



LIVING ON THE MARGINS

SYRIAN REFUGEES IN JORDAN STRUGGLE
TO ACCESS HEALTH CARE



Amnesty International is a global movement of more than 7 million people who campaign for a world where human rights are enjoyed by all.

Our vision is for every person to enjoy all the rights enshrined in the Universal Declaration of Human Rights and other international human rights standards.

We are independent of any government, political ideology, economic interest or religion and are funded mainly by our membership and public donations.

© Amnesty International 2016

Except where otherwise noted, content in this document is licensed under a Creative Commons (attribution, non-commercial, no derivatives, international 4.0) licence.

<https://creativecommons.org/licenses/by-nc-nd/4.0/legalcode>

For more information please visit the permissions page on our website: www.amnesty.org

Where material is attributed to a copyright owner other than Amnesty International this material is not subject to the Creative Commons licence.

First published in 2016 by Amnesty International Ltd
Peter Benenson House, 1 Easton Street, London WC1X 0DW, UK

Index: MDE 16/3628/2016

Original language: English

amnesty.org



Cover photo:

A Syrian refugee woman tends to her daughter while cooking at an informal tented settlement near the Syrian border on the outskirts of Mafraq, Jordan, 26 August 2015.

© AP Photo/Muhammed Muheisen

**AMNESTY
INTERNATIONAL**



CONTENTS

EXECUTIVE SUMMARY	5
Financial barriers to accessing health care: the introduction of user fees	5
Impact of border closures on Syrian refugees with war-related injuries	6
METHODOLOGY	8
1. BACKGROUND	9
Syrian refugees in Jordan	10
Services available to Syrian refugees in urban areas and the challenges they face in accessing them	10
Challenges faced by Jordan as a host country	11
2. INCREASING BARRIERS TO ACCESSING PUBLIC SERVICES AND OBTAINING REGULAR STATUS IN URBAN AREAS	13
Procedural barriers	13
Difficulties due to the bailout process	14
3. BARRIERS FACED BY SYRIAN REFUGEES IN ACCESSING HEALTH CARE IN URBAN AREAS	17
The health care system in Jordan	17
Introduction of user fees for Syrian refugees	18
Reduced access to health care services	18
Jordan's international obligations	20
4. DENIAL OF ENTRY TO SYRIANS WITH WAR-RELATED INJURIES	22
Treatment of Syria's war-wounded	23
5. SYRIAN REFUGEES WITH DISABILITIES: IN NEED OF SUPPORT AND RESETTLEMENT	25
Unable to access adequate treatment	27
Separated families: left without a carer	28
6. THE INTERNATIONAL COMMUNITY'S INADEQUATE RESPONSE	30
Steps taken by Jordan to seek international assistance and co-operation	30
Resettlement and alternative pathways for admission	32
7. CONCLUSION AND RECOMMENDATIONS	33
Recommendations to the Government of Jordan	33
Recommendations to the International Community	34

EXECUTIVE SUMMARY

Jordan hosts 639,704 Syrian refugees registered with the UN Refugee Agency, UNHCR. In addition to those registered with UNHCR, the authorities believe that many hundreds of thousands of refugees from Syria are living in Jordan unregistered. Over 117,000 Syrian refugees live in three camps where they have access to education, health care, water, food and cash for work programmes, provided by the UN, national and international organizations. However, over 80% of Syrian refugees live in towns and cities in Jordan.

The vast majority of Syrian refugees in urban areas live below the Jordanian poverty line and are facing increased barriers to accessing public services, including health care. The challenges faced by Syrians living in urban areas are compounded by the reduction in humanitarian support being provided to refugees in Jordan. For example, in 2015, due to funding shortfalls, the World Food Programme had to significantly cut the amount of food assistance it provided to Syrian refugees.

Syrian refugees living in urban areas in Jordan are also faced with procedural barriers to obtaining regular status and accessing public services. In order to access public services, including health care, Syrian refugees in urban areas are required to have a UNHCR Asylum Seekers Certificate and a Ministry of Interior (Mol) service card. Syrian refugees who have left camps, without going through an official 'bail out' process, and those who have re-entered Jordan after having previously returned to Syria are not eligible to receive these documents and cannot access public services. Those who are unable to meet these requirements have to rely on humanitarian organizations and private donors for support.

In February 2015, the Jordanian authorities began an urban verification process to register Syrian refugees living in urban areas and to issue a new biometric Mol service card. In order to obtain the new Mol service card, Syrian refugees must present themselves at their local police station to request their identity documents, which were confiscated by the Jordanian authorities at the border, confirm their place of residence through providing a stamped lease agreement or 'residency statement' from UNHCR and a copy of the landlord's identity document. All Syrians above the age of 12 are also required to obtain a health certificate from the Ministry of Health certifying the person's state of health including whether they have any infectious diseases. This process initially, at the start of 2015, cost 30 JOD (US\$42) and was later reduced to 5 JOD (US\$7) in October 2015. For refugees, especially those living in poverty and struggling to survive, the process of obtaining all the necessary documents to obtain a new Mol service card can be slow, cumbersome and costly. At the end of February 2016, close to 300,000 Syrian refugees registered with UNHCR in urban areas had been issued with the new Mol service card. Syrian refugees who do not have the new Mol service card have reported difficulties accessing public services and some have been turned away.

Syrians in urban areas who do not have valid documents can also be involuntarily moved to refugee camps or, in some cases, deported back to Syria.

FINANCIAL BARRIERS TO ACCESSING HEALTH CARE: THE INTRODUCTION OF USER FEES

Between 2011 and November 2014, Syrians with Mol service cards could access health care in the Ministry of Health facilities for free, and were treated like insured Jordanians. In November 2014, the government changed its policy and required Syrian refugees holding Mol service cards to pay the same rates as uninsured Jordanians. Syrians without Mol service cards in Jordan are treated like other foreigners accessing public

services and required to pay a 'foreigners rate' which is 35-60% higher than the uninsured Jordanian rate. For example, the cost of delivery in a public hospital at the uninsured rate is between 50-60 JOD (US\$70-80) for a normal delivery; and 180-200 JOD (USD\$300-420) for a C-section. For those without Mol service cards, the cost of a normal delivery is 140-220 JOD (US\$200-300) and the cost of a C-section is 250-300 JOD (US\$560-700).

The user fees imposed on Syrian refugees with Mol service cards may not appear to be high but are unaffordable for many Syrian refugees, who have limited livelihood options and are struggling to meet the basic needs of their families with reduced food assistance. User fees are not the only costs related to health care borne by refugees. These fees are in addition to the cost of transport to medical facilities and other payments that Syrian refugees, even those holding Mol cards, already had to pay prior to the change in policy. UNHCR conducted a health utilization survey in May 2015 and found that Syrian refugees living in urban areas reported a decrease in access to preventative and curative health services since the government changed its policy. The survey also found that 58.3% of Syrian adults with chronic conditions are not able to access medicines or other services and that 50% of women are unable to afford fees or transport for antenatal care.

Mouna, a 33-year-old Syrian refugee from Damascus who delivered her fourth child at the medical NGO Médecins Sans Frontières (MSF) maternity hospital in Irbid told Amnesty International that she had not gone for a check-up until her seventh month of pregnancy. She explained: "I live outside of the city and if I come for check-ups, the transport costs 5 JOD (USD \$7) and my husband is sick so I cannot leave him at home. I live near a Ministry of Health hospital but if I go there I will have to pay money."

Syrian refugees who face financial barriers in accessing health care or who are ineligible to do so because of lack of documents, are dependent on services provided by international organizations and private donations. While international organizations have scaled up their response in an attempt to fill the gap, some highlighted how they were unable to treat even half the people seeking health care in their facilities. UNHCR, who previously prioritized the provision of health care services to the refugee population in camps and only provided free primary health care to 10% of the Syrian urban refugee population through its partner organization Jordan Health Aid Society (JHAS), revised its policy within days of the withdrawal of free health care to provide for more people. JHAS, which provides treatment to Syrian refugees registered with UNHCR and who fall within the 'vulnerable' category, has seen a 27% increase in the number of patients seeking treatment in their clinics since the change in policy. However, JHAS is not able to meet the increasing demands for care and told Amnesty International "we often have 300 patients knocking on our door but we can only provide service to 120 patients."

The policies have impacted all Syrian refugees in urban areas who are in need of health care, and particularly those requiring regular care, such as Syrians with disabilities as a result of war-related injuries (known as war-wounded). According to the NGO Handicap International, one in 15 Syrians in Jordan has been injured. Amnesty International interviewed a number of Syrians with war-related injuries and their families on the challenges they faced in accessing adequate support and care in Jordan. The majority stated that they have sought support from private donors, in addition to the UN and humanitarian organizations, but they nonetheless struggled to access regular adequate support.

IMPACT OF BORDER CLOSURES ON SYRIAN REFUGEES WITH WAR-RELATED INJURIES

Since 2012, Jordan has tightened its border controls. As of 2014, Jordanian authorities have essentially closed their borders to Syrians, with limited exceptions. The exceptions include Syria's war-wounded who are allowed to enter Jordan through the informal border crossing at Tel Shihab, where they are able to access treatment.

Amnesty International found that even Jordan's policy on allowing entry to those requiring emergency treatment, while commendable, is applied inconsistently. The organization has received reports from humanitarian workers and family members of severely injured people being denied entry at the border. The main reasons given for the denial of entry are the lack of ID or that the injury is not considered to require life-saving treatment. In some cases, this has meant that people have died at the border, while in others they have returned to Dera'a in southern Syrian where access to health services is extremely limited due to the destruction of health facilities and the daily threat of bombardment. In other cases, the injured person has been allowed to enter Jordan but their family members have not – leaving them without a carer or support system in Jordan.

Blocking entry to those in need of asylum is contrary to Jordan's international obligations including the principle of *non-refoulement* as a norm of customary international law, which is binding on all states.

Amnesty International recognizes the incredible strain Jordan is under in hosting more than half a million Syrian refugees with limited humanitarian support and solidarity from the international community. However, the government's introduction of onerous requirements to obtain regular status and the imposition of user fees have created additional barriers for Syrian refugees to access much needed health care services, including primary health care, in urban areas. Jordan has an obligation under international law to ensure that all persons are able to access health services and that health services are affordable for all, including socially disadvantaged groups. Jordan must prioritize, at the very least, and provide access to minimum essential levels of health care to all persons, including essential primary health care. Jordan has repeatedly sought international co-operation and assistance from the international community to provide health services but the response to date has been grossly inadequate. At the end of 2015, only 26% of Jordan's funding requirements for health had been met.

The international community must provide international co-operation and assistance to the government of Jordan to fulfil the right to health, including through prioritization of the removal of financial and other barriers to accessing health services. The international community must also significantly increase the number of resettlement and humanitarian admission places offered, in addition to expanding alternative pathways to admission over and above annual resettlement quotas. Priority should be given to the most vulnerable refugees, including but not limited to persons with serious medical needs and persons with disabilities.

METHODOLOGY

This report is based on information gathered by Amnesty International during a visit to Jordan in November 2015, desk research based on a range of academic, UN and NGO studies on access to health care and protection issues in Jordan, and ongoing communication with a number of actors and agencies working on the Syria refugee crisis.

From 4 to 17 November 2015, Amnesty International researchers interviewed over 20 Syrian refugees including Syrians on their own, or in family units including children all of whom have been faced with barriers in accessing health care. Researchers interviewed refugees in their homes, in hospitals and in rehabilitation centres in Jordan's capital Amman, and in other towns and cities in Jordan including Ramtha, Zarqa, Sahab and Irbid. Researchers also met with humanitarian organizations, national and international NGOs providing health care including medical staff on their teams, as well as with NGOs providing other services to refugees in Jordan, the Jordanian Ministry of Health, the UN Refugee Agency, UNHCR, and the UN Relief and Works Agency for Palestinian Refugees in the Near East, UNRWA. Some of the organizations who work with the refugee population in Jordan did not wish to have their names disclosed due to fears of repercussions on the refugees they provide services to. Therefore, Amnesty International has used generic terms such as "agency", "humanitarian worker" and "non-governmental source" in this document. Most of the names of Syrian refugees in Jordan interviewed by Amnesty International have been changed upon their request or in order to protect their identities.

The report focuses on access to health care for Syrian refugees as part of ongoing work carried out by Amnesty International on the Syria refugee crisis in the main host countries. It focuses on Syrian refugees living in urban areas as this is where over 80% of Syria's refugee population live in Jordan and face the greatest difficulties in accessing services. It does not cover the challenges faced by Syrian refugees living in camp settings. The report also does not cover the challenges faced by the 16,000 Palestinian refugees from Syria living in Jordan who access services and protection needs through UNRWA; or the 30,000 Iraqi refugees and 5,000 refugees from other nationalities living in Jordan who are under UNHCR's mandate access services through a separate system from the Syria refugee crisis response.¹²

¹ UNHCR, *2015 UNHCR country operations profile – Jordan*, available at: www.unhcr.org/pages/49e486566.html (accessed 30 January 2016).

