

Future challenges

- Funding cuts: UNRWA systems have experienced drastic funding cuts recently. Reduced funding compromises the availability of human resources, basic medical supplies and medicines; a 20% reduction in service coverage has been estimated to imply 250 additional maternal and over 2000 additional neonatal deaths.
- Continuing crisis situations in the Middle East: the Syrian war and ongoing conflicts in the Occupied Palestinian Territories show limited signs of abating. The agency will continue to face severe challenges in delivering care in insecure areas and to displaced populations.
- Diverse health profile: Palestine refugees exhibit a diverse health profile. In addition to injuries and conditions exacerbated by the ongoing war and conflict (primary among them mental health concerns), populations are also increasingly affected by non-communicable diseases such as diabetes and hypertension.

Lessons to be applied elsewhere

- The resilience strategies and factors supporting these within the UNRWA case study – specifically relating to absorption, adaptation and transformation - can be emulated and further developed in other organisations.
- Specific good practices suggested as supporting resilience include people-oriented leadership and organisational ethos, willingness to devolve decisions when needed, the ability to provide flexibility in resource use, proactive planning for and responsiveness in relation to crises, active internal and external communication, and retention of motivated teams.

Information about the collaboration

This is a partnership research project which has a team of staff from the Institute for Global Health and Development, Queen Margaret University, the Faculty of Health Sciences, American University of Beirut and the UNRWA Health system across Lebanon, Jordan and Syria. This project is funded by Elrha's Research for Health in Humanitarian Crises (R2HC) Programme. The R2HC programme is funded equally by the Wellcome Trust and DFID, with Elrha overseeing the programme's execution and management. www.qmu.ac.uk/healthsystemsresilience

For further information on this project, please see www.qmu.ac.uk/healthsystemsresilience or contact:

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Resilience across UNRWA systems in Syria, Lebanon and Jordan



Established shortly after the 1948 Arab-Israeli conflict, the United Nations Relief and Works Agency UNRWA provides education, health and social services to Palestine refugees. Over 5 million Palestine refugees across the Middle East (West Bank, Gaza, Lebanon, Jordan and Syria) are eligible for UNRWA services.

However, the ongoing crisis in Syria poses substantive threats to UNRWA systems: thousands of Palestine refugees have been displaced once again – internally to different areas within Syria or to neighbouring Jordan and Lebanon.

Independent research was carried out by Queen Margaret University, Edinburgh and the American University of Beirut into the how the UNRWA systems in Syria, Lebanon and Jordan managed to deliver health services in the context of the ongoing crisis.

Image: In January 2014, when UNRWA was able to complete its first humanitarian distribution in Yarmouk after almost six months of siege, it was met by thousands of desperate residents on the destroyed main street. © 2014 UNRWA Photo



Active conflict

Syria

- Prior to conflict, the majority of Palestinians enjoyed similar rights as Syrians.
- 526,744 Registered Palestine Refugees with 438,000 currently present in the country.
- Due to the ongoing conflict, 95% depend on UNRWA's services and humanitarian aid.

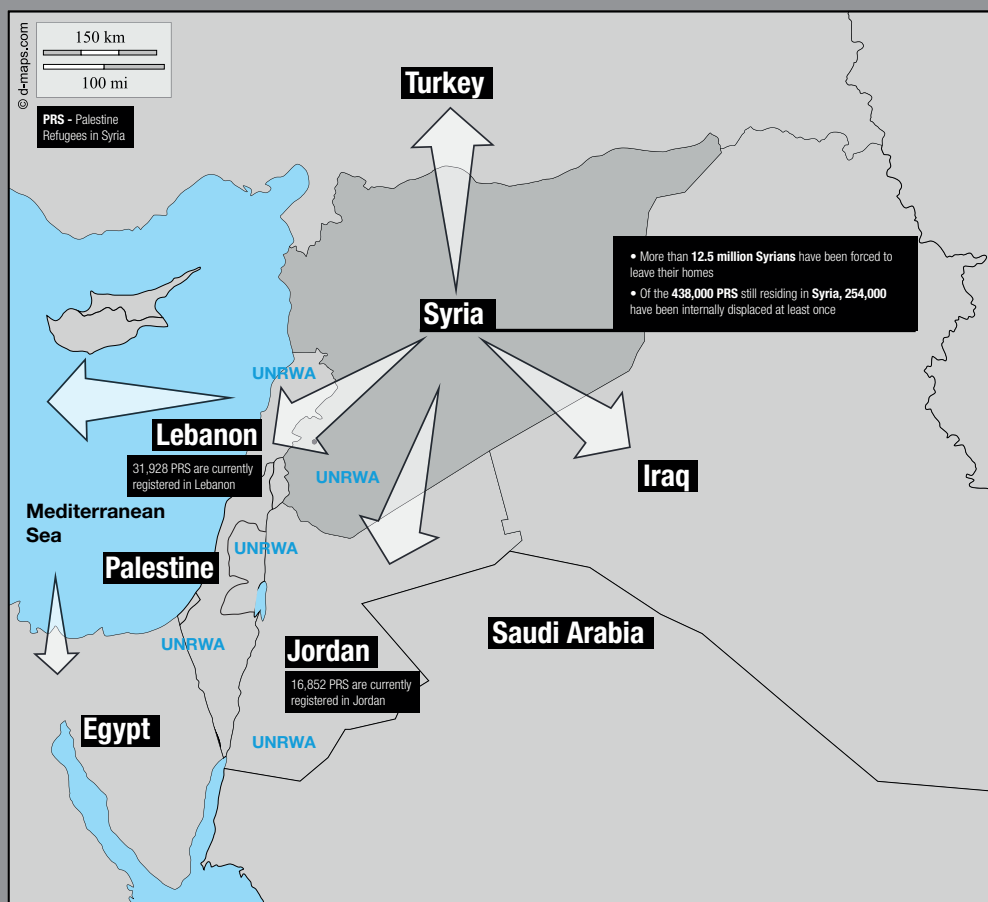
Challenges:

