

Laurie Blome Jacobsen (Ed.)

Finding Means

UNRWA's Financial Crisis and Refugee Living Conditions

Volume I: Socio-economic Situation of
Palestinian Refugees in Jordan, Lebanon,
Syria and the West Bank and Gaza Strip

© 2003 Fafo

ISBN 82-7422-417-5

ISSN0801-6143

This volume: ISBN 82-7422-418-3

This report is the first volume of three:

Volume I: Socio-economic Situation of Palestinian Refugees in Jordan, Lebanon, Syria and the West Bank and Gaza Strip.

Volume II: The Persistence of Poverty.

Volume III: Social Service Delivery to Palestinian Refugees: UNRWA and other providers, UNRWA financial and donor environment.

Contents

List of Figures	7
List of Tables	9
Preface	11
Chapter 1 Introduction	14
<i>Laurie Blome Jacobsen</i>	
Volume 1	15
Volume II	17
Volume III	17
Chapter 2 Demographic Characteristics	20
<i>Marwan Khawaja</i>	
Summary of Main Findings	20
Sources and Quality of Data	21
Marriage	22
Marital status	22
Age at First Marriage	24
Fertility	24
Fertility Levels and Trends	25
Age Pattern of Fertility	27
Differentials by Education	28
Age at Birth	32
Fertility Preferences	34
Infant and Child Mortality	42
Migration	46
Lifetime Migration	47
Period Migration	49
Relatives Abroad	50
Chapter 3 Housing and Infrastructure	56
<i>Laurie Blome Jacobsen</i>	
Summary of Main Findings	56
Introduction: Housing, individual welfare and development	58
Refugee Camp Housing and UNRWA	59
Overview Of Physical Characteristics Of The Dwelling	61
Dwelling Size	61
Types of Construction and Construction Materials	61
Dwelling Density	63
Infrastructure Amenities	66
Access to Safe, Stable Drinking Water and Sanitation	67
Infrastructure Amenities in the West Bank and Gaza Strip	70
Infrastructure Amenities in Jordan	71
Infrastructure Amenities among Camp and Gathering Refugees in Lebanon	71
Infrastructure Amenities among Camp and Gathering Refugees in Syria	73
Indoor Environment and Satisfaction with Housing	73

Chapter 4 Education and Human Capital	79
<i>Laurie Blome Jacobsen</i>	
Summary of Main Findings	79
Introduction	81
Education in the Adult Population	81
Literacy	82
Education Level of the Working-age Population	84
Success: Those with secondary or higher education	86
Educational Mobility	90
The Pay-off from Education: Employment	91
Education in the Child and Youth Population	95
Current Enrolment	96
Factors Determining Enrolment	98
Delayed School Start and Grade Repetition	101
Drop Out and Activities of the Non-enrolled	103
Subjective Reasons For Drop-Out	106
Consequences of Drop Out: Youth illiteracy	107
Chapter 5 The Labour Market	110
<i>Willy Egset</i>	
Summary of Main Findings	110
Introduction	111
The Analytical Framework	111
Labour Force Participation	113
Multivariate Regression on Labour Force Participation: Sex, health and level of education most important determinants	119
The Structure of Employment	121
Unemployment	131
Some comments on underemployment.	133
Annex 5	138
Chapter 6 Household Income	144
<i>Willy Egset</i>	
Summary of Main Findings	144
Introduction	145
The Data	145
Income Levels: Camp refugees lag behind national income levels	145
Composition of Income: Majority rely on earnings from own labour	149
Income Distribution	153

Chapter 7 Health and Nutrition	156
<i>Laurie Blome Jacobsen</i>	
Summary of Main Findings	156
Introduction.....	159
Mother and Child Health: From Pregnancy through Early Childhood	160
Prenatal Care	161
Delivery Assistance	165
Maternal Mortality	166
Birth Weight	167
Early Childhood Nutrition	168
Vaccination during the First Two Years	172
Children Five to 15 Years: Illness and disability	175
Health in the Adult Population: 15 years and older	176
Self-assessed General Health	176
Chronic Illness and Disability	178
Smoking in the Adult Population	181
Psychological Wellbeing	182
Health Insurance, Facility Utilisation and Consultation Costs	183
Health Insurance and Eligibility for UNRWA Health Services	183
Recent Acute Illness or Injury and Utilisation of Medical Consultation	187
Chapter 8 Palestinian Refugees in Syria	196
<i>Dr. Adnan Abdul Rahim</i>	
Summary of Main Findings	196
Syrian Economy and Socio-Economic Conditions of the Palestinian Refugees.....	201
Educating the Palestinian Refugee Children in Syria: UNRWA and Syrian schooling	208
Vocational Training	210
Pre-school education	210
Other Education Activities and Resources for Palestinian Refugee Parents and Youth	210
A Comparative Approach to Palestinian Refugees in Syria	211
Annex 8.1	217
Syrian Human Development Indicators	217
Chapter 9 Population Forecasts of Palestinian Refugees 2000-2020	219
<i>Jon Pedersen</i>	
Introduction.....	219
The Methods and Data	219
The Initial Population and The Number of Refugees	221
Mortality	224
Fertility	226
Results	229

List of Figures

Figure 2.1: Percent of females never married by refugee status and age.	23
Figure 2.2: Age-specific fertility by country (refugees).	27
Figure 2.3: Total fertility rate by completed education and refugee status.	28
Figure 2.4: Total fertility rate by completed education and camp, non-camp location (refugees).	30
Figure 2.5 continued: West Bank non-refugees.	32
Figure 2.5: Age-specific fertility rate by education and refugee status.	31
Figure 2.6: Mean age of women at birth by period and refugee status.	33
Figure 2.7 continued: Mean age at birth by period and refugee status.	35
Figure 2.7: Mean age of women at birth by period and refugee status.	34
Figure 2.8: Current contraceptive use by type and refugee status (percent).	38
Figure 2.9: Current contraceptive use by age and refugee status (percent).	40
Figure 2.10: Source of first contraceptive use by refugee status. Percent of women.	41
Figure 2.11: Infant and child mortality by refugee status.	43
Figure 2.12: Lifetime migration by refugee status (percent).	47
Figure 2.13: Place of birth by migration status.	47
Figure 2.14: Percent lifetime migrant by age, sex, and refugee status.	48
Figure 2.15: Period migration by refugee status.	49
Figure 2.16: Percent of households with close relatives abroad.	51
Figure 2.17: Percent households with close relatives by place of destination.	51
Figure 3.1: Percent households with 3 or more persons per room.	63
Figures 3.2 to 3.4: Average predicted probability for crowding by household income.	65
Figure 3.5: Percent of households with select infrastructure.	68
Figure 3.6: Infrastructure amenities in the WBGs (1995)	70
Figure 3.7: Infrastructure amenities in Jordan (1997 non-camp and non-refugee, 1999 camp).	71
Figure 3.8: Infrastructure amenities in Lebanon.	72
Figure 3.9: Infrastructure amenities in Syria.	73
Figure 3.10: Percent households with 2 of 3 indoor environment problems (humidity, temperature, ventilation).	75
Figure 3.11: Jordan, percent households dissatisfied with housing.	75
Figure 3.12: Lebanon, percent households dissatisfied with housing.	76
Figure 3.13: Syria, percent households dissatisfied with housing.	77
Figure 4.1: Percent of individuals literate. Ages 15-64.	82
Figure 4.2: WBGs, percent literate by age	83
Figure 4.3: Jordan, percent literate by age	84
Figure 4.4: Lebanon, percent literate by age	84
Figure 4.5: Syria, percent literate by age	84
Figure 4.6: Percent persons 20-64 years with secondary or higher education	86
Figure 4.7: Jordan, percent camp refugees 20-64 years with at least secondary education.	87
Figure 4.8: Lebanon, percent aged 20-64 years with secondary or higher education	87
Figure 4.9: Syria, percent aged 20-64 years with secondary or higher education	87
Figure 4.10: Percent aged 18-29 years with less than basic or no education	89
Figure 4.11: Employment status of camp men by level of education and vocational training (15-64 years)	93
Figure 4.12: Employment status of camp women by level of education and vocational training (15-64 years)	94
Figure 4.13: Basic school supervising authority, percent of enrolled students.	96
Figure 4.14: Secondary school supervising authority, percent of enrolled students.	96
Figures 4.15a-4.15d: Age group enrolment ratios.	97
Figures 4.16a-d: Delayed school start: Percent of 6 and 7 year-olds not enrolled in school.	102
Figure 4.17a to 4.17c: Percent enrolled at least 1 year behind in school.	103
Figure 4.18: WBGs. Age specific drop-out (1995)	104
Figure 4.19: Jordan: Age specific drop-out (2000)	105

Figure 5.1 Labour force participation by location, sex and region (percent).....	114
Figure 5.2a -5.c. Labour force participation by refugee status and age (percent).....	115
Figure 5.3. WBGS, labour force participation by years of education.	116
Figure 5.4. Labour Force Participation by Education and Refugee Status.....	117
Figure 5.5: Distribution of employment by sector and refugee status. Lebanon and Jordan.	125
Figure 5.6: Distribution of employment by employment and refugee status. Lebanon and Jordan.....	125
Figure 5.7: Distribution of place of work. Camp refugees. Jordan and Lebanon.	126
Figure 5.8. Distribution of Employment by Full time, Part-time and Temporarily Absent. Jordan and Lebanon.....	130
Figure 5.9: Unemployment rates by refugee status.....	131
Figure 6.1: Jordan. Mean annual household income in brackets (JD per year).	146
Figure 6.2: Lebanon. Mean annual household income in brackets (LL '000 per year).	146
Figure 6.3: WBGS. Mean household consumption (JD per year).	147
Figure 6.4: Jordan Camps. Household income by main source of income (JD/year).....	151
Figure 6.5: Lebanon camps. Household income by main source of income ('000 LL/year).	151
Figure 6.6: WBGS. Household expenditures by main source of labour Income.	151
Figure 6.7: Jordan camps. Composition and level of Income by quintiles.	152
Figure 6.8: Lebanon camps and gatherings. Composition and level of income quintiles.	152
Figure 6.9: Lorenz curves, Lebanon, Jordan and Syriaand Lebanon camps and gatherings.	154
Figure 7.1: Average probability of receiving prenatal care.	162
Figure 7.2: Place of delivery.	165
Figure 7.3: Percent reporting own health as bad or very bad. Ages 15 years and older.	177
Figure 7.4a: Jordan.	179
Figure 7.4a-c: Percent chronically ill or disabled by age. Ages 15 years and older.	179
Figure 7.5: Mean score on psychological distress index. Persons 15 years and older.	182
Figure 7.6: WBGS. Percent distribution of health insurance. PCBS, 2000.	186
Figure 7.7: Jordan. Percent distribution of health insurance. (JLCS; 1996; JCS, 1999).	186
Figure 7.8: Lebanon. Percent distribution of health insurance (LIPRIL, 1999).	186
Figure 7.9: Syria. Percent distribution of health insurance. (LIPRIS 2001).	187
Figure 7.10: WBGS. Percent distribution of health care provider. Households with persons ill or injured and sought attention at a medical clinic in the last month.	189
Figure 8.1: Percent distribution of Palestinian refugees in camp and gathering areas in Syria by age group.....	200
Figure 8.2: Syria: Percent 6-11 years enrolled in elementary education 1970 and 1978.	208
Figure 9.1: Development of Life Expectancy for Palestinians by Gender. Smoothed line is a Cubic Spline. Circles represent estimates derived from orphanhood data, triangles from infant mortality data.	224
Figure 9.2: Trends in Infant Mortality among Palestinian Refugees in Lebanon (line is a loess smooth).	226
Figure 9.3: Development of Total Fertility Rates.	227

List of Tables

Table 2.3: Mean age at first marriage by gender.	24
Table 2.1: Summary of data sources.	22
Table 2.2: Marital status by refugee status (percent of women).	22
Table 2.4: Total fertility rate by period and country; 1983-1994.	25
Table 2.5: Total fertility rate by period and country, 1983-1998.	26
Table 2.6: Mean ideal number of children by education level (women 20-29 years).	36
Table 2.7 continued: Knowledge and ever use of contraceptives by method and refugee status, percent.	38
Table 2.7: Knowledge and ever use of contraceptives by method and refugee status (percent).	37
Table 2.8: Percent married women using contraception by education level and refugee status.	39
Table 2.9: Infant mortality by gender and education of the mother.	44
Table 2.10: Child mortality by gender and education of the mother.	45
Table 3.1: Percent and estimated number of households with various housing problems.	62
Table 3.2: Dwelling size.	62
Table 3.3: Percent of households in large households.	64
Table 3.4: Percent of households with indoor environment problems.	74
Table 4.1: Percent of camp, gathering refugees with less, same or higher education levels than their parents (20-64 years, not enrolled in school).	91
Table 4.2: Percent of individuals currently enrolled in or ever having completed any type of vocational training program (vocational secondary, vocational after formal schooling, vocational short course or vocational training on the job). Ages 20-64 years.	92
Table 5.1: Men. Reasons for non-participation in labour force by age. Jordan and Lebanon camps.	118
Table 5.2: Women. Reasons for non-participation in labour force by age. Jordan And Lebanon camps.	118
Table 5.3: Men and women. Reasons for non-participation in labour force by age. WBGS.	119
Table 5.4: Industry of employment by refugee status: Jordan and Lebanon. Percent of the employed.	122
Table 5.5: WBGS. Industry of employment by refugee status. Percent of the employed.	123
Table 5.6 Syria camps and gatherings. Industry of employment.	123
Table 5.7. Unemployment Rates by Sex, Age, Education and Refugee Status.	132
Table 5.7: Working hours, pay per hour and week. Jordan camps and Lebanon camps and gatherings.	127
Table A5.1: Total labour force participation rates, Jordan, Lebanon and the WBGS.	138
Table A5.2: Industries by education and sex, Jordan camps.	138
Table A5.3: Industries by education and sex, Lebanon camps.	138
Table A5.4: Labour force participation, regression outputs, Lebanon camps.	139
Table A5.5: Economic activity, regression outputs, Jordan camps, Classification table.	140
Table A5.6: Linear regression on wages, Jordan camps, Model summary.	141
Table A5.7: Linear regression on wages, Lebanon camps, Model Summary.	141
Table A5.8: Logistic regression, Unemployment, Jordan camps, Classification Table.	142
Table A5.9: Logistic regression, Unemployment, Lebanon camps, Classification Table.	143
Table 6.1: Annual household and per capita income levels in USD (nominal and PPP) for Syria, Lebanon, West Bank and Gaza camps (and gatherings in Syria and Lebanon).	148
Table 6.2: Incidence of income sources.	150
Table 6.3: Main source of income.	150
Table 6.4: Jordan and Lebanon camps. Composition of household transfers.	154
Table 6.5: Income distribution. Jordan camps and Lebanon camps and gatherings.	154

Table 7.1: National mortality indicators.	160
Table 7.2: Prenatal care, percent of births last 5 years.	161
Table 7.3: Percent deliveries assisted.	164
Table 7.3: Percent deliveries assisted.	166
Table 7.4: Maternal mortality rate (deaths per 100,000 live births).	167
Table 7.5: Percent of infants with low birth rate	168
Table 7.6: Categories of prevalence rates of malnutrition in 79 developing countries, below -2 SD from reference median. WHO.	168
Table 7.7: Regional estimates for the prevalence of underweight, stunted and wasted children less than 5 years of age. WHO, 1993.	169
Table 7.8: Percent malnourished according to nutritional status measures. Children under 5 years.	171
Table 7.9: Children 12-23 months. Percent immunised by refugee status and field.	173
Table 7.10: Percent of children 5 through 14 years chronically ill or disabled.	175
Table 7.11: Estimated refugee population. Adult health problems. 15 years and older.	177
Table 7.12: Percent disabled. WBGs. PCBS, 1997.	178
Table 7.13: Percent chronically ill or disabled. Ages 15 years and older.	178
Table 7.14: Percent regular smokers. Ages 15 years and older (or as noted).	181
Table 7.15: Acute illness, provider utilisation. Estimated population (Faf0,1999).	184
Table 7.16: UNRWA Eligibility and Health Insurance. Estimated population (Faf0,1999).	185
Table 7.17: WBGs. Percent with unexpected illness or injury in the last 2 weeks and medical consultation by source. ...	188
Table 7.18: Percent with acute illness or injury in last 2 weeks, and medical consultation by source.	190
Table 7.19: WBGs. Mean medical consultation and medicines cost. Source for NIS amounts, HDIP, 1997.	192
Table 7.20: Jordan and Lebanon. Mean medical consultation and medicines cost.	193
Table 7.21: Jordan. Mean medical consultation cost by provider.	194
Table 7.22: Lebanon. Mean medical consultation cost by provider.	194
Table 8.1: Population estimates of Palestinian refugees in camp and gathering areas in Syria.	199
Table 8.2: Demographic characteristics of Palestinian refugees in camp and gathering areas in Syria.	200
Table 8.3: Demographic characteristics of Syrian national population.	200
Table 8.4: Syria: Economic Indictors 1970-2000. Percent annual growth by periods.	202
Table 8.5: Distribution of refugee employment by sector or position. Percent of persons employed.	204
Table 8.6: Distribution of Palestinian households by income group. Percent of households in each group.	204
Table 8.7: Syria: National Health Capacity 1970 and 1988.	205
Table 8.8: Syria: Select Health Indicators.	206
Table 8.9: Registered Palestinian Refugees. Select Health Indicators 1997-1998.	206
Table 8.10: Syria: Pupils per class, per teacher and higher education enrolment 1970 and 1998.	209
Table 8.11: Palestinian refugees. Select enrolment indicators.	209
Table 9.1: Faf0 surveys used for forecasting the Palestinian refugee population.	220
Table 9.2: Sources for Population Estimation of Population Parameters.	220
Table 9.3: Correction of Total Population Using Enrolment Figures in Syria.	222
Table 9.4: Estimated Life expectancy in year 2000.	225
Table 9.5: Projection of Development of Total Fertility Rates.	228
Table 9.6: Numbers of Palestinian Refugees 2002-2020 (1000's).	229
Table 9.7: Distribution of Palestinian Refugees 2002 - 2020 (percent).	230
Table 9.8: Numbers of First Generation Palestinian Refugees 2002 - 2020 (1000's).	230
Table 9.9: First Generation Palestinian Refugees 2002 - 2020 (percent).	230

Preface

Since the early 1990s, the budget of the United Nations Relief and Works Agency for the Near East (UNRWA) has faced a significant shortage of resources relative to the level of funding identified by the Agency as necessary to maintain a constant level and quality of basic services to the growing population of Palestinian refugees. Refugees themselves, the Agency and donors alike have voiced a concern about the effect on the living conditions of the refugee population due to this shortage of funds.

As Norway has financed a series of studies of living conditions and surveys among the Palestinian refugees, Norway commissioned the Fafo Institute for Applied International Studies to produce accurate and objective data and analysis relevant for the policy debate on the impact of UNRWA's present financial situation on refugees, and the future financing of services to refugees. Switzerland joined the project with an aim to help create debate among professionals within the Palestinian community on the pertinence and meaning of the findings. Both countries have done so out of commitment to the Agency and in solidarity with the refugees. On this basis, Fafo embarked on a collaborative effort with a network of professionals in the region.

Fafo is proud to present the result of this work in the form of a three-volume report. Limitations in the available data has, of course, restricted both coverage and analysis, but this report nevertheless provides the most comprehensive and updated compilation of data and analysis of the living conditions for Palestinian refugees living in the host countries in the Middle East that has ever been made.

We are grateful to all our colleagues outside of and within Fafo for their excellent work in authoring the report. All authors are identified on their contributions. Laurie Blome Jacobsen from Fafo has directed the project and edited the volumes, and I thank her for persistent and well-managed coordination.

We are also in debt to UNRWA for their interest in the project and for forthcoming cooperation throughout the project. We have discussed our findings and we have shared views, but it should be needless to say that all results and views presented in the report are the sole responsibility of the authors and do not reflect any position taken by the Agency nor by the institutions financing the study.

This study has received the generous contribution of many individuals. We thank all of the individuals who offered their insights to us during fieldwork interviews and workshops, including UNRWA staff at Gaza Headquarters and UNRWA Headquarters in Amman, and UNRWA Programme and Field Directors. Our gratitude also goes to the members of our Editorial Advisory Group (Randa Farah, Rema Hammami, Ahmad Hammouda, Muhammad Ali Khalidi, Youssef Al Madi, Adnan Abdel Rahim, Rosemary Sayigh, Abdel Fattah Abu Shokor, Salim Tamari, Ali Zaghal) who have been closely involved throughout the project. We thank them for their time and their excellent counsel.

Acknowledgement is due to the Norwegian Ministry of Foreign Affairs for their funding of both this particular project and for the living conditions surveys from which we have taken most of the statistical data. We are grateful for their incessant interest and support. Acknowledgment is also due to the Swiss Agency for Development and Cooperation (SDC) for their funding of the workshop series and the Editorial Advisory Group, and for providing feedback and participation in the final workshop at Montreux, Switzerland. We also thank Max Fahrni for his help in arranging the Montreux workshop.

We also thank the Fafu staff in Jerusalem (Akram Attalah and Hani El Dada) and in Amman (Gro Hasselknippe) who provided valuable assistance in fieldwork and arranging workshops.

Oslo, October 2003

Jon Hanssen-Bauer
Managing Director
Fafu Institute for Applied International Studies

Chapter 1

Introduction

Laurie Blome Jacobsen

For the past five decades, international intervention in Palestinian refugees' socioeconomic conditions has been largely the responsibility of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). UNRWA's mandate requires that the Agency supply Palestinian refugees registered with the Agency in Jordan, Lebanon, Syria and the West Bank and the Gaza Strip with basic health, education and relief services.

The 1993 signing of the Declaration of Principles by the Palestine Liberation Organisation and the Government of Israel was followed by an unprecedented flow of donor funds for assistance to the Palestinians in the West Bank and Gaza Strip. While a considerable portion of development funds were channeled through UNRWA, this aid was allocated for project use and not for the costs associated with service provision. On the contrary, since the early 1990s UNRWA's regular budget has had to face a significant shortage of resources relative to the level of funding identified by the Agency as necessary to maintain a constant level

and quality of basic services to the growing refugee population. For example, during the period 1991 to 1996, the population of refugees registered with UNRWA grew by 29 per cent while UNRWA expenditure, which is based on actual donor contributions rather than demand for services, increased by less than 1 per cent.

The objective of the research project is to produce accurate and objective data and analysis relevant for the policy debate on the impact of UNRWA's present financial situation on refugees, and the future financing of services to refugees.

The three main questions are posed throughout are: What are the living conditions of Palestinian Refugees? What difference does UNRWA make to the living conditions of the refugees? What impact is UNRWA's financial crisis having on living conditions?

The resulting analysis is organized into three separate volumes, each addressing a specific theme, with the first

identifying baseline living conditions, the second discussing poverty and its implications, and the third, describing UNRWA and other service delivery to the Palestinian refugees generally, and the budgetary process and donor environment of UNRWA specifically.

Volume 1

The Chapters in Volume I are basically comprised of desk-studies of baseline living conditions among refugees such as demographics, housing, education, health, employment and income. The analyses rely primarily on data generated from Fafo and local partner living conditions' surveys in the various countries in which UNRWA operates. Here, the data has been standardised across the countries allowing for a good deal of comparative indicators in the areas of housing, education, health, labour market and income. For some locations, namely Jordan and the West Bank and the Gaza Strip, we have data to also compare the situation of refugees versus non-refugees in that setting for a limited number of indicators. For the remaining countries of Lebanon and Syria, we incorporate national statistics where possible to compare conditions among refugees to the national population. In these chapters, identification of what constitutes a "refugee" versus a "non-refugee" is based on self-reporting by the refugees themselves. That is, those reporting their

refugee status to be a refugee from 1948, or a refugee from 1967, or displaced are considered "refugee". Households with any refugee members are considered "refugee households". This differs from the definition of refugee by UNRWA, and therefore, there are substantial numbers of refugees not currently registered with the Agency due to their lack of eligibility.

In Chapter 2, Marwan Khawaja explores a range of demographic indicators describing refugee fertility levels and how they have changed over time, in addition to such related topics as contraceptive use and marriage age. Dr. Khawaja also describes general migration patterns among Palestinian refugees in the region.

In Chapter 3, Laurie Blome Jacobsen gives an overview of housing conditions among Palestinian Refugees. Here, certain key indicators are highlighted (such as temporary versus permanent housing, crowding, access to infrastructure) along with a general description of a broad range of housing characteristics, to compare the situation of refugees in camps and outside of refugee camps to others in the host country and in the region. Specific types of households vulnerable to poor housing standards are identified according to their socioeconomic status and/or type of location in which they reside. Variations among

camp refugees across the different host countries are also examined.

In Chapter 4, Laurie Blome Jacobsen finds that the impact of UNRWA provision of basic education has contributed much to the development of literacy among refugees, particularly women, but that in Lebanon education outcomes are markedly worse than elsewhere, and in recent years in camps in most fields some of these good outcomes have begun to deteriorate. The chapter begins with an overview of literacy and level of education achievement among adults. Current enrolment of children and youth is then examined. Education problems such as school drop out and grade retention are discussed in-depth.

In Chapter 5, Willy Egset provides an overview of Palestinian refugees' situation in the labour market of the various host countries. Mr. Egset finds that camp and non-camp refugees have similar participation levels, although camp refugees have somewhat lower labour force participation and higher unemployment than others. The chapter includes a thorough analysis of the level of economic activity by refugees, the structure of their employment and unemployment levels. The chapter concludes with multivariate analysis on labour force participation which gives insight into determining factors leading

refugees' to be more or less likely (or able) to seek employment.

Willy Egset continues discussion of the economic situation of refugees in Chapter 6, which focuses on the income level among Palestinian refugee households. He finds refugee camps, in general, are distinguished as low income compared to elsewhere. The analysis looks at both the absolute level of income across fields and types of households, as well as the composition of income sources and income distribution.

Mr. Egset finds that poor health is linked to lack of labour force participation, and the health status of refugees is explored in detail in Chapter 7. Laurie Blome Jacobsen finds that UNRWA's basic health program has done much to result in better women and child health outcomes that might be expected given the relatively worse off economic situation for most camp refugees. However, adult health among camp refugees is generally poor, and especially poor among refugees in Lebanon, and a large contributor to this is adult chronic illness. The Chapter begins with an overview of the main mother and child health indicators (prenatal care, assisted delivery, low birth weight, vaccination), and then turns to adult health measures such as chronic illness, disability and self-reported health status. Access to health insurance and cost of care are also described.

In Chapter 8, Adnan Abdul Rahim provides an overview of the living conditions among Palestinian refugees in Syria. Dr. Rahim describes a wide range of indicators as well as providing a thorough description of the economic situation in Syria, its history and how this has impacted the refugee community there.

The Volume concludes with Chapter 9, in which Jon Pedersen provides a population forecast of Palestinian refugees across all fields. Using several projection methodologies, estimates of the size of the Palestinian population are made for various intervals in time from the year 2002 up to the year 2020.

Volume II

The second volume in the series focuses exclusively on the issue of refugee poverty. While income levels are discussed in the first volume, the second volume explores the broad implications for poverty and its determinants. In Chapter 1, Willy Egset discusses the various methodological approaches to the study of poverty, and proceeds to describe outcomes among refugee households for both income poverty as well as other, more subjective indicators of poverty. The chapter concludes with multivariate analysis providing insight into determinants of poverty among households.

In Chapter 2, Penny Johnson and Lee O'Brien frame the issue of poverty quite differently from Egset. Rather than focusing on the profile of refugees that are poor by income or other subjective measures of poverty, the authors address poverty among Palestinian refugees within a "capability approach" positing poverty and vulnerability as an integral part of refugee-ness and the lack of ability of refugees to respond to this state due to their dislocation. The authors highlight the unique situation of refugees' "location" being a set of legal, social, historical and political factors that increase vulnerability — as does being in a state of "perpetual emergency" generated by chronic conflict and humanitarian crisis. Chronic deprivation, find the authors, a result of these and other aspects of refugee life, impact the functioning and capabilities of those in refugee camps which in itself constitutes poverty as well as contributes to lack of income.

Volume III

The third volume in the series turns to a more direct discussion of UNRWA — its services and how the level and quality of services has developed over the 1990s. Several chapters also address the unique budgeting and donor environment context of the Agency, and how this relates to financial crisis within UNRWA. The objective of the first part of the volume

is to give both a broad overview of the type of services (education, health, welfare) available to refugees (from a variety of providers) as well as to give insight into where there appear to be gaps in service coverage for refugees due either to the inability of the Agency to provide more or higher levels of service, or due to refugees inability to gain access to such services. The objective of the budgetary processes and donor contributions chapters is to describe a complex system of financial management within the Agency as well as between the Agency and its major donors.

