

## **Schnellrecherche der SFH-Länderanalyse vom 11. April 2018 zu Libanon: Staatsbürgerschaft im Libanon und Zugang zur psychiatrischen Versorgung von palästinensischen Flüchtlingen**

Fragen an die SFH-Länderanalyse:

- Kann eine Person mit einem palästinensischen Vater und einer libanesischen Mutter die libanesische Staatsbürgerschaft beantragen?
- Wie ist die Niederlassungsfreiheit für palästinensische Flüchtlinge im Libanon geregelt?
- Hat eine palästinensische Person im Libanon Zugang zur Behandlung von Posttraumatischer Belastungsstörung (PTBS) und paranoider Schizophrenie?
- Haben als Flüchtling registrierte Palästinenser\_innen Zugang zu den vom Hilfswerk der Vereinten Nationen für Palästina-Flüchtlinge im Nahen Osten (United Nations Relief and Works Agency for Palestine Refugees in the Near East UNRWA) bereitgestellten Dienstleistungen in den Flüchtlingslagern, auch wenn sie selber nicht dort wohnen?

Die Informationen beruhen auf einer zeitlich begrenzten Recherche (Schnellrecherche) in öffentlich zugänglichen Dokumenten, die uns derzeit zur Verfügung stehen, und auf den Informationen von sachkundigen Kontaktpersonen.

### **1 Der Status von palästinensischen Flüchtlingen im Libanon**

**Staatenlose Palästinenser\_innen.** Mehrere Quellen berichten übereinstimmend (USDOS 2017, UNHCR 2016, Al-Jazeera 2015), dass Palästinenser\_innen von der libanesischen Staatsbürgerschaft ausgeschlossen sind. Die einzige Ausnahme bilden gemäss USDOS (2017) palästinensische Frauen, die mit einem libanesischen Mann verheiratet sind. Für sie ist es ein Jahr nach der Heirat möglich, die libanesische Staatsbürgerschaft zu bekommen. Palästinensische Flüchtlinge einschliesslich ihrer Kinder haben eingeschränkte Bürger\_innenrechte und keinen Zugang zum öffentlichen Gesundheitssektor, Bildung oder anderen Sozialdienstleistungen.

**Libanesische Staatsbürgerschaft wird durch den Vater an Kinder und vom Mann an die Frau weitergegeben.** Gemäss dem *Dekret Nr. 15 zur libanesischen Staatsbürgerschaft* können libanesische Männer ihre Staatsbürgerschaft in jedem Fall an ihre Kinder weitergeben. Libanesische Frauen hingegen haben kein Recht, ihre Nationalität an ihre Kinder zu vererben; es sei denn, sie haben ein aussereheliches Kind welches sie anerkennen, solange es noch minderjährig ist (UNHCR, 2014). Entsprechend dieser Gesetzeslage ist es für Kinder eines nicht-libanesischen Vaters praktisch unmöglich, die libanesische Staatsbürgerschaft zu erhalten und sie werden zu Staatenlosen. Bei binationalen Ehepaaren herrscht das gleiche Prinzip. Während libanesische Männer ihre Nationalität durch die Heirat auf ihre ausländische Ehefrau übertragen können, haben libanesische Frauen kein Recht, ihre

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Staatsangehörigkeit durch eine Eheschliessung an einen ausländischen Mann weiterzugeben (ICRB, 2013).

**Verschiedene Kategorien von palästinensischen Flüchtlingen im Libanon.** Gemäss dem UN-Flüchtlingshochkommissariat (UNHCR, Februar 2016) können palästinensische Flüchtlinge im Libanon aufgrund ihres Status und ihrer Registrierung in vier verschiedenen Gruppen unterteilt werden.

- «Registrierte» Flüchtlinge («palästinensische Flüchtlinge»), welche bei der United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) und bei den libanesischen Behörden registriert sind,
- «Nicht-registrierte» palästinensische Flüchtlinge, welche bei den libanesischen Behörden, aber nicht bei der UNRWA registriert sind,
- «Nicht-ID» («*non-ID*») palästinensische Flüchtlinge, welche weder bei der UNRWA noch bei den libanesischen Behörden registriert sind und
- Palästinensische Flüchtlinge aus Syrien, die seit dem Jahr 2011 in den Libanon geflüchtet sind.

**Nicht-registrierte Flüchtlinge.** Laut UNHCR (2016) sind ungefähr 35'000 palästinensische Flüchtlinge beim libanesischen Innenministerium unterstellten *Directorate of Political Affairs and Refugees* (DPAR) aber nicht bei der UNRWA registriert. Diese Menschen fallen nicht in den Tätigkeitsbereich der UNRWA, weil sie Palästina nach 1948 verlassen haben, vor ihrer Ankunft im Libanon ausserhalb der Einsatzgebiete der UNRWA Zuflucht gesucht haben, oder weil sie die Auswahlkriterien der UNRWA anderweitig nicht erfüllen. Seit Januar 2004 unterstützt die UNRWA auch nicht-registrierte Flüchtlinge. Nicht-registrierte palästinensische Flüchtlinge erhalten die gleiche Aufenthaltsbewilligung wie die bei der UNRWA registrierten Flüchtlinge. Sie bekommen jedoch ein anderes Reisedokument (*Laissez Passer*), welches ein Jahr lang gültig ist und drei Mal verlängert werden kann.

## **2 Diskriminierung von palästinensischen Flüchtlingen**

**Prekäre Wohnverhältnisse in den palästinensischen Flüchtlingslagern.** Ungefähr 53 Prozent der im Libanon registrierten palästinensischen Flüchtlinge leben in einem der zwölf anerkannten palästinensischen Flüchtlingslager (UNHCR, 2016). Diese haben sich seit 1948 flächenmässig kaum vergrössert auch wenn die darin wohnhafte Bevölkerung auf das Vierfache angestiegen ist. Die Flüchtlingslager sind überbevölkert und verfügen nur über mangelhafte Infrastruktur, insbesondere in den Bereichen der Kanalisation, Wasser- und Elektrizitätsversorgung. Einige Camps wurden durch die verschiedenen bewaffneten Konflikte arg in Mitleidenschaft gezogen (USDOS 2017). Die Menschen sind von Einfuhrbeschränkungen von Baumaterial in die Flüchtlingslager betroffen, was die Möglichkeiten zur Verbesserung ihrer Wohnverhältnisse stark einschränkt. Die «Camp Improvement Initiative» der UNRWA leidet unter chronischer Unterfinanzierung.