² UNRWA, *Syria Crisis*, available at: www.unrwa.org/syria-crisis (accessed 30 January 2016).

1. BACKGROUND

The ongoing armed conflict in Syria continues to have a devastating toll on civilians as the crisis enters its sixth year. The UN estimates that 250,000 people have been killed as a result of the crisis³ and over 6.6 million people were internally displaced.⁴ In addition, over 4.8 million Syrian refugees have fled to five host countries in the region, with the majority located in Turkey, Lebanon and Jordan. The conflict in Syria has resulted in one of the largest refugee flows since World War II and refugees from Syria are currently the biggest population under UNHCR's mandate.⁵

Yet further displacement occurred in late 2015 and early 2016, much of it following the military intervention of Russia in the conflict on the side of the government of Bashar al-Assad. Waves of airstrikes were launched across the country by both Russia and Syrian government forces, focusing on areas controlled by opposition armed groups. Many hundreds of civilians were killed and civilian infrastructure was repeatedly targeted, including medical facilities.⁶ Fighting between multiple parties to the conflict continued across the country, with widespread violations of international humanitarian law being committed with impunity. The armed group which calls itself the Islamic State continued to impose tight restrictions and harsh punishments on people living in areas it controlled, and carried out direct attacks on civilians as well as indiscriminate attacks. Some opposition armed groups fired mortars and other missiles indiscriminately. Forces of the predominantly Kurdish YPG razed several entire villages after capturing them from the control of the armed group Islamic State (IS).⁷ Many parties to the conflict besieged predominantly civilian areas and many died from lack of food and adequate medical care. Syrian government security forces and armed groups frequently subjected detainees to torture and other ill-treatment. US-led forces carried out air strikes on IS and other targets, in which scores of civilians were killed.

Despite the worsening situation in Syria, Turkey, Lebanon and Jordan, which initially maintained 'open-border' policies to those fleeing Syria, have effectively closed their borders to the majority of refugees trying to reach safety.⁸ They have also increasingly imposed restrictions on refugees already living in the country.⁹

³ UN, *Alarmed by Continuing Syria Crisis, Security Council Affirms Its Support for Special Envoy's Approach in Moving Political Solution Forward*, 17 August 2015, available at: <http://www.un.org/press/en/2015/sc12008.doc.htm> (accessed 29 January 2016).

⁴ OCHA, *Syrian Arab Republic*, available at: <http://www.unocha.org/syria> (accessed 28 January 2016).

⁵ UNHCR, *Syria Regional Response Inter-agency Information Sharing Portal*, available at: <http://data.unhcr.org/syrianrefugees/country.php?id=107> (accessed 28 January 2016).

⁶ Amnesty International, *'Civilian objects were not damaged': Russia's statements on its attacks in Syria unmasked*, December 2015 available at <https://www.amnesty.org/en/latest/news/2015/12/syria-russias-shameful-failure-to-acknowledge-civilian-killings/>; Syrian and Russian forces targeting hospitals as a strategy of war, March 2016, available at <https://www.amnesty.org/en/latest/news/2016/03/syrian-and-russian-forces-targeting-hospitals-as-a-strategy-of-war/>

⁷ Amnesty International, *'We had nowhere else to go' – Forced Displacement and Demolitions in Northern Syria*, 13 October 2015, available at: <https://www.amnesty.org/en/documents/mde24/2503/2015/en/>

⁸ The word effectively is used as some exceptions are made for Syrians seeking to enter the main host countries. For more information on border restrictions see: For example see: Amnesty International, *Injured Syrians fleeing Aleppo onslaught among thousands denied entry to Turkey*, 19 February 2016, available at: <https://www.amnesty.org/en/latest/news/2016/02/injured-syrians-fleeing-aleppo-onslaught-among-thousands-denied-entry-to-turkey/>; Amnesty International, *Jordan: Risk of humanitarian disaster as 12,000 refugees from Syria stranded in 'no-man's land'*, 9 December 2015, available at: <https://www.amnesty.org/en/latest/news/2015/12/jordan-risk-of-humanitarian-disaster-as-12000-refugees-from-syria-stranded-in-no-mans-land/>;

⁹ For example see: Amnesty International, *The Global Refugee Crisis: A Conspiracy of Neglect*, 15 June 2015, available at: <https://www.amnesty.org/en/documents/pol40/1796/2015/en/>; Amnesty International, *Pushed to the Edge: Syrian refugees face increased restrictions in Lebanon*, 15 June 2015, available at: <https://www.amnesty.org/en/documents/mde24/1785/2015/en/>

The international community has also failed to provide sufficient support including opportunities for resettlement to third countries for Syria's most vulnerable refugees and adequate humanitarian assistance and funding for those still in the region. UNHCR estimates that at least 10% (approximately 480,000) of Syrians in the five main host countries are considered vulnerable and in need of resettlement and other forms of humanitarian admission. However to date only 178,195 places have been pledged.¹⁰ The Syria refugee crisis response has also been marred by consistently underfunded appeals; for example, the UN appeal for the Syria refugee response known as the 3RP only met 61% of its target for 2015.¹¹

SYRIAN REFUGEES IN JORDAN

As of 3 March 2016, Jordan hosted 639,704 Syrian refugees registered with the UN Refugee Agency, UNHCR.¹² Of these, around 80% live in urban areas and the remainder live in three main camps: Zaatari, Azraq and Emirati-Jordanian.¹³ Most Syrian refugees who are not in the camps live in towns and cities in the governorates of Amman, Irbid, Mafraq and Zarqa.¹⁴ Jordan states that it hosts over 1.4 million Syrians.¹⁵ However, this figure also includes Syrians who were in the country prior to the crisis. As many Syrian refugees are not registered with UNHCR, it is difficult to confirm the exact number in Jordan as a whole as well as the number of Syrian refugees who live in urban areas.

All Syrian refugees based in the camps are registered with UNHCR and provided with a "Proof of Registration" document that is valid while they remain in camps.¹⁶ All refugees living in camps have access to shelter, water, food and a cash for work scheme as set up by the UN, in addition to access to education and health care. Services in the camps are provided by the UN and national and international organizations.¹⁷

SERVICES AVAILABLE TO SYRIAN REFUGEES IN URBAN AREAS AND THE CHALLENGES THEY FACE IN

ACCESSING THEM

Syrian refugees who are registered with UNHCR in urban areas receive an Asylum Seekers Certificate, which states that all those listed on the certificate (usually one family) are considered "persons of concern" to UNHCR. The UNHCR certificate allows Syrian refugees in urban areas to access services provided by UNHCR and its implementing partners. The government also requires that Syrian refugees obtain a Ministry of Interior (Mol) service card, through the Ministry. Having both documents allows refugees to access both UN funded and public services. A Mol service card only remains valid as long as a refugee continues to live in the district where the card was originally registered. If the refugee moves from the initial place of registration, they are required to re-register with the police in the new location and update their Mol service card. This can be a cumbersome process that involves obtaining new proof of residence documents and means that refugees are

¹⁰ UNHCR, *Resettlement and Other Forms of Legal Admission for Syrian refugees*, 10 February 2016, available at: <http://www.unhcr.org/52b2febafc5.html> (accessed 15 March 2016).

¹¹ UNHCR, *Syria Regional Response Inter-agency Information Sharing Portal*, available at: <http://data.unhcr.org/syrianrefugees/country.php?id=107> (accessed 30 January 2016).

¹² UNHCR, *Syria Regional Response Inter-agency Information Sharing Portal*, available at: <http://data.unhcr.org/syrianrefugees/country.php?id=107> (accessed 15 March 2016).

¹³ Zaatari which is the second largest refugee camp in the world, hosts over 79,500 Syrian refugees and was established in 2012. The Emirati-Jordanian camp hosts 6,391 Syrians and is sponsored by the United Arab Emirates while Azraq which is the newest camp for Syrian refugees in Jordan and opened in April 2014, currently hosts 31,600 Syrians although it has the capacity to host 50,000 people at present and up to 100,000 if needed. For more information see: UNHCR Factsheet, Jordan Azraq Camp, December 2014, available at: UNHCR, *Syria Regional Response Inter-agency Information Sharing Portal*, <http://data.unhcr.org/syrianrefugees/settlement.php?id=251&country=107®ion=73> (accessed 23 February 2016), and UNHCR, *Registered Syrians in Jordan*, 15 January 2015, in the *Syria Regional Response Inter-agency Information Sharing Portal*, available at: <http://data.unhcr.org/syrianrefugees/country.php?id=107> (accessed 30 January 2016).

¹⁴ UNHCR, *Syria Regional Response Inter-agency Information Sharing Portal*, available at: <http://data.unhcr.org/syrianrefugees/country.php?id=107> (accessed 28 January 2016).

¹⁵ The Hashemite Kingdom of Jordan Ministry of Planning and Co-operation and UN, *Jordan Response Plan for the Syria Crisis 2016-2018*, available at: http://static1.squarespace.com/static/522c2552e4b0d3c39ccd1e00/t/568a6f9ebfe873298109a9f3/1451913118127/JRP16_18_Document-final.pdf (accessed 23 February 2016).

¹⁶ NRC, IHR, *Registering Rights: Syrian refugees and the documentation of births, marriages and deaths in Jordan*, November 2015, available at: http://www.nrc.no/arch/_img/9208964.pdf (accessed 23 February 2016).

¹⁷ UNHCR, *Zaatari refugee camp factsheet*, December 2015, available at: <http://data.unhcr.org/syrianrefugees/documents.php?page=1&view=grid&Language%5B%5D=1&Settlement%5B%5D=176> (accessed 24 February 2016).

faced with difficulties in accessing public services while their MoI service cards are being updated which, in some cases, can take months.¹⁸

The government has created additional bureaucratic hurdles such as registration through a new urban verification process (described in the next chapter) for refugees to access public services. The combination of restrictions imposed by the government as well as shortfalls in international assistance have meant that many Syrian refugees in urban areas have reduced access to public services and assistance. According to UNHCR's Vulnerability Assessment Framework Baseline Survey, 86% of Syrians in urban areas are living below the Jordanian poverty line and resorting to negative coping mechanisms, including taking their children out of school so that they can work to help the family.¹⁹

Funding shortfalls faced by the World Food Programme (WFP) that provides food vouchers to the most vulnerable Syrian refugees have led to fluctuations in the amount of food assistance that Syrian refugees received. According to a survey carried out by WFP and REACH in July 2015, 85% of Syrian refugee families living in host communities are vulnerable to food insecurity or are food insecure.²⁰ In January 2015, WFP revalued its food basket at US\$28.20 per person per month. In the first three months of 2015, due to shortages in humanitarian assistance, WFP were forced to reduce the value of the food voucher to US\$18.30, per person per month. From April, the WFP introduced a two-tier approach providing the extremely vulnerable population with US\$28 per person per month, and vulnerable refugees with only US\$14 per person per month, approximately 50% below the WFP food basket value of US\$28.20.²¹

Between May and September 2015 there was an increase in the number of Syrian refugees choosing to return to Syria. Increased vulnerabilities faced by Syrian refugees, including the cuts in food assistance, depleted savings and the lack of livelihood opportunities, in addition to refugees wishing to be reunited with family members in Syria were cited by refugees as reasons for returning to Syria.²² In July 2015, 1,305 Syrians left Jordan and, in August 2015, 2,712 Syrians left Jordan, outnumbering arrivals of Syrian refugees.²³

CHALLENGES FACED BY JORDAN AS A HOST COUNTRY

Jordan has hosted a large number of Syrian refugees since 2012. Various international agencies have acknowledged the strain this has placed on Jordan's resources such as water, housing, education and health care facilities, particularly in urban areas where resources are shared by host communities and refugees.²⁴ A paper by the Carnegie Endowment for International Peace states that the increased strain on resources and tensions between refugees and host communities has contributed to a growing negative public perception about the consequences of hosting Syrian refugees, which has led to the Syrian refugee population being used as a scapegoat for pre-existing infrastructure and resource problems.²⁵ It highlights that the government has negotiated rising tensions by limiting service delivery and restricting access to the Jordanian territory for Syrian refugees.²⁶ In February 2016, ahead of a donor conference on Syria, King Abdullah of Jordan said that "[t]he

¹⁸ UNHCR, *Vulnerability Assessment Framework, Baseline Survey*, May 2015, available at: <http://www.alnap.org/resource/20534> and NRC NRC, IHRC, *Registering Rights: Syrian refugees and the documentation of births, marriages and deaths in Jordan*, November 2015, available at: http://www.nrc.no/arch/_img/9208964.pdf (accessed 23 February 2016).

¹⁹ In total 72% of Syrians were found to have specifically adopted emergency coping strategies to meet food needs. See: Vulnerability Assessment Framework and UNCHR Jordan, *Jordan Refugee Response- Vulnerability Assessment Framework, Baseline Survey*, May 2015, available at: <http://reliefweb.int/report/jordan/jordan-refugee-response-vulnerability-assessment-framework-baseline-survey-may-2015> (accessed 31 January 2016).

