of groups with specific needs –in particular for persons with disabilities, older people, and pregnant women - and improved their access to services while benefiting all members of the community", says Ahmed.

Together with DRC and FOH, UNHCR is looking at more ways to support people with disabilities by facilitating their physical access to community centres and other public institutions such as Social Development Centres (SDC). The SDCs offer support and services to refugees as well as Lebanese citizens. "It is vital that these centres are accessible to persons with mobility problems as they play a key role in health care and information provision to refugees", says Monica Noro, Head of UNHCR Field Office, Tripoli. A number of projects are currently being discussed for implementation in 2014.

**Materializing a global partnership between both organizations, HelpAge International (HAI) and Handicap International (HI) decided to address inclusion issues in the Syrian Crisis through a Regional Inclusion Programme, which aims at supporting the implementation of a principled, inclusive and accessible humanitarian response for the most vulnerable, especially older refugees and refugees with disabilities.**

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