**Eingeschränkte Bewegungs- und Niederlassungsfreiheit.** Laut UNRWA (zitiert nach UNHCR, Februar 2016) muss der DPAR die Verlegung des Wohnsitzes der in den Lagern lebenden Flüchtlinge bewilligen. Die beim DPAR registrierten palästinensischen Flüchtlinge im Libanon geniessen Bewegungsfreiheit innerhalb des Landes. Seit einer Änderung im libanesischen Gesetz im Jahr 2001, können Palästinenser\_innen jedoch nicht mehr rechtmässig Grundbesitz erwerben, übertragen oder erben (UNHCR, 2016) und ihre Wohnmöglichkeiten sind somit stark eingeschränkt. Neben den unterversorgten und überfüllten Flüchtlingslagern bleiben ihnen laut dem *UN-Flüchtlingshochkommissariat* (UNHCR 2016) Wohnmöglichkeiten ausserhalb des Camps, wo die Mieten für viele palästinensische Flüchtlinge unerschwinglich sind. Eine andere Möglichkeit sind semi-legale und informelle Vereinbarungen mit libanesischen Bürger\_innen, welche das vor 2001 gekaufte Eigentum von Palästinenser\_innen übernehmen und sie dort wohnen lassen.

**Berufsverbote für palästinensische Flüchtlinge.** Obwohl palästinensische Flüchtlinge durch die Gesetzesänderungen in den Jahren 2005 und 2010 Zugang zu gewissen formellen Anstellungen in der Privatwirtschaft bekommen haben, bleibt ihnen gemäss dem Bericht von UNHCR (2016) die Ausübung von rund 36 Berufen verboten (einschliesslich des Medizinbereichs, der Landwirtschaft, der Fischerei und des öffentlichen Verkehrs). Sie haben zudem nur teilweise Zugang zum nationalen Sozialversicherungsfonds. Um die ihnen erlaubten Berufe ausüben zu können, müssen sie jährlich eine Arbeitsbewilligung beantragen, was extrem langwierige administrative Prozesse mit sich zieht. Zudem ist deren Erhalt vom Wohlwollen der Arbeitgeber abhängig. Die wenigen Palästinenser\_innen welche eine Arbeitserlaubnis haben, sind im Tieflohnsektor tätig und erhalten im Vergleich zu libanesischen Staatsangehörigen einen tieferen Lohn für die gleiche Arbeit. Im Jahr 2010 waren gemäss einer Studie der *American University Beirut* (2010) zwei Drittel der palästinensischen Flüchtlinge arm oder extrem arm und 56 Prozent arbeitslos. Gemäss UNHCR (2016) und GIZ (2014) sind Armut und Arbeitslosigkeit unter Palästinenser\_innen und Libanes\_innen seit 2011 aufgrund der Ankunft einer grossen Anzahl von syrischen Flüchtlingen weiter angestiegen.

### **3 Zugang zur medizinischen Versorgung von palästinensischen Flüchtlingen**

**Palästinensische Flüchtlinge sind vom libanesischen Gesundheitswesen ausgeschlossen.** Palästinensische Flüchtlinge werden vom staatlichen libanesischen Gesundheitswesen ausgeschlossen. Die private Gesundheitsversorgung ist für sie kaum erschwinglich (UNRWA und AUB, 2016). Palästinenser\_innen sind somit zu grössten Teilen auf die Dienste der UNRWA, von NGOs und der Palästinensischen Rothalbmondgesellschaft angewiesen (UNHCR, 2016). Gemäss Angaben der UNRWA (2016) haben nur 5.5 Prozent der palästinensischen Flüchtlinge Zugang zu einer privaten Krankenkasse. Die grosse Mehrheit ist gänzlich von der Gesundheitsversorgung der UNRWA abhängig.

**Berechtigungskriterien für die Dienstleistungen der UNRWA.** Die *Consolidated Eligibility and Registration Instructions* (CERI) der UNRWA (2009) bestimmen die

Kriterien für den Zugang zum Registrierungssystem sowie den Dienstleistungen der UNRWA. Um von den Dienstleistungen der UNRWA profitieren zu können, muss eine Person ihre Identität mit einer von der Regierung ausgestellten ID-Karte und ihre Berechtigung zu den Dienstleistungen mit einer UNRWA-*Registration Card* beweisen. Auch im *Social Safety Net Programme* (SSNP) eingeschriebene Menschen und Familien sind für die UNRWA-Dienstleistungen berechtigt. Gemäss *E-Mail Auskunft von Mohammed al-Khaldi*, Spezialist für Gesundheitspolitik am Tropen- und Public-Health-Institut in Basel und Doktorand an der An-Najah Universität in der Westbank, können Personen, welche von der UNRWA als Flüchtlinge registriert sind, von den UNRWA-Dienstleistungen profitieren auch wenn sie ausserhalb der Flüchtlingslager wohnen.

**Medizinische Dienstleistungen der UNRWA.** Die primären Gesundheitsleistungen der UNRWA beinhalten laut CERI (UNRWA, 2009) die Gesundheitsfürsorge für Mutter und Kind, Familienplanung, ambulante ärztliche Versorgung und Zahnpflege. Die UNRWA stellt auch Spitalleistungen bereit. Von der Unterstützung der UNRWA ausgeschlossen sind Menschen, die eigene Arrangements für spezialisierte Behandlungen oder Dienstleistungen in Spitälern ausserhalb der UNRWA-Einrichtungen oder von der UNRWA verwiesenen Einrichtungen haben, sei dies für die Notfallversorgung oder für andere gesundheitlichen Bedürfnisse.