In chapters 1 and 2, Laurie Blome Jacobsen, Lena Endresen and Gro Hasselknippe describe the characteristics, level and scope of UNRWA education and health services respectively. The authors explain how UNRWA resources are allocated across fields and subprograms, and how both this allocation and levels of input in terms of staff, facilities and other aspects have evolved during the 1990s. Next, the chapters take a step back to assess the range of service providers including government, private and other NGOs that are sometimes used by refugees. Background factors involved in refugees' actual utilisation of UNRWA as an education and health provider are identified. Each chapter evaluates the education and health outcomes identified in Volume I together with service delivery patterns to point out gaps in service provision for refugees.

In chapters 3 and 4, Dr. Marzio Babilie takes a closer look at just one of the fields of UNRWA operation, the West Bank and Gaza, and focuses on the issue of health. Preliminary fieldwork in the West Bank and Gaza led researchers to understand that the issue of mental health was an area in healthcare for which there was a serious lack of services available to refugees under much stress. Therefore, Dr. Babilie dedicates the entire Chapter 3 to a study of the context of mental health, and mental health care services in each of the West Bank and Gaza Strip. The author discusses the main determinants of mental health problems, assesses refugees' access to and the scope of services available. Coordination in the provision of services among providers is also discussed. In Chapter 4, Dr. Babilie examines the wider issue of quality of health services offered by UNRWA in the West Bank and Gaza Strip, including a stake-holders' analysis of perceptions of quality and health policy.

In Chapter 5, Rex Brynen provides an overview of the donor contribution to UNRWA process and trends during the last decade. Dr. Brynen begins the chapter with a description of three main "methodological" issues that make answering the question of whether or not there is, indeed, a "financial crisis" in the Agency and its depth, problematic. The author describes how exchange rates and price changes can result in the value of

donor contributions in terms of actual expenditure eroded. Gaps between the time a pledge is made and actual disbursement of funds to UNRWA, in addition to discrepancy between this process and UNRWA's budget year can lead to apparent shortfalls and cash shortages temporarily. Finally, the type of contribution (to the Agency's regular fund, emergency or project funds) can lead to shortfalls in the first although total donor contribution is unchanged or even increased. Dr. Brynen then discusses a number main issues related to the donor contribution process, including changes in donor contributions (both relative to international aid trends and absolute), and variations in the level of support for UNRWA among the community of donors. The author then presents a series of case studies, highlighting the donor policy-making and the contribution process in four key UNRWA donor states. Dr. Brynen concludes with a discussion of the long-term funding prospects for the Agency.

In the final chapter, Ian Barney explores the budgeting processes in UNRWA, highlighting how this has both influenced UNRWA – donor relationships and been influenced by the same, in addition to a wider context of the donor community and UN reform requiring “value for money” in aid programmes. “Mutual suspicion” was the distinguishing feature of UNRWA – donor relations in the early 1990s. A low level of “trust” between donors and UNRWA, finds Mr. Barney, has been both a symptom and a cause of the Agency's financial situation. Lack of transparency in UNRWA's financial management system and non-inclusive decision-making has made the Agency unable or unwilling to channel accu-

rate and timely data about financial and service allocations, which has seriously curtailed donors' ability to make decisions vis-a-vis the Agency. One effort to address these problems has been the overhaul of the Agency's financial management system and implementation of a Programme-based Budgeting system. This shift, from line item budgeting to a budgeting system which explicitly links financial expenditure and outcomes, finds the author, has had varying success regarding perceptions of trust and involvement among stakeholders, UNRWA staff, clients and the donor community.

Chapter 2

Demographic Characteristics

Marwan Khawaja

Summary of Main Findings

This chapter presents a largely descriptive account of the demographic situation of the Palestinian refugee population in four settings: The West Bank, Gaza Strip, Jordan and Lebanon. Trends and differentials in three key demographic variables — fertility, mortality and migration — are examined, using high quality household survey data. The focus is on issues related to family reproduction because (1) the demographic future of the Palestinians is largely determined by fertility and (2) it is widely believed that high fertility is the source of most population problems, especially reproductive health. Comparisons with the non-refugee population in each of the three settings will be made.

For the most part, refugee status can no longer be considered a fundamental distinguishing feature of Palestinian demographic behavior. Variations across countries far exceed those between refugees and non-refugees within the same setting. There are, of course, differentials by refugee status in every setting, but these are either unduly small

(in the statistical sense) or favour the refugees (e.g., infant mortality). The refugee population has become more differentiated over the years, with those residing outside the camps having generally different (socio-economic) characteristics than their camp counterparts. Thus, the camp, non-camp distinctions are still relevant everywhere, notwithstanding the legal or the circumstantial situation of the refugees residing in the various settings.

General features of the Palestinian refugee population are well known. The growth rate has been high, and has accelerated in the West Bank and Gaza Strip during the *Intifadah* years, as fertility remained high (or increased in Gaza) and mortality has fallen to low levels. Recently, fertility has begun to drop everywhere but the Gaza Strip, owing mainly to a postponement of marriage and an increase in the proportion of women remaining single. While age at marriage and birth is still low, it has been increasing in recent years. Rapid adoption of modern contraceptives and expansion of family planning services have paralleled the fall in fertility. Fertility is lower among the refugees than the non-refu-

gees in every setting, with the proportion married generally lower and age at marriage higher among the former as compared to the latter. Yet, the refugees have higher 'desire' for children than the non-refugees. With the exception of the Gaza Strip, contraceptive use is pervasive in every field by Arab standards. Infant mortality is relatively high in the Lebanese field, but the levels are lower among the refugees than the non-refugees everywhere else. The majority of Palestinian refugees in the four areas currently live in their locality of birth, with only about 10 percent of them (on average) being first generation (1948) refugees. Internal migration is relatively uncommon overall, but it is more common among the refugees than the non-refugees.

Sources and Quality of Data

Our main sources of data are primarily four household surveys undertaken by Fafo in collaboration with local institutions in the three settings. The first of these is the 1995 Palestinian Demographic Survey carried out in cooperation with the Palestinian Central Bureau of Statistics (PCBS 1997). The main purpose of the other three surveys was to obtain a wide range of data relevant to living conditions. However, each of these surveys contains a detailed module on demographic characteristics. The Fafo

living conditions surveys are remarkably similar in design, content, and definition of variables, making comparative analyses a relatively easy task. In addition, unpublished data on contraceptive use from the 1996 Palestinian Health survey are also used (PCBS 2000). This survey is based on a sub-sample of the Demographic Survey and contains conventional mother and child health data. The source of fertility and mortality data collected in each of the surveys was the birth history provided by each of the ever-married women aged 15 through 54 years. Table 2.1 displays the main characteristics of the surveys used in the analysis.

The quality of the age data is of considerable importance in household surveys because the age distribution is needed for various estimates (Ewbank 1981, Rutstein and Bicego 1990). Age was derived from date of birth, although in some cases date of birth will have been imputed, or otherwise calculated, from completed age. As would be expected, the data of day and month of birth are incomplete, but age in completed years and year of birth were virtually complete in all the surveys used here. Other variables were generally well reported, with low levels of non-response. Data used in fertility, mortality and migration estimations are discussed in the relevant sections.

Table 2.1: Summary of data sources.

Survey	Year	Coverage	Sample		
			Households	Women 15-54 years	Events in birth history
West Bank and Gaza Strip Demographic Survey	1995	West Bank and Gaza Strip	15,683	16,204	78,490
West Bank and Gaza Strip Health Survey	1996	West Bank and Gaza Strip	3,934	3,349	--
Jordan Living Condition Survey	1996	Jordan	6,472	4,975	23,974
Jordan Camps Survey	1999	12 Camps	2,590	2,266	9,851
Lebanon Camps Survey	1999	All camps and communities of Palestinians	3,629	2,899	11,977

Marriage

Marriage and family reproduction are of prime importance in a policy-oriented demographic perspective largely because they affect birth rates (Smith 1983). This is especially the case in the Arab countries where premarital fertility is a cultural taboo. The customary Arab marriage pattern can be generalized as early and universal marriage. More recently, however, there has been a trend towards later marriages and higher rates of celibacy in many countries. This trend is evident among refugees, with a direct bearing on fertility behavior and population growth.

Marital status

Distribution of the respondents by marital status shows little differences between refugees and non-refugees in terms of exposure to fertility, especially in Jordan and the Gaza Strip. As shown in Table 2.2, slightly smaller proportions of female refugees are currently married

than their non-refugee counterparts in the three settings. This is largely due to differentials in the proportions divorced, widowed, and separated. While the observed differences are small, they have a relatively large impact on family reproduction. Remarriage among women is uncommon in the Palestinian context, and so the time lost to the risk of being exposed to childbearing is large for women in their reproductive years. More significant, however, are the differences across countries, corresponding to the differentials in fertility levels. Thus, the Gaza strip stands out as the place with

Table 2.2: Marital status by refugee status (percent of women).

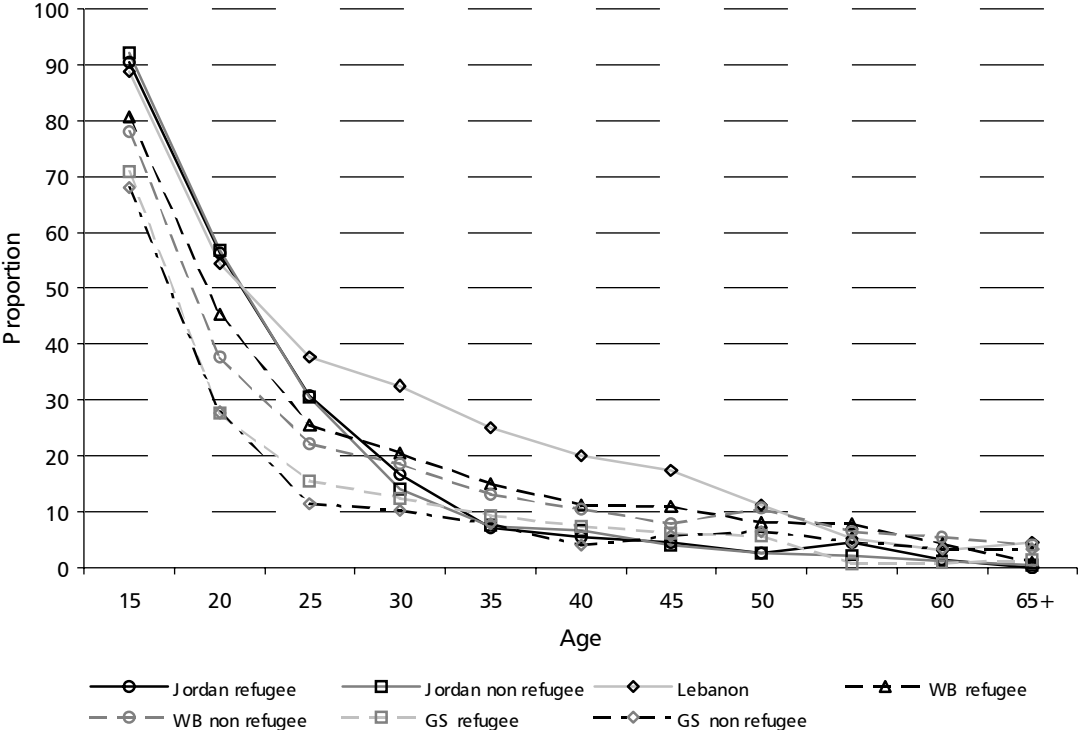
Country	Single	Married	Widowed	Divorced	Separated
<i>Gaza</i>					
Non refugee	23.5	67.7	7.4	1.1	0.4
Refugee	23.9	65.1	8.7	1.7	0.7
<i>West Bank</i>					
Non refugee	30.0	61.0	7.6	0.9	0.5
Refugee	32.5	56.4	9.1	1.3	0.7
<i>Jordan</i>					
Non refugee	35.5	55.5	7.3	1.2	0.5
Refugee	36.9	54.7	6.6	1.3	0.5
<i>Lebanon Refugee (camps)</i>					
	37.0	49.7	11.0	1.8	0.5

the least proportion of females remaining single, amounting to about 24 percent. At the other extreme, about 37 percent of the female camp refugees in Lebanon are single. Interestingly, Jordan's refugees (37 percent single) are more closely similar to refugees in Lebanon than to those in the West Bank (33 percent).

These differences in marital status generally hold across age groups of women, and are especially large during prime reproductive ages, 25 through 29 years. Camp refugees in Lebanon stand out with the largest proportions of women never married, resembling their Lebanese sisters (Figure 2.1). By age 25

years, almost 40 percent of women remain single, and about one out of every five women never marry by age 44 years — these figures are comparatively high for a developing country, indicating the demise of universal marriage there. Also, the West Bank has surprisingly larger proportions of women remaining single beginning with age 30 years than Jordan, and this is true for both refugees and non-refugees. Thus, while the pattern for Jordan appears to be due to delayed age at marriage, it is not so for the West Bank. In other words, if a woman remained single by age 25 years her chances of getting married are much greater in Jordan than the West Bank.

Figure 2.1: Percent of females never married by refugee status and age.



Like in Lebanon, marriage can no longer be considered universal in the West Bank. Male migration and the policy of sex-selective family reunification during the years of Israeli occupation might explain the uniqueness of the West Bank marriage market.

Age at First Marriage

The mean age at first marriage varies between 18.4 for non-refugee females in the Gaza Strip to 19.3 for refugee females in Jordan (Table 2.3). Thus, while refugees in Lebanon have the lowest fertility levels and the highest proportions of celibacy, they tend to marry earlier on average than their sisters in Jordan. The variations across settings are generally greater than those between refugees and non-refugees. In every setting, refugee females are more likely to postpone marriage compared to their non-refugee counterparts. Males marry about four to five years later than females on average. The ranking here is the same as that for females. Refugees in the Gaza Strip have lower (22.6 years) age at first marriage on average compared to those in Jordan (24.3 years). An examination of the mean age at first marriage by cohort (not shown) indicates a consistent decline, with the highest mean age at marriage reported for those aged 40 to 49 years. Overall, however, marriage still occurs quite early in the life of refugees, especially women.

Table 2.3: Mean age at first marriage by gender.

Country	Male	Female
Gaza		
Non refugee	22.7	18.4
Refugee	22.6	18.7
West Bank		
Non refugee	23.7	18.8
Refugee	23.8	18.9
Jordan		
Non refugee	24.6	19.2
Refugee	24.3	19.3
Lebanon		
Refugee (camps)	23.7	18.9

Fertility

The current fertility rates are estimated directly from the birth history data. The relative advantages of this method are well documented. However, retrospective birth history data suffer from many problems, particularly omissions and the misstatement of birth dates of children. Systematic displacement of children's birth dates is especially serious in surveys where age-based filtering of children is used. Specifically, children born in the last five years before the survey date have their dates of birth shifted backward by interviewers in order to avoid asking numerous questions (relating to health) of children born after this date (Arnold 1990). Blacker (1994) cautioned that such age shifting of children might result in erroneous conclusions regarding fertility trends. An examination of the year of birth distributions in the Lebanon and Jordan data — where filtering is used— reveals evidence of slight displacement. While the results do not have serious implications for fertility estima-

tion, we have chosen to calculate the rates for periods of four years before the survey instead of the conventional five-year periods in order to minimize the impact of this problem.

The estimated fertility rates are also affected by age misreporting or omissions of women aged 15 through 49 years. Some age shifting out of the 15 through 49-year age range is evident in all surveys used here, but the magnitude of age heaping is relatively low when compared with similar data from developing countries. Less than perfect age reporting for older women may introduce some downward biases in the estimated Total Fertility Rate (TFR), but we have no reason to believe that a spurious decrease in TFR is particular to one specific setting. Assessment of fertility trends using more than one survey data for each setting would be preferable here, but we rely on internal evidence due to the lack of alternatives.

Fertility Levels and Trends

Contrary to common impressions, the refugee population has lower fertility than the non-refugee population everywhere in the region. As shown in Table 2.4, the differentials in the levels of fertility by refugee status are less marked than those between refugees across settings. The fertility transition is clearly underway in Jordan and, to some extent, the West Bank, with the former having a TFR of 4.9 children per woman and the West Bank with a TFR of 5.8 during the 1991 through 1994 period. With a TFR of 7.7 children per woman, the Gaza Strip lags behind. The refugee population seems to lead the transition, especially in the West Bank where refugee women have almost 0.4 of a child less than non-refugees. The corresponding differences between refugees and non-refugees within Gaza Strip and Jordan are negligible.

A steady decline in fertility is observed for Jordan and the West Bank, but not Gaza Strip, during the 1983 to

Table 2.4: Total fertility rate by period and country; 1983-1994

Country and group	Period			Absolute change	Percent change
	1983-86	1987-90	1991-94		
Gaza					
Refugee	7.15	7.63	7.69	0.54	7.55
Non refugee	7.95	8.10	7.76	-0.19	-2.39
West Bank					
Refugee	6.17	5.64	5.50	-0.67	-10.86
Non refugee	6.47	6.02	5.88	-0.59	-9.12
Jordan					
Refugee	6.20	5.04	4.85	-1.35	-21.77
Non refugee	6.25	5.71	4.91	-1.34	-21.44

1994 period. The decline amounts to over one birth in Jordan (1.3 births) and over half a birth in the West Bank (0.6 births). And the decline appears to be slightly faster among refugees. Fertility in the Gaza Strip has actually increased during this period by about one-third of a child, and the increase is due only to a surge in the fertility of refugee women. Thus, while fertility of refugee women increased by about one-half a child, the fertility of non-refugees underwent a modest decrease of about 0.2 of a child. In percentage terms, the decline ranges from about 2 percent for non-refugees in Gaza to about 22 percent for refugees in Jordan; the West Bank is in between, averaging about 10 percent decline in fertility. If we use a common rule of thumb of 10 percent reduction in TFR to indicate the occurrence of fertility transition (Coale and Watkins 1986, Kirk 1996), then the refugees in Jordan and the West Bank are already transitional populations. The decline in these two settings can be explained largely by

marriage, and to some degree by their levels of contraceptive use as we shall show below.

Do these conclusions hold for camp and non-camp refugees? Generally, yes. The differences are larger between settings than within settings, as clearly shown in Table 2.5. Current (1991-94) levels of TFR range from a low of 3.9 children per woman in Lebanon to almost 8 among the non-camp refugees in Gaza Strip. Jordan and the West Bank lie in between, with TFRs ranging from 4.8 for the non-camp refugees in Jordan to 5.7 for the West Bank camps. Refugee fertility is higher (by about half a child) in the camps than outside them in both Jordan and the West Bank.

The Gaza Strip appears again as an anomaly also with regard to trends in fertility, increasing for both camp and non-camp refugees by about half a child during the 1983-94 period. Refugees in Jordan, West Bank, and Lebanon (camps)

Table 2.5: Total fertility rate by period and country, 1983-1998.

Country and group	Period				Absolute change	Percent change
	1983-86	1987-90	1991-94	1995-98		
Gaza						
Camp refugee	6.89	7.27	7.47		0.58	8.42
Non camp	7.48	8.10	7.95		0.47	6.28
West Bank						
Camp refugee	6.67	5.63	5.68		-0.99	-14.84
Non camp	6.00	5.64	5.44		-0.56	-9.34
Jordan						
Camp refugee*	6.92	6.11	5.25	4.33	-1.67	-29.13
Non camp	6.16	4.91	4.77		-1.39	-22.56
Lebanon						
Camp refugee		4.49	3.90	3.03	-1.46	-32.52

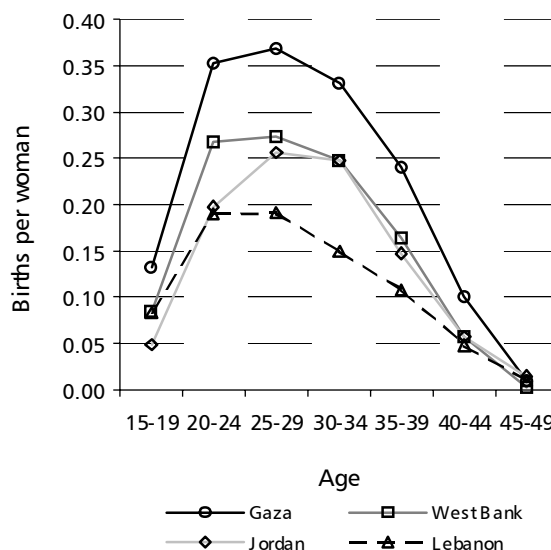
*Jordan camps survey, estimate for the earliest period is based on women aged 15-44.

show a consistent decline in fertility, especially rapid for camps, confirming the incidence of the fertility transition. Fertility in the camps of Jordan and Lebanon declined by about one and a half children during a 10-year period, amounting to about 30 percent. The decline is equally remarkable for the non-camp refugees in Jordan — 23 percent. Refugees in the West Bank lag behind, mainly due to a pause during the *Intifadah* period, but experienced a decline of 15 percent for camp refugees and 9 percent for non-refugees, during the same period. Fertility levels for the more recent period, 1995 through 1998 for Jordan and Lebanese camps, provide further evidence of a continuing fertility transition, reaching TFRs of 4.3 and 3.0, respectively.

Age Pattern of Fertility

The total fertility rate is the most widely used summary measure of current fertility. However, examining fertility by age of mother provides a clearer picture of changes in the pace of childbearing. The age-specific fertility rates for all women, displayed in Figure 2.2, show some irregularity in country differences across age. Generally, the fertility rate is highest among women aged 20 through 29 years, and declines slowly thereafter for both refugees and non-refugees across countries, indicating little parity-specific limitations. This is especially true in the

Figure 2.2: Age-specific fertility by country (refugees).



West Bank and Gaza Strip where the differentials are remarkably uniform across all age groups of women. The pattern shows, except for women aged 45 through 49 years, very little evidence of age-specific birth limitations. The situation in Jordan is generally similar. However, the age pattern of fertility for refugees in Jordan and Lebanon is somewhat different. The rate for refugee women, aged 25 years and over, is essentially identical in Jordan and the West Bank, with the difference in total fertility being entirely due to lower fertility rates for younger women in Jordan. There is no evidence of higher contraceptive prevalence in Jordan at age 30 years and over as compared to the West Bank. The observed difference at younger ages might be due to contraception, marriage, or both. This conclusion holds true for non-refugee women as

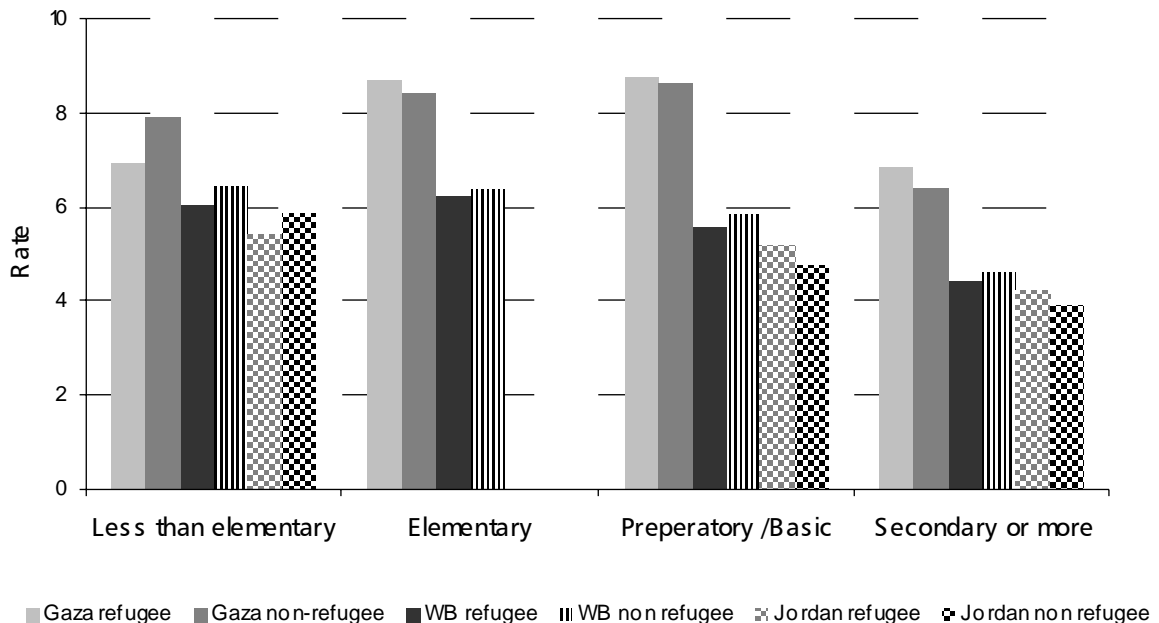
well. Lebanon's refugees experience higher teenage fertility than Jordan, but much lower fertility for women aged 25 through 44 years, indicating more frequent birth stopping.

Examining changes in the age pattern of fertility by period reveals that the fertility decline is especially evident for older women and those in their prime reproductive age, regardless of refugee status. The pattern is closer to those found in Asia and Western European countries during the fertility transition than the African pattern (see, Caldwell et al. 1992). However, camp refugees in Lebanon seem to be an exception where fertility is declining significantly across all age groups, giving some indication for the significant use of contraception for spacing purposes.

Differentials by Education

There is overwhelming evidence concerning the depressing impact of education on fertility. Higher educational achievement lowers fertility through later age at marriage and birth, the use of contraception, and the acquisition of small family ideals. Conventionally, education is also used to index modernization and socio-economic development more generally (Cleland and Wilson 1987). Moreover, girls' schooling provides an environment for social interaction and the transmission of modern values (Bledsoe et al. 1999). Yet, anomalies abound, particularly in countries that are at the initial phases of the demographic transition (Bledsoe et al. 1999, Jeffry and Basu 1996, UN 1995, Jain 1981, Cochrane 1979). In particular,

Figure 2.3: Total fertility rate by completed education and refugee status.



education often leads to higher fertility mainly through the abandonment of traditional methods of contraceptive such as breast-feeding and postpartum abstinence (Lesthaeghe and Jolly 1995). These are clearly issues of relevance from a population policy perspective.

TFR differentials by women's education, displayed in Figure 2.3, show remarkable similarity between the West Bank and Jordan, with the Gaza Strip having much higher levels of fertility regardless of educational group. The differentials are regular as expected for Jordan's refugees; but they are irregular in the Gaza Strip and the West Bank.

In Jordan, refugee women with a secondary education or more have about 1.3 fewer births than do women with incomplete elementary education; a larger difference of nearly two births is found for non-refugees there. While the same TFR differentials are found among these educational groups in the West Bank and Gaza Strip, the overall relationship is non-linear. Thus, women with elementary education have higher fertility than those with incomplete elementary, as clearly shown in the graph. The picture is mixed in the West Bank: non-refugee women show somewhat regular TFR differentials by education, but not refugee women. However, it is not until preparatory education that fertility begins to fall appreciatively there. Thus, women with a preparatory education have about

0.6 fewer births than do women with elementary education; the differentials between preparatory and secondary educational levels are even larger, amounting to 1.2 births for both refugees and non-refugees. Most of the reduction occurs with secondary education, which is consistent with recent findings from developing countries (see, UN 1995).

This is particularly the case in the Gaza Strip, but the overall pattern is quite unusual. Fertility increases there consistently with education up until the preparatory level— only women with at least a secondary education have lower fertility than those with incomplete elementary. The trends documented here are evident for both refugee and non-refugee women. For refugees, women with secondary education have a TFR similar to those with incomplete elementary. Still however, a substantial reduction occurs with secondary education — almost two births for refugees and 2.3 birth for non-refugees. It is interesting to note that refugees have higher fertility levels than non-refugees at all educational levels except incomplete elementary. This might be explained by a temporary surge in the marriage of more educated refugee women during the *Intifadah* years, but the same pattern is shown for Jordan. On the other hand, non-refugees in the West Bank have higher fertility levels than refugees, regardless of education.

Irregularity of the TFR differentials by education holds for all camp refugees. In fact, only the non-camp refugees in Jordan and the West Bank show a regular relationship between fertility and education, as seen in Figure 2.4. The largest gap is also found among these populations. Jordan's refugee women with secondary education and residing outside the camps have 1.25 fewer births than do women with incomplete basic education; the differentials in the West Bank are more substantial, amounting to about 2 births. In the Gaza Strip, the TFR differentials by education are only found among non-camp refugees — women with secondary education have about 0.75 less births than do women with incomplete elementary. One overall pattern stands out here as before: Most

of the reduction occurs at the secondary educational level regardless of the population in question, and this is especially the case for camp refugees.

Surprisingly, the camp women have generally higher fertility levels than their non-camp counterparts, regardless of education. It is unclear why this is so, but could be due to differential access to health and family planning services. For Jordan and the West Bank, only women with the least education (incomplete elementary) in the camps have lower levels of fertility than non-camp women; at higher levels of education, the camp women have substantially higher fertility levels than their non-camp counterparts.

Figure 2.4: Total fertility rate by completed education and camp, non-camp location (refugees).