²⁰ Only 15% of families were food secure in 2015, compared to 50% in 2014, marking a dramatic deterioration in food security for the urban refugee population. For more information see: WFP, REACH, *Comprehensive Food Security Monitoring Exercise*, July 2015, available at: <http://www.reachresourcecentre.info/system/files/resource-documents/cfsmereport1november2015.pdf> (accessed 14 March 2016).

²¹ For more information see: WFP, REACH, *Comprehensive Food Security Monitoring Exercise*, July 2015, available at: <http://www.reachresourcecentre.info/system/files/resource-documents/cfsmereport1november2015.pdf> (accessed 14 March 2016).

²² UNHCR, *UNHCR Factsheet Zaatarı Refugee Camp*, August 2015, available in UNHCR, *Syria Regional Response Inter-agency Information Sharing Portal*, available at: <http://data.unhcr.org/syrianrefugees/country.php?id=107> (accessed 30 January 2016).

²³ UNHCR, *UNHCR Factsheet Zaatarı Refugee Camp*, August 2015, available in UNHCR, *Syria Regional Response Inter-agency Information Sharing Portal*, available at: <http://data.unhcr.org/syrianrefugees/country.php?id=107> (accessed 30 January 2016).

²⁴ The Hashemite Kingdom of Jordan Ministry of Planning and Co-operation and UN, *Needs Assessment Review of the Impact of the Syrian Crisis on Jordan*, November 2013, available at: <http://www.undp.org/content/dam/rbas/doc/SyriaResponse/Jordan%20Needs%20Assessment%20-%20November%202013.pdf>; World Bank, *Impact of the Syrian Crisis*, various documents available at: <http://www.worldbank.org/en/programs/impact-of-the-syrian-crisis> (accessed 14 March 2016).

²⁵ Carnegie Endowment for International Peace, *Jordan's Refugee Crisis*, 21 September 2015, p14, available at: <http://carnegieendowment.org/2015/09/21/jordan-s-refugee-crisis/ihwc> (accessed 31 January 2016).

²⁶ Carnegie Endowment for International Peace, *Jordan's Refugee Crisis*, 21 September 2015, p23, available at: <http://carnegieendowment.org/2015/09/21/jordan-s-refugee-crisis/ihwc> (accessed 31 January 2016).

psyche of the Jordanian people, I think it's gotten to boiling point ... It has hurt us when it comes to the educational system, our health care ... Sooner or later, I think the dam is going to burst ... ²⁷

²⁷ BBC, *Syria conflict: Jordanians at 'boiling point' over refugees*, 2 February 2016, available at: <http://www.bbc.co.uk/news/world-middle-east-35462698> (accessed 5 March 2016).

2. INCREASING BARRIERS TO ACCESSING PUBLIC SERVICES AND OBTAINING REGULAR STATUS IN URBAN AREAS

PROCEDURAL BARRIERS

As described earlier, in order to access public services in urban areas in Jordan, Syrian refugees need to be registered with UNHCR and to hold a Mol card, issued by the Ministry of Interior.

In early 2015, the Jordanian authorities initiated an “urban verification exercise” to register Syrian refugees living in urban areas including some that had previously been unregistered. As part of the process, the authorities began issuing new biometric Mol service cards to refugees. In order to obtain a new Mol service card, Syrian refugees must present themselves at their local police station to request their documents which were previously taken by the Jordanian authorities at the border²⁸, and confirm their place of residence by providing a stamped lease agreement or ‘residence certificate’ provided by UNHCR and copy of the landlord’s identity document. All Syrians above the age of 12 are also required to obtain a health certificate from the Ministry of Health certifying the person’s state of health, including whether they have any infectious diseases. This process initially cost 30 JOD (US\$42) at the beginning of 2015 and was later reduced to 5 JOD (US\$7) in October 2015 and is one of the main requirements for getting a new Mol service card.²⁹

While it is reasonable for the government to verify the numbers and identities of refugees in urban areas, many Syrian refugees find it difficult to pay the costs of the health certificate and obtain the documents required, such as the lease agreement or copies of the landlord’s ID.³⁰

²⁸ Jordan’s policy until 2015 was to retain identity documents of Syrians that entered the country through unofficial border crossings at the Rabaa’ al-Sarhan registration centre. Their documents were taken in exchange for a pink receipt slip. For more information see: Amnesty International, *Growing restrictions, tough conditions: The plight of those fleeing Syria to Jordan*, 31 October 2013, available at: www.amnesty.org/en/documents/mde16/003/2013/en/ (accessed 31 January 2016).

²⁹ NRC, *Registering rights: Syrian refugees and the documentation of births, marriages and deaths in Jordan*, November 2015, available at: http://www.nrc.no/arch/_img/9208964.pdf (accessed 1 February 2016).

In December 2015, in some areas Ministry of Health certificates went from costing 5 JOD to 15 JOD contrary to the previous agreement to decrease the cost. The practices were thought to have been a misinterpretation by some Ministry of Health facilities of an increase in the cost of health certificates for all foreigners (a category separate from Syrian refugees) from 30 JOD to 40 JOD; Information obtained by Amnesty International from non-governmental sources in Jordan, 1 February 2016.

³⁰ Amnesty International, interviews with non-governmental sources in Jordan, 4-17 November 2015.

At the time of writing, the process of urban verification is ongoing. As of end February 2016, the authorities had issued approximately 299,000 Mol service cards through police stations to Syrians registered with UNHCR.³¹ This means that the remaining Syrian refugees in urban areas registered with UNHCR who do not have valid Mol service cards could face obstacles in accessing public services including subsidised health care and education.³² According to UNHCR, the government is accepting both old and new Mol service cards while the urban verification process remains ongoing.³³ However, Amnesty International received reports from non-governmental sources that in some cases Syrians who do not have the new Mol service card have reported difficulties accessing public services and some have been turned away.³⁴

In addition to not having access to most of the UN or public services, Syrians in urban areas without valid documents are either involuntarily moved to refugee camps or in some cases deported back to Syria.³⁵ Some exceptions to this rule are made for families who appeal to a “special committee” comprised of individuals from the Ministry of Interior, the Syrian Refugee Affairs Directorate, and the intelligence, among others, with UNHCR in an observer role.³⁶

DIFFICULTIES DUE TO THE BAILOUT PROCESS

Until January 2015, Syrian refugees could leave the camps if they were able to go through the official “bailout” process. The bailout process required refugees to have a direct male Jordanian relative over 35 years old and married, complete paperwork, and pay between 300 and 600 JOD (around US\$400-900).³⁷ While these criteria were difficult to meet, many Syrians found ways around them and managed to leave the camps and continue to receive assistance from UNHCR and humanitarian agencies in urban areas. Since July 2014, however, 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 Mol service card which also prevents them from accessing public services.³⁸

The bailout process was suspended without an official announcement in January 2015, stopping Syrians from formally leaving the camps to live in urban areas in any circumstances.³⁹ Despite the government’s restriction on people leaving the camps, many Syrians are still opting to leave and move to live in urban areas. The Norwegian Refugee Council (NRC) estimates that as of November 2015, 45% of Syrian refugees in urban areas had left the camps without going through the bailout process and in August 2015 UNHCR noted that 160,000 Syrians left Zaatari without going through the process.⁴⁰

Syrian refugees in Azraq and Zaatari camps described various reasons for choosing to live outside the camps. Azraq is located in a remote desert area in Jordan and refugees told researchers that they feel very isolated from services and urban centres. In the Zaatari camp, the refugee population is predominantly made up of people coming from rural areas in the Dera’a governorate in Syria. Refugees from urban areas of Syria, including northern cities like Aleppo, have struggled to integrate and be accepted. Some refugees described how they were threatened and harassed by other groups in the camp. Other refugees who left camps told Amnesty International that they preferred to live in a normal community setting with economic independence

³¹ Information obtained by Amnesty International from non-governmental sources, 13 March 2016.

³² There are 519,338 Syrian refugees in urban areas registered with UNHCR, see: UNHCR, *Registered Syrians in Jordan*, 15 January 2016, available at: UNHCR, *Syria Regional Response Inter-agency Information Sharing Portal*, available at: <http://data.unhcr.org/syrianrefugees/country.php?id=107> (accessed 28 January 2016).

³³ Amnesty International email correspondence with UNHCR Jordan, 12 February 2016.

³⁴ Amnesty International interviews with non-governmental sources, 4-17 November 2016.

³⁵ Carnegie Endowment for International Peace, *Jordan’s Refugee Crisis*, 21 September 2015, available at:

<http://carnegieendowment.org/2015/09/21/jordan-s-refugee-crisis/hwc> (accessed 31 January 2016).

³⁶ Information shared with Amnesty International by non-governmental sources, March 2016. The number of those accepted or rejected following the appeal to the special committee is not known to Amnesty International.

³⁷ MERIP, *Trapped in Refuge: The Syrian Crisis in Jordan Worsens*, 2 March 2015, available at: <http://www.merip.org/mero/mero030215> (accessed 9 March 2016).

³⁸ MERIP, *Trapped in Refuge: The Syrian Crisis in Jordan Worsens*, 2 March 2015, available at: <http://www.merip.org/mero/mero030215>; NRC, IRC, *No Escape: Civilians in Syria Struggle to Find Safety Across Borders*, November 2014, pp. 14, available at: http://www.nrc.no/arch/img.aspx?file_id=9187507 (accessed 9 March 2016).

³⁹ NRC, *Registering rights: Syrian refugees and the documentation of births, marriages and deaths in Jordan*, November 2015, pp. 11 available at: <http://www.nrc.no/arch/img/9208964.pdf> (accessed 1 February 2016).

⁴⁰ NRC, *Registering rights: Syrian refugees and the documentation of births, marriages and deaths in Jordan*, November 2015, available at: <http://www.nrc.no/arch/img/9208964.pdf>; and UNHCR, *Zaatari Camp Fact Sheet*, August 2015, available in the Inter-agency Protection Working Group Jordan, *Meeting Minutes*, 20 January 2016, available at: *Syria Regional Response Inter-agency Information Sharing Portal*, available at: <http://data.unhcr.org/syrianrefugees/country.php?id=107> (accessed 1 February 2016).

and a better sense of security. Some refugees wanted to access specialized services that are not available in camps.⁴¹

Amnesty International interviewed Awad, aged 38 and Fairuz, aged 32 and their eight children aged between 13 years and one year old. They live in Sahab, a city on the outskirts of Jordan's capital Amman, with Awad's mother Warde who is in her sixties. The family are from Aleppo in Syria and came to Jordan on 27 September 2013 after one of their daughters, Sarah, aged 8, lost her left leg. Awad told Amnesty International that when their area started being bombed in 2012 they went to Eastern Ghouta in Syria, where Awad's sister lived. They stayed in the area for over a year living in various shelters including abandoned farm houses and schools. One day, in late May or early June in 2013, a rocket landed one meter from Sarah and her leg was injured.

The family went to a field hospital in Syria where Sarah's leg was amputated. Awad said "They gave me the leg, they put it in a bag so I could bury it. I was crying, I couldn't bury it so the doctor did. This happened around late May or early June 2013." The family waited for her leg to heal and then came to Jordan to try and get further treatment for Sarah.

The family initially lived in Zaatari refugee camp, where Sarah received health care, a prosthetic limb and crutches from an NGO. However, the family faced harassment and were threatened by "mafia" in the camp because, according to Awad, they were from a different part of Syria to the majority of people in the camp. He was told that if he stayed, they would burn down his caravan. Awad said he reported the threats to the police who said that they could not assist as they could not enter the camp. He also told the UN his concerns. Eventually, he paid a smuggler 150 JOD (US\$212) to take him and his family out of the camp as his family did not meet the criteria for bailout.

The family now live in an apartment in a basement with two rooms for which the landlord charges them 150 JOD per month for (US\$212). They have not managed to get a Mol service card and, therefore, cannot access public services.

Awad said "When we first came we didn't have UN papers, not even coupons. It took three months and then they gave me UN registration and we started getting coupons. The first three months we felt like we were literally dying. People from the Emirates helped a bit – 150 JD per month (US\$212) – it got reduced to 100 JD (US\$141) and now it stopped. I wanted to register with charities but I don't have a Mol service card. We only got the UN registration and food vouchers. None of the children go to school [because we don't have a Mol service card]. We need new IDs not like the ones we had in Zaatari. In Zaatari, they went to school for three months."

Syrians who voluntarily leave Jordan to return to Syria are informed that they will not be allowed entry into Jordan again – the authorities keep a record of all those who leave and enter to prevent re-entry.⁴² Preventing re-entry of Syrians, when the risks they face in Syria have not changed, is contrary to Jordan's international obligation of *non-refoulement*. In some cases, Amnesty International has found that Syrians have managed to return to Jordan through irregular border crossings. However, once in Jordan, they have been unable to regularize their stay.⁴³ Like people who have left camps without going through the official bail out process, these individuals are unable to obtain the documents necessary to access public services and, as discussed below, need to find alternative ways to access health care, including by paying a higher user fees.