**Gesundheitseinrichtungen der UNRWA sind unterfinanziert.** Laut UNRWA und AUB (2016) sind die Einrichtungen der UNRWA unterfinanziert und nicht alle Grundversorgungsleistungen («*Primary Health Care package*») werden in allen Flüchtlingslagern angeboten. Flüchtlinge müssen manchmal in andere Flüchtlingslager fahren um sich dort behandeln zu lassen, was zu zusätzlichen Transportkosten führt. Mittels Verträgen mit der Palästinensischen Rothalbmondgesellschaft sowie mit staatlichen und privaten Spitälern bietet die UNRWA Krankenhausaufenthalte auf der Sekundär- und Tertiärebene an. Weil die UNRWA jedoch nur einen Teil der Kosten für die tertiäre Krankenhausversorgung übernimmt, müssen palästinensische Flüchtlinge den Rest selber finanzieren. Viele betroffene Personen vermögen diese Versorgung nicht zu bezahlen.

**Mangelhafte Gesundheitsversorgung für palästinensische Flüchtlinge im Libanon.** Die britische Organisation *Medical Aid for Palestinians* (MAP) kritisiert auf ihrer Webseite die Gesundheitsversorgung für palästinensische Flüchtlinge und spricht von einer angehenden Krise in der palästinensischen Gesundheitsversorgung (2017). MAP berichtet von regelmässigen Engpässen im Medikamentenbestand und in der Ausrüstung in Spitälern, welche von der Palästinensischen Rothalbmondgesellschaft geführt werden.

**Libanesisches Gesundheitssystem durch hohe Anzahl von Flüchtlingen unter Druck.** Gemäss MSF (2016) und UNHCR (2016) sind seit 2011 mehr als 1.5 Millionen Menschen aus Syrien in den Libanon geflüchtet. Dieser Zustrom von syrischen Flüchtlingen hat die Wirtschaft und die Infrastruktur des Landes weiter belastet, was besonders im Gesundheitssektor zu spüren ist. Stark davon betroffen sind laut UNHCR (2016) und GIZ (2014) die palästinensischen Flüchtlinge, deren Lebensraum, Ressourcen, Zugang zu Gesundheitsversorgung und Bildung und Chancen auf eine Arbeitsstelle noch weiter reduziert werden.

## 4 Behandlung von psychischen Erkrankungen

### 4.1 Zugang von Palästinenser\_innen zu «mental health care»

**Mangel an psychischer Gesundheitsversorgung in palästinensischen Flüchtlingslagern.** Dem Artikel von *Yassin et al.* zufolge gab es im Libanon im Jahr 2010 1,5 Psychiater\_innen pro 100'000 Personen. In den palästinensischen Flüchtlingslagern gab es keine Psychiater\_innen. Von psychischen Erkrankungen betroffene Personen waren demnach auf Behandlungsmöglichkeiten ausserhalb des Lagers angewiesen. Gemäss *Fabio Forgione, Head of Mission von Médecins Sans Frontières (MSF) im Libanon (2012)* sind Behandlungen von psychischen Erkrankungen in Flüchtlingslagern in der Regel nicht verfügbar. MSF hat zwischen 2009 und Mitte 2012 zwei Anlaufstellen im und eine gleich ausserhalb des Burj al-Barajneh Camp in Beirut geführt. In dieser Zeitspanne haben mehr als 2000 Personen die MSF Psycholog\_innen und Psychiater\_innen konsultiert. MSF (MSF Homepage, Zugriff am 11. April 2018) führt seit 2013 ein Gesundheitszentrum im Flüchtlingslager Burj al-Barajneh im Süden Beiruts, welche unter anderem auch Behandlungsmöglichkeiten für psychische Erkrankungen anbietet.

**Ausserhalb des privaten Sektors ist spezialisierte psychische Behandlung praktisch inexistent, im öffentlichen Sektor behandeln Hausärzt\_innen psychische Krankheiten.** Im Libanon wird lediglich fünf Prozent des allgemeinen Gesundheitsbudgets für «mental health care» ausgegeben (*Yassin et al., 2017*). Die meisten psychischen Gesundheitsdienstleistungen werden im Privatsektor von Spezialist\_innen gegen Bezahlung angeboten. Ausserhalb des Privatsektors gibt es psychische Gesundheitsdienstleistungen von Hausärzt\_innen die Psychopharmaka ohne spezialisierte Aufsicht verschreiben. Laut GIZ (2014) wendet sich die Hälfte der Patient\_innen, die psychosoziale Dienste aufsuchen, an den Hausarzt anstelle von einer spezialisierten Person. Diese stellten bei Personen mit psychischen Problemen oft Falschdiagnosen und leiteten nur eine Minderheit von Patient\_innen an Psycholog\_innen/ Psychiater\_innen weiter. Gemäss Angaben der GIZ verzichteten viele Familien auf die Behandlung ihrer psychischen Leiden, da ihre Krankenkasse entsprechende Leistungen nicht übernimmt. Weitere Hürden bei der Behandlung von psychischen Erkrankungen sind laut GIZ (2014) und *Yassin et al. (2017)* das schlecht ausgebaute Transportmittelsystem, finanzielle Schwierigkeiten, die Stigmatisierung von psychisch kranken Personen, fehlendes Wissen über psychische Gesundheitsprobleme und fehlende Unterstützung seitens der Regierung.

### 4.2 Psychische Gesundheit von palästinensischen Flüchtlingen

**Viele palästinensische Flüchtlinge sind von psychischen Problemen betroffen.** Gemäss einer vom GIZ durchgeführten Studie zur psychischen Gesundheit von palästinensischen Flüchtlingen im Libanon (2014) wiesen aufgrund der prekären und instabilen Lebensverhältnisse fast ein Drittel der medizinisch behandelten Personen psychische Probleme und/oder Verhaltensauffälligkeiten auf. Laut einer anderen Studie, welche UNRWA und AUB durchgeführt haben (2016), gab mehr als die Hälfte (51.3 Prozent) der befragten palästinensischen Flüchtlinge in Libanon an, unter psychischen Problemen zu leiden.



