



Documentation and access to healthcare for refugees in Lebanon

Photo: Sam Tarling/NRC

This paper aims to provide an overview of documentation requirements at health facilities in Lebanon for Syrian and Palestinian refugees. During the COVID-19 outbreak in particular, the Norwegian Refugee Council (NRC) monitors the potential impact of such requirements on access to healthcare and the support that legal actors can provide in this context.

The analysis is based primarily on information collected by NRC's Information, Counselling and Legal Assistance (ICLA)¹ teams from health providers and members of the refugee community. For this exercise, NRC contacted 130 refugee households with persons with disabilities and a total of 81 Primary Healthcare Centers (PHCs) and 26 hospitals² in South Lebanon, Beirut-Mount Lebanon, Bekaa and North Lebanon.

Background

Lebanon is a party to a number of International Human Rights Conventions that include provisions on the right to health³, including the International Covenant on Economic, Social and Cultural Rights⁴, which requires state parties to achieve “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.” Under the Covenant, state parties must ensure “the creation of conditions which would assure to all, medical service and medical attention in the event of sickness.”

Syrian refugees receive healthcare services from a range of public and private healthcare facilities across the country. In order to facilitate Syrian refugees' access to healthcare in Lebanon,

1. The NRC ICLA programme, through which the information for this paper was collected, is funded by ECHO, DFID, SEM, KfW, OCHA and the Norwegian MFA.

2. ICLA teams contacted 22 PHCs and 7 hospitals in South Lebanon, 10 PHCs and 1 hospital in Beirut-Mount Lebanon, 33 PHCs and 5 hospitals in North Lebanon and 16 PHCs and 6 hospitals in the Bekaa. Seven governmental hospitals receiving COVID-19 cases were also included in this mapping exercise.

3. Article 2 of the Convention on the Rights of the Child of 20 November 1989, ratified on 14 May 1991; Article 5 on the International Convention on the Elimination of all Forms of Racial Discrimination of 7 March 1966, ratified on 12 November 1971, Articles 12 and 14 of the Convention on the Elimination of All Forms of Discrimination against Women of 17 December 1979, ratified on 16 April 1997.

4. Article 12 of the International Covenant on Economic, Social and Cultural Rights of 6 December 1966, ratified on November 1972.

UNHCR has contracted primary health centres to provide services either for free or at a subsidized cost. Admission to hospital care is supported through a Third Party Administrator (TPA), 'NEXtCARE', which enables access to hospitals based on a cost-sharing model⁵.

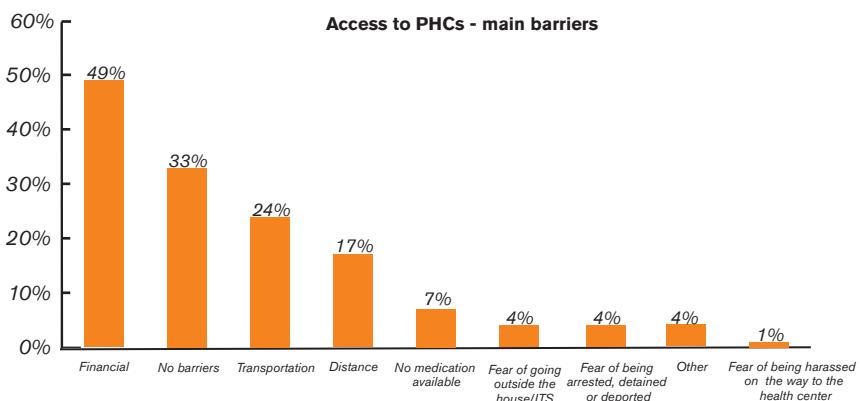
According to the Vulnerability Assessment of Syrian Refugees in Lebanon - VASyR 2019, the **demand for primary healthcare among Syrian refugee families increased** by 9% last year (from 54% in 2018 to 63% in 2019)⁶.