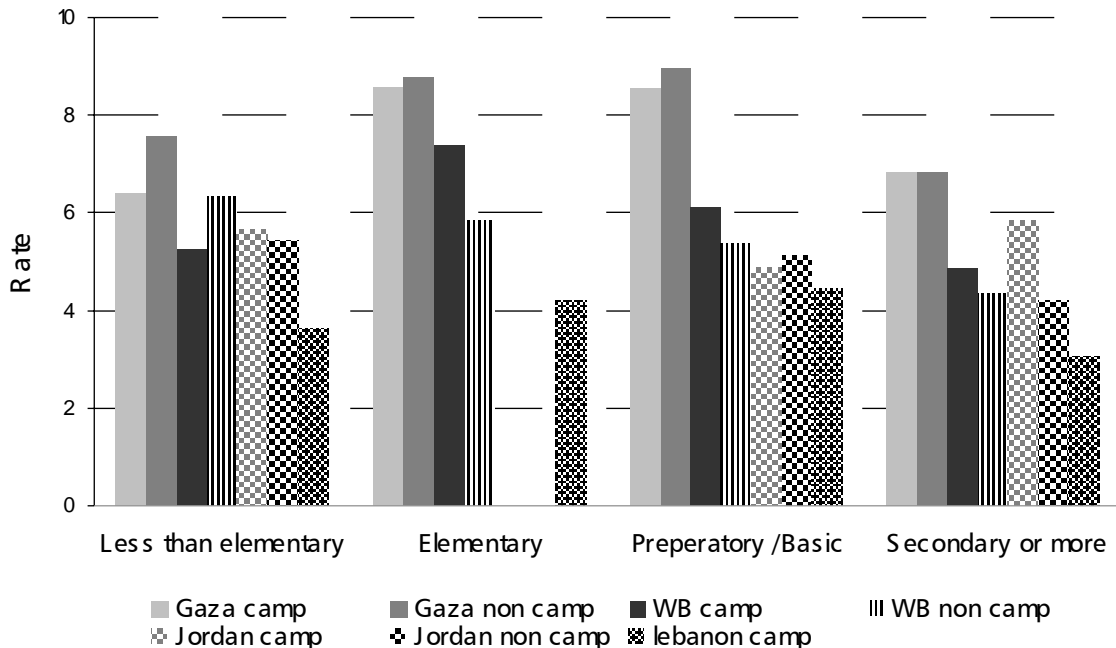
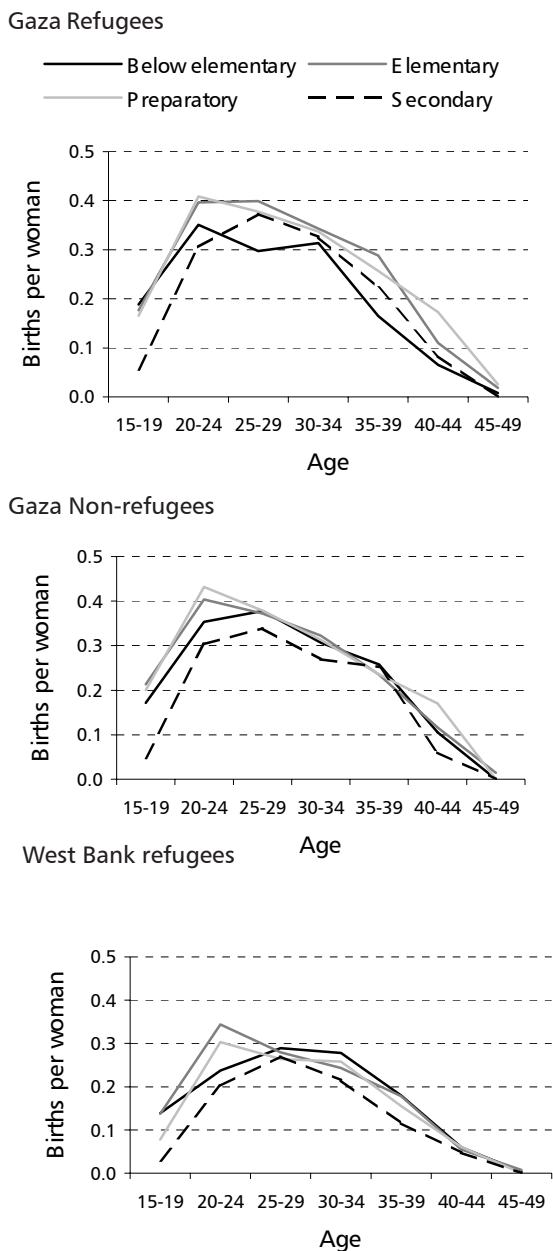


Figure 2.5: Age-specific fertility rate by education and refugee status.



Further insight can be gained by examining the age-specific fertility differentials by education. The patterns, displayed in Figure 2.5, show a striking similarity between the different groups. Two general conclusions can be drawn from these figures. First, women with secondary education or more have generally lower fertility rates only at younger ages, 15 through 29 years of age. This pattern implies that educated women achieve lower fertility through the postponement of marriage and birth. The only exceptions are the non-refugees in Jordan, where the fertility of women with secondary education is lower than the other women at all ages. But even here, the rates seem to converge gradually at older ages. For refugees in Jordan, levels of fertility of women with less than secondary education are quite similar, owing in part to the diversity of this population according to (camp) residence, as we shall see below.

Second, the higher levels of TFR observed for women with incomplete elementary education as compared to women with higher education (elementary or preparatory levels) are essentially due to the fertility of young women, aged 15 through 24 years. Levels of fertility of older women with lower education are generally higher at older ages, the only exception being refugees in Gaza Strip. For the latter, levels of fertility for women with the lowest education are

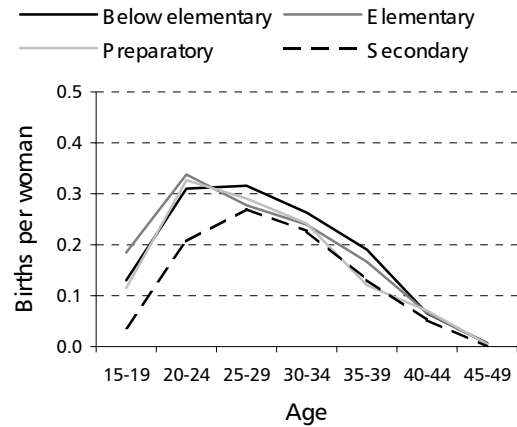
lowest at older ages; but this group is relatively small in size.

These conclusions generally hold for both the camp and non-camp segments of the refugee population. The fertility of women with secondary education is always lower than women with lower education, but only at younger ages, mainly 15 through 24 years. Also, there is a similarity between refugees residing in and outside of the camps with regard to the higher fertility among women with elementary (or basic) education at lower ages as compared with women having the lowest education. Measurement errors, especially in the education data, might account for part of the relationships observed, but the general patterns are generally not affected by a small change in the educational categories (i.e., using years of schooling instead of levels of education completed).

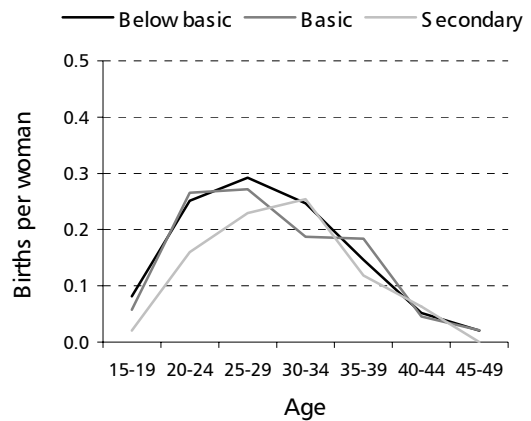
Age at Birth

Changes in the age at first marriage, reviewed above, suggest that childbearing is taking place relatively later than previously. Age at first marriage and age at birth are closely linked to fertility. A rise in the age at childbearing depresses fertility, implying lower fertility than would have resulted without this “timing” effect (Bongaarts and Feeney 1998). It is of some policy concern to isolate the impact of birth timing on fertility trends.

Figure 2.5 continued: West Bank non-refugees



Jordan refugees



Jordan non-refugees

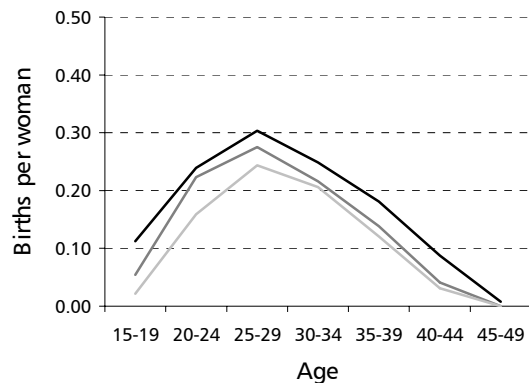
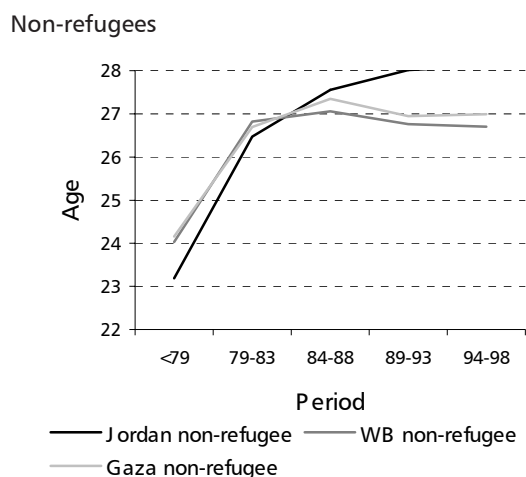
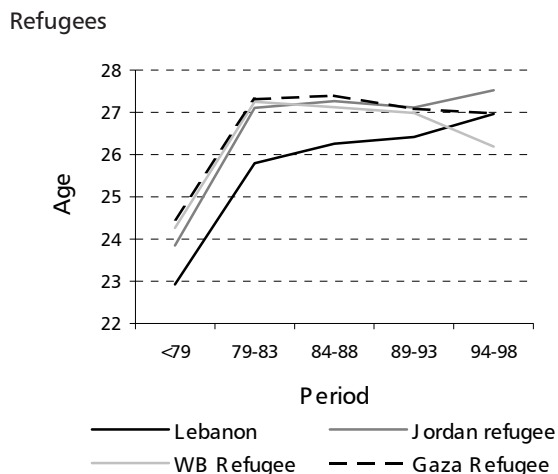


Figure 2.6: Mean age of women at birth by period and refugee status.



The mean age at childbearing for women (aged 15 through 45 years) in the different settings ranged from a low of 25.6 years for Lebanon’s refugees to a high of 26.5 years for Gaza Strip’s refugees. Given the large differentials in the fertility rates between the settings, the observed differences in age at birth might be considered small. There are

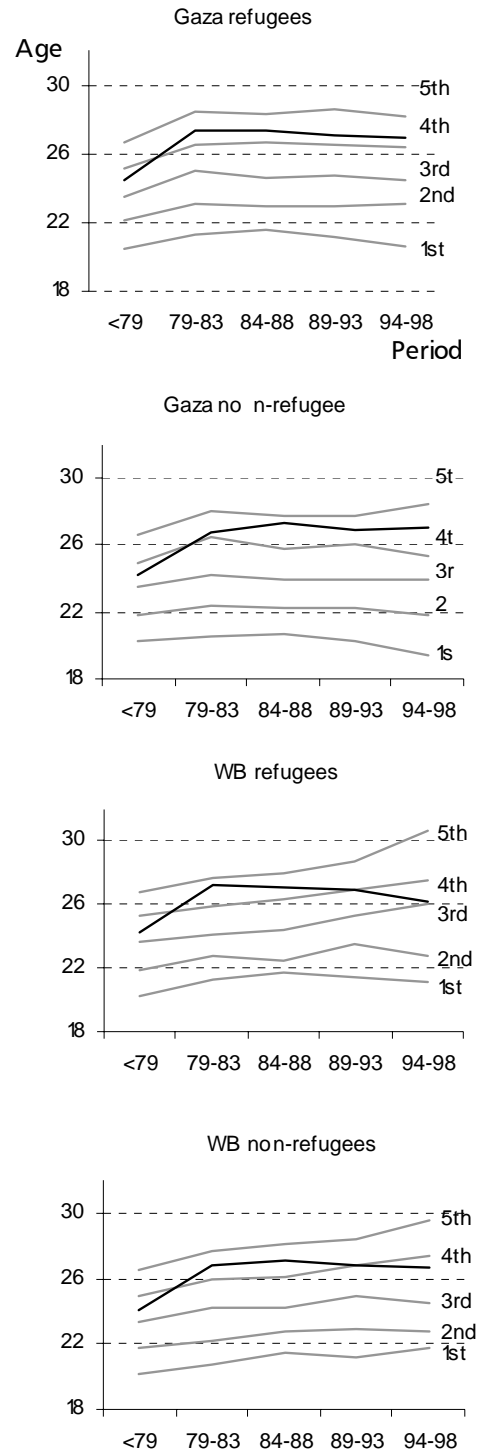
noteworthy differences in age at birth over time, however. During the last two decades, age at birth witnessed a net increase in Lebanon and Jordan, but not in the West Bank or Gaza Strip. This is true for both refugees and non-refugees.

Figure 2.6 displays trends in the mean age of women at birth for the refugees and non-refugees separately. Among the refugee population, Lebanon surprisingly stands out as the one with the lowest age at birth until very recently. Thus, for the last two decades, age at birth there increased from 25.8 to 27 years, on average. Age at birth for the other refugee populations was essentially stable up until the *Intifadah* period — during the last two periods, it increased in Jordan (by 0.4 years) but declined in the West Bank (by 0.8 years) and Gaza Strip (by 0.1 years). The trends for the non-refugee women show a striking similarity between the West Bank and Gaza Strip, where age at birth declined (paused more recently). The non-refugees in Jordan witnessed a consistent increase in age at birth, amounting to 1.6 years during the last two decades. While age at birth increased everywhere during the entire period, it remained more or less stable (and in some cases declining) during the most recent period.

However, reduction of fertility usually occurs at higher parities, and it is, therefore, important to examine changes in the mean age at childbearing by birth

order. Trends in the order-specific mean ages of women at birth, displayed in Figure 2.7, reveal that the West Bank and Gaza Strip show different dynamics than Jordan and Lebanon, regardless of refugee status. The decline in the mean age at childbearing in the Gaza Strip is evident in the first five parities, but the decline is greater at lower parities, especially the first births. In the West Bank, the overall decline (pause for non-refugees) is caused by lower order births — age at birth for the fifth parity, for example, increased by about three years for refugees (two for non-refugees) during the last two decades. The picture is quite different for refugees in Jordan and Lebanon, where age at birth for the first two parities increased while it declined (or paused) at the fourth or fifth parities. Thus, the lack, or small pace, of change in age at birth for the lower parities in the Gaza Strip and the West Bank might explain much of the persistently high fertility in these areas, at least as compared with the situation in Jordan and Lebanon. However, changes in the timing of childbearing on fertility are apparent in the four settings.

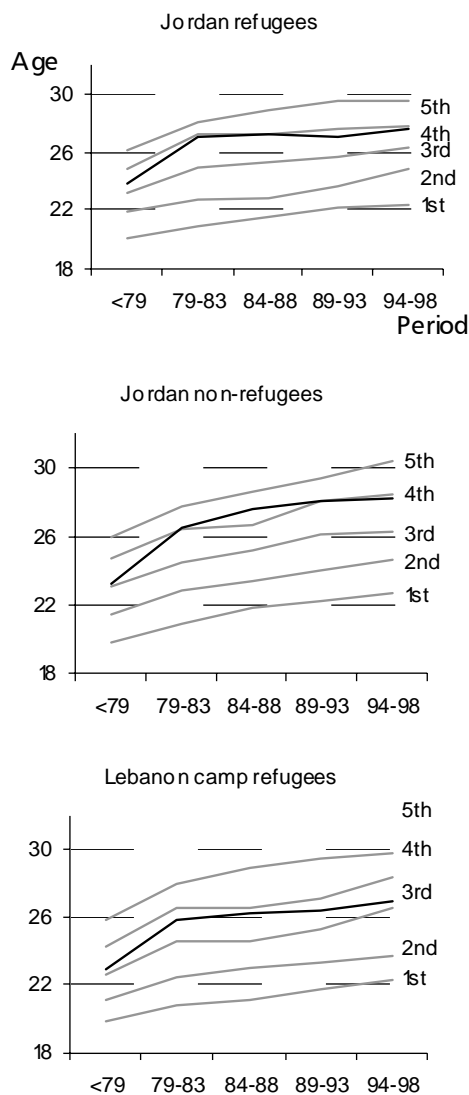
Figure 2.7: Mean age of women at birth by period and refugee status.



Fertility Preferences

According to conventional demographic views, socio-economic development should reduce the demand for children, which would in turn result in actual family limitations (see, Kirk 1996). One

Figure 2.7 continued: Mean age at birth by period and refugee status



would therefore expect a decline in desired fertility before a widespread reduction in fertility occurs. However, this has not been the case in many situations. For example, Cleland (1985) has shown that a high demand for chil-

dren persisted despite a consistent decline in fertility behaviour in many countries in Asia and Latin America. Moreover, little differentials in desired fertility were found by socio-economic characteristics, especially parental education. Recent findings based on the Demographic and Health Survey data show a strong link between education and the demand for children in other regions of the world (UN 1995). The underlying motives for high demand for children are numerous, including old-age security, farm work, and son preference.

Actual desired family size among refugees is generally low, at least as compared to current levels of fertility. However, actual desired fertility is usually problematic for at least two reasons: women with high parities tend to rationalize unwanted births as desired, based on the number they already have, and the presence of a relatively high proportions of non-numeric answers. In order to minimize the impact of these factors, we report mean desired family size only for ever-married women aged 20 through 29 years.

As shown in Table 2.6, mean desired family size ranged between 5 children in Gaza Strip to 4.17 children in Jordan. The difference of less than one child should be considered unduly small, given the wide disparity in levels of fertility between the Gaza Strip and Jordan. The differentials by refugee

Table 2.6: Mean ideal number of children by education level (women 20-29 years).

Country	None	Elementary	Preparatory /Basic	Secondary +	Total
Gaza Strip					
Non refugee	5.03	4.97	4.81	4.59	4.82
Refugee	5.44	5.16	4.95	4.85	5.00
West Bank					
Non refugee	5.09	4.43	4.23	4.11	4.36
Refugee	4.89	4.94	4.43	4.21	4.54
Jordan					
Non refugee	4.46	--	4.45	4.02	4.28
Refugee	4.36	--	4.30	3.99	4.17
Lebanon					
Refugee (camps)	4.21	4.40	4.58	3.80	4.33

status are even smaller, if not negligible; but refugees report slightly higher desires for children than non-refugees, except in Jordan, regardless of educational attainment. This is somewhat surprising since refugees have generally lower fertility levels. Furthermore, the camp refugees in Lebanon have higher desires than current fertility levels, and exceed those reported for Jordan's refugees.

Small educational differentials are found in desired fertility, especially for women below secondary education. The difference between refugee women with no schooling and those with secondary education is merely about 0.6 of a child in the Gaza Strip and the West Bank; the corresponding ones are even smaller in Jordan and Lebanon, amounting to about 0.4 of a child. This is probably due to the larger presence of family planning services in Lebanon and Jordan compared to the Palestinian Territories.

In the Arab context, marriage is largely responsible for the differential decline in fertility (Rashad 2000), and the Palestinian population is no exception, as we have already indicated (see also, Khawaja 2000a). Although recent evidence shows that fertility within marriage remains high, it has been declining as a result of contraceptive use for family limitation. This section describes briefly knowledge about, and the use of, contraceptives among the refugees.

There is a very high level of awareness about modern contraceptives, as shown in Table 2.7. Almost every woman knows the pill and IUD, and there is an overall convergence among the various groups regarding knowledge of the other methods. Otherwise, there is a difference between Lebanon and the rest, with refugees in Lebanon being much more aware of every other modern method of contraception than those in Jordan, and to a great extent the Palestinian Territories. Still, the vast majority of women are knowledgeable about effective methods

such as ‘tubal ligation’, condoms, abstinence, and breast-feeding. It is interesting to note that Gazan women seem to have more awareness of modern methods than their Jordanian sisters. More remarkable perhaps is the similarity between refugees and non-refugees in their knowledge of contraceptives, with differences being mainly between settings.

Likewise, the groups are quite similar in their use of modern methods of fertility control. The most widely ever used modern methods in every context are the Pill and IUD — about 40 percent of refugees residing outside the Gaza Strip have used either one at one point in their reproductive lives. Refugee women have not used the other modern methods much, especially in comparison with traditional methods. Refugees as well as non-refugees in Jordan are more likely to have used traditional methods than do women in the other places. Not surprisingly, women in Gaza Strip, refugees and non-refugees alike, rank lowest in their ever use of almost every contraceptive

method. Again, while the pattern of use is quite similar among the various groups, the similarity between refugees and non-refugees is generally more striking than those between the different settings.

Of more immediate relevance is contraceptive use among currently married women. As shown in Figure 2.8, there is an inverse relationship between current contraceptive use and fertility, with refugees in Lebanon at the higher end and refugees in Gaza Strip at the lowest end of contraceptive use. Almost two-thirds of currently married (non-pregnant) refugee women in Lebanon, and half of those in Jordan and the West Bank, report current use of contraceptives. In the Gaza Strip, about one-third of women report they currently use contraceptives. The overall contraceptive prevalence in Jordan, the West Bank and Gaza Strip is essentially the same for refugees and non-refugees, but as shown in the graph, only in Jordan are refugees more likely (36 percent) to use modern methods than non-refugees (31 percent).

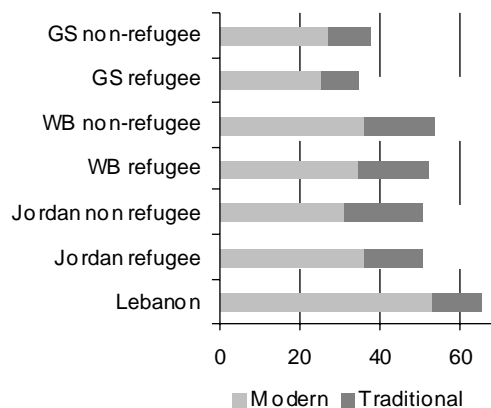
Table 2.7: Knowledge and ever use of contraceptives by method and refugee status (percent).

Method	GS refugee		GS non refugee		WB refugee		WB non refugee	
	Knows	Ever used	Knows	Ever used	Knows	Ever used	Knows	Ever used
Pill	99.0	16.8	98.6	15.9	99.7	26.8	97.0	41.3
IUD	99.3	33.9	98.3	30.2	99.7	46.2	98.2	56.8
Injections	81.8	2.3	72.9	0.6	62.0	1.7	77.0	0.0
Diaphragm	72.3	5.8	70.4	8.8	46.2	4.9	58.6	1.4
Condom	82.0	1.7	71.1	8.1	72.4	9.0	73.0	10.3
Tubal Ligation	69.0	1.5	66.8	2.1	95.1	4.6	92.5	0.0
Male Sterilization	21.3	0.0	23.5	0.0	25.0	0.2	20.3	0.0
Abstinence	67.1	10.8	65.8	9.8	81.6	18.4	82.7	15.7
Withdrawal	64.0	7.1	66.9	9.0	78.5	17.7	77.4	46.5
Breastfeeding	91.6	8.7	91.1	8.4	92.3	17.4	95.0	10.7
Other methods	6.5	0.6	5.6	0.3	15.3	1.7	7.8	0.0

Traditional methods are the least used in Gaza Strip (10 percent), followed by Lebanon (12 percent), but about 53 percent of currently married women in Lebanon use modern methods as compared with about 25 percent of Gaza's refugees. Obviously, a large gap exists between knowledge of family planning methods and current use. However, the contraceptive prevalence rates are comparatively high for a developing country, suggesting that desired family size is perhaps already part of the "calculus of conscious choice" (Coale 1973: 69) among refugees.

Surprisingly, contraceptive use does not increase consistently with education, as shown in Table 2.8. The overall differentials in contraceptive use by educational levels are rather small. Also surprising is the larger prevalence of traditional contraceptive methods among women with secondary education compared to other women. Nor does the gap in contraceptive use between groups (settings) decline, as would be expected,

Figure 2.8: Current contraceptive use by type and refugee status (percent).



with increasing education. Still, however, women with secondary education are more likely to use contraception than women with incomplete elementary in every context. It should be mentioned here that these general conclusions are somewhat consistent with the 'erratic' relationship between education and fertility discussed above.

In Lebanon, contraceptive use increases from 60 percent among women with less than elementary education to

Table 2.7 continued: Knowledge and ever use of contraceptives by method and refugee status, percent.

Method	Jordan refugee		Jordan non refugee		Lebanon	
	Knows	Ever used	Knows	Ever used	Knows	Ever used
Pill	98.4	42.1	97.6	36.6	99.3	49.9
IUD	98.6	43.3	97.5	42.0	98.9	40.0
Injections	48.7	2.1	41.7	2.4	67.3	1.3
Diaphragm	11.1	0.0	10.1	10.1	81.2	6.2
Condom	51.1	0.0	47.4	10.3	91.9	6.2
Tubal Ligation	83.6	3.5	80.8	4.6	91.0	2.5
Male Sterilization	13.8	0.0	14.5	1.3	65.0	0.4
Abstinence	73.2	37.4	75.1	37.7	89.6	15.0
Withdrawal	67.6	37.9	62.5	35.8	81.0	12.7
Breastfeeding	85.9	33.4	84.4	34.3	93.6	13.4
Other methods		8.1		9.9	-	20.9

about 72 percent of women with preparatory education, but then declines slightly with secondary education (to 68 percent). The same pattern is found for West Bank non-refugees. However, Jordan's refugees with basic/preparatory education are less likely (43 percent) to use contraceptives than other women (over 50 percent). The remaining refugee groups in Gaza Strip and the West Bank as well as the non-refugees in Jordan and the Gaza Strip follow the conventional pattern, where the use of contraceptive methods increases consistently with education. For these groups, there is at least about 20 percentage-point difference between the least and most edu-

cated women in every case — a significant difference indeed.

The corresponding differences are smaller in the use of modern methods of contraception, but they generally point to the same direction. The only exception is Jordan's refugees, where the least educated women are more likely (40 percent) to use modern methods than women with preparatory (32 percent) or secondary education (34 percent). A similar situation is found for camp refugees in Lebanon, where women with preparatory education are more likely to use modern methods (61 percent) than others (50 to 52 percent). Non-refugees in Jordan, and to a large extent Gazans, have an ex-

Table 2.8: Percent married women using contraception by education level and refugee status.

Method and country	Less than elementary	Elementary	Preparatory	Secondary	Total
Modern					
Lebanon camp refugee	50.6	50.2	60.8	52.2	53.2
Jordan refugee	39.9	-	31.6	33.9	35.7
Jordan non-refugee	26.0	-	31.2	37.4	30.9
WB refugee	34.4	33.3	26.5	44.0	34.6
WB non-refugee	32.9	37.1	38.7	33.8	35.8
GS refugee	17.1	20.5	28.4	28.2	25.0
GS non-refugee	20.0	19.7	29.7	36.3	27.3
Traditional					
Lebanon camp refugee	9.8	14.6	10.8	15.9	12.5
Jordan refugee	11.9	-	11.7	21.2	15.1
Jordan non-refugee	17.0	-	19.9	23.7	19.9
WB refugee	10.1	16.4	24.4	20.0	17.9
WB non-refugee	14.8	15.3	19.8	22.1	17.6
GS refugee	6.6	8.3	8.2	13.8	9.8
GS non-refugee	5.3	14.1	9.2	11.7	9.4
Any method					
Lebanon camp refugee	60.3	64.8	71.5	68.1	65.6
Jordan refugee	51.9	-	43.3	55.1	50.8
Jordan non-refugee	43.0	-	51.1	61.2	50.8
WB refugee	44.5	49.7	50.9	64.0	52.5
WB non-refugee	47.7	52.4	58.5	55.9	53.4
GS refugee	23.7	28.8	36.6	42.0	34.8
GS non-refugee	25.3	33.8	38.9	48.0	37.4

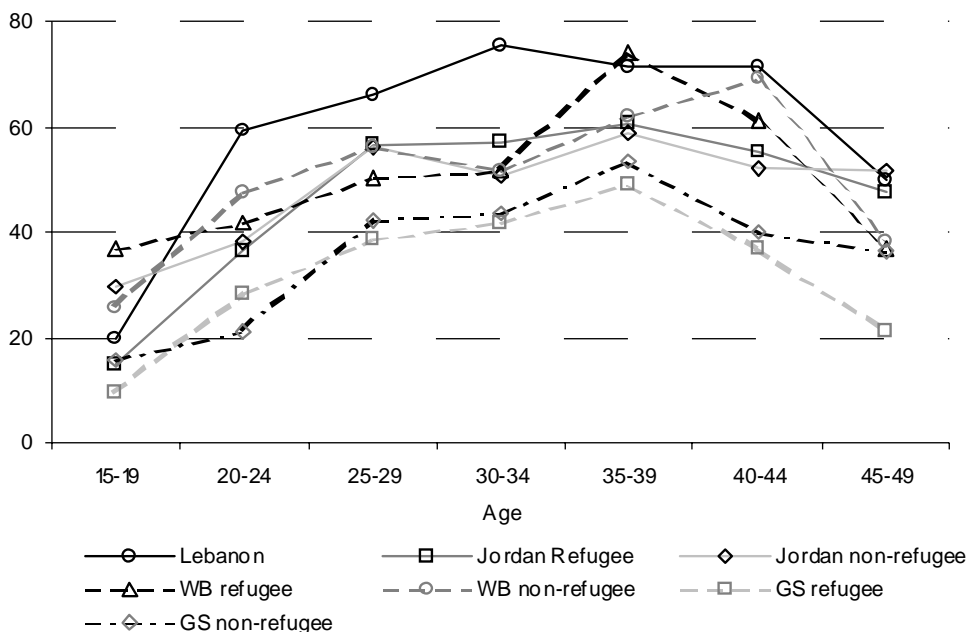
pected pattern of increased use of modern methods by educational attainment. While 37 percent of non-refugee women with secondary education in Jordan use modern methods, only 26 percent of women with incomplete elementary education do so. The same 11 percentage-point difference between the two education groups is found for Gaza Strip refugees, and the difference is even higher (16 points) for Gaza Strip non-refugees.