Première Urgence - Aide Médicale Internationale (PUAMIC), an international NGO with activities in Jordan, carried out a health needs assessment in Zarqa governorate in 2014. This study found that the most significant barrier to accessing health care was the need for valid UNHCR and Mol documents and the need to provide

⁴¹ Amnesty International, interviews with Syrian refugees in Jordan 4-17 November 2015. For more information on urban refugees see: International Rescue Committee, *Urban Refugees*, available at: https://www.rescue-uk.org/sites/default/files/20_11_12%20Urban%20refs%20for%20ECHO%20advocacy%20event%20_0.pdf (accessed 24 February 2016).

⁴² Information based on Amnesty International meetings with agencies and refugees in Jordan, 4-17 November 2015.

⁴³ Amnesty International interviews with Syrian refugees in Jordan, 4-17 November 2015.

Ministry of Health services with “at least 4 copies of the UNHCR registration document for every consultation.”⁴⁴ This was also a finding of a study by REACH⁴⁵, a joint assessment initiative organization, which noted that: “key informants in 17 out of the 19 districts in the assessment reported that an issue with refugee registration files posed a challenge to accessing health services.”⁴⁶

Amnesty International interviewed Abdul aged 45, his wife Hala, aged 40 and their six children ages 6 to 24 years old. Their son Mohamed, aged 14 lost his right arm and leg when their house in Dera'a was hit by a rocket on 27 September 2013. The family face problems in accessing services in Jordan for Mohamed and his siblings because while Abdul, Mohamed and another brother came to Jordan immediately after Mohamed was injured, the other half of the family left behind came from Syria to Jordan at different times. They were initially in Zaatari camp but returned to Syria because Hala felt that “the living condition was very difficult...” and some of her children were still in Syria. She later returned with the rest of the children and managed to enter Jordan despite facing difficulty at the border (which she did not want to discuss) and they were placed in Azraq refugee camp. They left the camp to join the rest of the family without going through the bailout process.

Due to this, Hala and four of their children do not have Mol service cards and the family live off humanitarian assistance from the UN and NGOs received by three family members (Abdul, Mohamed and one of his brothers). The family live in a two-bedroom house rented by a Syrian who allows them to stay in one room and uses the second room to store his things. None of the children go to school because they do not have the necessary documents. Abdul said: “The children don't go to school because they need an urban refugee card (UNHCR Asylum Seekers Certificate and Mol service card). When they see kids going to school they stand outside and watch.”

Mohamed initially received treatment at a field hospital in Syria before being taken to Ramtha hospital in Jordan. He stayed at the hospital for three and a half months and then went to a Syrian run rehabilitation centre in Irbid, which was subsequently shut down. As his bones are still growing, Mohamed requires surgery every five to six months. His father takes him to the MSF hospital in Amman to have the surgery and they get some cash assistance from MSF to go there and stay for five days every time he has his surgery.

Mohamed has a wheelchair that he received from an NGO and a prosthetic limb but does not have regular physiotherapy or other support. As his bone continues to grow, he often outgrows the limb before his next operation. He told Amnesty that “the limb is OK, I can walk on it but my bone has already grown so that's a problem now. Surgery was three months ago and already the bone is growing.”

⁴⁴ Première Urgence - Aide Médicale Internationale, *Hashemite Kingdom of Jordan: Syrian Crisis Health Needs Assessment*, March 2014, available at: <http://www.alnap.org/resource/19483> (accessed 2 February 2016).

⁴⁵ For more information on REACH see: <http://www.reach-initiative.org/reach/about-reach>

⁴⁶ REACH, *Syrian refugees in host communities, key informant interviews/district profiling*, January 2014, available at: http://www.reach-initiative.org/wp-content/uploads/2014/03/lea.macias-18022014-093340-REACH-BritishEmbassyAmman_Syrian-Refugees-in-Host-Communities_Key-Informant-Interviews-and-District-Profiling_Jan2014.pdf (accessed 14 March 2016).

3. BARRIERS FACED BY SYRIAN REFUGEES IN ACCESSING HEALTH CARE IN URBAN AREAS

THE HEALTH CARE SYSTEM IN JORDAN

The health care system in Jordan is one of the most advanced and well-resourced in the region.⁴⁷ Health is provided by both the public and private sectors with public services mainly funded by the Ministry of Health, which is the largest health care provider for Jordanian citizens. Other components of the public health care system include the Royal Medical Services, the Jordan Food and Drug Administration and university hospitals.⁴⁸ Non-state health services are provided by for-profit companies, university clinics, UNRWA services for Palestinian refugees including those from Syria, and NGO-run clinics for refugees and Jordanians.⁴⁹

Over the past decade, Jordan has extended the coverage of health insurance across the population. The majority of Jordanians (88%) access health care through health insurance. Out-of-pocket expenditures on health care have declined. In 2003, 42% of health care costs were out-of-pocket. In 2013, that figure had dropped to 24%. Those that do not have insurance can pay an uninsured rate which is subsidized in public hospitals. Access to antenatal and postnatal care for pregnant women, family planning and vaccinations are provided for free to all Jordanians whether they have insurance or not.⁵⁰

Jordan's national health accounts show that between 2000 and 2013, Jordan's health expenditure made up between 12% and 19% of general government expenditure.⁵¹ At the start of the Syrian crisis in 2011, international donors covered 3% of health care costs, and by 2013 – the latest year for which national health accounts are available – that proportion had risen to 5%.⁵²

⁴⁷ Première Urgence - Aide Médicale Internationale, *Hashemite Kingdom of Jordan: Syrian Crisis Health Needs Assessment*, March 2014, p46 available at: <http://www.alnap.org/resource/19483>, and UNHCR, UNICEF, WFP, *Joint Assessment Review of the Syrian Response in Jordan*, January 2014, available at: <http://reliefweb.int/sites/reliefweb.int/files/resources/JointAssessmentReview&Jan2014.pdf> (accessed 5 February 2016).

⁴⁸ Première Urgence - Aide Médicale Internationale, *Hashemite Kingdom of Jordan: Syrian Crisis Health Needs Assessment*, March 2014, available at: <http://www.alnap.org/resource/19483> (accessed 2 February 2016).

⁴⁹ Première Urgence - Aide Médicale Internationale, *Hashemite Kingdom of Jordan: Syrian Crisis Health Needs Assessment*, March 2014, available at: <http://www.alnap.org/resource/19483> (accessed 2 February 2016).

⁵⁰ Première Urgence - Aide Médicale Internationale, *Hashemite Kingdom of Jordan: Syrian Crisis Health Needs Assessment*, March 2014, available at: <http://www.alnap.org/resource/19483> (accessed 2 February 2016).

⁵¹ National health accounts are available at World Health Organization, *Global Health Expenditure Database*: <http://apps.who.int/nha/database/ViewData/Indicators/en> (accessed 15 March 2016).

⁵² National health accounts are available at <http://apps.who.int/nha/database/ViewData/Indicators/en>

INTRODUCTION OF USER FEES FOR SYRIAN REFUGEES

Between 2011 and November 2014, Syrians with Mol service cards could access health care in Ministry of Health facilities for free, and were treated in the same way as insured Jordanians. In November 2014, the government changed its policy and required Syrian refugees holding Mol cards to pay the same rates as uninsured Jordanians. Syrian refugees with MOI cards therefore are still partly subsidized by the state and have to pay around 35-60% of the user fees paid by other foreigners in Jordan.⁵³ However, Syrians without Mol service cards are treated like other foreigners accessing public services and required to pay a 'foreigners rate', which is up to 60% higher than the uninsured Jordanian rate.⁵⁴ The user fees imposed on Syrian refugees with Mol service cards may not appear to be high but are unaffordable for many Syrian refugees, who have limited livelihood options and are struggling to meet the basic needs of their families with reduced food assistance. User fees are not the only costs related to health care. People often have to pay for transport to medical facilities and for certain drugs.⁵⁵

OVERVIEW OF HEALTH NEEDS AMONGST SYRIAN REFUGEES

The medically vulnerable population of Syrian refugees includes young children, women during pregnancy, the elderly, individuals with chronic illnesses including hypertension and diabetes, and persons with disabilities, including those arising from conflict-linked injuries.⁵⁶ The health and socio-economic impacts of the conflict in Syria mean that much of the Syrian refugee population in Jordan need to access health care facilities in Jordan. For example, in addition to normal maternal health needs, women and girls are giving birth at an earlier age due to an increase in early marriages⁵⁷, whilst the numbers of people with a disability due to injuries from the conflict are significant.⁵⁸ Mental health problems also remain a significant concern for Syrian refugees in Jordan due to the psychological traumas suffered as a result of the conflict.⁵⁹

REDUCED ACCESS TO HEALTH CARE SERVICES

According to a survey by UNHCR, published in May 2015, the change in government policy, as well as both real and perceived difficulties in accessing health care, has led to a decrease in access to preventative and curative health care services among Syrian refugees in urban areas.⁶⁰ The survey also found that 58.3% of

⁵³ WHO, *Syria Crisis – Jordan: Country brief and funding request, January to June 2015*, available at: <http://reliefweb.int/sites/reliefweb.int/files/resources/WHO%20Jordan%20January%20to%20June%20Donor%20update.pdf> (accessed 5 February 2016).

⁵⁴ UNHCR, *Cash-based Interventions for Health programmes in Refugee Settings: A Review*, pp. 13, available at: <http://data.unhcr.org/syrianrefugees/documents.php?page=1&view=grid&Country%5B%5D=107&Sector%5B%5D=3> (accessed 9 March 2016).

⁵⁵ Première Urgence - Aide Médicale Internationale, *Hashemite Kingdom of Jordan: Syrian Crisis Health Needs Assessment*, March 2014, pp. 46 available at: <http://www.alnap.org/resource/19483>, and UNHCR, UNICEF, WFP, *Joint Assessment Review of the Syrian Response in Jordan*, January 2014, available at: <http://reliefweb.int/sites/reliefweb.int/files/resources/JointAssessmentReview8Jan2014.pdf> (accessed 5 February 2016).

⁵⁶ Health Sector Humanitarian Response Strategy Jordan 2014-15, *Health Sector Working Group Updated May 2015*, May 2015 available at: <https://data.unhcr.org/syrianrefugees/download.php?id=9943>

⁵⁷ 16.9% of women and girls in urban areas aged between 14 and 49 years old were pregnant at least once in 2013 and 2014. This includes girls under the age of 18 for whom the proportion of deliveries went up from 5% in 2013 to 8.5% in 2014. More information available in: Health Sector Humanitarian Response Strategy Jordan 2014-15, *Health Sector Working Group Updated May 2015*, May 2015 available at: <https://data.unhcr.org/syrianrefugees/download.php?id=9943>

⁵⁸ Although it is self-evident that conflict in Syria has increased the prevalence of physical and psychological disability, it is very difficult to quantify this increase due to differences by each country in measuring the disability prevalence rates. Official prevalence figures in the Arab region - between 0.4 and 4.9% - are far below the 15% global disability prevalence rate estimated by the World Health Organization. For example, in 2007, Syria reported a 1.4% disability prevalence rate, and Jordan a 1.9% rate. Although both Syria and Jordan have ratified the Convention on the Rights of Persons with Disability (CRPD), which requires them to collect and disseminate statistical information on disability in order to implement the convention and address barriers faced by disabled people, many gaps in understanding disability remain. For more information see: ESCWA, League of Arab States, *Disability in the Arab Region: An Overview*, 2014, pp9 and 96, available at: https://www.unescwa.org/sites/www.unescwa.org/files/page_attachments/disability_in_the_arab_region_-_an_overview_-_en_1.pdf (accessed 29 February 2016).

⁵⁹ World Health Organization, International Medical Corps et al, *Assessment of Mental Health and Psychosocial Support Needs of Displaced Syrians in Jordan*, 2013, available at: <https://data.unhcr.org/syrianrefugees/download.php?id=6650> (accessed 5 March 2016).

⁶⁰ UNHCR, *At a glance: Health access and utilization survey among non-camp refugees in Jordan*, May 2015, pp8-9, available at: <https://data.unhcr.org/syrianrefugees/download.php?id=9433> (accessed 7 February 2016).