**Stigmatisierung und Diskriminierung von psychisch Kranken unter palästinensischen Flüchtlingen.** Gemäss dem Bericht von *Fabio Forgione* von MSF Libanon, werden Menschen mit psychischen Erkrankungen unter palästinensischen Flüchtlingen stigmatisiert und mit Verrückten gleichgestellt. Personen, die unter schweren psychischen Erkrankungen leiden, werden oft diskriminiert und von ihrer Gemeinschaft und Familie ausgestossen (*Forgione*, 2012).

*Forgione* (2012) erklärt weiter, dass die Behandlung von psychisch kranken Palästinenser\_innen wegen dem Berufsverbot für palästinensische Ärzt\_innen nur von nicht-palästinensischen Fachpersonen erbracht werden können. Dies sei besonders schwierig, wenn es sich um Behandlungen in dem mit zahlreichen Stigmata behafteten Bereich von «mental health» handelt. Viele palästinensische Flüchtlinge wollen nicht als Bevölkerungsgruppe mit hohem Vorkommen von psychischen Erkrankungen angesehen werden, da sie das Leben als Palästinenser\_innen im Libanon bereits als genug schwierig empfinden.

**Männer sind für psychiatrische Gesundheitsdienstleistungen am schwierigsten zu erreichen.** Laut Angaben von *Fabio Forgione* (2012) waren 60 Prozent der psychologisch oder psychiatrisch betreuten Personen in den MSF Anlaufstellen Frauen zwischen 25 und 50 Jahren. Männer seien weitaus schwieriger für psychiatrische Gesundheitsdienstleistungen in Flüchtlingslagern zu erreichen. Dies hängt laut *Forgione* damit zusammen, dass Männer den ungelösten palästinensischen Konflikt als Ursache ihrer Probleme betrachten. Sie seien somit weniger bereit, medizinische Behandlung in Anspruch zu nehmen, welche die Grundursache nicht angeht. Darüber hinaus dürften palästinensische Männer gemäss den vorherrschenden kulturellen Normen ihre Schwäche und Leiden nicht zeigen.

Al-Jazeera, 10. Mai 2015:

*«A law dating to 1925 considers the children of Lebanese women who marry non-Lebanese men to be foreigners in their own country. From 2010 to 2013, three nationality-law proposals—one by former Minister of Interior Ziad Baroud—were submitted to the Lebanese parliament. Not only were none of these ever approved, according to Lina Abou Habib, coordinator of the nationality campaign, but parliament also did not even acknowledge receiving them.*

*The lack of this right undermines Lebanese women's equal status and dignity as citizens. It has very real consequences for non-Lebanese men's children in Lebanon, who will forever be considered foreigners in their homeland. Some 76,000 women there are married to non-Lebanese men, according to Abou Habib, citing data from the Ministry of Interior. Not only do the children and spouses require residency permits to remain in the country, but they are also prohibited from working unless they apply for work permits. In recent years these restrictions have been eased by allowing free three-year renewable residency permits for the foreign spouses and children of Lebanese women. But the process of obtaining these is cumbersome and subject to the whim of whichever bureaucrat is in charge of your folder. Moreover, it does not apply to some 16,800 women married to Palestinian men and their children, says Abou Habib.*

***Being stateless means living without existing. Not having Lebanese citizenship means these children cannot access government services such as public education and health care. Perversely, children born out of wedlock or without known fathers are granted citizenship, leading some Lebanese women to claim their children are fatherless. The worst consequence of the current nationality law is that some children can end up stateless. If their mothers hold only Lebanese citizenship and their fathers do not have citizenship (which is the case for many Palestinian refugees) or have lost their documents because of war or have no means to register their children in their home country, then the children will be stateless. As such, they will have no official identity documents, no access to government services, no right of movement and no ability to legally work or live in the country. Being stateless means living without existing. Official estimates of the number of stateless women, men and children in Lebanon vary, but the current consensus seems to be about 200,000.***» Quelle: Al-Jazeera, Lebanon's Sexist Citizenship Law Hurts Mothers and Babies, 10. Mai 2015: [www.america.aljazeera.com/opinions/2015/5/lebanons-sexist-citizenship-law-hurts-mothers-and-babies.html](http://www.america.aljazeera.com/opinions/2015/5/lebanons-sexist-citizenship-law-hurts-mothers-and-babies.html).

AUB, 2010:

***In 2010, 66.4 per cent of Palestine refugees in Lebanon were poor in 2010, and 6.6 per cent were extremely poor. The occurrence of extreme poverty among Palestine refugees was four times higher compared to the Lebanese population.*** Quelle: American University Beirut, Socio-Economic Survey of Palestinian Refugees in Lebanon, 31. Dezember 2010, S. xi, xli, 27, 29, 30: <http://bit.ly/1PDgESC>.

Dekret Nr. 15, 19. Januar 1925:

***«Article 1. Is considered Lebanese: Every person born of a Lebanese father. Every person born in the Greater Lebanon territory and did not acquire a foreign nationality, upon birth, by affiliation. Every person born in the Greater Lebanon territory of unknown parents or parents of unknown nationality.»*** Quelle: Decree No 15 on Lebanese Nationality including Amendments [Lebanon], 19. Januar 1925: [www.refworld.org/pdfid/44a24c6c4.pdf](http://www.refworld.org/pdfid/44a24c6c4.pdf).

Forgione, Fabio, August 2012:

***«Within the Palestinian refugee community, mental illness is stigmatised, the term itself equated with 'being crazy'. This is fundamentally due to lack of awareness about what mental illnesses are and how they can be treated. Mental health disorders are rarely talked about and it is very uncommon to ask for help relating to mental health issues. People suffering from severe mental illness are often discriminated against and isolated by the communities in which they live, including by their families.***

***The situation is made worse by the fact that mental health services are not generally available in refugee camps. Mental health services are not perceived as a basic health need like reproductive or child health services might be and this, in itself, reinforces the fear and stigma surrounding mental health. It is only recently that the World Health Organisation, among others, has attached greater im-***

portance to it and is working to improve access at primary care level around the world.