The proportions of women using traditional methods are relatively large. This is especially true for women with secondary education — over one out of every fifth woman in Jordan and the West Bank uses traditional methods. The use of traditional methods increases more or

less consistently with education among four of the groups, and women with secondary education always are more likely to use traditional methods than those with incomplete elementary. It is not clear why this is so; but might be due to health-related factors (see, Bledsoe et al. 1998). In particular, women are likely to experiment with different contraceptive methods, using them as strategies for spacing (or stopping) births, depending on their age or parity.

As expected, contraceptive use depends on age (Figure 2.9). Generally, younger women, especially those aged 15 through 24 years, are less likely to use contraceptives than older women, for most of them are at the beginning of their reproductive careers. As clearly

Figure 2.9: Current contraceptive use by age and refugee status (percent).



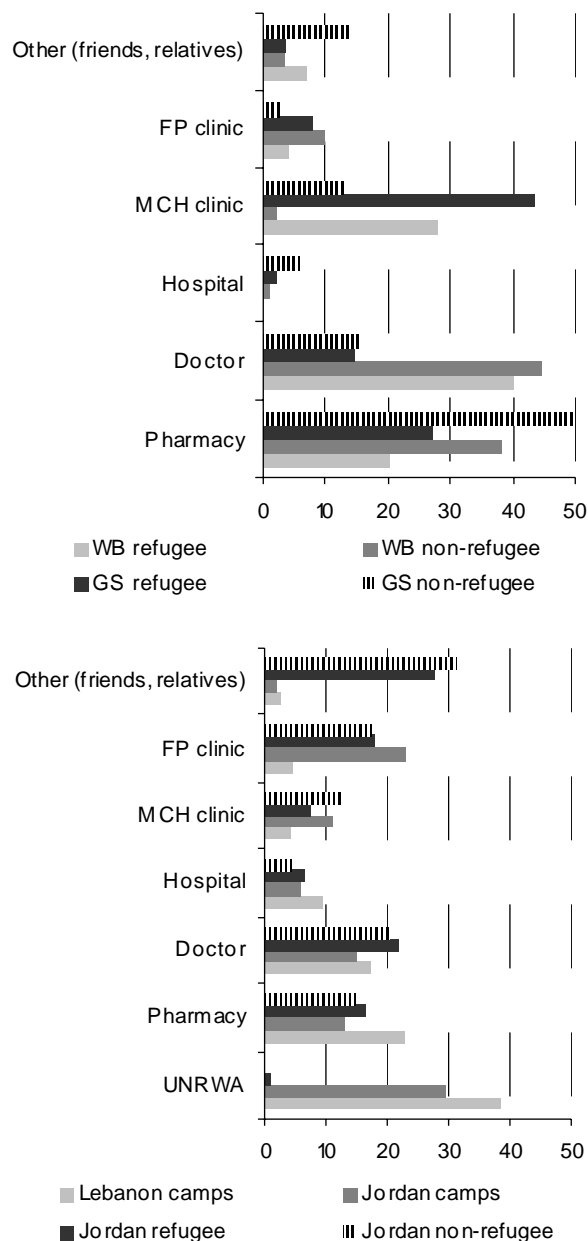
shown, refugees in Lebanon are more likely to use contraceptives regardless of age, and women in the Gaza Strip are the least likely to use them. Also, the age patterns of use for refugees and non-refugees alike are essentially similar. The majority of refugee women in their prime reproductive ages, 20 through 29 years, are using contraception in Lebanon, but this is not so in the other context. The implausibly high 36 percent of young refugee women aged 15 through 19 years, in the West Bank (and similar proportion for non-refugees in Jordan) using contraceptive might be due to measurement errors, or small sample size, or both.

Aside from the Gaza Strip, the overall pattern shown here, for each of the other groups, seems to deviate from a typical high fertility population where the shape of the distribution tends to be flatter. The relatively large proportion of older women aged 40 through 49 years, using contraceptives, amounting to around 40 percent (save Gaza’s refugees) is quite surprising and might reinforce the conclusion that women in this context tend to use contraceptives essentially for family limitation rather than spacing purposes.

The family planning programs implemented by UNRWA have enhanced contraceptive use among refugees. UNRWA clinics are the main source of contraceptive methods for first users in the camps of Jordan and Lebanon,

accounting for about 30 and 38 percent of all users, respectively (Figure 2.10). Pharmacies and private doctors are the

Figure 2.10: Source of first contraceptive use by refugee status. Percent of women.



next main sources of supply, with 28 percent of first users in Jordan's camps and 40 percent of those in Lebanon's camps resorting to them. There are significant differences between these two groups with regard to the other sources — Jordan's camps refugees rely more (24 percent) on other health clinics much like others in Jordan, compared with Lebanon's camp refugees (9 percent). Unlike camp refugees, Jordan's other refugees and non-refugees alike rely first on friends, relatives and other sources for obtaining contraceptives, and these sources account for about 28 and 31 percent, respectively. Apparently, only one percent of refugees in Jordan resort to UNRWA clinics for contraceptives.

For the West Bank and Gaza Strip, there are significant differences between refugees and non-refugees and also between the two areas, in the use of contraceptive suppliers. While a separate category for UNRWA clinics is not included in the Palestinian health survey, these are largely included in the MCH clinics' category. Thus, refugees in both areas (44 percent in Gaza and 28 percent in West Bank) initially resort to these clinics for their contraceptives, and this much larger than the corresponding percentages (13 and 2 percent, respectively) for non-refugees. Still, however, the preferred source for West Bankers, both refugees (40 percent) and non-refugees (44 percent) is the private doctor; for Gazans, it is the pharmacy for

non-refugees (50 percent) and the MCH clinic for refugees (44 percent). Thus, unlike Jordan, Gaza Strip and West Bank's refugees differ markedly from non-refugees in the use of contraceptive suppliers, with UNRWA clinics probably playing a greater role in providing effective, or otherwise safe, contraceptives for refugees in both areas.

Infant and Child Mortality

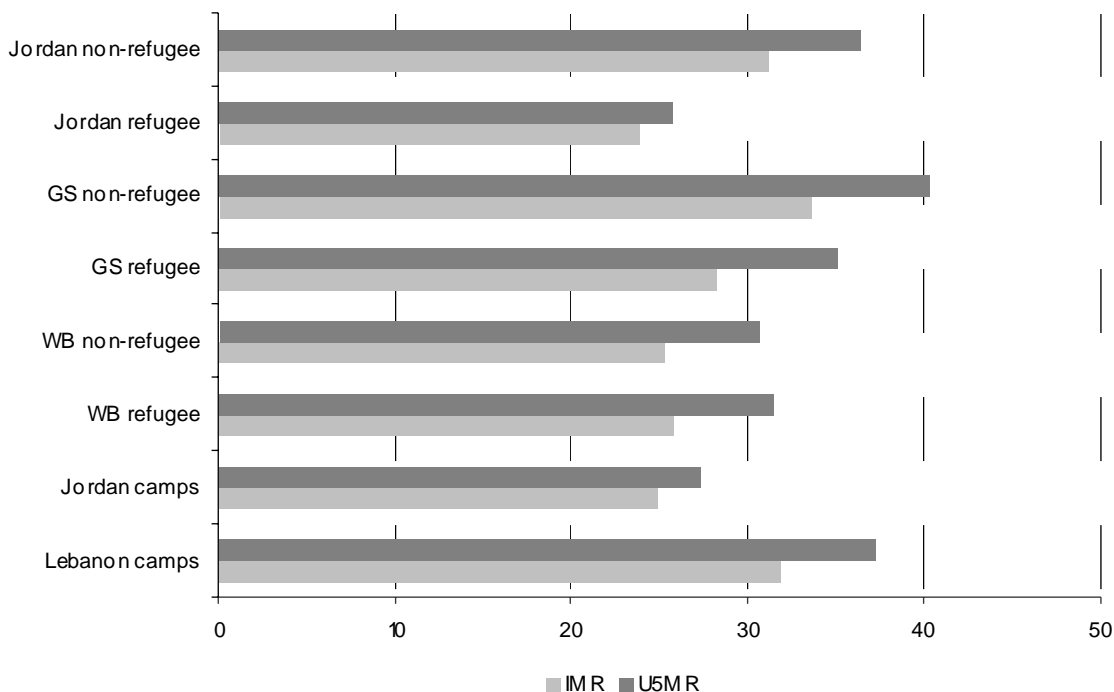
The surveys' birth histories provide data on date of birth, and if the child had died, age at the time of death for each live-born child for ever-married women aged 15 through 54 years. Infant and child mortality estimates, for different periods preceding the survey, were calculated directly from these data (see, Curtis 1995). While issues of data quality discussed above also apply to the mortality data, there are also additional problems specific to these data. The most important of these is the sex-selective omission of children who die during infancy, causing a downward bias in the mortality estimates. Furthermore, the omission, if present, is also selective with respect to the age of women as well as the timing of death. A preliminary examination of sex ratios at birth for dead children indicates some omission of infant girls in the four surveys as would be expected. The reporting of age at death is yet another kind of error affect-

ing the mortality estimates. It is likely that these errors cause some underestimation of infant mortality, but it is doubtful whether they have any significant impact on child mortality (see, Fargues and Khlat 1989, Hill and Upchurch 1995:147). We assume that the underestimation is uniform across settings since the estimation is based on the same kind of data and methodology.

Infant and child mortality rates among refugees are relatively low (Figure 2.11). Refugees in Jordan and the Gaza Strip have lower mortality levels than their non-refugee counterparts; the rates for the two groups are essentially similar in the West Bank. With an infant mortality rate (IMR) of about 32 per thousand

live births and child mortality, 590, of 37, during the five year period before the survey, refugees in Lebanon's camps have the highest levels of mortality among refugees. On the other hand, refugees in Jordan have the lowest infant and child mortality levels, 24 and 26 per thousand, respectively. Recent results from the Jordan camps survey show that the camps' residents have slightly higher mortality rates, 25 and 27 per thousand; but they still rank low as well compared to other refugees. As also shown in the graph, the West Bank has lower mortality rates than Gaza Strip, and this is also the case for refugees. While there is essentially no difference in the mortality levels of refugees and non-refugees in the West Bank, the situation in Gaza Strip clearly

Figure 2.11: Infant and child mortality by refugee status.



favours refugees. In Gaza Strip, the refugees have about 5 fewer deaths per thousand than do the non-refugees. This can be partly attributed to the visibility (or accessibility) of UNRWA health services at the local level in Gaza Strip, as compared to the West Bank.

Infant and child mortality rates have declined substantially over time in the four settings. However, the speed of the decline varies somewhat between settings. The largest decline occurred in the West Bank and Gaza Strip. Across the two five-year periods before the survey, IMR fell by 20 percent among refugees in the West Bank and Gaza. Likewise, child mortality, *5q0*, declined by about the same magnitude (18 percent) during the same period. The decline among non-refugees there is even larger, amounting to 24 and 19 percent, respectively. The trends for Jordan's refugees and Lebanon's camp refugees are similar, but the decline is smaller — infant and child mortality declined by about 8 and 14 percent, respectively, in both areas. Jordan's non-refugees, and the camp

residents, experienced the slowest decline in mortality during the 10-year period before the survey. The mortality levels are already quite low for camp refugees in Jordan, which may explain the slow pace of the decline in recent years, but it is unclear why non-refugees in Jordan hardly experienced any recent decline in infant and child mortality.

As expected, mortality varies by socio-economic background factors in each of the settings. However, the low levels of mortality observed among Palestinians make it difficult to assess the differentials by subgroups — there are very few deaths. Furthermore, the camps' surveys in Lebanon and Jordan were taken about five years later than those for Jordan and the West Bank so the mortality levels reported here are not strictly comparable. Mortality levels by sex and education during the five year period preceding the surveys are presented in Tables 2.9 and 2.10.

There is an excess infant mortality among boys, compared to girls, in all the

Table 2.9: Infant mortality by gender and education of the mother.

Country and group	Jordan camps	Lebanon camps	Gaza Strip		West Bank		Jordan	
			Refugee	Non refugee	Refugee	Non refugee	Refugee	Non refugee
<i>Sex</i>								
Male	26.6	39.7	32.9	35.8	29.5	27.6	28.5	29.8
Female	23.2	23.3	23.4	31.5	21.9	22.8	19.2	32.7
<i>Education</i>								
Incomplete elementary	37.6	45.8	33.1	43.6	34.2	23.4	29.8	44.4
Elementary	-	24.3	38.1	36.9	27.1	27.7	-	-
Preparatory/basic	9.2	33.0	27.1	33.9	26.3	23.7	27.2	26.1
Secondary or more	17.2	30.6	21.4	20.9	15.6	26.8	18.3	32.2

Note: estimates refer to the 5 years before the survey.

Table 2.10: Child mortality by gender and education of the mother.

Country and Group	Jordan camps	Lebanon camps	Gaza Strip		West Bank		Jordan	
			Refugee	Non refugee	Refugee	Non refugee	Refugee	Non refugee
Sex								
Male	28.2	45.5	40.9	43.5	32.3	34.1	29.1	35.8
Female	26.5	28.1	29.0	37.2	29.8	27.1	22.4	37.0
Education								
Incomplete elementary	41.2	52.0	40.1	49.0	44.1	31.0	35.4	49.5
Elementary	-	30.1	40.1	43.5	30.9	30.6	-	-
Preparatory/basic	10.9	37.4	35.7	44.0	33.1	29.0	28.2	30.9
Secondary or more	18.1	34.2	30.0	24.6	16.8	33.0	19.9	38.3

Note: estimates refer to the 5 years before the survey.

settings except Jordan's non-refugees (Table 2.9). The gender gap is substantial for refugees everywhere, and especially large (16 deaths) in Lebanon camps. While female infant mortality is expected to be lower than male, the gap found in Lebanon is implausibly large. It was suggested that this might be due to an underreporting of female deaths in the survey, or to wider vaccination coverage during the period after the war, or the demise of certain gender-specific diseases, or all of these factors (Khawaja 2000b). Refugees have lower mortality levels than the non-refugees; and this is true regardless of gender. However, the gap in mortality levels by refugee status is essentially due to differences in female mortality levels. The female mortality differentials between refugees and non-refugee are greatest in Jordan (14 deaths) and the Gaza Strip (8 deaths). Otherwise, the similarity between the rates reported in the Table for Jordan and the West Bank is quite remarkable.

Infant mortality also varies by education of the mother. One main conclusion can be ascertained from the Table regarding the mortality differentials by education: Mothers with secondary education or more have a clear advantage in terms of infant mortality compared to those with less than elementary education, regardless of the group in question. Except for non-refugee mothers in the West Bank, the mortality differentials between mothers with the highest and lowest education always exceed 10 deaths per thousand, and reach 20 deaths or more in Jordan camps and among Gaza's non-refugees. However, the relationship between education and infant mortality is not always linear. This might be due to the small number of events (especially in Jordan's camp survey), to measurement problems in educational levels, or to selective underreporting of deaths.

Generally, the same conclusions reported above apply as well to child mortality differentials (Table 2.10). While

secondary education (or more) still holds a visible advantage in reducing the risk of child death, the relationship between mortality and education is even less consistent here. Thus, mothers with elementary or basic education have the lowest child mortality levels among four of the eight groups in the four settings.

Migration

The 1948 war marks a turning point in the history of the region. As a result of the war, an estimated 800,000 Palestinians were displaced from their homes in Mandatory Palestine to take refuge mainly in the Gaza Strip, the West Bank, Jordan, Lebanon, and Syria. Since then, the Arab-Israeli conflict continued to influence, sometimes indirectly, the size and composition of the population in these areas. The 1967 Arab-Israeli war and the subsequent civil conflicts in Lebanon and Jordan as well as the Palestinian *Intifadah*, contributed to further population displacement across, but also within, national borders. Today, the Palestinians have one of the largest displaced populations in the world. They have moved mainly to escape military conflicts and security threats, but also to join other family members, for a better life, or for schooling.

This section sheds some light on the migration experience of refugees in the four settings, using conventional migra-

tion data from the three household surveys. Of course, migration is a complex phenomenon, difficult to define or measure (see, Shryock and Siegel 1976). It involves recurrent, circular or temporary moves that may occur at different points in one's lifetime. Migratory moves may also be carried out by family or individual 'actors' across various kinds of spatial units. These distinctions, and many others, are particularly relevant for a refugee population, which is considered mobile almost by definition. Yet, the data with the requisite details are not readily available in all the surveys. We therefore confine the analysis to two identical items present in the surveys: the first refers to individuals who have moved since birth (i.e., lifetime migration); and the second refers to movements of individuals within a specific period (usually five years) preceding the survey date (i.e., period migration). While limited, as they are, these items provide invaluable insights about the migratory experience of refugees in a comparative perspective. It should be pointed out that the migration data are necessarily restricted to those usually residing in their areas of destination at the time of the surveys.

Below, we define migrants as those persons who move across administrative (or national) boundaries. For internal migration, the administrative unit is usually the locality, depending on the national context. However, the bound-

aries are not always clearly defined in practice and there is some overlap, especially in Gaza and Jordan. For example, some urban camps in Jordan are not classified as separate localities, and only regional boundaries distinguish moves to and from the camps in the Lebanon survey. These problems are common, however, in a developing country context where migration data are usually fragmentary and incomplete. The overall implication is that internal migration in any of the contexts considered here might be slightly underestimated.

Lifetime Migration

As expected, the refugees have significantly higher rate of lifetime migration than non-refugees, regardless of the setting (Figure 2.12). The differences between the two groups are especially high in Jordan and the Gaza Strip, amounting to nearly 18 percentage points. On the other hand, refugees in Lebanon and Jordan rank higher in terms of lifetime migration, and about two out of five persons there were born in a place different than their current place of residence. The corresponding proportions in the West Bank and Gaza Strip are lower (about 30 percent). The displacement caused by the 1967 war (Jordan) and the Lebanese internal conflicts might account for the discrepancy in the rates observed between the settings. Another factor is that the population in Gaza

Strip and the West Bank have a younger age structure, and hence a smaller proportion of first-generation refugees. It remains, however, that the majority of the Palestinian refugees in the four areas currently live in their locality of birth.

Figure 2.12: Lifetime migration by refugee status (percent).

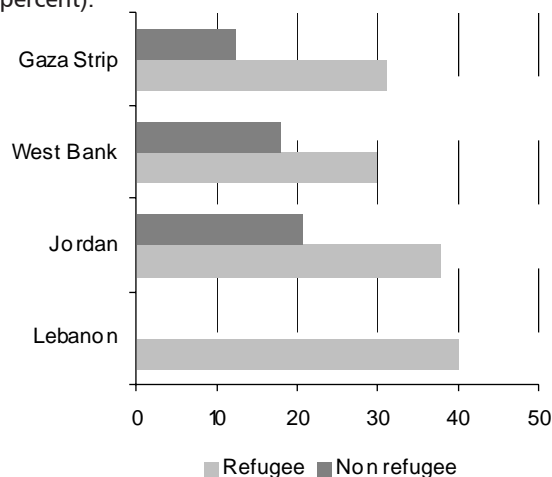
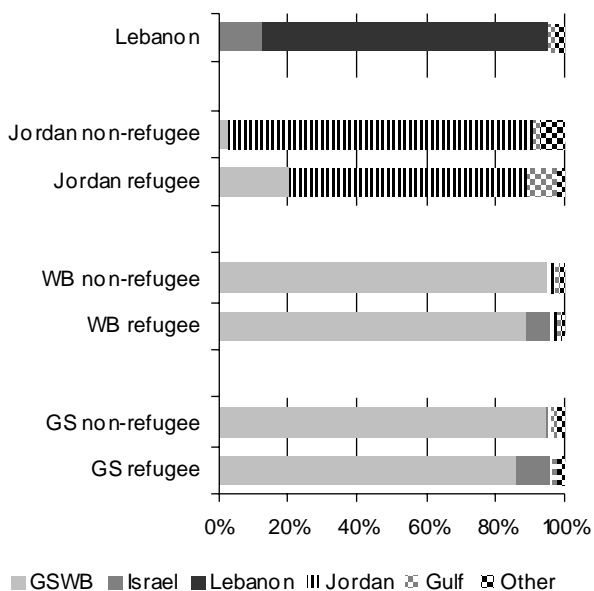


Figure 2.13: Place of birth by migration status.



The proportions currently living in their country of birth are even larger, as shown in Figure 2.13. For refugees, these range from 69 percent in Jordan to 89 percent in the West Bank. The percentages of refugees who were born in present-day Israel range from 12 percent in Lebanon to about 9 percent in Gaza Strip. In Jordan, about one out of five refugees were born in Palestine (Note that it is not possible to establish the corresponding figures for Jordan's data because only one geographic category was used in coding for the West Bank, Gaza Strip and Israel). Nearly one out of ten refugees in Jordan was born in the Gulf countries, and this reflects the influx of returnees from Kuwait during the early 1990s. Otherwise, the proportions of refugees born in other countries are generally small, and resemble those for non-refugees in each setting.

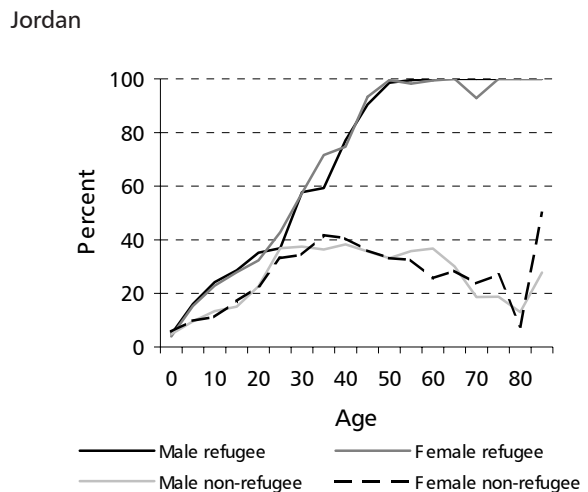
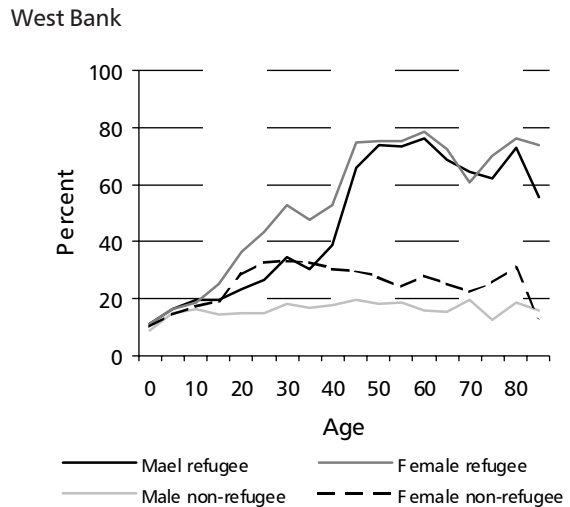
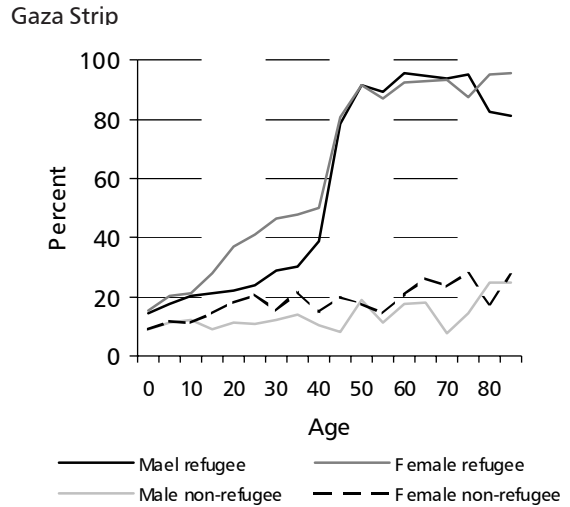
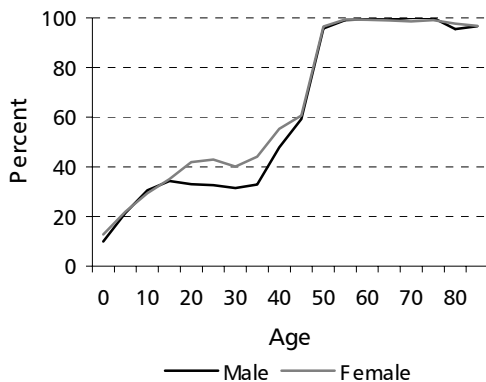


Figure 2.14: Percent lifetime migrant by age, sex, and refugee status.

Lebanon



Given the time elapsed since the 1948 war, lifetime migration among Palestinian refugees is expected to vary by age, notwithstanding the ‘non-political’ (e.g., marriage- and work-related) moves by the younger generation. Figure 2.14 displays the age distribution of lifetime migrants by sex in the different settings. The difference between refugees and non-refugees is especially marked for those born before the 1948 war. With the exception of the West Bank, almost all refugees born before the war are lifetime migrants. The pattern shown for the West Bank refugees is distinctive and about 20 percent or so of the first generation refugees were born in their current place of residence. One possible explanation for this pattern is measurement errors, but the pattern could also be due to past migrations during the Mandatory period. Unlike refugees, the shape of the age distribution for non-refugees resembles a typical migrant population, where the younger working-age populations are overrepresented compared to the rest (see, Singelmann 1993).

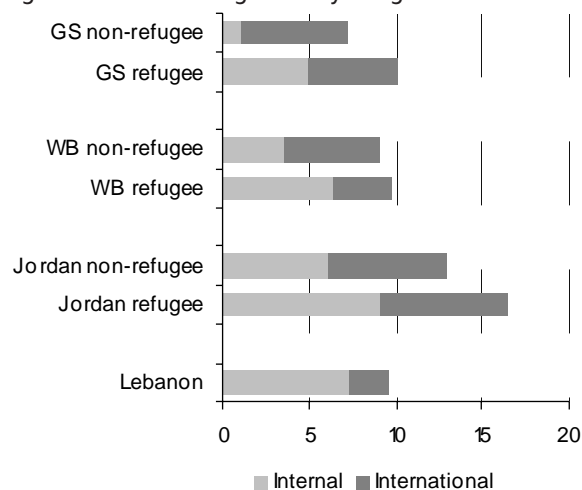
Another striking feature in this graph is the sex-based selectivity at younger ages, especially for the refugee population. The incidence of migration increases consistently by age, from about 10 percent to around 42 percent of females aged 20 through 24 years in Lebanon. The corresponding patterns in the other areas are essentially similar, with a larger gender gap in the Palestin-

ian Territories during the young adult years. Almost every person aged 50 years or more is a migrant — a refugee born in Mandatory Palestine. The generally higher rates shown for females at younger ages, and up until 40s and 50s are probably due to marriage-related factors. For one thing, it is generally the bride who moves to join her future husband in the Arab context.

Period Migration

The overall magnitudes of period migration in the various settings are relatively small, but Jordan is an exception (Figure 2.15). The proportions range from a high of 16 percent for Jordan’s refugees to a low of about 7 percent for Gaza Strip non-refugees. As clearly shown in the graph, refugees are slightly more likely to move during the five to eight years-period before the survey date than their non-refugee counterparts in every setting.

Figure 2.15: Period migration by refugee status.