Palestinian refugees from Lebanon and from Syria **mainly rely on UNRWA assistance**, who are operating 28 PHCs. Access to secondary healthcare is ensured in coordination with the Palestine Red Crescent Society⁷.

The further decrease in livelihoods opportunities for refugees in Lebanon is increasingly affecting their ability to access basic services, including health services. Financial constraints are the main reported barrier in accessing PHCs⁸.

In the context of COVID-19, access to healthcare is also being progressively influenced by the restrictions in the freedom of movement implemented at national and local level. Since the nationwide lockdown, health actors based in Lebanon have reported a 30% decline in consultations at health centres⁹.

According to a **recent survey** conducted by NRC ICLA teams with Syrian refugee households with persons with disabilities in the Bekaa and North Lebanon¹⁰, **financial issues** (49%), **transportation** (24%) and **distance** (17%) were cited as the **main barriers in accessing PHCs** (see graph).



5. Guidelines for Referral Health Care in Lebanon, Standard Operating Procedures, UNHCR 2018.
<https://data2.unhcr.org/en/documents/download/64586>

6. It should be noted that the data collection for the VASyR 2019 took place prior to the start of the nationwide protests in October 2019 and the financial, economic and health crises that unfolded in Lebanon over the last months. Accessing healthcare has become increasingly challenging for displacement-affected populations and vulnerable Lebanese:
<https://www.thenewhumanitarian.org/feature/2020/04/21/Lebanon-coronavirus-refugee-healthcare>

7. <https://www.unrwa.org/activity/health-lebanon>

8. Recent findings by NRC, HI and IRC confirm that the deterioration in the economic context, compounded by the disruption to livelihoods, has left the cost of healthcare beyond the reach of many.

9. 'How COVID-19 is Limiting Healthcare Access for Refugees in Lebanon' (New Humanitarian, 21 April 2020)

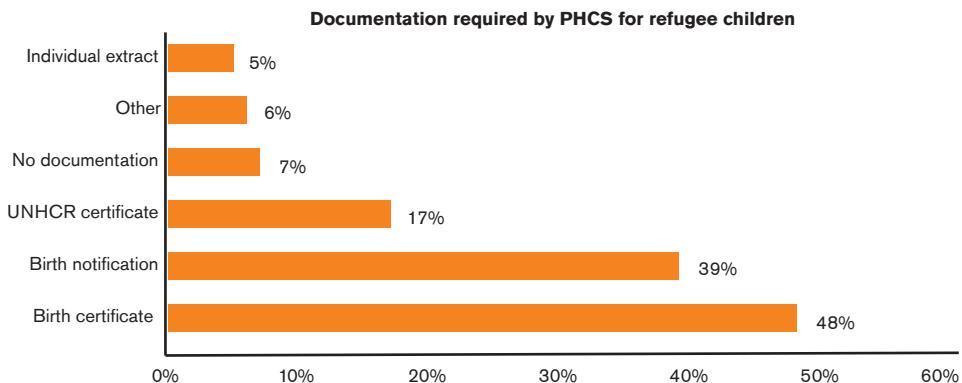
<https://www.thenewhumanitarian.org/feature/2020/04/21/Lebanon-coronavirus-refugee-healthcare>

10. NRC ICLA teams rolled out a phone survey between 21 and 23 April 2020 with 130 households with persons with disabilities (60 in North Lebanon and 70 in the Bekaa valley). These families were identified pre-COVID through the use of the Washington Group Questions during ICLA counselling sessions. While the survey was rolled out under a DFID-funded consortium between IRC, NRC and HI, NRC's broader ICLA programme is also funded by ECHO, SEM, KWF, OCHA and the Norwegian MFA.

In principle, documentation has not been reported as a main barrier by refugees, however, the **majority of primary healthcare centres and hospitals are requesting refugees to present a proof of identity** for themselves and their children in order to access health services.