### **Overcoming challenges**

**Mental health providers are generally viewed with some suspicion in this community, especially when care is delivered by people from outside the community.** As the science of psychology is not widely understood and psychiatry is associated with the giving of strong medications, this leads to real concerns about 'medicating the community' through these services. The methods used to treat mental illness are not well understood and therefore to some extent are feared – which may cause mistrust of the provider. **When MSF started its mental health programme in the refugee camps in Lebanon, concerns were expressed that Palestinians should not be branded as a people with high mental illness levels in a country where being Palestinian was already difficult enough.** Our challenge was to educate the population about mental illness and provide access to quality services that would make a difference and would be trusted. (...)

**Providing sensitive services to Palestinians with non-Palestinian professionals of different faiths (as is necessary in Lebanon in the absence of Palestinian clinicians due to work restrictions posed by the Lebanese government) is difficult.** (...)

**In order to make sure that the services were accessible to all, two access points were started in the camp and one established on the immediate outskirts of the camp. With one access point at the UNRWA health centre and a second at the Palestinian Red Crescent Society hospital, patients were able to access services under cover of seeking other health services, if necessary. From the beginning of 2009 until mid2012, 2,158 patients sought consultations with MSF's psychologists and psychiatrists; the majority seeking help (60%) were women aged between 25 and 40.**

**Men generally represent the most difficult target to reach. In the specific context of the Palestinian camps in Lebanon this seems to be related to the fact that men tend to consider the unsolved Palestinian cause as the root cause of all their problems, and are less willing to seek medical help that cannot address that root cause.** Unexpectedly those men who do seek help have proved to be keener to see a female psychologist. This is linked to the local culture and to men's unwillingness to show 'weaknesses' and 'vulnerability' before other men. **The camp's male population appears to be the most fragile group in Palestinian society as culturally they do not have the 'right' to show their weakness and their suffering yet they bear the responsibility – very often unmet due to the severe restrictions faced in Lebanon by Palestinians – of being the sole financial provider in the family.**» Quelle: Forgione, Fabio, Mental health in Palestinian camps in Lebanon, In: Forced Migration Review Online, August 2012, S. 46-47: [www.fmreview.org/sites/fmr/files/FMRdownloads/en/young-and-out-of-place/forgione.pdf](http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/young-and-out-of-place/forgione.pdf).

GIZ, Oktober 2014:



*«Likewise, instable and precarious life conditions, the difficult access to services and the losing of systems of social meanings create a very uncertain future. Often these elements bring about a series of feelings, including grief, loss, and guilt towards the people who did not flee or other members of the family, a sense of inferiority compared with the resident population, isolation, anger, angst and insecurity-instability.(...)»*

*The large influx of PRS has sparked heavy competition in the Palestinian camps and gatherings in Lebanon, with longtime residents losing jobs as well as access to basic medical and educational services. According to the joint UNDP and UN-Habitat report released in August 2014, original dwellers are losing jobs because new refugees who are demanding lower wages are replacing them. The report highlights the fact that a Palestinian worker earns on average a monthly income of LL 537,000 (USD 358), mostly due to harsh work restrictions that narrow down employment opportunities to manual labor or informal jobs. **The spotted increase in unemployment results from an increase in competition on available jobs, with an ever growing amount of refugees competing over a limited supply of work opportunities.** The report also revealed that the 42 gatherings for PRL were originally inhabited by about 110 thousand residents before the outbreak of the Syrian crisis. **Since the onset of the crisis, the official refugee camps and gatherings, notoriously overcrowded, have been squeezing the ever-increasing population of Syrian refugees and PRS into finite areas.** Most of the structures, built as temporary shelters, have deteriorated over the decades from lack of funding for proper maintenance. Poor housing conditions, leaky pipes, deteriorated water and sewage treatment systems, contaminated water, jerry-rigged electrical connections and open drainage ditches all contribute to substandard living conditions. Expansion of the camps to accommodate the increased population is prohibited by local laws. There are also restrictions on rehabilitation work, however minor, and on the entry of materials into the camps needed for repairs and renovation.*

*With regards to health facilities, hospitals and medical facilities in Palestinian gatherings, these have been overwhelmed with a larger consumer base, utilizing the same facilities and creating greater competition with the original dwellers (UNDP and UN-HABITAT, 2014). According to the report, the lack of access to hygiene has introduced a new wave of health problems among the incoming refugees, such as lice and tuberculosis.(...)»*

#### *1.1.1 Mental Health/Psychosocial Wellbeing and Primary Health Care*

*• Almost one-third of primary health care visits involve behavioral, emotional or developmental concerns. • Half of mental health visits are to a primary care physician rather than to a specialist. • People who are experiencing emotional and behavioral problems, or higher levels of psychosocial distress, are more frequent visitors to their primary care provider, and incur higher health care costs (higher somatization complaints). • Inappropriately triaged cases are hampering the provision of ongoing care (with increasing demand). • General Practitioners (GPs) tend to under identify cases with mental health problems, with detection being particularly focused on urgent appointments. **Only a minority of cases are identified as having a mental health problem by their GP and are referred to a mental health service***

*provider. • Many families will not address their mental health needs if their health insurance does not offer adequate coverage. Additional obstacles comprise lack of transportation means, financial constraints, and stigmas related to mental health problems.»* Quelle: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Mental Health and Psychosocial Wellbeing Among Palestinian Refugees in Lebanon, Oktober 2014, S. 12-1: <https://data2.unhcr.org/en/documents/download/45359>.