These differences are largely due to internal migration as the refugees and non-refugees have essentially the same 'rate' of international period-migration. The greater propensity of internal migration among refugees is largely a reflection of movements into and out of the refugee camps. On the other hand, Jordan's refugees have the highest proportion of international period-migration (7 percent) and Lebanon's camp refugees have the lowest one (two percent). The data on international migration are largely a reflection of labour-migration to the Gulf, but the higher rates for Gaza Strip as compared to the West Bank are due to the recent return of PLO personnel after the 1993 Oslo peace accords.

While the data on period migration are not strictly comparable to those for lifetime migration — the former included only those aged five years or more (eight years in the demographic survey) at the time of survey — nearly the same age- and sex-based selectivity is found. Women were more likely to move, especially at younger ages, 15 through 24 years, and the older groups (aged 50 years and over) of refugees are more likely to be migrants than the younger ones. Also as expected, the age pattern for international migration shows a concentration in the young adult years. It should be cautioned that there are too few cases of migration reported here for meaningful comparisons among the various groups by age.

Relatives Abroad

The presence of relatives living abroad is largely the product of refugee exodus in our context. One would expect every refugee to have a close relative living in his or her place of origin, or a non-refugee in the West Bank or Gaza Strip to have a relative living abroad. This is not so, however, because of the time elapsed since the wars in 1948 and 1967. The settings under considerations also have variable labour emigration, and hence the subject is relevant for the non-refugee populations in Jordan as well.

All the surveys considered here include a special module for collecting basic information on *close* relatives of household members living abroad. Close relatives are defined here to include parents, siblings, and spouses of any member in the household. However, the information collected in the demographic survey concerns only close relatives of the household head, and hence the proportions shown for the West Bank and Gaza Strip are not strictly comparable to those for Jordan and Lebanon. Furthermore, the data obtained cannot be used directly to estimate out-migration or otherwise to describe the characteristics of out-migrants. This is because (1) out-migrants without close relatives in the sample are not reported, and (2) some out-migrants are probably double-counted by different (but related) respondents in the sample. The data on relatives living abroad do, however, provide

Figure 2.16: Percent of households with close relatives abroad.

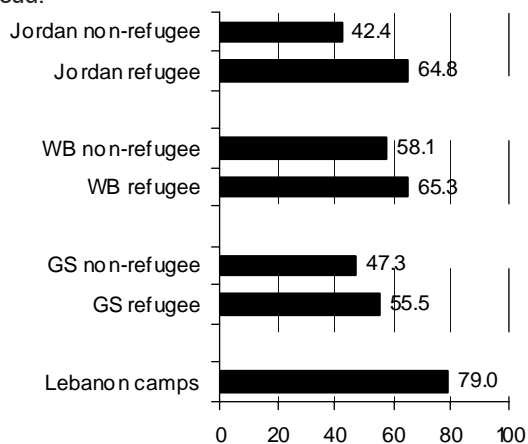
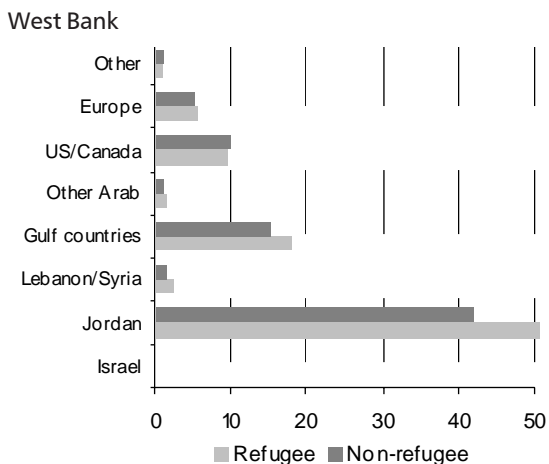
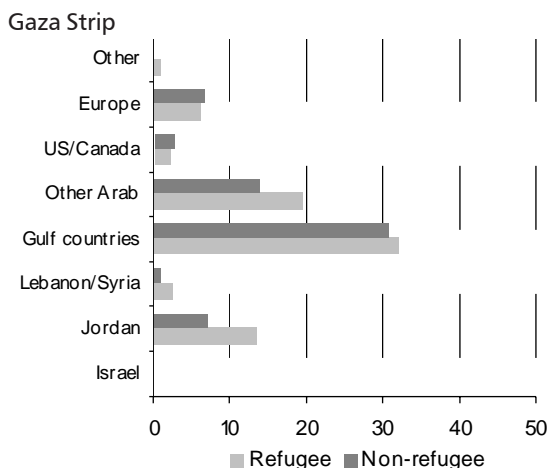


Figure 2.17: Percent households with close relatives by place of destination.



valuable information on filial ties, including economic ones, across borders.

As expected, the majority of households in every setting have close relatives living abroad, implying extensive filial links across national borders. Also, refugees have more relatives residing abroad than non-refugees, especially in Jordan (Figure 2.16). Thus, while about 65 percent of refugee households in Jordan have relatives living abroad, only 42 percent of the non-refugees do. The corresponding differences between refugees and non-refugees in the West Bank and Gaza Strip are smaller, amounting to about 7 percent in favour of refugees. However, Gaza's refugees have the lowest proportion of relatives living abroad (56 percent). These differentials (between the West Bank and Jordan vis-à-vis Gaza) are probably due to the displacement caused by the 1967 war. On the other hand, nearly 80 percent of refugee households in Lebanese camps have relatives residing abroad.

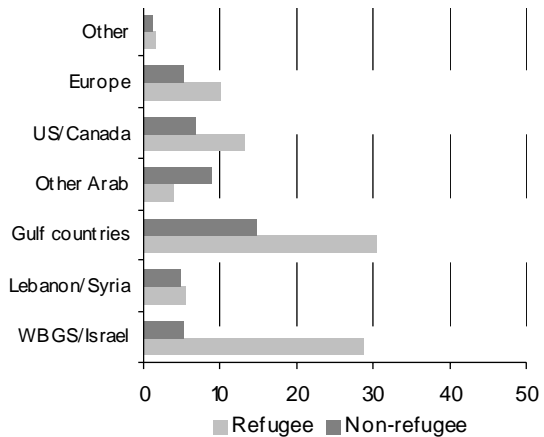
Households with relatives residing abroad were also asked additional questions about their relatives, including the country of their current residence. As shown in Figure 2.17, there are similarities between refugee and non-refugee households in the West Bank and Gaza Strip with regard to the place of current residence of their relatives. Here, the differences are between the settings rather than between groups within the

same setting. The Gulf is the ‘favourite’ destination for Gazan and Jordanian households. In Gaza Strip, about 30 percent (32 for refugee) of households have close relatives in the Gulf. Refugee households in Jordan have the same proportion of relatives in the Gulf, and about 15 percent of non-refugees in Jordan do.

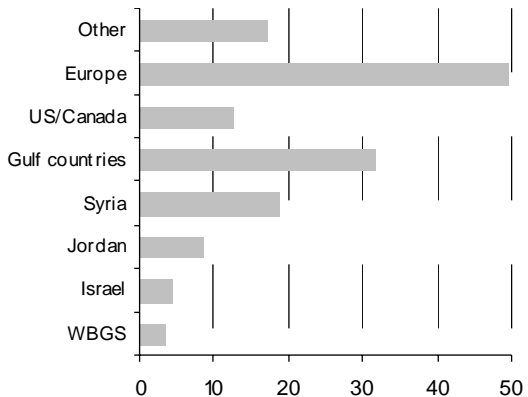
In the West Bank, more of both refugees and non-refugee households tend to have close relatives in Jordan than any other place. Thus, about one out of every two heads of a refugee household having close relatives in Jordan; the corresponding proportion for non-refugees is slightly less (42 percent). The Gulf countries rank second, with about 15 percent of households having close relatives there, followed by the United States and Canada (about 10 percent). On the other hand, Europe is the favourite destination for Lebanese camp refugees, with about one out of every two households having relatives there. This is followed by the Gulf countries, with almost one out of three households having a close relative there. Syria and also the United States and Canada are identified as countries wherein a substantial number of the households having relatives (19 and 13 percent, respectively). Finally, very few households have close relatives residing in Israel — not surprising perhaps given the definition used for relative and age structure of the population.

Figure 2.17 continued: Percent households with close relatives by place of destination.

Jordan



Lebanon



The relatively high proportions of refugee households with relatives in the Gulf countries as well as in Western ones may indicate high rates of *de facto* labour emigration, with clear implications for remittances and other forms of filial support. Of course, labour emigration cannot be separated from the state of 'refugeness' as clearly shown by the differences between refugees and non-refugees in the propensity to have close relatives in these countries (see, El-Najjar 1993). While we lack data to capture more fully the migration experience of the Palestinian refugee population, the above figures seem to indicate that this is more like a population in 'continuous motion'.

References

- Arnold, F. 1990. "Assessment of the Quality of Birth History Data in the Demographic and Health Surveys," in *Assessment of DHS-I Data Quality*. DHS Methodological Reports, I. Colombia, Maryland: Institute for Resource Development. 83-111.
- Blacker, J. 1994. "Some Thoughts on the Evidence of Fertility Decline in Eastern and Southern Africa." *Population and Development Review* 20:200-205.
- Bledsoe, C., F. Banja, and A. G. Hill. 1998. "Reproductive Mishaps and Western Contraception: An African Challenge to Fertility Theory." *Population and Development Review* 24:15-58.
- Bledsoe, C., J. Casterline, J. Johnson-Kuhn, and J. G. Haaga (eds.). 1999. *Critical Perspectives on Schooling and Fertility in the Developing World*. Washington, DC: National Academy Press.
- Bongaarts, J. and G. Feeney. 1998. "On the Temp and Quantum of Fertility." *Population and Development Review*. 24:271-291.
- Caldwell, J. C., I. O. Orubuloye, and P. Caldwell. 1992. "Fertility decline in Africa: A new type of transition", *Population and Development Review*. 18: 211-242.
- Cleland, J. 1985. "Marital Fertility Decline in Developing Countries: Theories and Evidence." in J. Cleland and J. Hobcraft, *Reproductive Change in Developing Countries: Insights from the World Fertility Survey*. Oxford: Oxford University Press.
- Cleland, J. and C. Wilson. 1987. "Demand Theories of the Fertility Transition: An Iconoclastic View." *Population Studies*. 41:5-30.
- Cochrane, S. H. 1979. *Fertility and Education: What Do We Really Know?* Baltimore: Johns Hopkins University Press.
- Coale, A.J. 1973. "The Demographic Transition", *International Population Conference. Montreal 1993*, vol. 1. Liege: IUSSP.
- Coale, A. J. and S.C. Watkins (eds.). 1986. *The Decline of Fertility in Europe*. Princeton: Princeton University Press.
- Curtis, S. L. 1995. *Assessment of the Quality of the Data Used for Direct Estimation of Infant and Child Mortality in DHS-II Surveys*. Occasional Papers 3. Culverton: Macro International Inc.
- El-Najjar, H. 1993. "Planned Emigration: The Palestinian Case." *International Migration Review*. 24: 34-50.
- Ewbank, D. 1981. *Age Misreporting and Age-Selective Underenumeration: Sources, Patterns, and Consequences for Demographic Analysis*. Washington, DC: National Academy Press.
- Fargues, P. and M. Khlat. 1989. "Child Mortality in Beirut: Six Indirect Estimates Based on Data Collected at the Time of a Birth." *Population Studies*. 43:497-513.
- Hill, K. and D.M. Upchurch. 1995. "Evidence of Gender Differences in Child Health from the Demographic and Health Surveys." *Population and Development Review*. 21:127-151.
- Jain, A. 1981. "The Effect of Female Education on Fertility: A Simple Explanation." *Demography*. 18: 577-595.
- Jeffrey, R. and A. Basu. 1996. *Girls' Schooling, Women's Autonomy and Fertility Change in South Asia*. Thousand Oaks: Sage Publications.

- Khawaja, M. 2000a. "The Recent Rise in Palestinian Fertility: Permanent or Transient?" *Population Studies*. 54.
- Khawaja, M. 2000b. "Population", a draft chapter prepared for the forthcoming report, *The Living Conditions of Palestinian Refugees in Camps and Gatherings in Lebanon*. Oslo: Fafo Institute for Applied Social Science.
- Kirk, D. 1996. "Demographic Transition Theory." *Population Studies*. 51:361-387.
- Lesthaeghe, R. and C. Jolly. 1995. "The Start of the Sub-Saharan Fertility Transition: Some Answers and Many Questions." *Journal of International Development*. 7:25-45.
- PCBS. 1997. *The Demographic Survey in the West Bank and Gaza Strip: Final Report*. Ramallah: Palestinian Central Bureau of Statistics.
- PCBS. 2000. *Health Survey in the West Bank and Gaza Strip, 1996*. Unpublished data. Ramallah: Palestinian Central Bureau of Statistics.
- Rashad, H. 2000. "Demographic Transition in Arab Countries: A New Perspective." *Journal of Population Research*. 17:83-101.
- Rutstein, S. O. and G. Bicego. 1990. "Assessment of the Quality of Data Used to Ascertain Eligibility and Age in the Demographic and Health Surveys" in *An Assessment of DHS-1 Quality*. DHS Methodological Reports No.1. Colombia: Institute for Resource Development.
- Shryock, H. and J. Siegel. 1976. *The Methods and Materials of Demography*. San Diego: Academic Press.
- Singlemann, J. 1993. "Levels and Trends of Female Internal Migration in Developing Countries, 1960-80." in UN, *Internal Migration of Women in Developing Countries*. New York: United Nations. 77-93.
- Smith, C. 1983. "The Impact of Age at Marriage and Proportion Marrying on Fertility." in R.A. Bulatao and R. D. Lee (eds.) *Determinants of Fertility in Developing Countries* Vol.2. New York: Academic Press.
- United Nations. 1995. *Women's Education and Fertility Behavior: Recent Evidence from the Demographic and Health Surveys*. New York: United Nations.

Chapter 3

Housing and Infrastructure

Laurie Blome Jacobsen

Summary of Main Findings

One of the common complaints among Palestinian refugees living in refugee camps is that the high living densities create very crowded and environmentally poor living conditions. Indeed, survey data confirms that in addition to generally crowded conditions at the community level, crowding within households is a widespread problem. Related, poor environmental conditions also are commonly found. The camp versus non-camp divide in terms of housing conditions, however, is mixed: In some settings and for some indicators (such as sanitation and drinking water access) camps may actually have better access than others - primarily due to the infrastructure projects engaged in with the support of UNRWA and others in the camps, compared to, for example, rural areas among the non-camp or non-refugee population. However, as noted, in some settings conditions are worse in camp locations — primarily due to poor stability of supply of such necessities as drinking water and electricity, rather than lack of access per se.

Across the different settings, or fields of UNRWA operations, historically, camp refugees in the West Bank and Gaza have had somewhat better access to infrastructure amenities (1995) than found among refugees in camps elsewhere, although the present situation in the camps has no doubt worsened there. Current survey data is not available for the state of housing and infrastructure since the recent Israeli military incursions. Outside of the West Bank and Gaza Strip, residents in Yarmouk camp in Syria, and in some cases camps and gatherings in general in Syria have better housing conditions in terms of most indicators than camp refugees in Jordan and Lebanon. Across all types of housing conditions, the situation in Lebanon camps is markedly worse than elsewhere.

Most refugees live in single-family homes or apartments. Few households, less than four percent, live in makeshift or otherwise structurally unsafe housing (built with unsafe materials such as asbestos or zinc). While the overall percentage is small, in select camps some refugee families are living in barracks or

other facilities not intended to serve as dwellings. In most of these cases, UN-RWA or the host country government has plans to re-house the refugee families or to build more adequate dwellings.

Household crowding (three or more persons per room), however, is quite common with some 30 to 40 percent of camp refugees live in “crowded” households in these terms. Crowding is most prevalent in West Bank and Gaza camps and least among camp and gathering refugees in Lebanon and Syria. The difference is due to smaller household sizes in the latter fields. In Jordan, camp households are more often crowded than non-camp (over 30 percent compared to 18 percent). Very large households (with 10 or more persons) are particularly vulnerable to crowding across all fields.

Historically, camp refugees’ access to basic infrastructure in terms of safe and stable drinking water and sanitation has been relatively high in the West Bank and Gaza Strip (90 percent had in 1995), although this may not reflect the current situation. Also, in Yarmouk camp in Syria, infrastructure is quite good, but poorer in other refugee camps there. Infrastructure access is poor among camp refugees in Jordan and Lebanon — among whom upwards of 60 percent lack altogether a safe, stable drinking water source and sanitation. Stability of drinking water supply is an especially common problem in Jordan and Lebanon camps.

Rural residents face a much higher risk of poor basic infrastructure than do urbanites. Among non-camp refugees in Jordan, there is much better access than in camps with only 19 percent lacking stable, safe drinking water, and here, higher income is found to be an important determining factor in access to basic infrastructure. Regional location is associated with poor infrastructure among camp refugees in southern Lebanon and non-camp refugees in the West Bank.

Finally, poor indoor environment is a common housing problems reported by camp refugees. Upwards of 50 percent of camp refugees in Jordan and Lebanon report poor indoor environment. This is worse in camps than outside camps, and worse in Lebanon than Jordan. There are fewer with indoor environment problems in Yarmouk camp in Syria, but a similar proportion in other camps there. When considering indoor climate problems including humidity, difficulty in regulating temperature and poor ventilation, some 70 percent of camp households in Lebanon report environment problems compared to 60 percent of camp refugees in Jordan, 50 percent of non-camp refugees in Jordan, 40 percent of Yarmouk camp residents and 50 percent of other refugee camp residents in Syria.

Introduction: Housing, individual welfare and development

The housing unit, its immediate outdoor surroundings and access to services are integral components of the day-to-day living conditions of individuals. The amount of time and activities done within the dwelling mean that its characteristics influence households directly in terms of comfort and security, and indirectly through influence on other aspects of living conditions. Moreover, the effects of poor housing are not evenly distributed across all members of the household.¹ Women and other care-takers, experience more hardship than others when living in poor housing due to the relatively more demanding environment for domestic labour. Children are impacted by crowded housing not having safe indoor and outdoor play areas. Handicapped persons and the elderly also experience heavier burdens due to physical limitations hindering their ability to do chores more demanding and numerous with the lack of infrastructure amenities from within the households. All these groups suffer more than others from poor indoor environment such as lack of natural light, exposure to hazardous building material, inadequate temperature control, and poor ventilation simply due to the likelihood that they

spend more time within the dwelling than others.

In addition to the direct link to individual welfare, housing and infrastructure also reflects the larger socio-economic development of communities and substandard housing is an indicator of lack of development. One of the most important areas linking housing standards with level of development is in the area of health. For this reason, standard housing indicators such as clean drinking water and sanitation are typically included as development and health indicators (WHO, Unicef, World Bank Development Report, UNDP). Accordingly, the World Health Organisation cites such housing standards as being the most important environmental factor associated with disease and death. In addition, the operation of the housing market impacts development goals. Here, the existence of secure tenure and the location of housing (near jobs and transportation routes) are key factors.

Measures of housing conditions typically fall into four main types: (1) economic, (2) housing stock characteristics (3) water and sanitation, and (4) macro-level environmental and resource availability. Economic indicators include such indicators as tenure, investment in housing, and the price-income ratio of housing. There is a large variation in measures used to describe the stock of housing by international organisations

¹ The author thanks Rosemary Sayigh for her input on the maldistribution of poor housing effects in the household.

such as the UN Habitat and national statistics bureaus, although commonly used indicators include: temporary versus permanent dwellings²; legal versus illegal dwellings³; average dwelling size in terms of average rooms per housing unit or average square meters; and dwelling density in terms of average persons per room or average floor area per person in square meters⁴. Infrastructure amenities are reported by all international development organisations due to the direct links to health. Precise descriptions, however, of what constitutes “access” to safe drinking water varies, but usually include a component measuring assumed quality given certain technologies, a minimum level of regular supply, and convenient distance to the source. The main problem with these access measures is that they assume certain types of technology are safer. However, since water quality is seldom measured directly, this assumption does not always hold. Second, the terms of “adequate” and convenient distance are subjective – with large variations in the needs and abilities of persons and families.

² According to the UNCHS (Habitat), permanent dwellings are those expected to maintain stability for 20 years or more under local conditions and regular maintenance and refers to the durability of walls but not roofs or doors.

³ This indicator usually refers to urban housing. Legal housing is that with a clear title to land, constructed with required building, land use or land permits. A low value for this indicator is a sign that housing development occurs without proper government controls. A second commonly used indicator is the proportion of housing in compliance that excludes squatter housing and housing not meeting building regulations.

⁴ Density within the dwelling is most often measured as the floor area per person, although persons per room is also commonly used.

The Living Conditions’ Survey data provides household data for a number of commonly used indicators. Taking a comparative perspective in terms of patterns in camp and non-camp location and across the different fields, this chapter investigates a range of different housing conditions including: (1) durability and safety of dwelling construction materials⁵; (2) indoor climate in terms of temperature or environment, (3) household density and (4) basic infrastructure in terms of a stable supply of safe drinking water and access to sanitation according to definitions set in international standards (with the drawback, however, of lack of direct water quality measurement).

Refugee Camp Housing and UNRWA

Refugee camps are positioned on land made available to UNRWA by host governments to provide housing and services to refugees. Responsibility for the provision of such infrastructure services such as sewage disposal, water and electricity is technically with the host government, although UNRWA has provided infrastructure in locations where other parties have not done so.

⁵ The United Nations Centre for Human Settlements (Habitat) also uses the permanency of the structure as a housing indicator in its Urban Indicators Programme. Habitat defines permanent structures as housing units in structures expected to maintain their stability for 20 years or longer under local conditions with normal maintenance. We define permanent structures as those which are either (1) structures meant to be permanent buildings and (2) built with stable, un Hazardous construction materials.

Following the signing of the Declaration of Principles by the PLO and Israel, UNRWA launched the Peace Implementation Programme (PIP) – a program specifically geared towards improving services and infrastructure to refugees across all fields as a means to encouraging the peace process.

The type of housing initially set up for refugee households in the camps to replace tents were “shelters”, or small single detached dwellings. Those who moved into the camps subsequent to this have mostly built their own shelters or purchased them. UNRWA does not own the original camp housing but refugees are free to use the housing so long as UNRWA is given use of the land upon which it is built. UNRWA’s main role in shelter maintenance is the reconstruction of shelters damaged during natural or manmade disasters, or the rehabilitation and maintenance of shelters of families that are registered as special hardship cases. Shelter modification regulation, such as the requirement of planning permits, is usually regulated by the host government to a greater or lesser degree depending on the country and time frame. Outside of the camps, UNRWA has provided monetary assistance to special hardship families for dwelling repair. Since the initial setting up of shelters, the stock of refugee housing in the camps has changed considerably — a necessity given that population has increased but the camp borders have not.

Where they have had the means and permission, refugees have replaced, modified or built additional shelters.

The degree to which there exists a “housing market” in the refugee camps is unclear. Many camp refugees report that they own their dwelling (between 70 and 90 percent), although there is no regulatory framework surrounding ownership, buying or selling. In addition to the issue of the lack of secure tenure, housing development has occurred under more or less physically restrictive conditions and been largely unplanned. The result of both factors is high camp density and inadequate infrastructure, including very narrow roads that often are not wide enough for emergency vehicles to pass. The displaced refugee population in Lebanon comprise a particularly vulnerable group who have lost the basic shelter they were given initially during hostilities occurring in the country. Although emergency programmes have helped to rebuild destroyed shelters, those not re-housed in camps often are squatters living on the periphery of camps or other urban areas.

Finally, aside from direct implications on security of tenure, housing market and regulation arising from camp refugees special situation, current practices and regulation within the host country have had large implications in particular for refugees residing in Leba-

non.⁶ In addition to restriction and regulation of building, in southern camps, Lebanese authorities have also refused entry of building materials into the camps. In addition, a recent amendment of the Lebanese law of ownership passed by Parliament gives foreigners the rights to own property but excludes Palestinians.

Overview Of Physical Characteristics Of The Dwelling

Table 3.1 summarises a number of housing problems. Both the percentage of the respective refugee population within the country and the estimated number of households with the various types of housing problems is included. In addition to a general overview of dwelling sizes and building materials, each of the housing problems will be discussed in turn.

Dwelling Size

The data available across the different countries includes the size of the living quarters in terms of the number of rooms (excluding hallways, verandas, kitchens and bathrooms) rather than square meters. According to this measure, camp refugee housing is, not sur-

prisingly, remarkably similar across all fields at some three rooms total and two of these rooms used for sleeping. Non-camp and non-refugee populations in Jordan and the West Bank and Gaza, however, have larger dwellings on average than do camp residents (Table 3.2).

In addition to the average number of rooms, we also conducted box plot analysis in order to find out the spread of dwelling sizes in the housing market. The variation in number of rooms is quite concentrated in all cases around the averages, but generally wider outside of camps. This is not surprising given that the initial camp “shelters” were relatively similar in size, and that there have been regulations limiting new building and modification of existing housing especially applied in the camps.

Types of Construction and Construction Materials

Cross-field comparison of building materials and durability of housing is difficult due to some slight differences in the scope of dwellings surveyed, variations in types of materials across the fields, and the fact that for the WBGS, Jordan and Lebanon only the “main construction material” was asked about versus in Syria, where data was collected for the both the main wall and main ceiling material. However, the data is comparable enough to get an indication

⁶ Appreciation from the author is given to Rosemary Sayigh and Mohammed Ali Khalidi for raising this point.

Table 3.1: Percent and estimated number of households with various housing problems.

	Makeshift dwelling and/or unsafe building materials ⁽¹⁾		Crowded (3+ persons per room)		Lack stable, safe drinking water		Lack sanitation		Lack connection or stable electricity ⁽²⁾		Poor indoor environment ⁽³⁾	
	%	pop. ⁽⁴⁾	%	pop. ⁽⁴⁾	%	pop. ⁽⁴⁾	%	pop. ⁽⁴⁾	%	pop. ⁽⁴⁾	%	pop. ⁽⁴⁾
Lebanon camp	1	217	29	5,487	59	9,986	14	5,157	46	7,450	67	12,951
Lebanon gathering	4	130	26	1,513	42	2,448	16	1,454	26	1,237	57	3,157
Jordan camp	1	524	34	9,751	60	17,374	2	440	20	11,343	62	18,046
Jordan non-camp	1	3,306	19	64,806	19	64,913	4	11,603	3	5,830	52	174,222
WBGs camp	2	1,641	39	28,949	11	7,934	2	1,253	1	874	<i>(unavailable)</i>	
WBGs non-camp	3	3,725	27	32,037	30	36,184	2	2,397	3	3,630	<i>(unavailable)</i>	
Syria Yarmouk camp	0	0	12	1,607	14	1,889	0	0	0	9	38	5,334
Syria other camps	3	427	31	4,539	17	2,465	3	427	1	100	52	7,530
Syria gathering	14	444	25	765	28	864	14	444	0	12	42	1,319
Total		10,414		149,454		144,057		23,175		30,485		222,559

(1) For the WBGs does not include Beduins or households living in tents. (2) For WBGs and Syria only includes households lacking electricity connection, stability not included in survey.

(3) Households with 2 out of 3 indoor environment problems including humidity, temperature and ventilation.

(4) Based on 1999 population estimates by Fafo.

of the size of the refugee population living in “temporary” (in a structural sense) makeshift housing or in housing built with the main or main roof material containing hazardous or unstable materials. This proportion is quite small among camp refugees, on average between one and three percent across all fields. This is a relatively more common housing problem among gathering refugees in Lebanon (4 percent) and Syria (6 percent). The majority of camp refugees live in dwellings mostly made of concrete and concrete block – a material that is reported to be difficult to heat in winter and not well insulated against damp. In contrast, non-camp refugee households in Jordan often reside in dwellings made of higher quality and more expensive building materials such as stone or brick.

Table 3.2: Dwelling size.

	Rooms used		
	No. of Rooms	for sleeping	uwn
<i>Lebanon</i>			
Gathering	2.5	2.0	860
Camp	3.0	2.0	2757
<i>Jordan</i>			
Non-Refugee	3.4	2.0	1889
Non-Camp	3.2	2.0	3600
Camp	2.8	2.0	2543
<i>WBGs</i>			
Non-Refugee	3.4	2.0	8032
Non-Camp	3.5	2.0	4042
Camp	3.1	2.0	2498
<i>Syria</i>			
Gathering	2.9	1.9	573
Camp	3.0	1.9	4314

Although the proportion of households living in makeshift or otherwise unsafe dwellings is small, there are certain types of refugee households that are overrepresented. Aside from the higher gathering than camp proportion in Lebanon and Syria, in Jordan and the

West Bank and Gaza loner and rural refugee households most often live in such housing. Although there are few loner households, they appear to be a distinctly vulnerable group among camp refugees in the West Bank and Gaza and gathering refugees in Lebanon.