This is confirmed by the survey conducted with 130 households where 84% of the respondents confirmed that primary health centres require identification documents to proceed with the provision of the health service. The UNHCR certificate was mentioned by 92% of the respondents as the main document requested by the health centres, followed by identity documents (56%).

For children in need of healthcare, the birth notification (39%) and the birth certificate (48%) were reported to be required followed by the UNHCR certificate (17%) (see graph below).



Documentation and access to healthcare

According to the World Health Organization (WHO)¹¹, healthcare providers have the responsibility to check and verify a patient's identity, while patients should be actively involved in understanding the importance of identification upon admission and prior to the administration of healthcare.

Moreover, the WHO recommends that a **clear protocol should be developed for the identification of patients who lack identification and for distinguishing the identity of patients with the same names.**

However, the process for identifying refugees and ensuring their access to healthcare in Lebanon, should take into consideration the limitations that they might face in providing specific documentation, especially regarding documents that cannot be issued by Lebanese authorities and must be obtained in Syria. Furthermore, the legal residency status of refugees in Lebanon should not determine their healthcare access.

11. <https://www.who.int/patientsafety/solutions/patientsafety/PS-Solution2.pdf>

1. Documentation required for Syrian refugees to access primary healthcare centres (PHCs) and hospitals

In general, accessibility for refugees to health services in medical centres and hospitals in Lebanon depends on the provision of specific documents; however, practices vary depending on the facilities.

In order to provide healthcare services, 19 medical centres and 16 hospitals surveyed request the UNHCR certificate, in addition to identification documents (i.e. identity card or passport, civil extract or family booklet). Obtaining Syrian documentation is difficult for refugees who have lost identity documents or never got them issued and cannot return to Syria to obtain a replacement.

Out of the total of PHCs and hospitals surveyed, 25 medical facilities reported to deny admission due to lack of documents, while only 11 reported that they could provide required healthcare without any documentation, allowing refugees to share only general information such as name, age and date of birth.

In some instances, PHCs offer **alternative solutions to the refugees lacking documentation**, for example, requesting them to sign a pledge that the information provided verbally is correct, or asking them to pay an amount of money as a deposit or a guarantee until they present the documentation required, or referring the cases to UNHCR if deemed urgent.



An NRC ICLA staff member delivers a birth certificate to a Syrian refugee for her daughter in South Lebanon.
Photo: NRC Lebanon

2. Documentation required for Syrian refugee children to access primary healthcare centres (PHCs) and hospitals.

Regarding the admission of refugee children for medical treatment, the parents are requested to provide the birth notification of the child or the birth certificate, issued by a Mukhtar if the child was born in Lebanon, along with the parents' identification documents. The individual extract or the family booklet are requested in case the child was born in Syria, **raising challenges for families who do not have those documents which can only be issued by Syrian authorities**.

Two surveyed health centres reported that instead of accepting the birth certificate issued by the Mukhtar, they require the birth certificate to be registered at the Nofous department¹². This poses **difficulties for parents who have not finalised the birth registration procedure or for unregistered children over 1 year of age**, born after the 9th of February 2019¹³. The 2019 VASyR noted that whilst 97% of Syrian refugee children have birth notifications and 81% have birth certificates issued by Mukhtars, only 48% have Nofous-issued birth certificates¹⁴.

On the account of restricted government services **during COVID-19, the issuance of civil documentation** through the Nofous department, such as birth certificates, **has also being significantly delayed**. Whilst the Council of Ministers has issued a directive to ensure the attendance of the minimum number of employees required to process pending civil documentation cases and prioritize urgent files¹⁵, there are concerns that documents are not being issued quickly enough, potentially impacting the access to healthcare of some refugees.

Moreover, some hospitals require Syrian refugees to have also a valid UNHCR certificate updated with the personal information of their newborn, in addition to the birth notification or birth certificate.