IRBC, 12. November 2013:

*«According to the Director of the Lebanese Emigration Research Center (LERC), an academic initiative of Notre Dame University dedicated to the study of migration (LERC n.d.), "[i]t is practically impossible for anyone who is not born to a Lebanese male to obtain Lebanese citizenship. Citizenship is acquired through paternal jus sanguini and jus soli. Women do not transmit their citizenship to their husbands or children" (LERC 7 Nov. 2013). In their 2012 research report on Lebanese citizenship published by the European University Institute, El-Khoury and Jaulin also indicate that [j]us sanguinis through patrilineal affiliation remains the sole principle for the attribution of citizenship: **in other words, only men can transmit citizenship to their children, or to their foreign spouse. Jus solis only applies to exceptional cases, such as an individual born in Lebanon from unknown parents.** (Sept. 2012, 4) In correspondence with the Research Directorate, a law and human rights researcher and consultant, who specializes in Lebanese citizenship and has extensive experience in monitoring and defending human rights, **indicated that a foreign man who is married to a Lebanese woman cannot acquire Lebanese nationality by virtue of marriage** (Researcher and Consultant 8 Nov. 2013). The researcher further noted that a foreign man married to a Lebanese woman and residing in Lebanon may obtain a "courtesy" residence permit that is renewable every three years and he "can file a demand for naturalization" (ibid.). In their report, El-Khoury and Jaulin note that [t]he naturalisation of foreigners residing in Lebanon, or married to Lebanese women, depends on a discretionary decision of the executive. **In addition, there is no co-ethnic preference to ease the naturalisation of Arab citizens, as is the case in many other Arab countries.** (Sept. 2012, 4)»*  
Source: Canada: Immigration and Refugee Board of Canada, Lebanon: Citizenship Requirements and Procedures for an Individual Who was Born in Lebanon to Parents with Syrian Citizenship, Has a Permanent Residency Permit, and Whose Spouse was Granted Lebanese Citizenship by Decree (2012- November 2013), 12. November 2013: [www.refworld.org/docid/5481746f4.html](http://www.refworld.org/docid/5481746f4.html).

Medical Aid for Palestinians (MAP), 15. Dezember 2017:

*«With corresponding high levels of poverty, **many Palestinians cannot afford to undertake medical training, and in some cases – such as midwifery – courses are taught in French as a second language, rather than the English which Palestinians learn in UNRWA schools.***

*Staff in hospitals and medical organisations explained to us that **these and other challenges not only hold Palestinians back from working in the Lebanese healthcare system, but also threaten the viability of healthcare provision for Pales-***

*tinian refugees. At the Haifa Hospital in Burj al Barajneh Camp – the key secondary healthcare centre for Palestinian refugees in Beirut, run by the **Palestinian Red Crescent Society (PRCS)** – we heard that their youngest doctor is 45 years old.*

*Aside from the employment issues, perpetual displacement and a lack of political resolution means that **Palestinian healthcare remains in a state of continuing crisis in other ways, too. We heard about regular stock shortages for medicines and equipment in PRCS hospitals, and the high cost of healthcare in the Lebanese health system.***» Quelle: Medical Aid for Palestinians (MAP), Perpetual crisis: Health conditions for Palestinian refugees in Lebanon, 15. Dezember 2017: [www.map.org.uk/news/archive/post/763-perpetual-crisis-health-conditions-for-palestinian-refugees-in-lebanon](http://www.map.org.uk/news/archive/post/763-perpetual-crisis-health-conditions-for-palestinian-refugees-in-lebanon).

Médecins sans frontières, 2018:

*«**More than 1.5 million Syrians have fled into Lebanon since the conflict began in 2011, making Lebanon and Jordan the countries hosting the largest proportion of refugees in the world.***

***This influx of Syrian refugees has further strained the country's economy and infrastructure and this is particularly felt in the health sector. The Lebanese Ministry of Public Health is supporting primary and secondary healthcare centres to respond to the needs of Syrian refugees. Despite these efforts, the cost of consultations, laboratory tests, and medication remains a barrier for a significant number of refugees. This reality has prompted MSF to continue providing medical assistance to Syrian refugees and vulnerable communities in Lebanon.*** (...)

*South Beirut: Since September 2013, MSF has been managing a primary healthcare centre and a mother and child health centre in Shatila refugee camp, where over 30,000 refugees are living in deplorable conditions, just four kilometres from the city centre.*

***In Burj al-Barajneh refugee camp, also located in a southern suburb of Beirut, MSF has opened a health centre providing sexual and reproductive health services, including treatment for sexually transmitted diseases, mental healthcare and health promotion activities. In May, the team launched a home-based care programme for patients with chronic diseases who suffer from mobility problems.***» Quelle: Médecins sans frontières, Where we Work in Lebanon: [www.msf.org/en/where-we-work/lebanon](http://www.msf.org/en/where-we-work/lebanon) (Zugriff am 11. April 2018).

UNHCR, Februar 2016:

*«**Based on their legal status and registration with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Palestinian refugees in Lebanon can be categorized into four groups:***

- *“Registered” refugees (“Palestine refugees”), which are registered with UNRWA and the Lebanese authorities;*

- **“Non-registered” Palestinian refugees, which are not registered with UNRWA, but are registered with the Lebanese authorities;**
- **“Non-ID” Palestinian refugees, who are neither registered with UNRWA nor with the Lebanese authorities; and**
- **Palestine refugees from Syria, who have arrived in Lebanon since 2011. (...)**

*Palestine refugees are dependent on UNRWA services and relief due to the restricted access to public education, public health care and social services, as well as employment.<sup>9</sup> These services as well as camp infrastructure were reportedly already overstretched prior to the arrival of tens of thousands of Palestine refugees from Syria.<sup>10</sup> The influx of Syrian and Palestine refugees from Syria into Lebanon are reported to have further compromised already limited living space, resources, services and job opportunities available to Palestine refugees in Lebanon and contributed to heightened community tensions.<sup>11</sup> (...)*

## **2. Freedom of Movement**

*According to UNRWA, Palestinian refugees registered with DPAR enjoy freedom of movement within the country. The directorate, however, has to approve the transfer of registration of residence for refugees who reside in camps. According to UNRWA, the directorate generally approves such transfers. (...)*