Syrian adults with chronic conditions are not able to access medicines or other services and that 50% of women are unable to afford fees or transport for antenatal care. Long waiting times, rude staff and the not knowing where to go to seek care were also cited as some of the reasons for not accessing health services.⁶¹

INTERVIEWS WITH WOMEN AT THE MSF HOSPITAL IN IRBID

Amnesty International interviewed three women who had recently delivered at the MSF hospital in Irbid. The women described how they delayed going for check-ups because they could not afford the costs of attending a public hospital and had concerns about the quality of health care and how they would be treated in these facilities.⁶² Early antenatal care is vital to pregnant women and girls to detect any health problems or screen for any complications that may develop during a pregnancy.⁶³ The World Health Organization recommends a minimum of four antenatal visits during pregnancy.⁶⁴

Mouna, aged 33 from Damascus in Syria, delivered her fourth child at the MSF maternity hospital in Irbid. She told Amnesty International that she had not gone for a check-up until her seventh month of pregnancy. "I live outside of the city and if I come for check-ups the transport costs 5 JOD (US\$7) and my husband is sick so I cannot leave him at home. I live near a Ministry of Health hospital but if I go there I will have to pay money."

Heba, aged 27 and from Dera'a in Syria, delivered her third child in the NGO hospital in Jordan. She delivered her first two children in Amman. Her second child was delivered in a private clinic where she had a total of three check-ups that cost 10 JOD (US\$14) each. She had tried to go to a public hospital for her second child but said there were big queues and she had to wait all day and the delivery would have cost her 200 JOD (US\$282).

Jana, aged 26, who delivered her third child at the MSF hospital, told Amnesty International that she had antenatal check-ups at a private hospital as she had not come through an official border and had difficulties with her papers when she arrived in Jordan. She paid 17 JOD (US\$24) for each consultation and around 25 JOD (US\$35) for medicines. She heard about the MSF hospital through her neighbour and decided to go there after. Her cousin previously paid for the private hospital care as her husband doesn't work.

A number of international organizations have sought to fill the gap in providing free health care services to Syrian refugees since the change in policy on user fees. However, Amnesty International was told by international organizations that they were not given any prior warning from the Jordanian authorities about the imposition of user fees for Syrian refugees.⁶⁵ This meant that they had very little time to scale up their response to provide parallel services for those who could not afford or were ineligible for Ministry of Health services.⁶⁶ Some organizations highlighted how they were unable to treat even half the people seeking health care.

UNHCR, who previously prioritized the provision of health care services to the refugee population in refugee camps and only provided free primary health to 10% of the Syrian urban refugee population through its partner, Jordan Health Aid Society (JHAS), revised its program within days of the withdrawal of free health care to provide for more people.⁶⁷ According to JHAS, since the change in government policy, they have seen a 27%

⁶¹ UNHCR, *At a glance: Health access and utilization survey among non-camp refugees in Jordan*, May 2015, pp8-9, available at: <https://data.unhcr.org/syrianrefugees/download.php?id=9433> (accessed 7 February 2016).

⁶² Amnesty International, interviews with Syrian refugees in Irbid, 12 November 2016.

⁶⁴ WHO, *Antenatal care*, available at: http://www.who.int/gho/maternal_health/reproductive_health/antenatal_care_text/en/ (accessed 6 March 2016).

⁶⁴ WHO, *Antenatal care*, available at: http://www.who.int/gho/maternal_health/reproductive_health/antenatal_care_text/en/ (accessed 6 March 2016).

⁶⁵ The Director of Planning and Administration at Ministry of Health in Amman, Jordan, told Amnesty International that donors and UNHCR were warned that the government would make changes and that there were no alternatives. The Director said the amount of funds available were not enough and the UN had responded to say they were looking for donors. It was not clear in the meeting whether the Jordanian authorities had informed the UN of their plans to impose user fees. Amnesty International meeting with Dr Mohammed Rasoul Tarawneh, Director of Planning Administration, Ministry of Health, 9 November 2015.

⁶⁶ Amnesty International meetings with non-governmental sources in Jordan, November 2015.

⁶⁷ Amnesty International meeting with UNHCR in Jordan, 4 November 2015.

increase in the number of patients seeking treatment in their clinics.⁶⁸ Through their five clinics across the country, JHAS provides treatment to Syrian refugees registered with UNHCR and considered vulnerable, which is 35% of the urban Syrian refugee population.⁶⁹ UNHCR's vulnerable category includes all those receiving cash assistance and prenatal and postnatal care. However, JHAS are not able to meet the increasing demands for care. They stated that they are often faced with "300 patients knocking on our door but we can only service 120 patients."⁷⁰

There is also continued support by NGOs and the UN through the provision of human resources to Ministry of Health facilities in areas most populated by Syrian refugees, as well as medicines, equipment and other supplies.⁷¹ However, this support is dependent on continued access to sufficient funds by the UN and NGOs.

Other NGOs have responded to the anticipated need for free health care to meet specific demands through opening new facilities, for example, in MSF's case, a maternity hospital and a clinic to provide for patients with non-communicable diseases.⁷² The demands on MSF's maternity hospital in Irbid have significantly increased with 2,478 deliveries in the hospital in 2015 compared to 1,435 deliveries from January to October 2014.

An additional implication of the new policy, is a referral fee for NGO health providers when referring patients to Ministry of Health facilities where they are charged the 'foreigners rate'. If a Syrian with valid documents were to go to the Ministry of Health facility without the NGO referral and pay themselves, they would be charged the subsidised rate.

JORDAN'S INTERNATIONAL OBLIGATIONS

Jordan is a party to the International Covenant on Economic, Social and Cultural Rights (ICESCR), which guarantees the right to the enjoyment of the highest attainable standard of physical health.⁷³

The UN Committee on Economic, Social and Cultural Rights has stated that the right to health requires that health services, goods and facilities be available, accessible, acceptable and of good quality.⁷⁴ The Committee has stated that accessibility includes economic accessibility or affordability. "Payment for health-care services, as well as services related to the underlying determinants of health, has to be based on the principle of equity, ensuring that these services, whether privately or publicly provided, are affordable for all, including socially disadvantaged groups."⁷⁵

The Committee on Economic, Social, and Cultural Rights has clarified that States parties have a core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights enunciated in the Covenant, including essential primary health care.⁷⁶ Governments have the duty to prioritize the most vulnerable and marginalized groups when allocating resources, and to address discrimination in health services and information, in accordance with the treaties ratified. This includes refugees from Syria, in accordance with the ICESCR, which states that these rights extend to non-nationals including asylum seekers, refugees and stateless persons, regardless of regular status.⁷⁷

Amnesty International recognizes the incredible strain Jordan is under in hosting large numbers of Syrian refugees with limited humanitarian support and solidarity from the international community. However, the government's introduction of onerous requirements to obtain regular status and the imposition of user fees have created additional barriers for Syrian refugees to access much needed health services, including primary health care, in urban areas. Jordan has an obligation under international law to ensure that all persons are able to

⁶⁸ Amnesty International meeting with JHAS in Jordan, 10 November 2015.

⁶⁹ Amnesty International meeting with JHAS in Jordan, 10 November 2015.

⁷⁰ Amnesty International meeting with JHAS in Jordan, 10 November 2015.

⁷¹ Health Sector Humanitarian Response Strategy Jordan 2014-15, *Health Sector Working Group Updated May 2015*, pp.10, available at: <https://data.unhcr.org/syrianrefugees/download.php?id=9943>

⁷² Amnesty International meeting with MSF in Jordan, 4 November 2015.

⁷³ Article 12, available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>

⁷⁴ UN Committee on Economic, Social and Cultural Rights, General Comment 14: The right to the highest attainable standard of health, UN Doc. E/C.12/2000/4, 11 August 2000, para 12, available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.

⁷⁵ UN Committee on Economic, Social and Cultural Rights, General Comment 14: The right to the highest attainable standard of health, UN Doc. E/C.12/2000/4, 11 August 2000, para 12 (b) (iii), available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>

⁷⁶ UN Committee on Economic, Social and Cultural Rights, General Comment 14: The right to the highest attainable standard of health, UN Doc. E/C.12/2000/4, 11 August 2000, para 43, available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>

⁷⁷ UN Committee on Economic, Social and Cultural Rights, General Comment 20, para 30, available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>

access health services and that health services are affordable for all, including socially disadvantaged groups. Jordan must prioritize, at the very least, and provide access to minimum essential levels of health care to all persons, including essential primary health care.

4. DENIAL OF ENTRY TO SYRIANS WITH WAR-RELATED INJURIES

Since 2012, Jordan has imposed increasing restrictions on access to Syrians attempting to enter the country through formal and informal border crossings with certain categories of individuals denied entry as a general rule. These include Palestinians from Syria, people without identity documents (ID) and single men who cannot prove they have family ties in Jordan.⁷⁸ In September 2012, the official border crossing between Ramtha in Jordan and Dera'a in Syria was closed. Until mid-2013, Jordan allowed Syrian refugees to enter through its western and eastern informal border crossings – it then closed its informal western border points, which are closer to populated areas of Jordan and Syria.⁷⁹

In May 2014, the Jordanian government began refusing to allow Syrians to arrive at its international airport unless they had a Jordanian residence permit or met a limited number of special exceptions.⁸⁰ As the conflict in Syria rages on, Syrians continue to attempt to enter Jordan in order to reach safety. As of 10 March 2016, there were between 35,000 and 40,000 Syrians stranded at north-eastern informal border crossings at Hadalat and Rukban on the Jordanian side of the Syria-Jordan border (known as the berm) waiting to enter, with the numbers increasing in the hundreds daily.⁸¹ Amongst those at the border are a range of particularly vulnerable groups who urgently need assistance and, in many cases, medical care and treatment: they include children under the age of one and pregnant women, many of whom are in their third trimester, in addition to the elderly and people with chronic illnesses and diseases and disabilities. The humanitarian situation is dire and they have limited access to services.⁸²

In addition to blocking Syrians from entering Jordan, Jordanian authorities have also forcibly returned hundreds of Syrian refugees to Syria since 2012, in violation of the principle of *non-refoulement*, which prohibits

⁷⁸ Amnesty International, *Growing restrictions, tough conditions: The plight of those fleeing Syria to Jordan*, 31 October 2013, available at: www.amnesty.org/en/documents/mde16/003/2013/en/ (accessed 31 January 2016).

⁷⁹ For more information see: Amnesty International, *Growing restrictions, tough conditions: The plight of those fleeing Syria to Jordan*, 31 October 2013, available at: www.amnesty.org/en/documents/mde16/003/2013/en/ (accessed 1 June 2015); and Human Rights Watch, *Jordan: Syrians block stranded in the desert*, 3 June 2015, available at: www.hrw.org/news/2015/06/03/jordan-syrians-blocked-stranded-desert (accessed 31 January 2016).

⁸⁰ Exceptions for entry have been made for war-wounded Syrians and other cases on humanitarian grounds. For more information see: Amnesty International, *Growing restrictions, tough conditions: The plight of those fleeing Syria to Jordan*, 31 October 2013, available at: www.amnesty.org/en/documents/mde16/003/2013/en/; and Amnesty International, *The Global Refugee Crisis: A Conspiracy of Neglect*, 15 June 2015, available at: <https://www.amnesty.org/en/documents/pol40/1796/2015/en/>

⁸¹ Amnesty International interviews with humanitarian workers, March 2016.

⁸² Amnesty International interviews with humanitarian workers, March 2016. For more information on the situation at the border see Amnesty International, *Jordan: Risk of humanitarian disaster as 12,000 refugees from Syria stranded in 'no man's land'*, 9 December 2015, available at: <https://www.amnesty.org/en/latest/news/2015/12/jordan-risk-of-humanitarian-disaster-as-12000-refugees-from-syria-stranded-in-no-mans-land/>

governments from transferring people to another country or jurisdiction where they would face a real risk of serious human rights violations or abuses.⁸³

TREATMENT OF SYRIA'S WAR-WOUNDED

An exception to Jordan's closed borders are Syrians with war-related injuries (known as war-wounded). Due to the destruction of hospitals and the targeting of medical staff by various parties to the Syria conflict, the only option for war-wounded in Syria's southern governorate Dera'a, on the border with Jordan, to receive adequate treatment is to be evacuated to Jordan.⁸⁴ Since 2012, the Jordanian authorities have allowed war-wounded Syrians to access life-saving treatment through the north-western Tel Shihab informal border crossing to hospitals in Jordan including the Ministry of Health run Ramtha hospital.⁸⁵

Once brought to the Syria-Jordan border, the war-wounded are initially screened by the Jordanian Border Guard Force and the Royal Medical Service who determine whether they require emergency life-saving treatment, and that they are not a security threat.⁸⁶ According to information received by Amnesty International, in order to be allowed into the country, the injured person must also have ID which is a pre-requisite for entering Jordan regardless of the conditions faced by the person fleeing Syria.