In Jordan and the West Bank and Gaza, rural residents over three times more often live in makeshift or otherwise unsafe housing, but this is marked primarily among the non-camp refugee population rather than camp refugee households. For example, among non-camp households in Jordan, 9 percent live in this type of housing compared to between 1 and 2 percent of the urban non-camp refugee households. Regional concentrations also exist in the West Bank and Gaza and Jordan with those in the West Bank (versus Gaza) and in Northern Jordan (versus Amman) more often living in such makeshift or unsafe housing – but this is closely related to the rural nature of these regions.

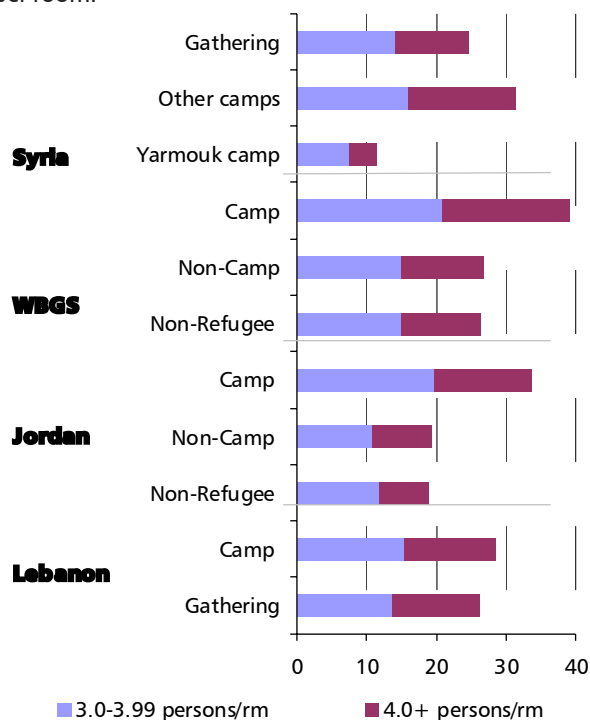
Dwelling Density

In addition to square meter measurements, for which there is no comparable data for refugees across the countries, a standard measure of crowding in the household is the proportion with three or more persons per room. Using this criterion, crowding is considerable among camp refugee households in all three

countries, although not equally so (Figure 3.1).

According to the Demographic Survey conducted in the West Bank and Gaza in 1995, some 40 percent of camp households compared to 25 percent of non-camp refugee households had three or more persons per room. In Jordan, the difference between camp and non-camp household crowding is large, with camp households close to double as often living in crowded households than non-camp (33 percent compared to 18 percent). Across the different countries, densities are highest in the West Bank and Gaza, followed by Jordan and Lebanon. In Syria, we distinguish between

Figure 3.1: Percent households with 3 or more persons per room.



Yarmouk camp and other camps due to very large differences in housing conditions. In non-Yarmouk camps, crowding is at the same level as in Jordan camps (30 percent) but much less of a problem in Yarmouk camp (10 percent). In fact, Yarmouk camp in Syria has less crowding than any group across all fields. As discussed below, density within the household is closely linked to household size: Average household size among camp refugee households was found to be 7.8 persons in the West Bank and Gaza, 6.4 in Jordan, 5.5 persons in Syria and 5.4 persons in Lebanon (Table 3.3). Smaller household size in Lebanon is related to migration patterns and lower female fertility. In the West Bank and Gaza, crowding decreased somewhat during the latter 1990's, from some 40 percent of all camp households in 1995 to 35 percent of camp households in 1998. Large regional differences existing between Gaza and the West Bank were slightly reduced.

As density in the housing unit is related to a rather wide variety of circumstances the presence or absence of crowding was analysed with logistic regression analysis on each of the data sets except Syria, for which the data was not yet available. Logistic regression is particularly useful in separating out the effects of each factor on whether or not a condition exists. Thus, for example we can examine the relative increase in probability that a rural household will be

crowded compared to urban households, or low-income households relative to high-income households.

Household size was found most closely associated with crowding compared to other household factors. This is the case across the three fields, and particularly the case for large households with 10 or more persons. Moreover, it is not surprising that household size is a much more important determinant of crowding for camp households than others — meaning it is more difficult for large households in camps to find more spacious dwellings than for large households elsewhere. The problem is compounded by the fact that they are more large households in camps than elsewhere.

It follows that, for households outside of camps, socio-economic resources matter. Those households that have the means to purchase more spacious housing as needed are more able to do so than those in camps. Both the

Table 3.3: Percent of households in large households.

Location	%	Location	%
Lebanon		Jordan	
National population*	3	Non-Refugee	13
Gathering Camp	5	Non-Camp	12
	6	Camp	16
Syria		WBGs (1995)	
Yarmouk camp	4	Non-Refugee	20
Other camps	8	Non-Camp	22
Gathering Camp	9	Camp	28

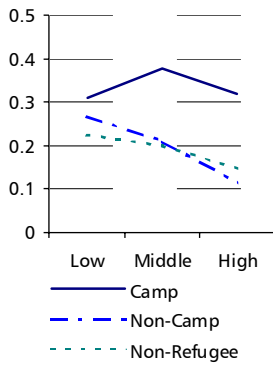
*Source: UNDP, *Mapping Living Conditions in Lebanon*

education level of the household head and the household income are determining factors in crowding among the non-camp populations in the WBGS and Jordan. This is demonstrated by figures 3.2 through 3.4. Here we plot the average probability that a household will be crowded predicted by the regression model by household income groups. In comparing the line plotting the relationship between probability for crowding and income, one can see that is rather horizontal for camp households (with the exception of Jordan, where it declines with high income). This suggests that in

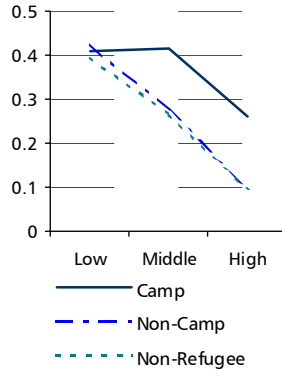
the West Bank and Gaza and Lebanon camps there is little or no decrease in the chances for crowding even if the households has more economic resources available to purchase or build larger housing. In camps in Jordan and gatherings in Lebanon, households must have a high level of income before income has an effect of lowering the odds for crowding — indicating that larger dwellings are high priced and out of the affordability range for the majority of households.

Figures 3.2 to 3.4: Average predicted probability for crowding by household income.

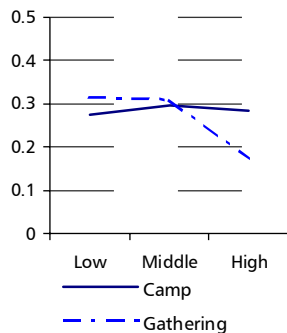
3.2: Jordan



3.3: WBGS



3.4: Lebanon



This level of density within the household should also be considered together with the generally high level of crowding at the camp level. While Fafo has not collected data for population density at this level, we can use UNRWA data on the area of camps and estimated numbers of residences to see how dense the communities are around the camp refugees' dwellings. There are particularly high population densities, usually ranging between at least 50 persons per square kilometre in the least crowded camps in Jordan to often exceeding 100 persons per square kilometre in the more crowded refugee camps. The result of this is cramped building and narrow roads, often being too narrow to allow emergency vehicles or trucks to pass. The household's subjective satisfaction with the amount of space both indoor and outdoor is addressed later in the chapter.

Infrastructure Amenities

In large part, access to basic infrastructure is dependent upon communities' linking up to national or regional water and sewage systems. In Jordan, urban refugee camps are connected to the country's main water supply lines. In this case, camp refugees have the same water supply as the rest of the country. However, the lack of fresh water supplies in Jordan is a key issue concerning its ability to better meet and continue to meet the water needs of the country (IPS 1997: 41). The Jordanian government has recently embarked on a number of large-scale infrastructure projects to better secure both water and electricity resources. In May 2000 Jordan and Syria secured World Bank funding for a joint project to dam the Yarmouk River, which generates fresh water supplies and electricity for Jordan. In addition, Jordan's Social Productivity Project (SPP) undertakes to provide sewerage to all underdeveloped areas in Jordan. The Department of Palestinian Affairs in Jordan is the implementing party in the refugee camps for this national-level program.⁷

In the West Bank, artesian wells are the main source of water for domestic use (NENGOOT 1992). Water losses caused by leakage was reported to be

some 50 percent in the West Bank in 1992. The West Bank population relies on the Israeli power grid for electricity, which provides continuous electricity supply for most of the urban population but falls to some 45 percent in rural areas which are commonly provided with electricity only some hours during the day (NENGOOT 1992). In 1992 it was reported that Ramallah was the only municipality in the West Bank with a sewage treatment plant, with most of the sewage system effluent being discharged into nearby valleys (NENGOOT 1992). The stability of electricity supply has been reported to be a major problem in Gaza, in addition to lack of sewage treatment (NENGOOT 1992).

In Lebanon, the government has not allowed refugee camps' sewage networks to link to those serving nearby municipalities. The isolation of Lebanon camps from national infrastructure systems means that camps have not benefited substantially from the large-scale reconstruction in infrastructure that has taken place in Lebanon recently bringing national-level access to both drinking water and sanitation up to over 95 percent of households in 1999 (World Bank 2000).

⁷ The author appreciates comments by Dr. Ali Zaghul on this matter.

Access to Safe, Stable Drinking Water and Sanitation

Direct comparison with measures of access to safe drinking water used by international organisations such as the World Bank and UNDP is difficult as the Fafo studies gather slightly different data to measure such access, although the proxy measures are quite similar. Here we define a safe water source to be only those that are piped – into the residence, into the building, or into the yard – and tanker truck delivered water. We do not have data regarding direct measures of water quality available.⁸ Access to sanitation is defined as being connected to either a municipal sewage system or a septic tank. Figure 3.5 shows the percent of camp refugee households in each of the three fields with increasingly better access and corresponding amenities such as access from within the household.

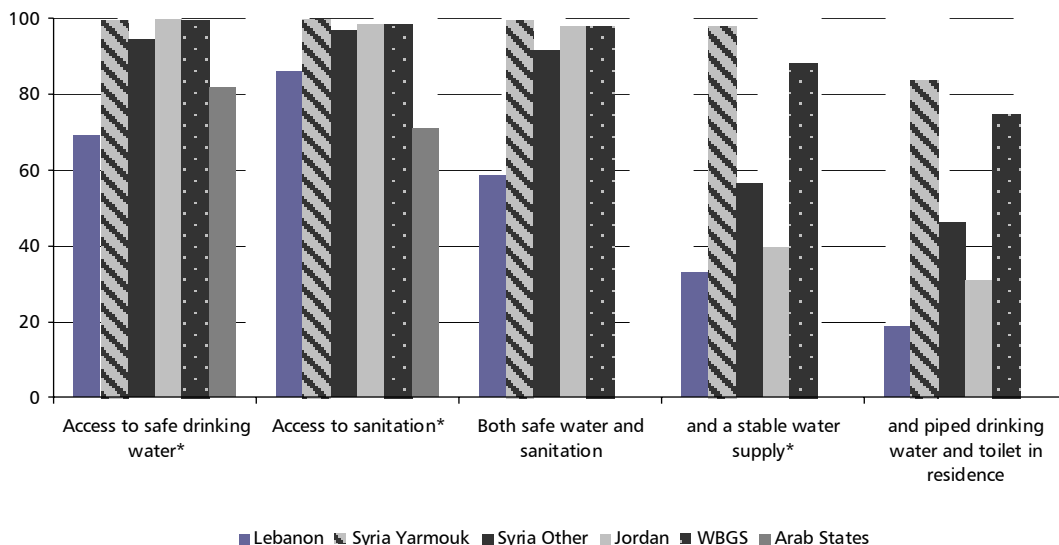
Across fields, camp refugee access to water and sanitation and related amenities has historically been better in the West Bank and Gaza than in camps elsewhere and better than average for the region. However, recent military action in refugee camps has damaged or destroyed a large amount of infrastructure (Box 3.1). Unavailability of current survey data on the amount of damage means we are unable to include the West Bank and Gaza's current situation in the

analysis. We therefore, focus on the other fields for the remaining discussion.

Despite infrastructure problems commonly cited as complicating life in refugee camps, thanks to the effort of UNRWA and other providers, infrastructure facilities are generally better among camp refugees than has been found in the group of Arab countries (World Bank, 2000). Infrastructure is quite good in Yarmouk refugee camp in Syria, but much worse in other camps in Syria. Worse yet is camp infrastructure in Jordan and finally, camps in Lebanon have very poor infrastructure. One in three camp refugee households in Lebanon lack access to safe drinking water and 15 percent lack access to sanitation. Together, some 40 percent of camp households in Lebanon lack access to both safe drinking water and sanitation. The situation is especially poor for camp refugees in Lebanon and Jordan when we include the stability of the water source with the basic access to drinking water and sanitation measure. Among camp refugees in Lebanon a total of 67 percent of households do not have, altogether, basic access plus a stable supply, and 60 percent of camp refugee households in Jordan do not have basic access plus a stable supply. Forty-three percent of camp refugees in Lebanon, and 60 percent in Jordan report that the household experiences at least weekly disruptions in the supply of drinking water.

⁸ Poor quality piped drinking water has been reported to be a problem in Southern Lebanon camps and in Gaza camps.

Figure 3.5: Percent of households with select infrastructure.



**Safe drinking water*: Piped or tanker-truck delivered water; *sanitation*: connection to sewage network or septic tank; *stable drinking water*: less than weekly disruptions in supply.

Not surprisingly, access to basic infrastructure mostly depends on where one lives. However, other factors impacting the resources of the household (like income and education level) do matter somewhat for households – but this is mostly for refugees living outside of camps. Thus, similar to what was found with crowding, those outside camps, with the necessary resources, can locate themselves in places with better infrastructure.

Rural location key contributing factor to lacking access to infrastructure for most, especially in Lebanon.

Households located in urban areas, holding all other factors constant, have much better access to basic infrastruc-

ture. This is especially among camp and gathering refugees in Lebanon, where urban location means at least triple the odds for access to basic infrastructure among households in urban areas compared to rural areas. Moreover, as the effect of urban versus rural location is much larger among gathering households than camp households, we can see that refugees living in rural gatherings in Lebanon are a particularly vulnerable group.

Among Jordan non-camp refugees, low income households at high risk for lack of access to infrastructure.

Similar to what we found when looking at the effect of income on crowded living conditions, here we find

Box 3.1: Extract from a recent Osfam assessment mission to refugee camps in the West Bank and Gaza.

“None of the villages we visited were connected to a water network -- all are dependent on local springs or purchase of tanked water. Householders tell us...they have lost most of their income because closures have meant that there is no access to work in Israel or local cities. At the same time the price of tanked water has doubled because of the difficulties trucks face in passing checkpoints. Villagers cannot reach their traditional springs because they fear soldiers or settlers. The communities’ latrines overflow, as the sewage trucks from a nearby city cannot pass the checkpoints for days or sometimes weeks. Where there is a piped water system, mainly from springs, pipes and the source have sometimes been vandalised by settlers. Municipal officials face great difficulties in reaching localities to do needed water quality tests or to repair broken pipes.”

that the economic resources of the household mostly are a factor for refugees outside of camps. Thus, refugees outside of camps, with the economic resources to do so, can locate themselves in places with better infrastructure. This is the case for non-camp refugees in Jordan and in the West Bank and Gaza (as of 1995).

In Lebanon, southern camps much less likely to have access, holding other factors constant than northern camps.

In Lebanon, regional differences are not due to rural location. Camp refugees in the north have better access, holding other factors constant, compared to the south even though the north is more rural (34 percent compared to 19 percent). Thus, regional differences between the north and the south are probably related to the southern region being the sight of more armed conflict.

Lack of basic infrastructure is a large problem when we consider the total estimated number of refugee households affected. Some 144,000 refugees in Jordan, Lebanon, Syria and the West bank and Gaza (including only camp and gathering refugees in Lebanon) do not have access to a safe and stable drinking water supply. This number is now most likely underestimated due to the recent damage incurred in the West Bank and Gaza camps. Although the number of households lacking infrastructure is fewer than have a problem with crowding (150,000), provision of infrastructure is a much more expensive problem to address. Moreover, we see that lack of basic infrastructure is more of a problem among specifically camp refugees than we found with crowding in terms of the number of households: Over forty percent of these households without basic infrastructure are in camps. Among

only camp refugees, most numerous of those lacking basic infrastructure are in camps in Jordan (44 percent of all camp refugees lacking access), followed by Lebanon camps (making up 33 percent of the camp total).

The next section will discuss the full range of infrastructure amenities; including such aspects as piped water into the residence, electricity connection and stability, garbage collection and other fixtures; for each of the four fields in turn. We report 1995 camp refugee data for the West Bank and Gaza, although the current situation there is assumed to be worse since the Israeli incursions into the camps, although historically, infrastructure amenities have been better in refugee camps in many areas than outside of camps.

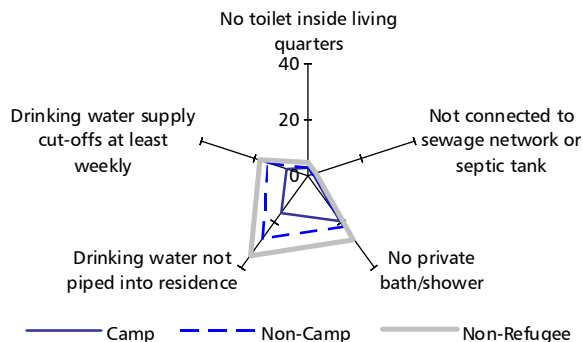
Infrastructure Amenities in the West Bank and Gaza Strip

Figure 3.6 shows the percent of camp, non-camp and non-refugee households in the West Bank and Gaza Strip lacking certain infrastructure amenities as of 1995. Nearly all households are connected to electricity and a public sewage system or septic tank. Over all, one in five households does not have water from an indoor public system piped into the residence, two in five households do not have a flush toilet in the residence, and one in four households have no

private bath or shower. Among those without access from inside the dwelling to a public drinking water system, most rely on individual wells or access to the public system within the building. Stability of the drinking water source is somewhat lacking among non-camp refugee households, among whom 15 percent reported supply cut-offs occurring weekly. The level of infrastructure amenities varies considerably across population groups and regions according to those with piped drinking water, flush toilet and bath or shower in the residence. Households in Hebron and rural areas have fewer of these amenities than average. Apartments are considerably better equipped than single or multi-family dwellings.

The level of infrastructure amenities has historically been better in Gaza Strip than the West Bank. Fewer households with the above listed amenities in the West Bank than Gaza Strip is primarily due to very low levels in certain areas within the West Bank (Hebron) and in

Figure 3.6: Infrastructure amenities in the WBGs (1995)

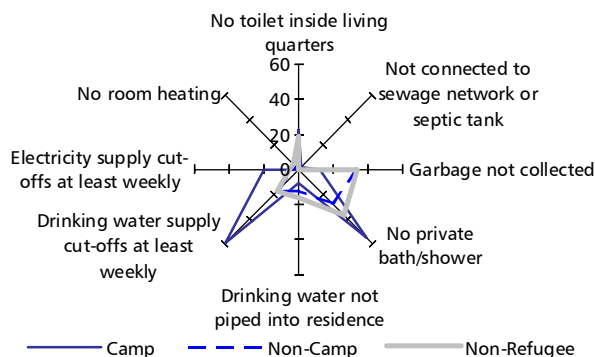


rural areas. Considerable differences exist for all population groups according to areas in the West Bank, with conditions worst in Hebron, better in the north and best in central West Bank.

Infrastructure Amenities in Jordan

Although nearly all camp refugees in Jordan have drinking water piped into the residence (94 percent of urban camps and 83 percent of rural camps) some 60 percent experience at least weekly cut-offs. This lack of stability is rather uniform across socio-economic and urban/ rural groups, with the exception that more rural households report daily as opposed to weekly problems (10 percent compared to 2 percent). Camps in the rural north have particularly poor stability, with 70 percent of households reporting unstable drinking water supply.

Figure 3.7: Infrastructure amenities in Jordan (1997 non-camp and non-refugee, 1999 camp).



All households report to be connected to electricity, but some 20 percent of camp refugees have poor electricity stability compared to less than 5 percent of others. Among camp refugees, lack of stable electricity is more common among poor and rural households. Nearly twice the proportion of low-income camp households (25 percent) has poor electric stability than high income (14 percent). Some 35 percent of rural and 16 percent of urban camp households have poor stability of electricity.

Having a bath or shower in the residence is also less common among camp refugees; with only 45 percent of households have this amenity. As with electricity stability, the rural north region is particularly less well off, with 60 percent of camp refugees not having a bath or shower within the dwelling.

Finally, garbage collection services are less common for those outside of camps (only 30 percent have collected garbage). No garbage collection services among non-camp refugees are more common in rural areas (47 percent) than in urban areas (33 percent).

Infrastructure Amenities among Camp and Gathering Refugees in Lebanon

Overall, refugees have good access to electricity (98 percent are connected to

an electric network), and have independent kitchens (96 percent) and toilet facilities (95 percent) in the residence. The availability of these three amenities varies little across groups. However, all other infrastructure amenities are lacking for camp and gathering refugees.

As discussed above, access to safe drinking water and general water piped directly into the household is lacking for camp and gathering refugees. For both groups, 64 percent of households have water piped into the residence and 50 percent have piped drinking water. Camp and gathering refugees have lower access to safe drinking water sources than the national population, among the latter whom 97 percent are reported to have access to safe drinking water (UNDP 1998: 64).

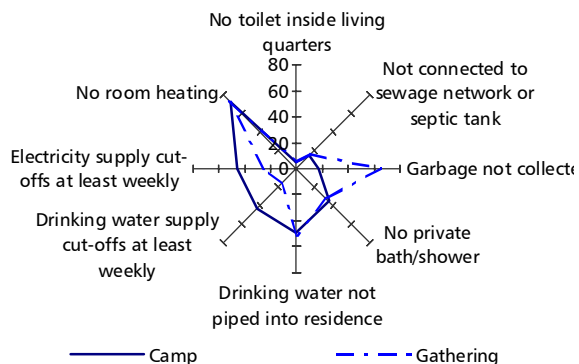
The source of drinking water is closely related to its reliability. While drinking water piped into the residence is the most convenient source of drinking water, it is not very reliable compared to other sources for some locations. Tanker truck delivered water is the most reliable, with 83 percent of the households using this source reporting that they never, or almost never experience supply problems. However, the inconvenience and cost of tanker truck delivered water is reported to be problematic for households relying solely on this source. Sixty percent report a stable supply of piped drinking water, but the stability of this source of drink-

ing water varies quite a bit by location. Camp residents more than four times more often have supply problems than gathering residents, and rural camp and gathering refugee households 10 times more often have daily problems with supply than city households.

Very few gathering households have collected garbage and they depend more heavily on environmentally “poor” ways of garbage disposal than do camps. Gathering more often than camp households use open rather than closed containers, and burning and dumping – which no doubt contributes to higher levels of dissatisfaction with outdoor pollution in the gatherings than camps.

Among camp refugees, regional variations between the north and south in infrastructure amenities are large. Camp households in the north have better access to sewer facilities (96 percent of households are connected) than the south camps (78 percent). Stability of electricity is especially poor

Figure 3.8: Infrastructure amenities in Lebanon.



in the northern camps and stability of drinking water supply is especially poor for camp households in the south.

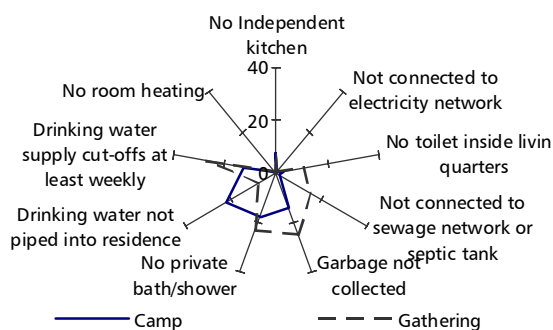
Infrastructure Amenities among Camp and Gathering Refugees in Syria

The infrastructure situation among camp and gathering refugees in Syria is in a number of aspects better than that found among camp refugees in Jordan, and certainly much better than among camp and gathering refugees in Lebanon. This is the case especially for drinking water supply: Only 13 percent of camp refugees in Syria have unstable supply compared to 60 percent in Jordan and 40 percent in Lebanon camps. Stability of electricity supply was not asked about in this survey, but nearly all are connected to electricity (in both camps and gatherings). In camps nearly all have sewage connection, but 15 percent of gatherings lack proper sewage infrastructure. Similar to Lebanon, 20 percent lack a private bath or shower, which is considerably

less than in Jordan (60 percent). There is a problem with piped water, as 20 percent of camp households lack this amenity. Altogether, lack of piped water, private bath or shower and unstable drinking water supply are the main infrastructure problems. But, we see that these affect less than one-fifth of camp households. The main difference among camp and gathering locations in Syria is that gatherings less often have garbage collection (25 percent lack compared to 12 percent in camps). Otherwise, there is little to distinguish between the infrastructure amenities in the two types of locations.

Comparing within Syria, rural areas have quite poor access to piped water – both regular water and drinking water (less than one-half). The relatively good infrastructure in camps is also misleading when we consider the differences between Yarmouk camp on the one hand and all other refugee camps on the other. Yarmouk enjoys much, much better infrastructure, and other camps as a group resemble rural areas in that they have much lower access to piped water (both drinking and general) than Yarmouk.

Figure 3.9: Infrastructure amenities in Syria.



Indoor Environment and Satisfaction with Housing

In the Living Conditions' surveys, households were asked for their assessment of

the indoor comfort of their dwellings, such as whether or not the rooms tended to be cold, or poorly ventilated, as well as how satisfied the household was with a number of housing-related items. Comparisons within and across the two countries show that indoor conditions are reported as being less comfortable according to most aspects among camp refugees, and for many aspects worse among camp refugees in Lebanon than in Jordan and Syria, and Yarmouk camp in Syria having less dissatisfaction than other refugee camps there (in addition to less dissatisfaction compared to camps elsewhere).

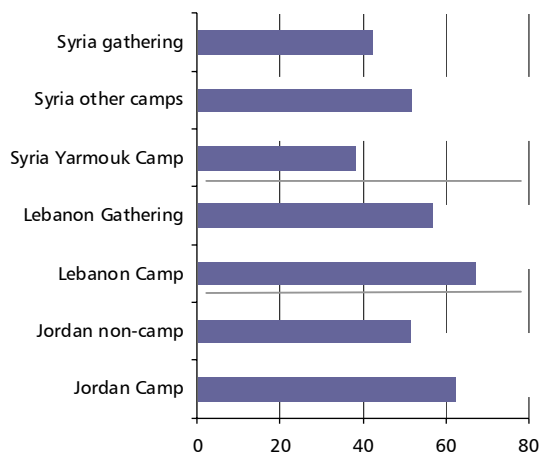
The quality of the indoor environment is examined here using a select number of measures, focusing on climatic problems including humidity, difficulty in keeping warm in winter or cool in summer, and poor ventilation (Table 3.4). Data is not available for the West Bank and Gaza Strip refugee households. Figure 3.10 shows the proportion of refugee households with at least two out of the three environmental problems.

Looking at the three types of indoor environment problems individually, we see that overall a large proportion of camp households in Lebanon report they have each of the problems, in most cases more often than others. Humidity, cold rooms in winter and hot rooms in summer are common complaints for camp refugees in both Jordan and Lebanon and gathering refugees in Lebanon, with over one-half of these households reporting each of these problems. Ventilation is less of a problem than humidity and temperature control for all groups, with roughly 40 percent of camp refugees in Jordan and Lebanon reporting poor ventilation, but markedly more of an issue in camps than elsewhere. In Jordan, nearly twice as many camp refugees complain of hot rooms in summer than non-camp refugees (65 percent compared to roughly 35 percent). Ventilation is also much more of a problem with 45 percent of camp households compared to 22 percent of non-camp refugee household reporting poor ventilation. We find this difference between those in the camps and those outside camps also in Lebanon, where 41 percent of camp refugee

Table 3.4: Percent of households with indoor environment problems.

	Lebanon		Jordan			Syria		
	Camp	Gathering	Camp	Non-camp	Non-refugee	Yarmouk camp	Other camps	Gathering
Rooms are humid	66	62	60	61	60	41	53	46
Rooms are cold in winter	66	68	56	49	46	48	61	56
Rooms are hot in summer	64	58	65	39	36	52	60	51
Ventilation is poor	41	28	45	22	18	22	24	13
n	2799	802	1867	2751	3335	2157	2244	481
uwn	2757	860	2543	1889	3600	1632	2682	573

Figure 3.10: Percent households with 2 of 3 indoor environment problems (humidity, temperature, ventilation).



