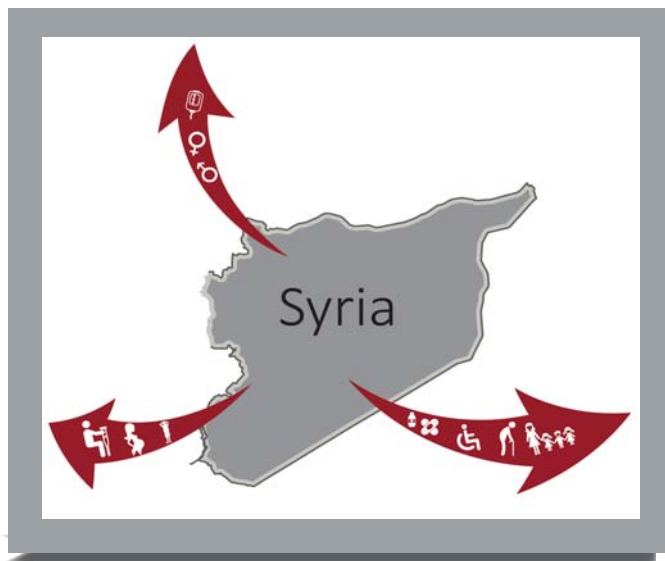


Where do we go from here?

People with specific needs and the quest for durable solutions

Currently there are 3,955,724 Syrians who have fled Syria and registered with the UNHCR in the four neighbouring Syria countries: Lebanon, Jordan, Turkey, and Iraq (1). In addition, 7.6 million Syrians are reported as internally displaced within Syria (2). The war in Syria is well into its fifth year, yet the situation inside the country continues to deteriorate. Consequently, Syrians continue to try to flee their country to the relative safety of neighbouring countries. However, these countries of asylum have limited resources to adequately provide for the refugees. If resettled, individual refugees from Syria can have access to livelihood and educational opportunities as well as health and protection services that are increasingly out of reach in countries of asylum. However, as of August 2015, only 107,239 resettlement and private sponsorship places have been committed to by “third countries” (3).



Although not all Syrian refugees are interested in resettlement, the gap between the “supply” of resettlement spaces and “demand” or need for these resettlement opportunities remains stark. Moreover, so long as resettlement is not believed to be a viable option for those fleeing Syria, increasingly people are risking their lives to reach Europe by illegal land and sea routes.

Resettlement is particularly beneficial and necessary for people with disabilities, people with chronic or acute medical conditions (some caused by war injuries and others not) as well as older people and children. Syrian refugees that require durable solutions to their protracted displacement include the people with the specific needs that we, as Handicap International and HelpAge International, advocate for and work with. It is imperative that people with specific needs have full access to the scope of services provided by humanitarian agencies regardless of age, gender or impairment. These services include opportunities for durable solutions, notably resettlement.

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Today the need for “durable solutions” – including resettlement – is the subject of daily newscasts.

Throughout August and into September, the treacherous journeys refugees are making and the thousands of lives lost as a result are being reported in the media. Durable solutions – including resettlement, private and family sponsorship - have the potential to transform the lives of individual refugees and their families. Moreover, resettlement is a crucial way that “third countries” can stand in solidarity and assist the countries that are currently bearing the brunt of the economic and infrastructural demands of sheltering the refugees fleeing the ongoing war in Syria.

As migration correspondent Patrick Kingsley writes: “[what is needed is] a safe, legal and swift means of resettling in Europe a significant number of Syrians... This wouldn’t stop the boats entirely, but it could persuade most potential passengers to have more faith in the process of legal resettlement. In turn they would be more likely to stay put on the other side of the sea while their applications are processed. The advantage for Europe would be that the continent could receive the refugees in a more orderly fashion, rather than see them cluster in Calais, or die inside Austrian vans” (5). This process of safe, legal and swift means of resettlement should also be adopted by non-European countries, such as Canada and Australia, who have a strong legacy of resettlement but are currently lagging far behind in the numbers of Syrians they are resettling (6).