Syrian refugee children require a Syrian national identification card or a civil extract, which can only be issued in Syria, when they turn 15 years old, for example, to apply for legal residency. According to UNHCR's estimate¹⁶, as of 2018, more than 70,000 individuals registered with UNHCR turned 15 while in Lebanon and therefore had no national ID or passport. It is estimated that another 71,000 Syrian refugees will turn 15 years of age by 2021, potentially leaving them without sufficient documents to access healthcare.

"Before I went to NRC, there were some centers who did not ask for papers, but mostly I just avoided going to the doctor. Once my son got sick and the hospital refused to treat him because he did not have his papers. Now that we have the documents, I do not have to worry about whether or not they will accept us for the service."

Reported by a Syrian refugee woman supported through NRC's ICLA services, Beirut
- Mount Lebanon, January 2020

3. Documentation required for Palestinian refugees to access primary healthcare centres (PHCs) and hospitals.

In general, Palestinian refugees are required to provide UNRWA relief card in order to access healthcare services.

12. Some healthcare centres do not recognize the birth certificate as an official document until it is registered at the Personal Status department, to ensure that refugees followed the birth registration procedure required by the Lebanese law.

13. Personal Status department waiver on late birth registration, currently valid for children born in Lebanon between January 2011 and February 2019, excludes children born after the 9th of February 2019, whose parents could not register the birth within the 1-year deadline and should turn to a costly and complex civil court process in order to register the birth.

14. Vulnerability Assessment of Syrian Refugees in Lebanon, 2019 p. 36.

<https://reliefweb.int/report/lebanon/vasyr-2019-vulnerability-assessment-syrian-refugees-lebanon>.

15. Council of Ministers decision No. 403 of 16.03.2020

16. UNHCR Operational update, January-June 2018

https://www.unhcr.org/lb/wp-content/uploads/sites/16/2018/10/UNHCR-2018_Operational-update_Q1-Q2_EN.pdf+17. There are an estimated 3,000 to 5,000 non-ID Palestinians in Lebanon.

Non-ID Palestinians¹⁷ are not registered with UNRWA in Lebanon and do not have any form of official identification document. They **face challenges in terms of access to services** and in particular, difficulties in accessing healthcare because of their lack of valid identification documents.

In some cases, non-ID Palestinians lacking proof of identity can access health services upon a deposit payment to be refunded whenever the patient is able to submit an identification document. However, due to the documentation challenges faced, the deposit payment might never be recovered.

NRC ICLA provides free of charge information, counselling and legal assistance on civil documentation at legal clinics.
Photo: Joshua Berson, 2018



Confiscation of identity documents

The unlawful practice of confiscating identity documents in hospitals because of refugees' inability to afford the medical fees predates the current crisis in Lebanon. Given the current economic strain experienced by refugees it is anticipated that there may be an increase in such incidents.

Collaborative dispute resolution services are provided by NRC ICLA teams in order to negotiate the payment of the arrears with the hospitals, reduce fees, set repayment schedules and return confiscated identity documents to the refugees.

During the period January to April 2020, NRC ICLA teams identified and followed up on 36 cases of confiscation of identity documents carried out by hospitals across Lebanon.

The right to identity, or recognition before the law, is enshrined in the Covenant on Civil and Political Rights¹⁸ whilst the Covenant on Economic, Social and Cultural Rights protects the right to health¹⁹. Withholding a person's identification document on account of a debt, particularly for something as fundamental as access to healthcare, is arguably a violation of these protections.

17. These are Palestinians, who began to arrive in Lebanon in the 1960s and do not hold formal valid identification documents. They are not registered as Palestine Refugees with UNRWA in Lebanon [but may be registered in other fields of operation] and are not recognized by the Government of Lebanon as they do not have valid legal status in the country. UNRWA, 2018
https://www.unrwa.org/sites/default/files/unrwa_lebanon_protection_context_brief_june_2018.pdf

18. ICCPR, Article 16

19. ICESCR, Article 12

COVID-19 related health assistance

ICLA teams contacted seven governmental hospitals receiving COVID-19 cases in Lebanon. Five of these facilities advised that they would ask refugees to provide an identity document, a UNHCR certificate or UNRWA card, in order to obtain medical treatment. One hospital mentioned the additional request for a valid legal residency document alongside identification documents. On the contrary, one hospital, reported that they would accept refugees even without the provision any documentation.