### **a. Access to Employment and Livelihoods**

*Changes to Lebanese law in 2005 and 2010 gave Palestine refugees in Lebanon legal access to some formal employment in the private sector that had previously been limited to Lebanese nationals.<sup>32</sup> Nevertheless, legal prohibitions reportedly persist on access for Palestine refugees to 36 liberal or syndicated professions (including in medicine, farming and fishery, and public transportation).<sup>33</sup> Moreover, Palestine refugees in Lebanon have reportedly only partial access to the National Social Security Fund. In order to work, Palestine refugees in Lebanon are required to obtain an annual work permit at no cost. However, obtaining a work permit reportedly involves a lengthy administrative process, for which the refugees depend on the goodwill of their employers, thus limiting the effectiveness of these legal changes. According to ILO, the number of Palestine refugees holding a work permit is very low. Most Palestine refugees in Lebanon are reported to work in menial, low-paying jobs in the informal sector. Sources indicate that Palestine refugees regularly receive a lower salary than Lebanese nationals for the same job. Child labour is reported to be common in and around refugee camps, with some children working as armed guards.*

*According to a 2010 survey by the American University in Beirut, Palestine refugees in Lebanon are highly marginalized, with two-thirds considered poor or extremely poor.<sup>40</sup> As of 31 December 2010, 56 per cent of Palestine refugees in Lebanon were unemployed.<sup>41</sup> It is generally considered likely that poverty and unemployment among Palestine refugees in Lebanon has increased, along with the overall rise in the number of poor and unemployed persons in the country, as a result of socioeconomic challenges created by the arrival of over one mil-*

*lion refugees from Syria since 2011.*<sup>42</sup> Young men with limited work opportunities are reported to be likely to join militant groups.

#### **b. Property and Housing**

**Around 53 per cent of the Palestine refugees registered in Lebanon are reported to live in one of the 12 recognized Palestine refugee camps, all of which suffer from serious overcrowding, poor housing conditions and insufficient infrastructure (in particular sewage, water and electricity). The area of land allocated to the refugee camps has reportedly remained largely unchanged since 1948, despite significant population growth and the arrival of thousands of refugees from Syria. This is reportedly further exacerbated by some restrictions enforced by the Lebanese authorities on the movement of building materials into Palestine refugee camps. This reportedly severely limits the ability of Palestine refugees in Lebanon to improve their housing conditions, in an environment that is considered extremely congested and unhealthy environment. UNRWA's Camp Improvement Initiative is reportedly affected by chronic underfunding.**<sup>48</sup>

**In addition, following a change in the law in 2001, Palestine refugees are reported prevented from legally acquiring, transferring or inheriting real property in Lebanon.**

**Housing opportunities for Palestine refugees are thus limited to (i) Palestine refugee camps where living conditions are reportedly substandard; (ii) renting a residence outside of Palestine refugee camps where rental rates are unaffordable for many;<sup>51</sup> or (iii) relying on semi-legal, informal and unprotected agreements with Lebanese associates, who reportedly buy property or keep property bought pre-2001 on their behalf.**

#### **c. Access to Healthcare**

**Palestine refugees reportedly do not have access to Lebanese public health services and rely mostly on UNRWA for health services, as well as on non-profit organizations and the Palestinian Red Crescent Society (PRCS). UNRWA reportedly provides comprehensive primary health care such as general medical checks, preventative maternal and child care, radiology and dental care, free of charge. However, not all medical services are available at all UNRWA health clinics and as a result refugees may have to visit other clinics outside the camps, e.g. for dental treatment or laboratory tests. In addition, UNRWA financially assists refugees with partial cost coverage for treatment in secondary and tertiary health care in UNRWA-contracted hospitals. In light of high levels of unemployment and poverty, refugees, especially those suffering from chronic diseases and those in need of complex medical procedures, may be unable to bear the high costs of treatment. Many refugees reportedly have to rely on assistance from relatives, friends, NGOs, or charities, sometimes running up debts. Health services available to Palestine refugees in Lebanon are reported to be chronically underfunded and insufficient to cover existing and growing health needs. Furthermore, living conditions in the camps are reportedly linked to a multitude of physical and mental**



*health problems among refugees. The situation of elderly persons and persons with disabilities is reportedly of particular concern. (...)*

### III. NON-REGISTERED PALESTINIANS

*An estimated 35,000 Palestinian refugees are registered with the DPAR, but not with UNRWA.<sup>79</sup> These persons fall outside UNRWA's mandate because they left Palestine after 1948; because they took refuge outside UNRWA areas of operations prior to coming to Lebanon; because they left after 1948; or because they did not otherwise meet UNRWA's eligibility criteria. <sup>80</sup> UNRWA started assisting this non-registered refugee population as of January 2004.<sup>81</sup> Non-registered Palestinians are reportedly granted the same residency permits afforded to those who are registered with UNRWA;<sup>82</sup> however, they are issued a different travel document (*Laissez Passer*), valid for one year and renewable **three times.**» Quelle: UNHCR, The Situation of Palestinian Refugees in Lebanon, Februar 2016, S. 2, 4, 5-7, 8, 10: [www.refworld.org/pdfid/56cc95484.pdf](http://www.refworld.org/pdfid/56cc95484.pdf).*

UNHCR, 2014:

*«Uneven ability of women to confer nationality on their children: The table below uses a color scheme to divide the laws of the 27 States into three categories. The laws of the first group of countries (dark orange) have nationality laws which do not allow mothers to confer their nationality to their children with no, or very limited, exceptions– these laws create the greatest risk of statelessness. The laws of the second group of countries (orange) have some safeguards against the creation of statelessness (for example making exceptions for mothers to confer nationality if the father is unknown or stateless). The laws of the third group of countries (yellow) also limit the conferral of nationality by women but additional guarantees ensure that statelessness will only arise in very few circumstances. (...) The nationality law of Lebanon also allows only Lebanese fathers to confer their nationality to their children in all circumstances. Women can only confer their citizenship if the child is born out of marriage and recognized while a minor by the Lebanese mother. Quelle: UNHCR, Background Note on Gender Equality, National Laws and Statelessness, 2014, S.3: [www.unhcr.org/4f5886306.html](http://www.unhcr.org/4f5886306.html).*

United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), 2016:

*«PRL and PRS health conditions and access to health services are highly dependent on UNRWA services. An almost unanimous count responded that they have access to UNRWA health services (...)*