Fadi, who was 21 at the time, arrived in Lebanon from Syria in 2013 having escaped Syria without injury. However, in Lebanon a car accident left him without vision in his left eye and required multiple surgeries in his left leg and arm which ultimately resulted in an arm amputation. He covered his hospital bills by selling his house in Syria and through financial support from relatives in Kuwait. In 2014, Fadi’s file was selected for consideration for resettlement and he was recommended for such by the UNHCR but was not selected by any resettlement country. Fadi has relatives who have crossed into Turkey and then Europe through illegal routes and he is considering doing the same. Fadi has already achieved a lot through rehabilitation in Jordan, and by climbing the steps to his 4th-floor apartment each day he has managed to learn to walk again after his injuries. He hopes that in Europe he would be able to get the final medical and rehabilitation care (eye surgery, to restore sight, and a prosthetic limb) that would allow him to restore his full level of functioning, re-enter the workforce, and rebuild his life once more.

Our conversations with Syrian refugees receiving assistance from Handicap International in Jordan and Lebanon reveal the numerous positive effects that the possibility of resettlement can bring. Countless numbers of human lives, with potential for positive contributions and education, can either be encouraged or deplored depending on the support and opportunities afforded to these individuals. These conversations also reveal the increasingly precarious situations in their countries of asylum due to decreasing availability of humanitarian assistance.

An increasingly untenable situation

Cuts in food and medical assistance, a tightening restrictions on movement, affects the most vulnerable in communities – such as people with specific needs – dramatically and dangerously. For example, a recent survey conducted amongst urban (out-of-camp) refugees in Jordan found that, **“A majority [of people with chronic diseases] (58%) were unable to access medicines or other health services as needed. This was a sharp increase from the 24% who reported difficulties in 2014” (8).**

Yet, as neighbouring countries struggle to cope with the large numbers and protracted period of the Syrians’ exile, the support that these countries are able to provide for the asylum seekers is decreasing drastically in recent months. **In July 2015, the WFP in Jordan announced that – due to a lack of funds from international donors - it would suspend all food assistance to refugees living outside of the three official camp settlements.** Also in July, the WFP in Lebanon announced that in August 772,102 individuals would be assisted with US\$13.50, instead of the intended original ration of US\$27. In September, the number of refugees receiving this assistance will be further reduced: the number of persons assisted per household will be capped at a maximum of five individuals per household. Last year 70% of refugees in Lebanon were getting \$27/month, and now 55% of refugees are getting \$13.5/month (9).

Syrian refugees repeatedly share their concern that neighbouring countries no longer provide a viable long-term option for them given their depleted savings, lack of legal work opportunities and cuts in humanitarian assistance. An update shared at the Protection Sector Working Group in Zahle (Bekaa Valley, Lebanon) in July 2015 reported that transit to a third country has moved from the fourth most common reason for entering Lebanon to the primary reason. Over 90% of these respondents indicate they are transiting to Turkey.

Jordan and Lebanon continue to provide asylum for Syrians but the numbers of new asylum seekers that they are accepting has drastically decreased since the end of last year. This means that potential asylum seekers are left with decreasing options.

In Lebanon, entry into the country is restricted to tourism, work, property-ownership, studies, medical treatment, transit to a third country, embassy appointments and humanitarian criteria although the definition of this humanitarian criteria remains unclear.

If resettlement opportunities were more readily available to Syrian refugees already in Jordan and Lebanon, particularly with the most acute medical and social needs, these countries would be more able to continue welcoming new asylum seekers. Additional support to Syria’s neighbouring countries from donors could also raise their capacity to continue provide for the needs of their citizens, while keeping their borders open to Syrian asylum seekers.

Durable Solutions

In situations of protracted crisis, as is the case for Syria, the UNHCR plays a crucial role supporting Syrian refugees in finding durable solutions. This is in keeping with their mandate of safeguarding the rights and well-being of refugees fleeing conflict and persecution in their country of origin (10). According to the UNHCR, there are three primary ‘avenues’ towards durable solutions: resettlement to a third country, local integration and voluntary repatriation.