Those that meet the criteria are then permitted to enter Jordan and get treatment.⁸⁷ Once the initial treatment is completed, Syrians are required to register at the Rabaa' al-Sarhan registration centre. The Jordanian authorities screen people at the centre before making a decision on whether they are allowed to stay in the country as 'refugees' and seek further support and treatment or whether they will be returned to Syria.⁸⁸

Jordan is the only country neighbouring Syria to have an organized programme of support for those requiring emergency treatment and must be commended for allowing entry to many that need treatment. However, Jordan's policy on allowing entry to those requiring emergency treatment, while commendable, is applied inconsistently. Amnesty International has received reports from humanitarian workers and family members of severely injured people being denied entry at the border altogether. The main reason given to them for the denial of entry is the lack of ID or that the injury is not considered to require life-saving treatment.⁸⁹ Amnesty International was told that in some cases, the Jordanian individual determining whether the injuries were considered 'serious' enough for a person to be allowed to enter Jordan, was not even a medic.⁹⁰ For example, Amnesty International was informed of a case in August 2015 in which a two-and-a-half-year-old girl who had suffered head injuries due to a barrel bomb attack⁹¹ four days previously was denied entry to Jordan because her condition was not considered critical by the Jordanian authorities.⁹² It is not clear on what basis this decision was made. According to humanitarian workers, there is only one CT scanner in southern Syria and limited capacity to determine how 'serious' an injury is and, therefore, these assessments need to be done by medical personnel at a health facility in Jordan.⁹³

⁸³ *Refugee Convention*, Art. 33(1); *Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, 10 December 1984, [1987] 1465 U.N.T.S. 113, p.85, Art. 3(1); *International Convention for the Protection of All Persons from Enforced Disappearance*, Art. 16(1). For information on forced returns in 2012 and 2013 see: Amnesty International, *Growing restrictions, tough conditions: The plight of those fleeing Syria to Jordan*, 31 October 2013, available at: www.amnesty.org/en/documents/mde16/003/2013/en/

⁸⁴ While there are field hospitals in Syria where war-wounded often receive initial emergency treatment and are stabilized, the equipment and expertise for the full treatment and recovery required are not available in southern Syria due to the ongoing conflict and humanitarian crisis. For more information see: MSF, *Life after the rubble, the journey taken by war-wounded Syrians to rebuild their bodies and minds in Jordan*, December 2015, pp. 4, available at: https://docs.google.com/viewerng/viewer?url=https://www.msf.org.za/sites/msf.org.za/files/syrian_war_wounded_in_jordan.pdf (accessed 2 February 2016).

⁸⁵ MSF, *Life after the rubble, the journey taken by war-wounded Syrians to rebuild their bodies and minds in Jordan*, December 2015, p4, available at: https://docs.google.com/viewerng/viewer?url=https://www.msf.org.za/sites/msf.org.za/files/syrian_war_wounded_in_jordan.pdf (accessed 2 February 2016).

⁸⁶ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

⁸⁷ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

⁸⁸ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

⁸⁹ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

⁹⁰ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

⁹¹ Amnesty International has extensively documented the damage caused by barrel bombs on civilians in Syria. Barrel bombs are unguided, highly explosive weapons filled with metal fragments and explosives which have been widely used by Syrian government's allied forces in the conflict. They are dropped from helicopters and kill and maim people without discrimination. For more information on barrel bombs see: Amnesty International, *'Death Everywhere': War Crimes and Human Rights Abuses in Aleppo, Syria*, May 2015, p19, available at: <https://www.amnesty.org/en/documents/mde24/1370/2015/en/>

⁹² Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

⁹³ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

The exact number of those rejected at the border is not known to Amnesty International; however, credible reports from humanitarian workers providing medical assistance to injured people in Syria indicate that at least one or two war-wounded people were denied entry at the Tel Shihab border in 2015 on a daily basis. In February 2016, around 120 war-wounded were admitted into Jordan, and between 20 and 30 people were turned back.⁹⁴

Some of those injured who don't have ID on them at the time of being injured (which is difficult to have when fleeing conflict) are fortunate enough to have someone fetch their ID for them, but this can mean waiting for hours at the border before being allowed into Jordan. For instance, in March 2015, a 12-year-old boy with an injury resulting in damage to his blood vessels and whose parents had died in the same attack was not allowed to enter Jordan. According to information from humanitarian workers in Syria, he was rejected at the border because he did not have ID. Also in March 2015, a man aged 27 with an open fracture due to a blast injury was initially denied entry because he lacked ID; he was eventually allowed in eight hours later after his parents managed to get his passport. Having ID when fleeing conflict is often difficult and should not be a prerequisite for entry into Jordan.

In some cases, the denial of entry at the border has meant returning to Dera'a where field hospitals are unable to provide anything close to adequate care, as they lack sufficient medical supplies and equipment and are under attack on a regular basis.⁹⁵ In other cases, the denial of access to health care in Jordan has led to people dying at the border after being refused entry.⁹⁶ For example, in July 2015 at least 14 severely injured individuals, including five children, were brought to the border after aerial attacks in a city in Dera'a governorate caused mass casualties amongst civilians.⁹⁷ According to medical workers in Syria who provided first aid to the victims, they suffered complex facial or multiple shrapnel injuries. None of them were allowed to enter. Four of those wounded reportedly died while waiting at the border, one of them was a girl aged three.⁹⁸

Others who died after being denied entry in the last year included a 74-year-old Syrian man who died from severe head injuries due to barrel bombs attacks in September 2015, and a 37-year-old man in February 2015 who had shrapnel facial injuries and a fractured jaw.⁹⁹ In April 2015, a 14-year-old boy was also denied entry at the border because he didn't have ID, despite having sustained injuries that left him in a critical condition. He reportedly died the following day in a field hospital in Syria.¹⁰⁰

Amnesty International has also received credible information about Syrians requiring further medical treatment being forcibly returned to Syria after receiving the initial emergency treatment. As there are no NGOs nor any UN presence at the border crossing or at the screenings at Rabaa' al-Sarhan registration centre, the exact number of Syrians who have been deported after receiving emergency treatment is not known.

While Jordan has legitimate security concerns vis-à-vis the conflict in Syria, discriminating on the grounds of lack of IDs and against those with serious medical needs including children is in violation of Jordan's international obligations to everybody on its territory including with respect to the right to health, and the right to life. Closing the border to those in need of asylum is also a violation of the principle of *non-refoulement*.¹⁰¹ Amnesty International believes that all those fleeing Syria are in need of protection regardless of whether they are injured or not, due to the widespread human rights abuses being committed in the conflict in Syria including war crimes and crimes against humanity.

⁹⁴ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

⁹⁵ For more information on attacks on medical care in Syria, see: UN, *Report of the Independent International Commission of Inquiry on the Syrian Arab Republic A/HRC/68*, 22 February 2016, pp. 10, available at: <http://www.ohchr.org/Documents/HRBodies/HRCouncil/ColSyria/A-HRC-31-68.pdf>; Middle East Eye, *Syria field hospitals forced to close by intense government bombing*, 2 July 2015, available at: <http://www.middleeasteye.net/news/field-hospitals-syria-forced-close-intense-government-bombing-513655372>; MSF, *Syria: MSF-supported hospital hit by airstrikes in Dara'a*, 9 February 2016, available at: <http://www.msf.org.uk/article/syria-msf-supported-hospital-hit-by-airstrikes-in-dara-a> (accessed 25 February 2016)

⁹⁶ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

⁹⁷ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

⁹⁸ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

⁹⁹ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

¹⁰⁰ Amnesty International interviews with humanitarian workers in Syria, January and February 2016.

¹⁰¹ UNHCR, *The Principle of Non-Refoulement as a Norm of Customary International Law*. Response to the Questions Posed to UNHCR by the Federal Constitutional Court of the Federal Public of Germany in Cases 2 BvR 1938/93, 2 BvR 1953/93, 2 BvR 1954/93, 31 January 1994, available at: www.refworld.org/docid/437b6db64.html (accessed 13 February 2016).

5. SYRIAN REFUGEES WITH DISABILITIES: IN NEED OF SUPPORT AND RESETTLEMENT

“As a wheelchair user I need an accessible place – I need to be independent and not have someone with me all the time. I am trying to find the easiest place to live with my disability,”

Hussein, a 23-year-old man who is paralyzed from the waist down and had both his legs amputated. He lives in a rehabilitation centre in Jordan.

According to the NGOs Handicap International and HelpAge International, 26% of Syrian refugees in Jordan have some form of impairment (this includes physical, auditory, visual, intellectual/cognitive and/or mental impairments), with one in 15 people having sustained an injury.¹⁰² Many Syrians with disabilities in Jordan have war-related injuries.

Some of the war-wounded and persons with disabilities require specific health interventions while others require more accessible services which are not available to them in Jordan. For example, the majority of war-wounded require rehabilitation after surgery, with over 90% of the patients admitted into Ramtha hospital for example, requiring physiotherapy after major surgery in addition to strong-post operative care and counselling. Some of the needs such as long-term care for spinal cord injuries are unavailable in the Jordanian national public health system and are not provided by NGOs either. MSF for example have stated that they do “not have the capacity to address the specific long-term and permanent needs of war-wounded with spinal injuries” including those with tetraplegia or paraplegia. Evidence shows that early intervention in the form of specialized care through a dedicated team in a general hospital or via a mobile outreach team has led to better outcomes for people with spinal cord injuries compared to non-specialized. Jordan’s policy of separating families also has the consequence of leaving the war-wounded without a carer to assist them in accessing services.

¹⁰² Handicap International/HelpAge International, Hidden victims of the Syrian crisis: disabled, injured and older refugees, 9 April 2014, available at: <http://www.refworld.org/docid/538855b24.html> (accessed 30 January 2016).

While basic needs such as food, shelter and health care are the same for all Syrian families, persons with disabilities which have arisen due to conflict-linked injuries and their families often struggle to meet the additional costs of medical treatment or specialized care for the injuries. Families, including those that Amnesty International spoke to, have reported making difficult choices between meeting the basic needs of the entire family or meeting the basic needs of the person with disabilities.¹⁰³ According to the 2015 UNHCR utilization survey, only 63% of Syrian refugees with disabilities interviewed in households, including war-wounded, had received either surgical treatment, rehabilitation, psychological support or assistive devices in Jordan.¹⁰⁴

Many Syrian refugees interviewed by Amnesty International stated that they received limited additional support from the UN or NGOs in order to meet the needs of persons with a disability. Some individuals and families have to rely mostly on contributions from private donors.¹⁰⁵ The main reasons for not receiving adequate care, including for those interviewed by Amnesty International, are the cost of care including transport costs, lack of information on where to go, the lack of accessibility to mainstream services and the lack of availability of specialized services including rehabilitation centres.¹⁰⁶

Amnesty International interviewed Hasan and Lama, both aged 31 from Dera'a in Syria who have six children, five girls and one boy between the ages of nine years old and seven months old.¹⁰⁷ Two of their daughters, Shahid who is eight years old, and Douaa who is four years old, were injured when a rocket exploded at their house. Douaa lost her leg straight away, while Shahid's leg was badly damaged but Hasan wanted to try and save it by getting treatment in Jordan. The family's papers were destroyed in their home in Syria and they came to Jordan on 14 April 2013. They rely on NGOs and handouts from generous individuals in order to get the treatment needed for the two girls.

When Amnesty International visited them they had just moved from Ramtha to Amman, after a Syrian private donor paid for them to move and stay in an apartment there so they didn't need to travel back and forth for the girls' treatments. Hasan said "We used to come to Amman two to three times each week at a cost of 15-20 JOD (US \$21-28). No buses come here so we were forced to take a taxi or service. We receive food coupons from WFP and one time last year we got 400 JOD (US \$564). A Syrian man saw me bringing the girls from Ramtha to here and suggested we move here (to Amman) because it would be difficult in winter. He pays for accommodation. We are only getting coupons but every once in a while a donor helps us but it's not regular."

A number of Syrian-run rehabilitation centres were opened up by Syrian medics to meet the needs of persons with disabilities in Jordan providing physiotherapy and other specialized care in addition to accommodating those in need. Some of these facilities are supported by NGOs and are recognized by the Ministry of Health. However, in 2014, at least two of these centres were shut down by the Jordanian authorities for allegedly operating without a licence.

Amnesty International spoke to a Syrian doctor who had ran the Dar al-Karama rehabilitation centre in Ramtha.¹⁰⁸ The doctor said that the centre provided rehabilitation and after care for Syrians when they were discharged from hospital. The centre had around 24 patients with 16 people who were totally paralyzed and six Syrian doctors at the centre. According to the doctor, they had an agreement with a lawyer to rent a number of flats to house the disabled receiving treatment at the centre and had registered as a non-profit company in February 2014. The Ministry of Health had inspected the premises and certified that it was not a hospital but was a rehabilitation centre.

Despite this approval by the authorities, on 16 September 2014, the centre was closed down and the staff were taken and interrogated by the Jordanian authorities and threatened with expulsion. The reason for closing down the centre is not known to Amnesty International. Some of those at the centre managed to

¹⁰³ Handicap International/HelpAge International, Hidden victims of the Syrian crisis: disabled, injured and older refugees, 9 April 2014, pp32-33 available at: <http://www.refworld.org/docid/538855b24.html> (accessed 30 January 2016).