- Prior to 2011, 23 UNRWA health centres were available in Syria; today 14 remain.
- UNRWA operations had to extend to hard to reach and insecure areas: e.g. Aleppo.
- Health and community needs changed because of the conflict: war related injuries and mental health problems increased.

What constitutes resilience?

- Strong leadership and flexible decision-making: country and area officers were enabled to respond to local circumstances, including changes in clinic staffing and opening 12 health points.
- Good communication and coordination ability: to deliver services in hard to reach areas, health staff cooperated with relevant authorities and international agencies.
- Emphasis on wellbeing of staff and people: mental health and psychosocial support services were rolled out for staff and target populations.

Quote: “When vaccinations couldn’t arrive from the Field Office in Damascus, we started getting vaccines from the Ministry Of Health (...) the availability of vaccines and the cooperation between us and the governor of Aleppo was a very strong aspect about our service”. (Area Health Officer)



Displacement settings

Lebanon

- In 2016, 449,957 Palestine refugees resided in Lebanon. The rights of Palestine refugees are severely restricted.
- To address the inward migration of refugees, the Lebanese government passed a policy of non-admission in 2014.
- 24% of the previously settled Palestine refugees in Lebanon – and 63% of the newly arrived refugees from Syria – are severely food insecure.

Challenges:

- UNRWA health clinics are most accessible for Palestine refugees: health care outside these clinics is prohibitively expensive – including hospitalization if needed.
- During 2012-13, at the height of the Syria conflict, UNRWA clinics were overwhelmed by the demand for services of displaced populations.
- Reform packages were being rolled out over the peak conflict period, including decentralization of decision-making however not of funding.

What constitutes resilience?

- Empathy of health care staff towards newly arriving refugees: health staff are also refugees and empathise with those newly arriving and work additional hours to ensure the needs of refugees are met.
- Organizational willingness to support innovative solutions: area and clinic officers were enabled to hire additional staff as needed and open additional health delivery points in camps experiencing conflicts.

Quote: “UNRWA works in a chronic emergency so once an acute emergency happens, the system is in place (...) We start using our own resources until we get financial aid from donors(...)the staff know their roles, they immediately manage to cope on the ground till they receive the support from the field office.”
(Staff, UNRWA Field Office)

Jordan

- In 2017, over 2 million Palestine refugees were registered in Jordan.
- In 2016, approximately 87% of PRS had been categorized as vulnerable or extremely vulnerable with 6 cases of deportation being reported.
- Only 158,000 refugees do not have a Jordanian passport; the majority can thus access other health care services.

Challenges:

- Deportations and a ban on inward migration of refugees in 2013 resulted in newly arriving Palestine refugees from Syria fearing registration with UNRWA.
- Inaccurate estimation of numbers of refugees and difficulties in the import of medicines compromised medicine supply at UNRWA facilities.

What constitutes resilience?

- Evolving coordination and advocacy: to register newly arriving refugees, health actors had to work closely with NGOs, UNRWA Relief and Social Services. To facilitate access to secondary care, advocacy with national authorities was necessary.
- Functioning patient management systems: reform packages – such as the electronic medical record system – helped in managing patient demand.

Quote: “It’s very rare that you see a patient complaining because he’s been waiting at the clinic for a long time. This has changed since e-health was introduced (August 2015). Even the staff got relieved with the introduction of e-health and this has positively affected the way we provide the service and deal with the patients because even at the pharmacy, the contact time has increased.” (Support staff, UNRWA Health Centre)

Key findings:

- UNRWA health systems have proven resilient over the course of the Syrian crisis and maintained access to health care services.
- Resilience is illustrated by the health system's ability to absorb shocks (e.g. increased demand for services) and quickly adapt in response.

- To meet the needs of the population it serves UNRWA systems have also transformed and expanded their service offer: e.g. by introducing mental health and psychosocial wellbeing services.
- Collaboration with external agencies (e.g. UNHCR) as well as internal UNRWA branches (Relief and Social Services) has been a critical component in providing care in hard

- The commitment of UNRWA staff – most of whom are Palestine refugees themselves – and reflective and responsive leadership of health managers and field office staff in each country are important factors enabling the organization's resilience.