Hope of resettlement after life-threatening injuries

Mohamad* is from Quneitra, near the border with Israel, but in 2013 he and his family left Quneitra in order to seek safety in Damascus. However, the road to Damascus was perilous and Mohamad was injured from shelling during their journey. The shelling injured his abdomen and his legs. In Damascus, he received a full knee replacement and basic wound care. But the medication he needed to manage his injuries and ongoing pain were not available in Syria, so after two months in Damascus they came to Lebanon. Once in Lebanon, he received assistance with treating his wounds (wound care kit from HI) and donations from a Lebanese woman that allowed him to buy necessary medications. This was followed by 2 abdominal and one orthopaedic surgery between September 2014 and February 2015.

Mohamad now lives in eastern Lebanon with his wife and 3 children aged 17, 16 and 11. He spoke to us of his brother who refused to leave Syria, but witnessed both of his children killed during bombing and sniper attacks. Mohamed says that now all Syrians want to leave. Late last year, Mohamad says that he and his family had their initial interview for resettlement and now they are in the final stages of consideration for resettlement by the UK. Both he and his wife speak of this opportunity for a new start with the greatest anticipation, especially for the sake of their children. They speak about the pain it causes them to see that their children have not been able to continue in school and are eager to have them re-start their education in the UK. They are grateful that they are being considered by the UK given their – at least basic - familiarity with the English language.

When Mohammed and his wife Aida speak about their potential move to the UK their eyes sparkle. They speak not of themselves but of their children, the way that they had started to learn a little bit of English in their Syrian classes but how everything was cut short in the war. In Lebanon, all of the family's resources have gone into gaining safety in Lebanon and on taking care of their father's medical needs. Resettlement is not only the opportunity for a full medical recovery for Mohamed but a chance for his children to get a "second chance" at life, at learning, at growing into a trade or a career. Chances that Lebanon's stretched infrastructure, resources, and privatized health and social services can rarely afford for Syrian refugees.

*Pseudonym

1 Resettlement: Resettlement is defined as: “the selection and transfer of refugees from a State in which they have sought protection to a third State which has agreed to admit them – as refugees – with permanent residence status” (11). It is important to note that with the durable solution of resettlement, refugees with disabilities (including older refugees) can flourish and contribute to their new home-communities in European and North American countries due to the existence of more accessible infrastructure, especially as compared to the countries of initial asylum. For instance, the men in this photograph (next page, top right), are not able to move far from their home in temporary home in Amman due to the lack of accessible sidewalks, ramps or other accessible infrastructure. In resettlement countries, public infrastructure is more accessible and there they would be able to move much more freely, using public transport, seeking employment, and giving back to their communities.

Resettlement schemes provide a more equitable mode of ensuring that refugees with the greatest needs (whether due to health or protection concerns, gender or age) and greatest potential for improvement are prioritized for entry into countries with the most accessible environments, including suitable medical and social systems; therefore enabling better integration and participation in their new communities.

Additionally, educational opportunities for children (and/or adults) with intellectual disabilities remain very limited in Jordan, and very expensive in Lebanon. Currently, children with autism, Down's Syndrome, Cerebral Palsy (and other conditions causing multiple impairments) are amongst those being recommended for medical resettlement when they meet certain criteria: 1) that they cannot receive the medical care appropriate for their condition, 2) that they risk irreversible loss of function or ongoing deterioration of their condition and 3) that the health, social and educational services they could receive in a resettlement country will significantly improve their daily quality of life.



2 Local Integration: This refers to a situation when refugees integrate into an initial country of asylum. Integration involves refugees attaining a range of rights in the host country including access to education, health care and employment, as well as attaining a standard of living comparable to the host community. Syria's neighbours, particularly Jordan and Lebanon, are middle-income countries with finite resources and opportunities for their own citizens.