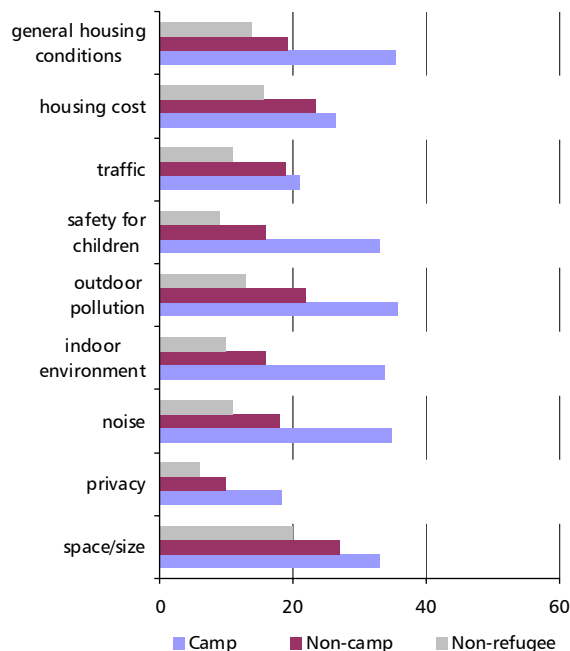
households report poor ventilation compared to 23 percent of gathering households. This is likely related to high living densities in the camps. Indoor environment problems are less common among camp and gathering refugees in Syria than in Jordan or in Lebanon. Yarmouk camp especially has relatively few with major indoor environment problems, less than any of the groups across the three host countries.

Satisfaction with housing conditions is higher among camp refugees in Syria than elsewhere, with fewer than 20 percent dissatisfied with general housing conditions compared to some 40 percent of camp refugee in Jordan and Lebanon.

In Jordan refugee camps, four in 10 households are dissatisfied with general housing conditions – twice the propor-

tion than among non-camp refugees. Moreover, camp households are less satisfied with every individual housing condition than others. Roughly 35 percent of camp refugees are dissatisfied with each space, noise, indoor environment, outdoor pollution, safety for children, and general housing conditions. One-quarter is dissatisfied with housing cost. One in five households are dissatisfied with privacy and traffic. Higher income households are most dissatisfied with space, noise and outdoor pollution (48 percent compared to 33 percent on average). The family life cycle also plays a role with established families with younger children being most dissatisfied with space and privacy (43 percent).

Figure 3.11: Jordan, percent households dissatisfied with housing.

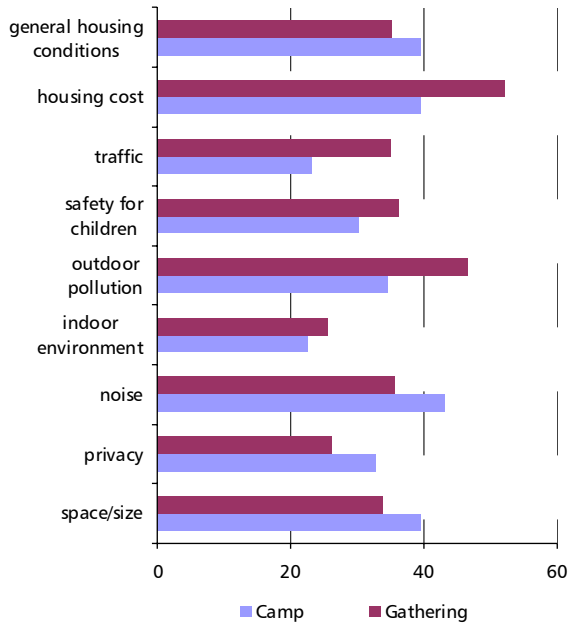


Despite dissatisfaction, low housing cost keeps camp residents where they are – especially low-income households. Some 15 percent of camp households report that they plan to move. Out of these households, 14 percent plan to move within the camp and 86 percent outside the camp. Planning to move is more common in higher income groups, as 30 percent of upper and upper-middle income groups compared to 12 percent of lower income groups plan to move. Housing cost is reported as the second most commonly reported reason (next to family, friends and neighbours) that households decide to stay where they are despite dissatisfaction. The main reason camp refugees plan to move is dissatisfaction with general housing conditions.

In Lebanon, like in Jordan camps, four in 10 camp households are dissatisfied with housing conditions. Dissatisfaction among camp refugees is somewhat higher than among camp refugees in Jordan. To some extent, households in camps and gatherings are most dissatisfied with different aspects of housing, although dissatisfaction with housing cost is high for both (40 percent of camp and 52 percent of gathering households). Excluding housing cost, gathering households have high discontent with outdoor pollution and traffic, camp households are most unhappy with space and noise.

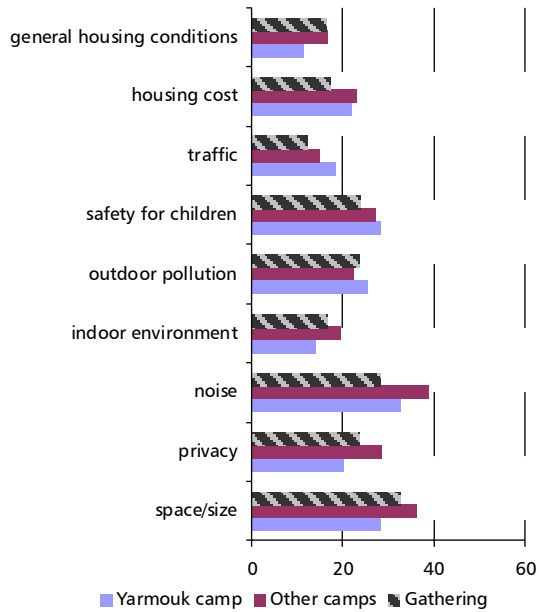
Dissatisfaction with housing conditions is considerably less among camp

Figure 3.12: Lebanon, percent households dissatisfied with housing.



and gathering refugees in Syria than in Jordan and Lebanon camps. Less than 20 percent are dissatisfied compared to 40 percent in the other two countries. Within Syria, again, we see quite a difference between Yarmouk camp and the other refugee camps: with much higher levels of dissatisfaction among the other camps on density-related complaints and indoor environment. Some 12 percent of Yarmouk residents are dissatisfied with general housing conditions compared to 17 percent in the other camps and 16 percent in gatherings. Among those living in camps outside Yarmouk, 30 to 40 percent are dissatisfied with such aspects as noise, space and privacy. Gatherings are least dissatis-

Figure 3.13: Syria, percent households dissatisfied with housing.



fied with housing cost compared to others, as well as traffic and safety for children. This could be due to gatherings more often being in rural areas.

References

- Blome Jacobsen, L. 2000. "Housing and Infrastructure" in *Living Conditions among Palestinian Refugees in Camps and Gatherings in Lebanon*. Oslo: Fafo Institute for Applied Social Science. (Forthcoming)
- ECCP-NENGOOT, European Co-ordinating Committee of NGOs on the Question of Palestine - Network of European NGOs in the Occupied Territories. 1992. *Palestine Development for Peace - Proceedings of the ECCP-NENGOOT*
- Hanssen-Bauer, J. et. al.. 1998. *Jordanian Society: Living Conditions in the Hashemite Kingdom of Jordan*. Oslo: Fafo Institute for Applied Social Science.
- International Policy Services (IPS), Refugee Studies Programme, University of Oxford. 1994. *Report Presented by the European Commission, Shepherd of the Social and Education Theme, to the Refugee Working Group of the Middle East Peace Process*.
- UN Centre for Human Settlements (Habitat)/ UNDP, *Basic Statistics* (1997)
- UN Centre for Human Settlements (Habitat)/ UNDP. 1998. *Urban Indicators Programme*.
- UNDP and Ministry of Social Affairs, Lebanon. 1998. *Mapping of Living Conditions in Lebanon: analysis of the Housing and Population Data Base*.
- UNDP. 1999. *Human Development Report*.
- United Nations Special Co-ordinator in the Occupied Territories (UNSCO) and the World Bank. 1996. *Partners in Peace: The Local Aid Assistance in the West Bank and Gaza Strip*.
- United Nations Special Co-ordinator in the Occupied Territories (UNSCO): *Putting Peace to work: Infrastructure and Housing, United Nations Strategies and Projects for the Second Phase of the Development Effort in the West Bank and Gaza Strip*.
- UNRWA Programme Planning and Evaluation Office. 1995. *Basic Data on Camps*.
- World Bank. 2000. *World Development Report*.
- World Health Organisation/UNICEF. 2000. *Joint Monitoring Programme for Water and Sanitation, First Evaluation Report*.

Chapter 4

Education and Human Capital

Laurie Blome Jacobsen

Summary of Main Findings

Education outcomes across the different fields show significant variation in achievement among refugees depending on both refugee status, where we have had data available for all groups (Jordan and the West Bank and Gaza Strip, but *more so* by the country of residence.

Overall the highest educational achievement is among the non-camp refugee population in Jordan and the camp population in the West Bank and Gaza (higher overall among refugees and higher than others in each location).

Camp and gathering refugees in Lebanon stand out as having the lowest levels of educational achievement both relative to refugees elsewhere and others in Lebanon.

Literacy rates of Palestinian refugees are considerably higher than for the Arab states as a group (upwards of 80 percent for men and 70 percent for women compared to 72 percent of men in the Arab region and 45 percent of

women). Literacy is also generally higher in the countries we consider here, especially Lebanon and Jordan, but when we compare literacy by refugee status within the countries, in all settings except Lebanon, camp and/or refugee literacy is higher than among the non-refugee or national population. Moreover, this is especially the case among refugee women: This is most marked in Syria (where refugee women have the highest level of literacy across all fields), with about 90 percent of women over age 14 literate compared to 60 percent of the national population's women.

In terms of the current performance of the educational system(s), or child and youth participation in school, nearly all refugee children at elementary school ages are enrolled in school, but dropout begins already at the preparatory stage. Enrolment rates are quite similar among camp refugees across the fields: 97 percent at elementary, 80-85 percent at preparatory, 60 percent at secondary and 10-20 percent at higher levels. Camp refugees in the West Bank and Gaza stay

in school longer (at least males) than camp refugees elsewhere and thus we see higher enrolment at preparatory than the other fields. In Lebanon, fewer are enrolled in higher education (roughly 10 percent compared to 20 percent elsewhere).

The main conclusion from the education outcomes is that refugees have different education problem areas in each of the fields. In the West Bank and Gaza, education outcomes are generally quite good among refugees, and especially camp refugees. However, this is not equally the case for men and women, with the latter seriously lagging behind. Elsewhere, female refugees are now not that much different from males in terms of basic educational outcomes, but in the West Bank and Gaza young women drop out of school early – many of them to marry and have children. It is not a surprising result given higher fertility levels in this setting. In addition, among those who are not enrolled and should be, girls have markedly higher illiteracy than boys not enrolled.

In Jordan, the main issue of concern is the poor and deteriorating education performance among young camp men. They are overrepresented in the proportion of young-adults without even basic education, youth illiteracy and basic and secondary school drop out. Some 40 percent of young adult camp men between 18 and 30 years have not com-

pleted basic education. Camp boys begin dropping out at slightly earlier ages and importantly, among those aged 16 to 17 years and not enrolled, are half as likely to have gained literacy before dropping out than girls not enrolled at these ages. Although many camp boys that have dropped out at basic ages are employed (43 percent), lack of interest is the main reason cited for their leaving school by parents (as among most other groups). An important positive aspect, however, is that among those camp refugees who have remained in school, there is considerably lower grade retention than among non-camp refugees and non-refugees. This is the case regardless of the type of school (government, UNRWA or private) or gender.

In Syria, despite high levels of literacy, we also see many young adults not having completed the basic cycle (40 percent), and lower secondary enrolment rates than anywhere except Lebanon. Here, however, this can partly be explained by the fact that this is the only field where preparatory education is not compulsory. The government of Syria, however, will include preparatory into the compulsory cycle from the 2002/2003 school year.

The situation among camp and gathering refugees in Lebanon is quite poor. In terms of human capital, there is high illiteracy relative to the national population and refugees in other fields,

and as a group; refugees in Lebanon have the highest proportion of young adults not completing basic, and the least proportion of working-age adults with secondary or higher education. On the other hand, there is, as in the other fields, nearly universal enrolment among those at elementary school ages. However, enrolment and repetition patterns after these ages are poor, meaning one cannot expect much improvement in the stock of human capital in the near future.

There has been little or no improvement among the younger age groups according to the human capital variables discussed here. Moreover, there is a clear deterioration of education performance among the youngest camp men, who have very high drop out and youth illiteracy rates. Finally, repeated failure is commonly cited as the main reason for leaving school and there are very high levels of repetition (more than 3 times higher than among camp refugees in Jordan). This means that not only do the youth need to remain in the schools system longer, but the quality of the education they are receiving needs to improve such that they are “successful” in doing so.

Across all fields, vocational education is unpopular. Few are currently enrolled and few have ever been enrolled in any vocational course. It is not surprising then, that, parents seldom report their wish for a child’s educational achievement to include vocational training. But, there is evidence for payoffs in terms of

employment for certain groups’ having had vocational training, regardless of level of formal education: These groups include camp men in Jordan and camp women in Syria. In both cases having vocational training leads to upwards of 20 percentage points higher employment levels.

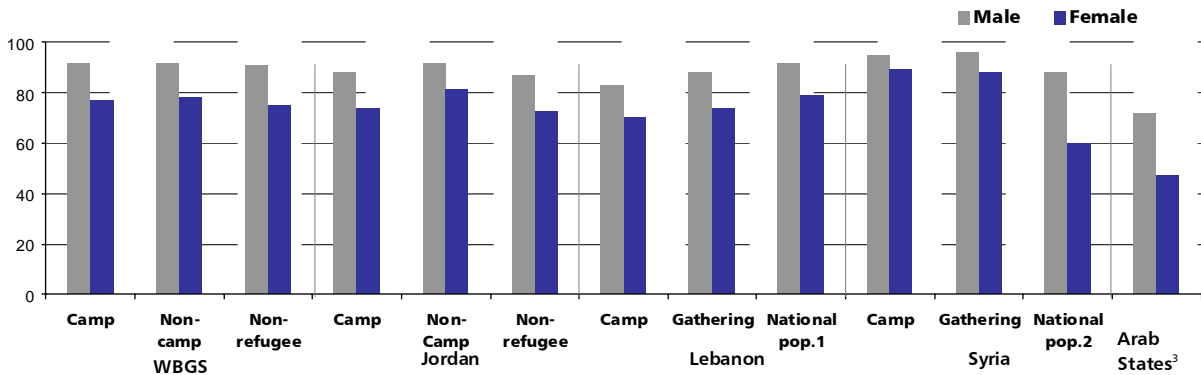
Introduction

This chapter examines three aspects of education among refugees in the West Bank and Gaza Strip (WBGS), Jordan, Lebanon and Syria including: (1) the adult education level; (2) how education has paid off in terms of employment; and (3) school aged children participation rates, and the consequences to literacy of drop out.

Education in the Adult Population

Adult education achievement reflects the development and expansion of educational opportunities in the past, and indicates the type of human capital available to the labour market in the present. Therefore, we are interested not only in the proportion of literate adults, but also how common it is for working-aged persons to have completed high levels of education as well as the reverse – the prevalence of failure to complete

Figure 4.1: Percent of individuals literate. Ages 15-64.



(1) UNDP 2000.
 (2) UNICEF 2001.
 (3) UNDP 2000.

the basic educational cycle among young adults just entering or establishing their position in the labour market.

Literacy

Literacy is measured in slightly different ways by different institutions and international organisations. Our literacy data is generated from surveys that asked respondents if they could read or write, and if they could do so easily or with difficulty. Those responding that they could do so either with difficulty or easily are considered literate. From age-specific literacy rates it is evident that literacy among refugees has improved substantially in the last two decades, and overall rates are higher than those in the Arab states as a group (UNDP 2000). There is no uniform pattern of differences in literacy in camps versus among refugees outside camps.

Palestinian refugees have higher literacy rates than is found among the Arab states, particularly for women.

In general, male refugee literacy is upwards of 20 percent higher than in the Arab states. The difference is quite large among women — female refugees have at least 1.5 times the literacy rates found among women in the Arab states as a group (Figure 4.1). The UNDP measure of literacy in the Arab states as a group, however, is slightly more restrictive than that used in the Living Conditions Surveys: The UNDP measures literacy as the proportion aged 15 and above who can, with understanding, both read and write a short, simple statement about their everyday lives. This may explain a small part of the difference in literacy between refugees and Arab states, but even according to the UNDP measures, the West Bank and Gaza, Jordan and

Lebanon have higher literacy than many other countries in the region.

Highest male and female literacy among refugees is in Syria.

The highest levels of literacy, at 95 percent for men and 89 percent for women, are found among the camp refugee population in Syria. Among women, this is much higher literacy than for females in the national population (at 60 percent).

Good refugee literacy in the West Bank and Gaza, but larger gender differential than among refugees elsewhere.

The next highest literacy is in the West Bank and Gaza. There is almost no difference between refugees and non-refugees, but female illiteracy is nearly three times that of male.

In Jordan, lower camp than non-camp literacy.

In Jordan, non-camp refugees have considerably higher literacy (92 and 81 percent for men and women respectively) than camp and non-refugees (both groups have about 87 and 74 percent literate for men and women respectively). Among non-refugees, lower literacy overall is primarily due to very low rural literacy.

Lowest camp literacy among refugees in Lebanon.

In Lebanon, camp and gathering refugees have lower literacy rates than the national population. Camp refugees also have lower literacy than in any other field. Little gender difference here reflects very high male illiteracy compared to elsewhere – nearly 1.5 times higher than in Jordan, and over two times higher than in the West Bank and Gaza. Male camp illiteracy is also nearly twice as high as the Lebanese national population (17 compared to 9 percent).

Evidence of UNRWA success in improving female literacy early, but literacy declines in teenage camp males in Lebanon and gathering males in Syria.

Looking at literacy by age group illustrates developments over time among different refugee and gender groups (Figures 4.2 to 4.5). Patterns are strikingly similar between refugees and others except for the youngest age groups in Jordan and Lebanon. There are some aspects that do stand out, however, and these include high literacy among non-camp refugees in Jordan in the older age

Figure 4.2: WBGs, percent literate by age

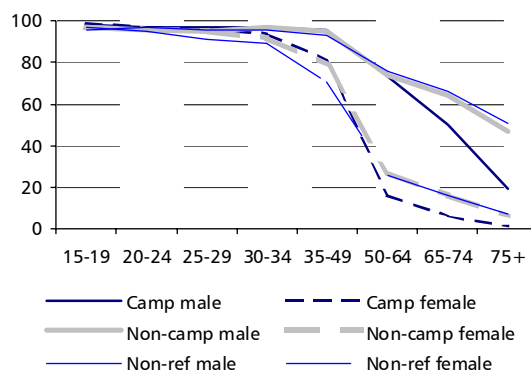


Figure 4.3: Jordan, percent literate by age

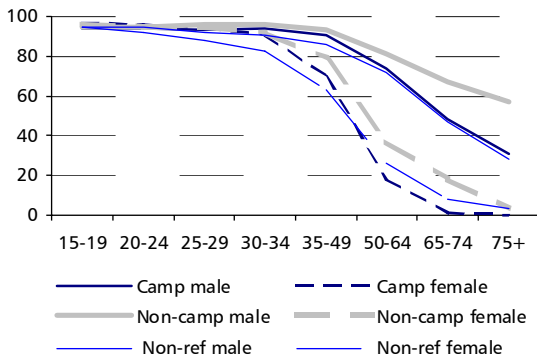


Figure 4.4: Lebanon, percent literate by age

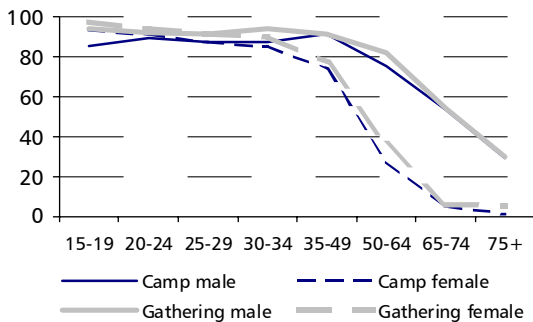
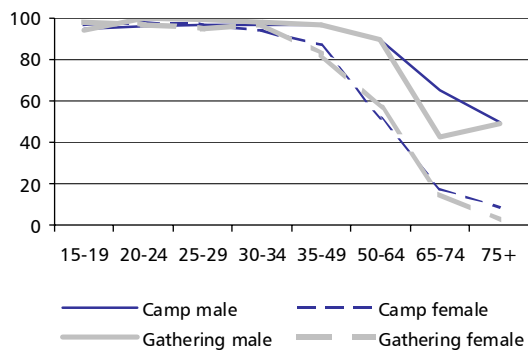


Figure 4.5: Syria, percent literate by age



groups compared to others – which we will see has some impact on overall higher levels of education in this group. In the West Bank and Gaza Strip, the

reverse is the case with lower literacy in the oldest age groups among camp refugees. An important aspect of the education services of UNRWA is the promotion of gender equality in education, and the figures show this rather clearly. The improvement in women’s education usually has been somewhat more rapid and earlier among refugees than non-refugees in the West Bank and Gaza and Jordan. In Lebanon, in addition to overall lower levels of literacy at all ages, there is an increase in youth illiteracy among men aged 15 to 20 years – and a decline in literacy among camp men in all age groups under 50 years compared to those 50 to 64 years. In Syria, there is a 6 percentage point drop in literacy among teenage males in gatherings compared with those 20 through 29 years: From 100 percent literacy to 94 percent.

Education Level of the Working-age Population

The education level of refugees not enrolled in school and of working ages (15 through 64 years) is measured by the highest completed level of education. Thus, those who attempted basic school, but never finished are classified as having less than basic school education (the basic cycle is elementary plus preparatory). Those who finished basic and

started secondary, but never finished, are classified as having basic, and so on. We focus on two main indicators of adult education level: (1) The first indicating success, or those who have at least completed secondary education, and thus, are possibly available for skilled and professional work, and (2) the second indicating failure, or those young people who have dropped out of school having never finished compulsory basic education (ages 18 to 30 years). Both measures show how well the educational system is doing in keeping students in school through compulsory ages and the value and investment in education (willingness and ability of students to continue beyond compulsory ages). In addition, school attainment is a measure of the endowment of human capital among refugees available for the labour force.

Overall, the highest educated refugee population is in Jordan. Here we see achievement levels, especially among the non-camp refugee population, more similar to southern Europe than the Middle East region. Over 20 percent of men are higher educated and few (some 30 percent) have no basic education. In part, this is a reflection of the fact that the first generation of non-camp refugees in Jordan was better educated than in camps, both in Jordan and compared to elsewhere. But, a sustained improvement in the level achieved in subsequent generations is evident also. In the West

Bank and Gaza, there is also a fairly high proportion with higher education (among men but not women) with 20 percent of camp men, but there is also a larger proportion without completing compulsory basic education (about 40 percent of men and 50 percent of women). In Syria, educational achievement has recently stagnated. Large improvements among those attending school 15 to 20 years ago compared to earlier are found, but this is followed by a decline and only recently, a slow improvement again. Overall levels of education among camp and gathering refugees in Syria are less than in the West Bank and Gaza and in camps in Jordan. But, this also reflects the generally lower level of education in Syria at large. Differing markedly from the other fields, camp and gathering refugees in Lebanon are quite poorly educated. Only 20 percent of men and 10 percent of women have *any* completed education after basic, and most (over 60 percent) have not even completed basic. Again, this, similar to the situation for Lebanese, is the unfortunate consequence of an academic system dominated by private institutions at higher levels and with limited access to publicly-provided, free education at basic levels – especially for refugees. However, given that UNRWA provides both basic and secondary education, the barriers to basic education for camp and gathering refugees with access to these facilities is no different than in Jordan or Syria. Thus, the large education differentials

must also indicate other impediments leading to the lack of ability or willingness to invest in education.

Success: Those with secondary or higher education

In the West Bank and Gaza Strip, camp refugees more educated than non-camp refugees, but women lag behind men.

Many of the same patterns seen with literacy levels hold with respect to the relative position of refugee groups within each field and across fields. This is true in the case of the West Bank and Gaza, where in addition to high levels of literacy among the refugees, many have completed secondary or higher education (about 40 percent). Moreover, refugees more often achieve this level than non-refugees (Figure 4.6). Correspondingly, more West Bank and Gaza refugee women have at least secondary education than refugee women elsewhere, but there is a large gap between genders.

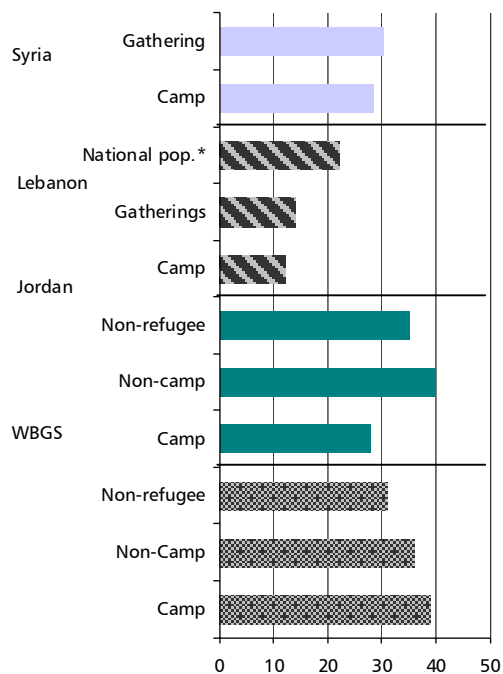
In Jordan, high non-camp refugee education, female education surpasses males, and male camp refugees lag behind others.

Overall, about 50 percent of non-camp refugees in Jordan have at least secondary education. In this group, there has been a large, recent improvement in education achievement with twice the proportion at ages 20 through 24 years compared to those 50 through 64 years.

Camp refugees, however, much less often achieve secondary, at about 30 percent, and there has been no similar improvement recently (at least not among men). Moreover, the education level of camp men under 25 years is *lower* than those between 25 and 50 years of age (28 percent compared to 35 percent). This is not the case among camp women, however. In fact, more camp women than men achieve at least secondary education at all ages younger than 35 years (Figure 4.7).

Despite the slight downturn in the level of education among young camp refugee men, there has been a great improvement in the level of education of

Figure 4.6: Percent persons 20-64 years with secondary or higher education



*Source: UNDP, 1998.

both camp and non-camp refugee women. That the overall average percent of camp men and women in the 20 through 64-year age group with at least secondary is roughly the same (29 percent of men and 28 percent of women) is quite an achievement, given the very low levels of female education among older women.

Few camp and gathering refugees in Lebanon have completed at least secondary and no improvement among those under 50 years.

Two aspects of the education level among refugees in camps and gatherings in Lebanon stand out: First, how few have secondary or higher education compared to elsewhere, and second, the fact that this proportion has not increased for some time (Figure 4.8).

With only 13 percent of camp and gathering refugees overall having completed at least secondary education, the working-aged population has considerably lower education than elsewhere. Only 12 percent of camp refugees have completed at least secondary, one-third the proportion in the West Bank and Gaza (39 percent) and one-half the proportion in Jordan and Syria (28 percent). Moreover, little real change in education level has occurred for men over the last few decades. While improvement in camp women education level is evident, it still falls behind the men's already low level, and is poorer

Figure 4.7: Jordan, percent camp refugees 20-64 years with at least secondary education

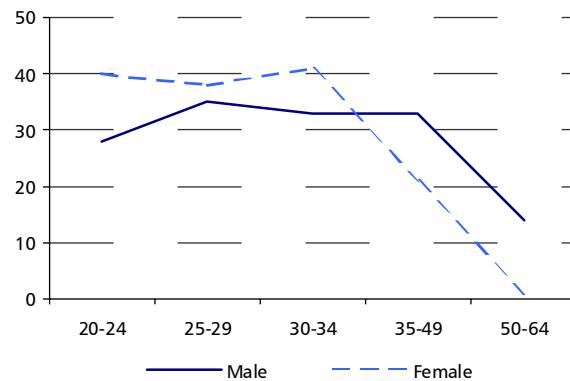


Figure 4.8: Lebanon, percent aged 20-64 years with secondary or higher education

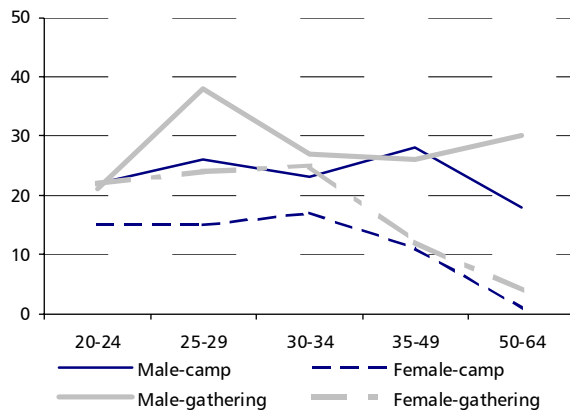
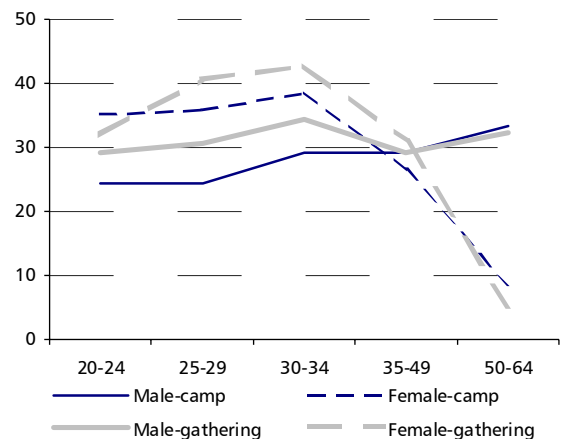


Figure 4.9: Syria, percent aged 20-64 years with secondary or higher education



than among refugee women elsewhere. Importantly, the proportion has not improved for women under 35 years of age. As we found among camp refugees in Jordan and Syria, there is a drop in secondary or higher education among young men in gatherings in Lebanon recently, following a sharp rise in the 25 through 29 year age group. The rise may be explained by the end of armed conflict at about the same period this age group was approximately secondary ages. However, the drop among the youngest age groups point to an alarming trend. Camp men's education level has not improved for individuals younger than 35 years of age.