'In general, most of the hospitals contacted reported that the cases of refugees whose medical care is not covered by UNHCR or UNRWA, would be referred to the Ministry of Public Health in order to verify if the health service costs can be covered by the public health system or the patient should pay the entire amount related to hospitalization and treatment.'



A Syrian woman holds an information card given to refugees by NRC's ICLA team in an informal tented settlement in the Bekaa Valley, Lebanon. Photo: Sam Tarling/NRC

Conclusions

The majority of health facilities (PHCs and hospitals), **are requesting Syrian and Palestinian refugees to present UNHCR certificates, UNRWA cards and/or identification documents** (identity card, passport, civil extract or family booklet) for adults and a birth notification or a birth certificate for children.

Practices vary depending on the health facilities; primary health centres seem to be more lenient than hospitals regarding the documentation needed in order to provide health services.

In general, the majority of Syrian and Palestinian refugees possess UNHCR certificates and UNRWA cards and, in some cases, they can be used as an alternative to identity documents, to access healthcare.

However, refugees lacking a UNHCR certificate or UNRWA card, or people without additional Syrian identification documents, might face specific challenges in terms of access to health services, taking into account that only the 10% of primary health centres and hospitals contacted currently admit refugees without documentation.

As a result, the following categories of persons are at particular risk of denial of timely healthcare services due to a lack of documentation:

1. Unregistered children born with the help of an unauthorized midwife; children lacking a birth certificate issued by the Mukhtar or registration at the Nofous department, due to the reduced capacity of public offices or exceeded one-year deadline.

2. Syrian refugee youth who turned 15 years old in Lebanon, and do not possess an identification card or a civil extract.
3. Refugees lacking identification due to the confiscation of identity documents by hospitals, other institutions or property owners.
4. Refugees who lost their documentation during displacement and are not able to obtain replacement documents.
5. Non-ID Palestinians.

NRC ICLA response:

- Provision of **information on access to services**
- Provision of **counselling and legal assistance on civil documentation**
- Awareness raising on **preservation of documents**
- **Collaborative dispute resolution services** in case of confiscation of identity documents by hospitals
- **Advocacy** efforts supporting the legal protection of people affected by displacement

Key Recommendations

To UNHCR and NGOs implementing legal programmes:

- Continue to **support refugees with the provision of required civil documentation**, including birth and death certificates, and **collaborative dispute resolution** (e.g. in cases where documents are confiscated).
- **Strengthen referral pathways between health and legal actors** to better support refugees with documentary requirements at healthcare facilities.

To the Lebanese Ministry of Public Health:

- Ensure **non-discriminatory access to healthcare** for all individuals under a 'single health system for all' approach.
- **Put in place alternative procedures for persons who are unable to provide requested documents** at healthcare facilities. **Access to healthcare** should not be dependent on the ability to present **identification documents or legal residency status**, particularly for individuals in need of urgent care.
- **Healthcare providers should not be permitted to withhold identification** documents for inability of refugees to pay medical fees.

To the Ministry of Interior - Personal Status Department:

- Facilitate access to civil documentation and ensure that the Nofous offices at local level abide by the Ministry of Interior's decision no. 54 dated 31.05.2020 **ensuring a minimum of 50 % attendance of the employees in order to process pending cases and prioritise urgent files.**

- **Extend the late birth registration memorandum** issued in September 2019 and waive the 12-month requirement for children born to Syrian and Palestinian refugees from Syria who turned one year after the 9th of February 2019.