In order to cope with the continuing refugee crisis, these countries are restricting the number of Syrians allowed entry, limiting their movements within the host country, imposing service fees on registration and basic services for refugees, and in the case of Lebanon, suspending registration altogether. This, in turn, leaves few options for local integration. Currently, Syrians are allowed to apply for work permits in Jordan, which acts as a first step to acquiring a residency permit. In Lebanon, Syrians are able to apply for residency. However the high costs involved in these applications, and the prioritization of only certain professions for these permits, prohibits this from being an option for the majority of Syrian refugees in Jordan and Lebanon. Nevertheless, local integration would be a preferable option particularly for older people who can face significant challenges when integrating in resettlement countries due to the need to learn and to navigate

new languages, cultures, and customs. **If comprehensive and accessible health, rehabilitation, social and educational services were supported and strengthened, with external support, in countries of asylum local integration options could be preferable for some people to pursue, instead of resettlement, due to linguistic and cultural similarities.**

Risking everything for affordable medical care in Syria

In spite of the ongoing conflict in Syria many families with specific needs have risked their lives by travelling back to Syria to primarily access health services in Syria (which are free of charge). This is because of prohibitively high costs of accessing health care for serious medical conditions, particularly in Lebanon. We have witnessed cases of refugees with serious medical conditions requiring regular medication, often older people with chronic diseases, who return to Syria from Lebanon. After making the treacherous journey there are reports, since December 2014, of increasing difficulties re-entering Lebanon after receiving their treatment.

3 Voluntary repatriation: means returning voluntarily to ones' home country in safety and with dignity. Currently, there is no guarantee of safety in Syria, thus no massive movement of voluntary returns.

²A residency application in Lebanon is reported to cost US\$200 and a work permit in Jordan, 500 JOD (approx. US\$700).

Recommendations

NGOs

In neighboring countries, NGOs are increasingly active in identifying and referring the most vulnerable cases for resettlement due to medical and/or protection needs. Nevertheless, we recommend that

- NGOs spread the word about how much refugees can thrive when provided the hope and possibility of durable solutions in a host country
- Continue referring eligible refugees with specific needs to UNHCR for resettlement based on medical and other protection criteria
- Ensure that health, protection, and education programmes have the budget and staff necessary to make their projects fully inclusive of people with specific needs

UNHCR and other UN agencies

UNHCR teams are actively identifying and referring people with specific needs for medical resettlement, when appropriate, as well as resettlement based on other protection criteria. We recognize the importance of the UNHCR's inclusion of people with a range of impairments, such as Cerebral Palsy, Down's Syndrome and autism, on the list of people considered for medical resettlement. Nevertheless we recommend further work for a more equitable and accessible resettlement process:

- Continued dissemination of information for refugees in accessible formats, so that all refugees have equitable access to information about durable solutions.
- Clearer guidance and training for resettlement staff about disability-related factors that might prompt someone being considered for resettlement on medical grounds, even if the person is not acutely ill.
- Advocacy to the Ministry of Social Affairs in Lebanon to include people with disabilities and chronic health conditions into the humanitarian criteria for entry to Lebanon.
- Continued advocacy to the border guard services in Jordan to accept pregnant women in their last trimester, children under 6 months, injured persons, and people with chronic illnesses to be prioritized for entry into Jordan.

All donor countries

Considerable effort has been made by donor countries to support Syria's neighbours in hosting millions of Syrian refugees, however, there is a funding gap of 41% (795,336,928 \$USD) requested in the 2015 appeal. The funding gap must be filled (or at least narrowed) if Jordan, Lebanon, and other countries of asylum are to accept more refugees, continue to provide for the refugees within their borders as well as continue to accept more entries. If local resettlement options are to be considered in the countries neighbouring Syria, these governments must be further supported to enable the provision of durable solutions for the refugees within their borders. Non-governmental and UN agencies also require ongoing support to continue their response to the displacement of millions of people as a result of the Syrian crisis. Support should be provided using an approach which combines urgent humanitarian support to the most vulnerable with a development-perspective which would include multi-year funding.