*The UNRWA Health Programme delivers comprehensive primary health care services, both preventive and curative, to Palestine refugees, and helps them access secondary and tertiary health care services. The Agency provides 27 healthcare facilities across the country. **Palestine refugees are not covered by any public health scheme according to the Lebanese public health system and private health care can be unaffordable.** (...)*

*However, UNRWA facilities suffer from underfunding, and not all medical services of the comprehensive Primary Health Care package are provided in every camp. Refugees might need to visit another camp for dental work or laboratory tests potentially incurring additional transportation costs. UNRWA provides secondary and tertiary hospitalization services to Palestine refugees through contracting with Palestine Red Crescent Society, governmental and private hospitals. Unfortunately, tertiary hospital care is often beyond the financial reach of refugees since UNRWA can only offer partial coverage in UNRWA-contracted hospitals leaving a severe burden on patients, their families or local NGOs and charities.(...)*

*Only 5.5 per cent of the PRL population has access to private health insurance, leaving a large majority with no health coverage other than UNRWA. This includes the 1.5 per cent who have access to the Lebanese National Social Security Fund but cannot benefit from its health services. These numbers are in line with data from the ILO, which reports that 95 per cent of PRL do not benefit from any medical coverage/insurance.<sup>113</sup> Quelle: United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), American University of Beirut (AUB), Survey on the Socioeconomic Status of Palestine Refugees in Lebanon 2015, 2016, S. 10, 96, 104: <https://data2.unhcr.org/en/documents/download/47936>.*

United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), 1. Januar 2009:

**«V. UNRWA services**

**A. General provisions**

**1. Persons applying for UNRWA services are requested to prove their identities by producing a government-issued identity card and to prove their eligibility for services by producing an UNRWA Registration Card.** Persons who do not possess any valid identity documents must prove their identity by presenting a written attestation from the Camp Services Officer where they are residing, or a written attestation of either two UNRWA Staff Members, or two credible members of the local community including "mukhtars", with the endorsement of the Area or Camp Registration Officer.

**2. Families and persons enrolled in the Social Safety Net Programme (SSNP) are eligible for and have general priority for all UNRWA services.** These services are subject to the relevant provisions of each of the Agency's programmes.

**3. UNRWA services may be provided to persons or families registered with the Agency and living in a Field other than the Field in which they were originally registered, even if their registration records have not yet been officially transferred to their present Field of residence.** Access to services is however subject to the relevant provisions of each of the Agency's programmes. (...)

**D. Health Services**

**1. UNRWA's primary health care services, including maternal and child health care and family planning, out-patient medical care and dental care, are available to all categories of persons specified in section III of these Instructions. These services are also available to persons in these categories who live in a Field other than the Field in which they were originally registered, subject to confirmation that their entitlements to health services are suspended in the Field of original registration.**

**2. Hospital services may be provided to all categories of persons specified in section III of these Instructions. These services are also available to persons in these categories who live in a Field other than the Field in which they were originally registered, subject to confirmation of their eligibility status and the prior written approval of Chief, Field Health Programme to provide such services and to charge the expenses to the budget of the Field of original registration. Such services would be provided within the scope of the specific hospitalization arrangements in place in the concerned Fields.**

**3. No assistance should be provided to persons who make their own arrangements for obtaining specialized medical care or hospitalization services outside Agency-run or Agency referral facilities, be it for emergency care or other medical or health needs.»** Quelle: United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Consolidated Eligibility and Registration Instructions (CERI), 1. Januar 2009, S. 19, 26: [www.unrwa.org/userfiles/2010011995652.pdf](http://www.unrwa.org/userfiles/2010011995652.pdf).

USDOS, 3. März 2017:

**«The amount of land allocated to the 12 official Palestinian refugee camps in the country has changed only marginally since 1948, despite a four-fold increase in the population. Consequently, most Palestinian refugees lived in overpopulated camps, some of which were heavily damaged during past conflicts. In accordance with agreements with the government, Palestine Liberation Organization (PLO) security committees provided security for refugees in the camps, with the exception of the Nahr el-Bared camp.(...)»**

**Palestinian refugees residing in the country could not obtain citizenship and were not citizens of any other country. Palestinian refugee women married to Lebanese citizens were able to obtain citizenship after one year of marriage. According to Lebanese nationality law, the father transmits citizenship to children. Palestinian refugees, including children, had limited social and civil rights and no access to public health, education, or other social services. Children of Palestinian refugees faced discrimination in birth registration, and many had to leave school at an early age to earn an income.»** Quelle: USDOS – US Department of State: Country Report on Human Rights Practices 2016 - Lebanon, 3. März 2017: [www.ecoi.net/en/document/1395547.html](http://www.ecoi.net/en/document/1395547.html).

Yassin, N., Taha, A.A., Ghantous, Z. et al., 15. September 2017:

**«Mental health problems are common among refugee populations, exacerbated by living situations, the impact of forced migration, poverty, discrimination, and social exclusion [6, 11, 14]. Despite an increase in these stressors, refugees seek men-**

*tal health services less than the general population [4]. Seeking out mental health services is often complicated by factors including stigma, cultural barriers, and lack of access, as well as a lack of knowledge about mental health problems, governmental, and financial support [24]. Increased concerns about the mental health of refugees have led to community interventions that aim to prevent and/or treat refugee mental health problems.(...)*

*Mental health services account for only 5% of the general health budget of Lebanon [5]. Most mental health services are provided by specialists for a fee through the private sector. Outside of the private sector, mental health care is provided by general physicians who diagnose and prescribe psychiatric medications without specialist supervision [5]. In 2010, the number of psychiatrists in Lebanon was 1.5 for 100,000 persons [25]. More important is that there are no psychiatrists currently working inside the Palestinian camps. Consequently, where to seek out services is a problem in most refugee camps [8].* Quelle: Yassin, N., Taha, A.A., Ghantous, Z. et al., Evaluating a Mental Health Program for Palestinian Refugees in Lebanon, in: J Immigrant Minority Health, 20: 388, 15. September 2017 (Nicht öffentlich zugänglich): <https://doi.org/10.1007/s10903-017-0657-6>.