¹⁰⁴ UNHCR, *At a glance: Health access and utilization survey among non-camp refugees in Jordan*, May 2015, p11, available at: <https://data.unhcr.org/syrianrefugees/download.php?id=9433>

¹⁰⁵ Amnesty International interviews with Syrian refugees in Jordan, 4-17 November 2015.

¹⁰⁶ UNHCR, *At a glance: Health access and utilization survey among non-camp refugees in Jordan*, May 2015, p.11, available at: <https://data.unhcr.org/syrianrefugees/download.php?id=9433>

¹⁰⁷ Amnesty International interviews with Syrian refugees in Jordan, 4-17 November 2015.

¹⁰⁸ Amnesty International interview via phone with a doctor who worked at the centre, 7 February 2016.

leave, while 12 Syrian patients and some of the doctors – most who had UNHCR Asylum Seeker Certificates – were sent back to Syria. Six of those who were sent back are paralyzed men, and six including two children have injuries – all of which require long-term care which is unavailable in Syria.¹⁰⁹ At least one other centre was also shut down in 2014 and patients were sent back to Syria.¹¹⁰ Again, the reason behind this is not known to Amnesty International.

Many of the centres left to provide rehabilitation care to Syrian refugees are overwhelmed and under resourced. Amnesty International visited one of the only functioning centres left for Syrian refugees in Jordan.¹¹¹ The centre provides physiotherapy and counselling with GPs visiting twice a week as well as orthopaedic neurologist and physiologist, in addition to support provided by NGOs. The centre has 30 beds which means it can only serve that many patients at a time. The majority of patients are men, in addition to a small number of women and children.¹¹² Due to the high demand for rehabilitation, people have to wait between one month and one year to get treated at the centre.

UNABLE TO ACCESS ADEQUATE TREATMENT

Amnesty International interviewed Ahmed, aged 48 and his wife Zainab who are originally from Dera'a in Syria and live in a one-bedroom apartment in Ramtha with two of their children a girl aged 14 and a boy aged 7. Zainab came to Jordan in August 2012 with the children and her family while Ahmed stayed behind in Dera'a in their house. In early June 2013, he left his house to buy some food and was shot in the upper part of his right leg.

Ahmed was rushed to a field hospital in southern Syria where they administered first aid and was then taken across an unofficial border crossing into Jordan. He was initially treated in Mafraq public hospital where he stayed for two days and was given a blood transfusion. After that he was taken to Al Jazeera hospital, a private hospital in Amman which initially paid for his treatment through private donor funding, and then to Al Maqased hospital also in Amman, where his treatment was also paid through a private donor where he stayed for around one month. He was given a blood transfusion and antibiotics and external metal rods were placed on his leg.

Ahmed is registered with UNHCR and gets monthly food coupons but no additional assistance.

The metal rods in his leg need to be cleaned daily, which his wife was taught how to do at the hospital. "The wound is open and the rods have to be cleaned all the time. My wife was taught how to do it so I don't have go [to the hospital] all the time," he said.

His wife Zainab said that she sometimes goes to a charitable organization that provides her with bandages and sometimes a doctor can visit Ahmed at home, but she has to wait there all day in order to be seen and cannot leave him in the house on his own as he is bed-ridden. She said: "I have to wait all day and then the doctor comes and sees him. But I cannot leave him even to get a glass of water, so I cannot leave him all day alone."

Ahmed requires further surgery which he says he has been unable to get at Al Maqased hospital. When delegations of medical teams from abroad go to Jordan, he said, he is often called to the hospital to be assessed for surgery. "When there are surgery delegations from outside I get called for consultations – they see my situation and files but it's not something they can do because they need follow-up. Whenever they call me I go, whenever there is a delegation. Everybody advises me that my treatment needs follow-up." He sometimes has to pay his transport costs which are around 25-30 JD (US\$35-42).

Ahmed said he suffers particularly in the winter when the metal rods get cold. "The metal rods get cold and I feel the pain in my bones." He would like to get treatment outside of Jordan and then return to be with his family – as he has another wife and some of his children are still in Syria. He said: "I can't go and relax while my family is everywhere... If we were all together it would be easier. The most important thing is that I get

¹⁰⁹ Amnesty International interview via phone with a doctor who worked at the centre, 7 February 2016. See also Human Rights Watch, *Jordan: Vulnerable Refugees Forcibly Returned to Syria*, 23 November 2014, available at: <https://www.hrw.org/news/2014/11/23/jordan-vulnerable-refugees-forcibly-returned-syria>

¹¹⁰ Information received by Amnesty International in meetings with non-governmental sources in Jordan, November 2015.

¹¹¹ The name and location of the centre are being kept confidential in order to protect their identity.

¹¹² Amnesty International interview at rehabilitation centre in Jordan, November 2015.

treated first and for the rest God will prevail... My wish is to get treated outside of Jordan because in Jordan it is not possible.”

SEPERATED FAMILIES: LEFT WITHOUT A CARER

Restrictions at Jordan’s border which have resulted in split families has meant that Syrians with disabilities requiring longer-term care and rehabilitation are left on their own in Jordan without the support of their family members who have to remain behind in Syria. Amnesty International interviewed various individuals to whom this had happened.¹¹³

At the time of Amnesty International’s visit to the rehabilitation centre in Jordan in November 2015, there was a girl aged 14 who is an amputee and her 10-year-old brother staying on their own at the centre. Their uncle who had come to Jordan with them had since died and their parents were unable to cross the border to be with them.

Amnesty International also interviewed Mahmoud aged 14 from Aleppo in Syria and Hussein aged 23 from Rural Damascus in Syria who are receiving treatment at the centre. Both of them have been at the centre for a number of months on their own.

Hussein came to Jordan in May 2014 after being shot in the neck and spine. He is paralyzed from the waist down as a result and had to have both his legs amputated in May 2015 after developing gangrene from pressure sores. He told Amnesty International that “I came to Jordan on my own. I was unconscious when I arrived. I went to Ramtha hospital but there was no neurosurgeon and then to Al Jazeera hospital in Amman. I have been here in the rehab centre for seven months. I saw their website on the internet and contacted the centre...”

The operations to amputate his legs were performed by a surgical team from the US and by a Syrian doctor in Jordan – both were paid for through charities and private donations. He said that “doctors from the US performed the surgery. At that time they did one amputation but I needed a second one. They gave me six weeks [to recover] between surgeries. I did the second one at another hospital – we couldn’t wait for the US doctor so a Syrian doctor performed the surgery...The first amputation was done free of charge and the second one someone from the rehab centre sponsored and paid for.”

Hussein who was in his first year of university studying accounting in Syria wants to go to Turkey to continue his education as his brother and friends are there. Based on his experience to date, he is unable to access services as a wheelchair user in Jordan. “Most of my friends and my brother are living in Turkey. As a wheelchair user I need an accessible place – I need to be independent and not have someone with me all the time. I am trying to find the easiest place to live with my disability” he said.

¹¹³ Amnesty International interviews with Syrian refugees in Jordan, 4-17 November 2015.

MAKING ACCESSIBILITY A REALITY – JORDAN'S INTERNATIONAL OBLIGATIONS

Jordan is subject to a range of legal obligations guaranteeing the right of access to people with disability. These include both general obligations guaranteeing everybody equal right of access to public places and services¹¹⁴ and specific duties for people with disabilities under Article 9 of the UN Convention on the Rights of Persons with Disabilities (CRPD).¹¹⁵

Accessibility should be provided to all persons with disabilities, regardless of the type of impairment, and without distinction of any kind including national or social origin.¹¹⁶

Accessible services, whether it is in health care and social protection or education, requires not just accessible premises where services are provided but also accessible transport and provision of information.¹¹⁷

Barriers to access have to be removed gradually in a systematic and, more importantly, continuously monitored manner, with the aim of achieving full accessibility.¹¹⁸ States may use international co-operation and assistance to help them implement access.¹¹⁹

States need to adopt action plans and strategies to identify existing barriers to accessibility, set time frames with specific deadlines and provide both the human and material resources necessary to remove the barriers. Once adopted, such action plans and strategies should be strictly implemented.¹²⁰ Continuous investment in effective monitoring mechanisms and staff is a key element of implementation.¹²¹

The obligation to implement accessibility is unconditional. This means that those responsible for implementation have to demonstrate that reasonably accommodating people with disability would result in an undue burden on them.¹²²

¹¹⁴ Article 25 (c) of the International Covenant on Civil and Political Rights enshrines the right of every citizen to have access, on general terms of equality, to public services in his or her country. Similarly, Art 5 (f) of the International Convention on the Elimination of All Forms of Racial Discrimination guarantees everyone the right of access to any place or service intended for use by the general public, such as transport, hotels, restaurants, cafes, theatres and parks, available at: <http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>

¹¹⁵ Article 9 (1) states “To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility...” available at: <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹¹⁶ CRPD General Comment 2 para 13, available at: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/2&Lang=en

¹¹⁷ Ibid paras 39 and 40.

¹¹⁸ Ibid para 14.

¹¹⁹ Ibid para 27 and more generally Article 4(2) of the CRPD as part of the obligation to use maximum available resources to progressively realise obligations with respect to ESCR.

¹²⁰ Ibid para 33.

¹²¹ Ibid paras 24, 33 and 48.

¹²² Ibid para 25. Reasonable accommodation is defined as the “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms” (Article 2 CRPD), available at: <http://www.un.org/disabilities/convention/conventionfull.shtml>.

6. THE INTERNATIONAL COMMUNITY'S INADEQUATE RESPONSE

Due to the scale of the Syria refugee crisis, the response for Syrian refugees has been prioritized in Jordan and the other main host countries both by the UN and operational NGOs and by the host countries themselves. However, despite host countries, the UN and NGOs demonstrating the alarming facts related to Syria's refugee crisis, the international community's response has been grossly inadequate to date.

STEPS TAKEN BY JORDAN TO SEEK INTERNATIONAL ASSISTANCE AND CO-OPERATION

In order to cover the health care needs of Syrian refugees from 2011-13, the Ministry of Health reported to the World Bank that it had spent US\$53 million.¹²³ It also reported an increase in outpatient visits by Syrian refugees to Primary Health Care Centres from 68 in January 2012 to 15,975 in March 2013.¹²⁴ Furthermore, in 2013, the Ministry of Health estimated the cost of providing health care for Syrians was US\$168 million and the cost of medicine and vaccines US\$58 million. In order to accommodate Syrians, they estimated an expansion of infrastructure to cost US\$84 million.¹²⁵

Jordan has repeatedly sought assistance from the international community in line with its obligations under the International Covenant on Economic, Social and Cultural Rights, which requires a state which is unable to ensure at least minimum essential levels of economic, social and cultural rights to seek international assistance and co-operation.¹²⁶

The government of Jordan also took out an emergency loan of US\$150 million from the World Bank in July 2013.¹²⁷ In December 2013, at a conference, the Jordanian Ministry of Health has reiterated the need for "a significant investment from the donor community to sustain its health services for Jordanians and Syrians"¹²⁸

In 2014, the government of Jordan made a funding request as part of the UN humanitarian appeal of US\$47.4 million specifically for health care, while the total UN's request for the health sector was US\$120.98 million.¹²⁹

¹²³World Bank, *Jordan Economic Monitor: Moderate Economic Activity with Significant Downside Risk*, Fall 2013, p15, available at: http://www.worldbank.org/content/dam/Worldbank/document/MNA/Jordan_Economic_Monitor_Fall_2013.pdf (accessed 2 February 2016).

¹²⁴ World Bank, *Jordan Economic Monitor: Moderate Economic Activity with Significant Downside Risk*, Fall 2013, p15, available at: http://www.worldbank.org/content/dam/Worldbank/document/MNA/Jordan_Economic_Monitor_Fall_2013.pdf (accessed 2 February 2016).

¹²⁵ Syria Needs Analysis Project (SNAP), Jordan Baseline information, 23 January 2014, p8 available at: http://reliefweb.int/sites/reliefweb.int/files/resources/jordan_baseline_information.pdf (accessed 2 February 2016).

¹²⁶ Article 2 (1), International Covenant on Economic, Social and Cultural Rights.

¹²⁷ World Bank, *Jordan Economic Monitor: Moderate Economic Activity with Significant Downside Risk*, Fall 2013, p17, available at: http://www.worldbank.org/content/dam/Worldbank/document/MNA/Jordan_Economic_Monitor_Fall_2013.pdf (accessed 2 February 2016)

¹²⁸Impact of Syrian Refugees on Jordan's Health Sector Presentation by Dr. Ahmad Abu Slaih Hashemite Kingdom of Jordan, Marrakesh 3-8 December 2013, available at: <https://data.unhcr.org/syrianrefugees/download.php?id=4345> (accessed 5 February 2016).

¹²⁹ UNHCR, *2014 Syria Regional Response Plan: Jordan*, p116, available at: <http://www.unhcr.org/syriarrp6/docs/syria-rrp6-jordan-response-plan.pdf#i> (accessed 5 February 2016).