Gulf Countries

We are encouraged by the social media campaign by Gulf citizens pushing for their governments to accept asylum seekers from Syria. Gulf Countries should explore durable solutions for Syrians, including resettlement.

Jordan and Lebanon

Together hosting 1,743,186 Syrians, Jordan (629,245) and Lebanon (1,113,941) continue, along with Turkey (1,938,999) and Iraq (249,463) to host the majority of Syrian refugees in the world. Lebanon is to be commended for hosting the largest refugee population in the world, in proportion to its own population (20%). Nevertheless, we encourage more efforts to provide livelihood opportunities for refugees in order to allow Syrians to make a positive social and economic impact, even while in exile. And would recommend that governments consider:

- Reducing the financial requirements of residency permits for a set amount of pre-screened vulnerable individuals (or their family members) who do not stand to benefit as much from resettlement (older persons, for example) but who would attain better health, participation and integration with residency.
- Enabling refugees to support themselves by ensuring the accessibility of valid residence status, government documentation, and reliable income generation opportunities (12). This would allow Syrians to make a positive social and economic impact, even while in exile.

EU states

There are positive steps by many EU states, including a number of ‘new’ resettlement countries have created spaces for Syrian refugees, for example the Czech Republic. We also applaud the Nordic countries’ willingness to accept emergency and urgent medical resettlement cases. Nonetheless, we recommend the following steps to noticeably increase resettlement spaces which could encourage refugees to await re-settlement rather than risk illegal routes to Europe. Therefore we call on EU states to:

- Create more resettlement spaces for Syrian refugees (with some specifically earmarked for medical resettlement as the need for resettlement still far surpasses available spaces, including for refugees with serious medical conditions).
- Create urgently-needed resettlement Spaces for non-Syrian refugees (such as Iraqis) living in neighboring countries affected by the Syrian crisis are urgently needed.

Canada

We recognize Canada’s openness to resettlement of Iraqis and other non-Syrians displaced due to the crisis. Additionally, the Canadian government has pledged to bring 11,300 Syrians to Canada by 2017. However, given Canada’s size and economy, 11,300 spaces still falls short of the numbers of Syrians Canada could be accepting through resettlement. Increasing priority could be given for refugees with specific medical and protection needs.

USA

We applaud the high number of refugees the American government is currently accepting from Jordan. And we look forward to the anticipated re-opening of the resettlement process of refugees in Lebanon. We welcome the American Administration’s announcement in during the week of the 7th of September to increase the number of accepted refugees displaced due to the Syrian crisis from 1,500 this year to 10,000 next year. However, we recommend that additional resources be devoted to the resettlement process in order to reduce the length of processing times to ensure acute and urgent medical resettlement cases can be considered for referral to the USA.

Conclusion

Each country or agency involved in the response to the Syrian refugee crisis – now said to be the greatest displacement of people since the WWII – needs to recognize and profile the potential contributions of refugees. This includes refugees with specific needs due to old age, injury, disability, or illness. If offered safety, security and support, people fleeing Syria stand to contribute to their new home-communities as professionals, artists, educators, community advisers and leaders. Furthermore, Syrians already in host communities would benefit from re-unification with their family and community members, from the youngest to the oldest members.



If local resettlement options are to be considered in the countries neighboring Syria, these governments must be further supported to enable the provision of durable solutions for the refugees within their borders. Non-governmental and UN agencies also require ongoing support to continue their response to the displacement of millions of people as a result of the Syrian crisis.

As the Syrian refugee's hope of returning home dwindles, their personal savings are exhausted, and neighboring countries are increasingly strained for resources, resettlement is a central component of a sustainable and equitable response to the ongoing crisis. Resettlement allows equity and prioritizes the most vulnerable of the refugees. Critically, resettlement further reduces the desperation with which people are turning to illegal routes as a final attempt to flee their home countries.

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