Due to the recognition in the UN appeal that Jordan's health systems were overwhelmed, the mid-year review of funding requirements stated that supporting the Ministry of Health, including with medicines, logistics, equipment and staffing support in-kind, was a key part of the strategy. However, it was also recognized that this would still not meet the needs and a National Resilience Plan was drafted for 2014-2016 to "mitigate the impact of the Syrian refugee crisis on host communities support socio-economic stability and protect Jordan's development gains."¹³⁰

The draft National Resilience Plan which was drafted prior to the Jordan Response Plan, outlined the plans for Jordan with financial support to be able to increase capacity, including through improving infrastructure, human resources and medical equipment to meet the needs of Jordan's host communities and Syrian refugees.¹³¹ The plan refers to the Cabinet Decree of 2012 to grant Syrian refugees free access to national health care services, but not to Jordan's plans to charge Syrians for health care.¹³² According to sources interviewed by Amnesty International in Jordan, no prior warning was given to the UN or other humanitarian organizations that a decision was to be made by the Jordanian cabinet on charging Syrian refugees for access to public health facilities.¹³³

In 2015, the draft National Resilience Plan was replaced by the Jordan Response Plan – with Jordan being the first among the main host countries to have its own plan and funding towards resilience. A total of US\$1.14 billion was requested for direct budget support to the Government of Jordan and US\$1.185 billion for a programmatic response.¹³⁴ The total amount requested for health care for the refugee response and resilience was US\$233.5 million with the largest portion of the funding requested for strengthening the national health system (US\$124.2 million) to adapt to current and future stresses.¹³⁵ At the end of 2015, 26% of Jordan's funding requirements for health were met, and 36% of the total requirements for the Jordan Response Plan.¹³⁶ In some cases, there was also "substantial lag in translating donor commitments into firm allocations of funds for specific projects."¹³⁷ As of November 2015, only 16.7% of the total requirements for plan had been allocated to specific projects.¹³⁸

In early 2016, Jordan proposed a response plan for 2016-2018, led by the Ministry of Planning and International Co-operation and developed in partnership with donors, the UN and international organizations.¹³⁹ For 2016, Jordan has requested US\$2.69 billion of which US\$183 million will be for health. In total, over US\$532 million is being requested over the next three years for health and a total of US\$7.99 billion for its response plan. Donor funding has been ear-marked for the Ministry of Health.¹⁴⁰

In total, US\$10 billion out of the US\$13 billion requested by host countries, the UN and humanitarian organizations to respond to the Syria crisis has been pledged by donor countries for Syria. This amount includes

¹³⁰ UNHCR, *2014 Syria Regional Response Plan: Jordan Mid-year update*, p55, available at: <http://www.unhcr.org/syriarrp6/midyear/docs/syria-rrp6-myu-jordan.pdf> (accessed 5 February 2016).

¹³¹ A total of USD \$484.1 million over three years was requested for this. See: <http://un.org.io/sites/default/files/NRP.pdf>

¹³² The Hashemite Kingdom of Jordan, *National Resilience Plan 2014-2016 Draft, Proposed Priority Responses to Mitigate the Impact of the Syrian Crisis on Jordan and the Jordanian Host Communities*, January 2014, p28-31, available at: <http://un.org.io/sites/default/files/NRP.pdf>

¹³³ Information based on interviews carried out by Amnesty International in Jordan, November 2015.

¹³⁴ The Hashemite Kingdom of Jordan and UN, *Jordan Response Plan for the Syria Crisis, Executive Summary*, 2015, available at:

<https://docs.unocha.org/sites/dms/Syria/Jordan%20Response%20Plan.pdf>

¹³⁵ The Hashemite Kingdom of Jordan and UN, *Jordan Response Plan for the Syria Crisis, Executive Summary*, 2015, p8 available at:

<https://docs.unocha.org/sites/dms/Syria/Jordan%20Response%20Plan.pdf>

¹³⁶ JPR 2015 Financial Update, 2 February 2016, p3, available at:

<http://static1.squarespace.com/static/522c2552e4b0d3c39ccd1e00/t/56b1d8c37da24f29eaf604f2/1454495943076/JRP+Weekly+Financial+Report+-+2+Feb+2016.pdf>

¹³⁷ http://static1.squarespace.com/static/522c2552e4b0d3c39ccd1e00/t/568a6f9ebfe873298109a9f3/1451913118127/JRP16_18_Document-final.pdf p20

138

http://static1.squarespace.com/static/522c2552e4b0d3c39ccd1e00/t/568a6f9ebfe873298109a9f3/1451913118127/JRP16_18_Document-final.pdf pp. 20

¹³⁹ Hashemite Kingdom of Jordan, UN, *Jordan Response Plan for the Syria Crisis, 2016-2018*, 2016, available at:

<http://static1.squarespace.com/static/522c2552e4b0d3c39ccd1e00/t/56b9abe107eaa0afdc35f02/1455008783181/JRP%2B2016-2018%2BFull%2B160209.pdf> (accessed 9 February 2016).

¹⁴⁰ Amnesty International meeting with UNHCR in Amman, Jordan, 4 November 2015.

the humanitarian response in Syria and the refugee and resilience plans for the main host countries for 2016. While the amounts pledged are high, it is yet to be known whether the pledges will be fulfilled.¹⁴¹

RESETTLEMENT AND ALTERNATIVE PATHWAYS FOR ADMISSION

Furthermore, the international community has failed to provide sufficient numbers of resettlement places and other forms of humanitarian admission for refugees from Syria¹⁴², and in particular for those with medical conditions, disabilities and special needs who are unable to access care in Jordan and the main host countries. UNHCR estimates that at least 10% of Syria's refugee population meet their vulnerability criteria and are in need of resettlement. However, to date, only 178,195 places have been pledged.¹⁴³

Amnesty International is calling for at least 480,000 of Syria's most vulnerable refugees to be resettled or for other forms of humanitarian admission in addition to other alternative pathways to admission in third countries including family reunification beyond the nuclear family, student visas, and medical evacuation. For those injured or living with disabilities in host countries such as Jordan where the majority of services are not accessible, resettlement and other forms of humanitarian admission can offer a new lifeline.

¹⁴¹ Amnesty International et al, '*Now turn pledges into action*' – *NGO verdict on Support Syria donors' conference*, 4 February 2016, available at: <https://www.amnesty.org/en/latest/news/2016/02/now-turn-pledges-into-action-civil-society-verdict-on-supporting-syria-donors-conference/> (accessed 9 February 2016).

¹⁴² While not the focus of this report, Palestinian refugees from Syria should also be considered for resettlement under the same criteria as Syrian refugees.

¹⁴³ UNHCR, *Resettlement and Other Forms of Legal Admission for Syrian refugees*, 10 February 2016, available at: <http://www.unhcr.org/52b2febafc5.html> (accessed 15 March 2016).

7. CONCLUSION AND RECOMMENDATIONS

As the Syria crisis enters its sixth year and the number of refugees from Syria in the five host countries in the region has risen to over 4.8 million refugees, the conditions faced by Syria's refugees in the main host countries, including Jordan, continue to deteriorate.

Jordan has hosted hundreds of thousands of Syrian refugees since 2011, placing an enormous strain on its public infrastructure and services including health services, housing and education.

However, the government's introduction of onerous requirements to obtain regular status and the imposition of user fees have created additional barriers for Syrian refugees to access much needed health services, including primary health care, in urban areas. Jordan has an obligation under international law to ensure that all persons are able to access health services and that health services are affordable for all, including socially disadvantaged groups. At the very least, Jordan must prioritize providing access to minimum essential levels of health care, including essential primary health care, to all persons. Jordan has repeatedly sought international co-operation and assistance from the international community to provide health services but the response to date has been grossly inadequate.

In addition, the tightening of Jordan's borders has meant that over 35,000 Syrians are stranded at Jordan's north-eastern informal border crossings, and a number of people with war-related injuries have been denied entry on numerous occasions in the last year. Blocking entry to those in need of asylum is contrary to Jordan's international obligations, including the principle of *non-refoulement*, which is binding on all states.

The international community must provide international co-operation and assistance to the government of Jordan to fulfil the right to health, including through prioritization of the removal of financial and other barriers to accessing health services. The international community must also significantly increase the number of resettlement and humanitarian admission places offered, in addition to expanding alternative pathways to admission over and above annual resettlement quotas.

RECOMMENDATIONS TO THE GOVERNMENT OF JORDAN

- Allow all persons fleeing Syria, including those in need of medical care, to enter without delay into Jordan; entry should not be subject to being in possession of a Syrian ID.
- In line with the principle of *non-refoulement*, ensure that no one fleeing Syria is forcibly returned to Syria, in any manner whatsoever, including rejection at the border; in particular, every effort should be made not to separate families.
- Ensure that all persons are able to access health services, irrespective of their migration or other status.
- Remove additional user fees charged to Syrian refugees and ensure that health care is affordable for all.

- Expedite the urban verification process and revise the requirements in order to make the process less onerous and costly for Syrian refugees. In the interim, ensure that no person is denied access to health services, particularly essential health services, because they lack the new Ministry of Interior service card and/or UNHCR Asylum Seekers Certificate.
- Seek technical co-operation from other governments and international organizations to provide specialist medical care, including rehabilitation and after care to the war-wounded, and support to make public services more accessible for refugees with disabilities.
- Ratify the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol.
- Ensure access to appropriate and timely information to Syrian refugees on the range of health care services available to them, costs related to health care services; eligibility requirements and how to access these services.

RECOMMENDATIONS TO THE INTERNATIONAL COMMUNITY INCLUDING THE GULF CO-OPERATION COUNCIL, THE EU AND ITS MEMBER STATES, THE USA, AUSTRALIA, AND OTHER COUNTRIES ABLE TO PROVIDE SUPPORT


- Significantly increase the number of resettlement and humanitarian admission places offered, over and above annual resettlement quotas. Priority should be given to the most vulnerable refugees, including but not limited to: persons with serious medical needs, persons with disabilities, women and girls at risk of human rights violations or abuses, persons with physical protection needs, including as a result of their political or ethnic profile or their involvement in peaceful humanitarian or other activities, and lesbian, gay, bisexual, transgender and intersex individuals. Palestinian refugees from Syria should not be excluded from resettlement opportunities.
- Expedite processing of resettlement and humanitarian admission in cases of refugees with critical medical conditions or injuries and put in place processes and resources to ensure that accepted refugees can access the health services they require on arrival in a third country.
- Create and expand alternative pathways of admission, such as medical evacuation and academic admission that would benefit refugees who do not qualify for resettlement.
- Provide international co-operation and assistance to the government of Jordan to help fulfil the right to the highest attainable standard of health in Jordan through strengthening the health system, and to prioritize the removal of procedural and financial barriers to accessing health services, especially minimum essential levels of health care for all.
- Provide technical co-operation to support Jordan in delivering specialist medical care, including rehabilitation and after care to the war-wounded, and to make public services more accessible for refugees with disabilities.
- Provide meaningful financial contributions to the Jordan Response Plan as part of the UN Syria Regional Refugee and Resilience Plan in Response to the Syria Crisis (3RP).



**AMNESTY INTERNATIONAL
IS A GLOBAL MOVEMENT
FOR HUMAN RIGHTS.
WHEN INJUSTICE HAPPENS
TO ONE PERSON, IT
MATTERS TO US ALL.**

CONTACT US

 info@amnesty.org

 +44 (0)20 7413 5500

JOIN THE CONVERSATION

 www.facebook.com/AmnestyGlobal

 [@AmnestyOnline](https://twitter.com/AmnestyOnline)

LIVING ON THE MARGINS

SYRIAN REFUGEES IN JORDAN STRUGGLE TO ACCESS HEALTH CARE

Jordan hosts 639,704 Syrian refugees as registered by the UN Refugee Agency, UNHCR, and unofficially many hundreds of thousands more. The vast majority of Syrian refugees (over 80% of Syrian refugees registered with UNHCR) live below the poverty line in towns and cities in Jordan.

This report highlights how Syrian refugees in urban areas face increased barriers to accessing public services, including health care. In November 2014, the government of Jordan introduced a new policy which means that Syrian refugees now have to pay user fees for health services. The user fees imposed on Syrian refugees may not appear to be high but are unaffordable for many Syrian refugees, who have limited livelihood options and are struggling to meet the basic needs of their families with reduced food assistance. The process of obtaining all the necessary documents to access public services, including health care, can also be slow, cumbersome and costly.

Jordan has essentially closed its borders to Syrians and this report documents how the authorities inconsistently apply their own policy of allowing entry to people with war-related injuries who require emergency treatment.

Jordan must ensure that all persons are able to access health services including essential primary health care for all. The international community must provide international co-operation and assistance to the government of Jordan and significantly increase the number of resettlement and humanitarian admission places offered and expand alternative pathways of admission, over and above annual resettlement quotas.

Index: MDE 16/3628/2016

March 2016

amnesty.org

AMNESTY
INTERNATIONAL