In Syria, similar patterns as in Jordan, but higher education in oldest age group.

Among camp and gathering refugees in Syria, the proportion with at least secondary education and general patterns in terms of age and gender are similar to Jordan camps. The exception to this is the much higher percent of men, and somewhat higher percent of women with secondary or more education in the oldest age group: Some 30 percent of men in the 50 through 64 year age group, and 8 percent of women, compared to 14 percent in Jordan camps and 18 percent in Lebanon camps. Like in Jordan and Lebanon there has been no improvement among camp men for any age group under 50 years, and a recent decline among the youngest men in camps.

Similar to Jordan also is women's education achievement. The percent of women with secondary or higher education surpasses that of men in Syria for all ages less than 35 years in camps, and all ages less than 50 years in gatherings. The percent of women with at least secondary education reaches a peak of some 40 percent of women 25 to 35 years of age, compared to some 30 percent of men. This high level of education among women, has stabilised among camp refugee women, but declined by some 10 percent fewer having secondary or higher among gathering women in the 20 to 25 year age group compared to those 26 to 35 years.

Failure: Those who never finished basic.

The second measure used here describes shortcomings in the educational system — the proportion of the younger adult population with less than basic education, which also includes those who have never attended school (Figure 4.10).

One in four West Bank and Gaza camp refugees have less than basic education.

Refugees in West Bank and Gaza Strip camps have the lowest proportion of young adults with less than basic education across all refugee categories and fields, with the exception of non-camp refugees in Jordan. This points to relative success of UNRWA in keeping refugees

in school through the basic cycle. However, one-quarter without completing any formal education still presents a challenge to the educational system.

In Jordan, lack of camp refugee completion of basic education, especially men, but sizeable improvements among young adults over all.

Continuing the trend of much better education performance among the non-camp population in Jordan, for every one refugee outside camps that has not completed basic, are 2 camp refugees. Little distinctions exist between male and female education according to this measure: Among refugees outside camps this is helped by the rather large drop in

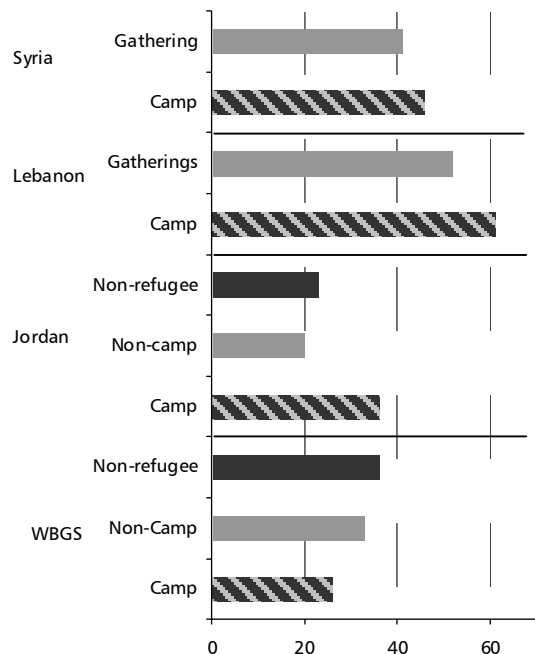
the percentage of young women under 25 years of age failing to achieve basic education (at 21 percent), compared to those 26 through 29 years (at 28 percent). In camps, men are overrepresented among those without basic education (40 percent compared to 32 percent of women), but a large improvement can be seen among both men and women in refugee camps with about a 10 percentage point drop among those under 26 years of age.

In Lebanon, over one-half of camp and gathering refugees have not completed basic education. No recent improvement.

Again, continuing evidence of the relatively poor educational achievement in this field, very many young refugee adults have not finished basic education in Lebanon – 60 percent of camp refugees and approximately 50 percent of gathering refugees. This is over double the proportion found in the WBGs and 1.5 times the proportion in Jordan. Among men, this proportion is slightly higher among those 25 years and younger compared to those 26 through 30 years. Although the difference between the age groups is quite small, the lack of improvement on already high numbers of refugees not getting even a basic education is alarming.

In Syria, also large proportion without basic, but only elementary (6 years) is compulsory.

Figure 4.10: Percent aged 18-29 years with less than basic or no education



Among refugees in camps and gatherings in Syria we also see many young adults not having completed the basic cycle (40 percent). Here, however, this can partly be explained by the fact that this is the only field where preparatory education is not compulsory. The government of Syria, however, will include preparatory into the compulsory cycle during the 2002/2003 school year. Similar to Lebanon, almost no difference exists in the proportion not completing basic by age group, indicating no recent improvement in keeping youth in school. Camps perform worse than gatherings, especially in the 15 through 19 year age group, with 48 percent failing to complete basic compared to 38 percent in gatherings.

Educational Mobility

Educational achievement often is closely linked to the education level of the parents: Parents, especially fathers, with relatively higher levels of education tend to have children with similar levels of education. Regardless of the fact that the causal linkages between these associations are debated (whether they are due to parent's inspiration for their children and emphasis on education or the fact that the higher educated are more wealthy and corresponding social environments socialise children to higher education), improving the general level of education means children's education level should improve over their parents.

Here, we are interested in to what degree and among whom does there appear to be the most educational mobility. Table 4.1 shows the percent of individuals 20 through 64 years of age not enrolled in school that have less, the same or higher levels of education than their father and mother. Relative to both parents, we see that educational mobility is lowest among camp and gathering refugees in Lebanon: Only some 30 percent have higher education than their father and 35 percent have higher than their mother. This is compared to 40 percent in Syria and 45 percent in Jordan.

The determinants of educational mobility relative to the father's education were examined and included such factors as age, gender, level of father's education, household income, registration with UNRWA (and therefore access to UNRWA schools), as well as urban, rural and regional location. Not surprising, age was the most important determinant of mobility, with those in the younger ages having higher likelihood of having better education than their father, but the effect is greatest in Jordan: For example, in Lebanon and Syria, those 20-24 years have 2 times the odds compared to those 50-64, while the same age group in Jordan have 7 times the odds of having higher education than their father compared to those 50-64 years. The level of the father's education was a significant factor in each of the fields, but results in terms of the effect are mixed. In both

Table 4.1: Percent of camp, gathering refugees with less, same or higher education levels than their parents (20-64 years, not enrolled in school).

	Relative to father's education			Relative to mother's education		
	less	same	higher	less	same	higher
Jordan						
males	2	53	45	0	51	49
females	3	51	46	1	51	48
Lebanon						
males	8	57	35	2	61	37
females	10	62	28	3	65	32
Syria						
males	12	46	42	3	47	49
females	17	47	37	5	52	43

Syria and Lebanon, sons and daughters of uneducated fathers have higher odds for mobility than those with highly educated fathers (3 times more likely in Lebanon and 5 times in Syria). In Jordan, however, the reverse is the case: Those whose father's have no education are half as likely to be educationally mobile than those whose father's have higher education. Results for basic-educated fathers are similar. Higher income increases the likelihood of education mobility everywhere but Jordan. In Jordan, male camp refugees have some 1.5 times the likelihood of females of having higher education than their father, but elsewhere there is, surprisingly, no gender difference. UNRWA registration is a factor enhancing the likelihood of education mobility only in Syria.

The Pay-off from Education: Employment

Aside from parental expectations and a social environment emphasising the importance of education, a main incentives for completing higher education, or any education, is to increase the likelihood of employment or get better paying (in monetary or other terms) work. As we have seen in examining non-enrolment, discontinuation of education involves choices by both the child and the parents – and these choices appear to be quite different for young women than young men. Young women leave school to take care of family and marriage, or parents choose to take them out of education because of attitudes about women's education or that they need the girls' help at home. These earlier choices may effect women's participation in the labour force – which is extremely low in all countries as it is in the Arab world as a whole. Whether due to loss of interest, continued failure or the need to support the family, the choices of young men to discontinue education, especially before finishing basic, may mean limited returns on employment for long into the future.

Vocational education unpopular.

Vocational education is one way less academically inclined students can prepare themselves for more rapid entry into a semi-skilled or skilled profession. Thus, in addition to the level of education, there are also choices involved in

Table 4.2: Percent of individuals currently enrolled in or ever having completed any type of vocational training program (vocational secondary, vocational after formal schooling, vocational short course or vocational training on the job). Ages 20-64 years.

	Lebanon				Jordan					
	Camp		Gathering		Camp		Non-camp		Non-Refugee	
	male	female	male	female	male	female	male	female	male	female
none	81	82	76	79	76	82	71	77	68	80
enrolled	1	0	1	0	0	0	0	0	0	0
completed	18	17	23	21	24	18	29	23	32	20
Total	100	100	100	100	100	100	100	100	100	100
n	3263	3584	987	1089	2420	2502	3332	3381	4319	3962
uwn	3208	3530	1059	1171	3295	3406	2444	2473	4607	4304

the type of education, and across all fields we see few men and even fewer women choosing vocational type education (Table 4.2). Between 15 and 30 percent across all fields have completed some sort of vocational training, and the majority of these have completed secondary vocational school, or another vocational program after basic school. Participation in vocational training is more common in Jordan than elsewhere, and here, more common among non-camp and non-refugees than among camp refugees.

The majority who stay in school through secondary and post-secondary choose academic programs. Part of the reason for this is the general perception of vocational education as being less prestigious and geared to those who are not able to manage academic programs. A related factor, more thoroughly discussed in Volume II: “Education Services”, is a combination of one or more of the following: A lack of formal, accredited and degree-awarding voca-

	Syria			
	Camp		Gathering	
	male	female	male	female
none	80	84	76	82
enrolled	2	1	2	1
completed	18	15	22	17
Total	100	100	100	100
n	6874	6818	751	723
uwn	6736	6687	888	886

tional programs (which would also raise the prestige of these facilities), a lack of coordination in providers, a lack of labour market relevance of vocational curriculum, and weak links to the labour market which leads to both outdated programs and less ability for students and graduates to form contacts with potential employers.

Labour force participation and employment relative to education

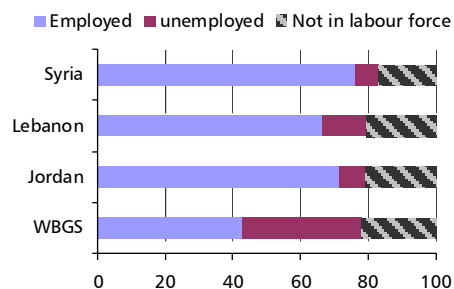
As average pay by education levels and industry is considered in detail in Volume I: “Labour”, here we provide a simple description of labour force participation by completed level of education, including employment and unemployment

rates. Given the large discrepancies between men and women, this discussion will consider men and women separately. Among men, labour force participation rates are similar across the fields (upwards of 80 percent), but the proportion of those unemployed is higher in the West Bank and Gaza Strip and Lebanon than elsewhere. However, the relationship between participation rates and unemployment rates on the one hand, and education level on the other is similar between Jordan and the West Bank and Gaza Strip: Higher levels of education lead to higher participation rates. For example, among camp men in Jordan, 80 percent of those with less than basic education participate in the labour force compared to over 90 percent of those with more than secondary. The proportion unemployed, however, among camp and non-camp refugees in Jordan does not change a large amount with increases in education. In the West Bank and Gaza Strip, however, having more than secondary education leads to lower unemployment levels. There is little improvement in the percent employed with higher levels of education in Lebanon.

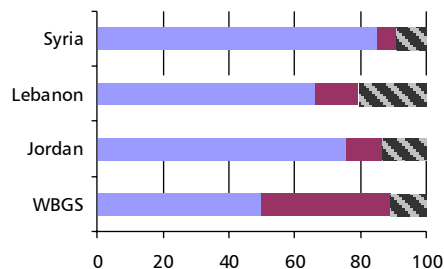
As seen in Figures 4.11e and 4.11f, men with any vocational training have higher employment rates than men without, and this is most pronounced in Jordan: Those with any vocational training have nearly 20 percent higher

Figure 4.11: Employment status of camp men by level of education and vocational training (15-64 years)

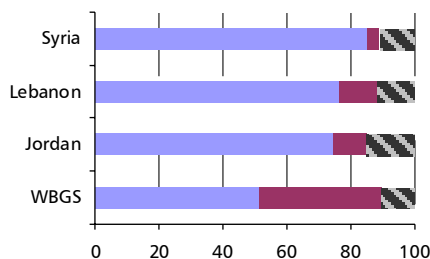
4.11a: Less than basic



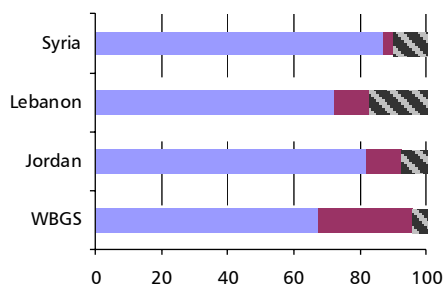
4.11b: Basic



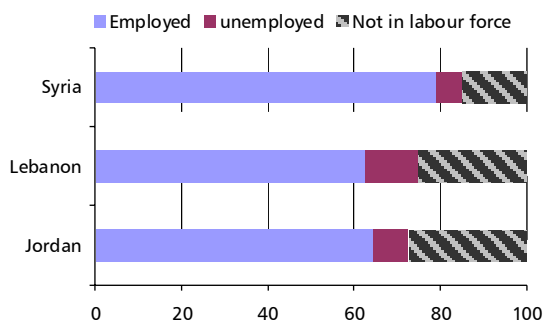
4.11c: Secondary



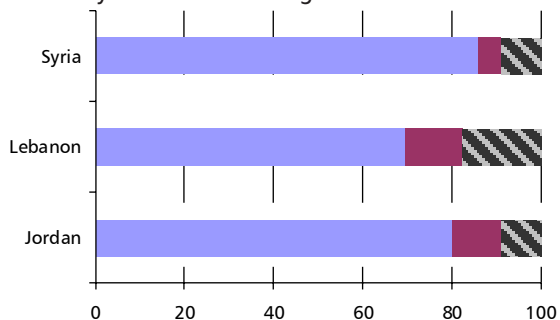
4.11d: Higher



4.11e: No vocational training



4.11f: Any vocational training



employment than those with no vocational training.

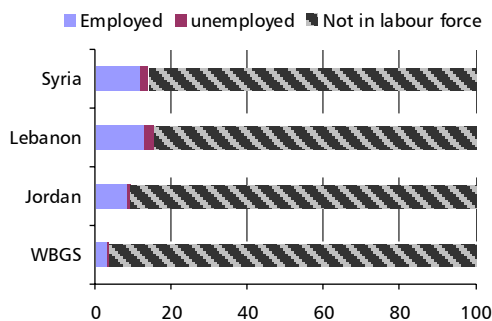
Among women, labour force participation is very low at all levels of education less than higher education (below 10 percent in the West Bank and Gaza Strip, below 20 percent in Jordan and below 40 percent in Lebanon), and increases dramatically with higher education (to roughly 60 percent or higher). In Lebanon, there is overall more labour force participation among camp and gathering refugee women than elsewhere at all levels of education, but especially with secondary education — while participation jumps with post-secondary *only* elsewhere, there is more participation

among those with just secondary education level in Lebanon (40 percent compared to 20 percent or less). In Jordan, there is considerably higher unemployment among women with post-secondary education than among women with higher education elsewhere.

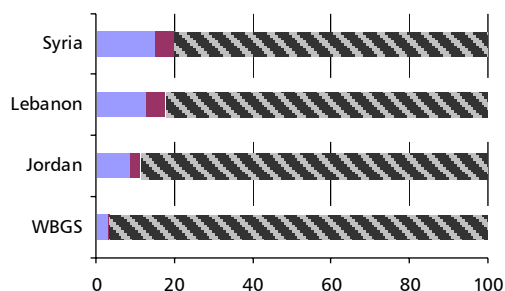
Having some vocational training results in fairly substantial employment pay-offs for women in Lebanon and Syria - quite a bit more in these settings than we saw among men. In contrast, there is very little difference in employment levels among camp refugee women in Jordan between those with no and those with any vocational training - the exact opposite of what we found among Jordan camp men. There are particularly high levels of camp women in Syria that have vocational training and are employed - over 50 percent -- which is similar to the proportion employed among higher educated women. Thus, this is the one field where vocational education appears to be a real option to academic education

Figure 4.12: Employment status of camp women by level of education and vocational training (15-64 years)

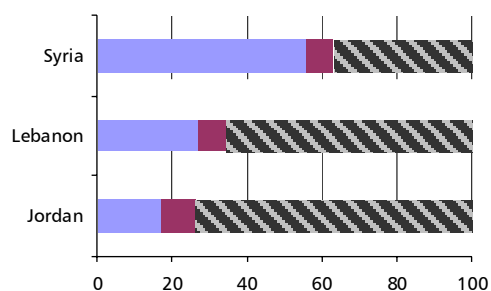
4.12a: Less than basic



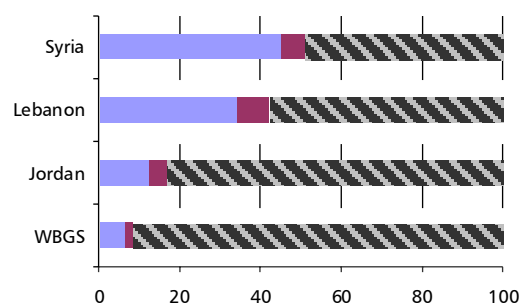
4.12b: Basic



4.12f: Any vocational training



4.12c: Secondary

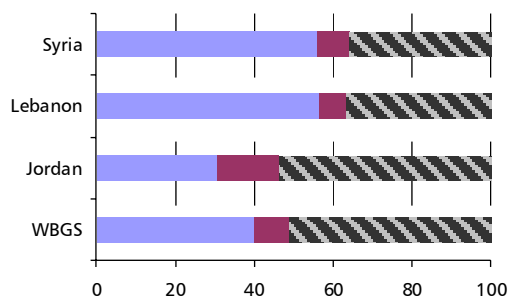


in terms of labour market payoffs for women.

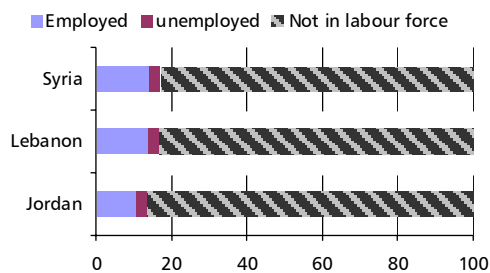
Education in the Child and Youth Population

Upwards of 90 percent of camp refugee children enrolled in school go to UNRWA basic schools, as do many refugee children outside of camps (Figure 4.13). Refugees outside of camps seldom use UNRWA basic schools in Jordan and the West Bank and Gaza Strip, but gathering children in Syria and Lebanon mostly use UNRWA basic schools also. The lowest use of UNRWA basic schools is among non-camp refugees in Jordan (20 percent use UNRWA at this level).

4.12d: Higher



4.12e: No vocational training



At the secondary level, we see a mix of providers used varying with access to UNRWA and other schools (Figure 4.14). In the West Bank and Gaza Strip, Jordan and Syria, most enrolled refugees go to government schools for secondary education (85 to 90 percent). Lebanon is

the only field in which UNRWA has secondary schools operating, and few are eligible for, or attend, government schools. The result is a mix of UNRWA, private and NGO schools. About 45 percent of enrolled camp and gathering refugees in Lebanon reported they attend UNRWA secondary schools, about 30 percent go to private secondary schools, 10 to 20 percent attend government schools, and 10 percent go to NGO secondary schools. In Jordan, about 8 percent of camp refugees report going to UNRWA secondary schools; as UNRWA operates no secondary schools here these are most likely students attending UNRWA vocational or teacher training programs.

Current Enrolment

Current enrolment is an indicator of the performance of the educational system – its ability to retain children and youth in school at compulsory ages and to push them through successive levels of education. Net age-group enrolment ratio is used here to measure participation in education in order to compare across the countries. (The Demographic Survey did not collect data on the stage of enrolment). The net age group enrolment ratio is the percent enrolled at ages appropriate for the cycle under question. Thus, net age group enrolment for basic is the percent of children aged 6 to 11 years enrolled in school, regardless of the

Figure 4.13: Basic school supervising authority, percent of enrolled students.

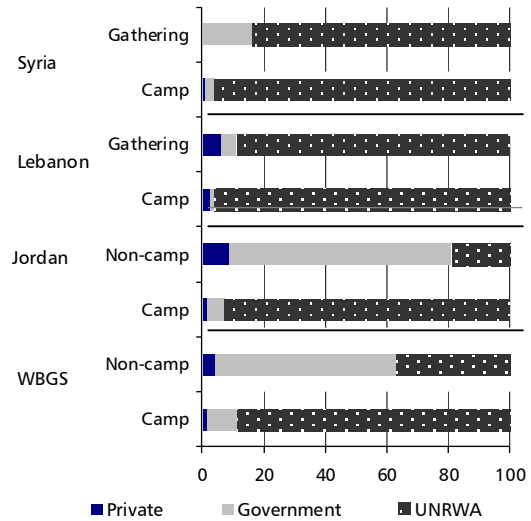
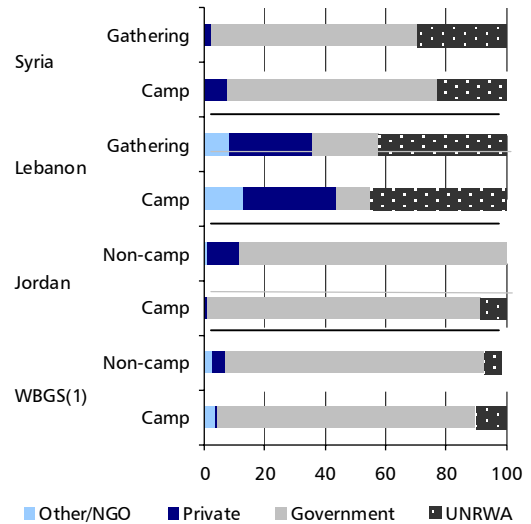


Figure 4.14: Secondary school supervising authority, percent of enrolled students.



actual level. The ages used for enrolment rates have been adjusted from the date of the interview to correspond with entry-age requirements for the first grade and age the student should be at every

level thereafter. In all fields, children must be 6 years old by December of the school year in which they begin (or 5.8 years in September). Thus, adjusted age is the completed age the student was in December of the school year during which the interview took place.

Grade repetition and delayed school start cause grade-age mismatch among camp refugees in Jordan, Lebanon and Syria (data is unavailable for the West Bank and Gaza Strip). As repetition increases with each age group, this means that, for example, many “enrolled” at higher education ages (18 years and up) are actually enrolled at lower levels. Analysis of repetition and delayed school start follows enrolment.

Elementary enrolment (6 through 11 years) is high in all fields - above 90 percent. But refugee youth begin leaving school already at age 12. Enrolment patterns in each field begin to differentiate at the preparatory level. In addition to differences across field settings, household characteristics begin showing a relationship to participation rates also from this age, and increasingly more so thereafter.

From near universal enrolment at elementary ages for refugees, enrolment drops to 85 percent for preparatory-aged youth. About 60 percent of camp refugees across all fields are enrolled at secondary school ages and less than 20

Figures 4.15a-4.15d: Age group enrolment ratios.

Figure 4.15a: WBGs

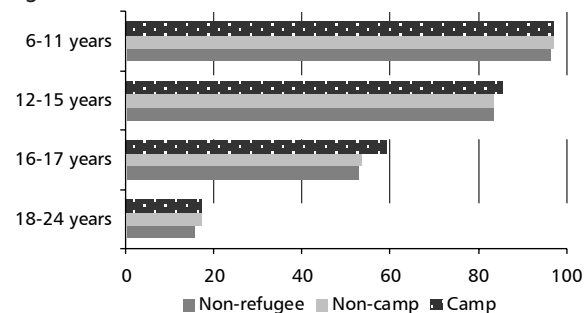


Figure 4.15b: Jordan

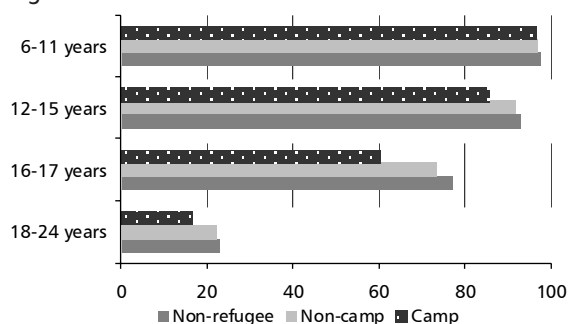


Figure 4.15c: Lebanon

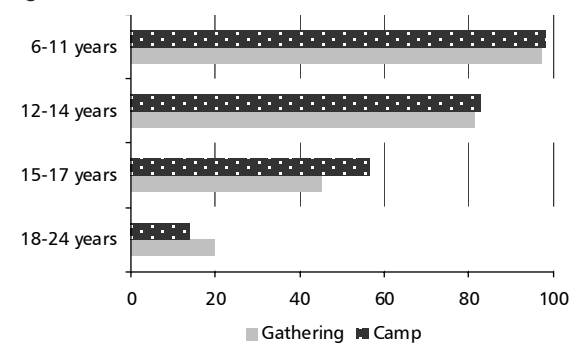
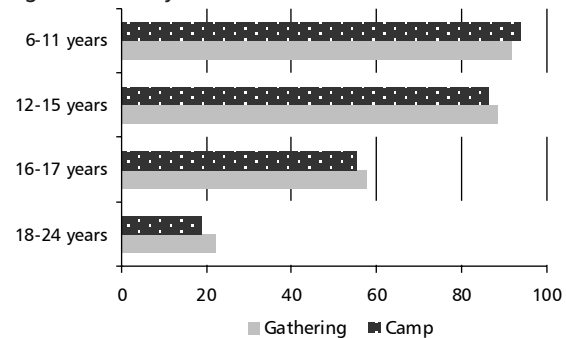


Figure 4.15d: Syria



percent continue on to be enrolled after age 17. No significant difference exists in these enrolment ratios among camp refugees in the different settings. However, within fields, camp refugee enrolment compared to non-camp or non-refugee enrolment differs. In the WBGS, camp and non-camp refugees have slightly higher enrolment rates than non-refugees overall. In Jordan, non-camp refugees have quite high preparatory and secondary enrolment compared to others in Jordan, but camp refugees lag behind at all levels after basic. Gathering refugees in Lebanon have very low secondary enrolment, which may indicate a lack of access to UNRWA secondary schools available now to some in camps.

Factors Determining Enrolment

Whether or not a child or young adult is enrolled in school depends on both supply and demand factors. Although UNRWA provides basic education to all registered refugees, supply factors such as provision of secondary and higher education by other providers, and the household's geographic proximity to government and private schools (which often is less in rural areas) also determine access to education. In some cases, such as the rural or urban location, household characteristics can exemplify both demand and supply factors: For example, in rural areas there may not only be fewer

schools, but also children may be more engaged in household work interfering with their education.

Across all fields, enrolment varies by income, education of the head and geographic residence (urban/rural). Generally, these factors do not have a decisive effect on participation rates until youth are at preparatory school ages. From this point onwards, the education level of the household head has increasingly more effect, particularly on male enrolment. Lower household income is also associated with lower participation rates in both camps and outside camps, but there are larger differences by income among the latter. Female enrolment after age 17 is quite a bit higher in high income households.

In the West Bank and Gaza Strip, there is at least a 10 percentage point higher enrolment among children and youth from households in which the head has at least secondary education compared to those in households where the head has not completed any formal education. Differentiation in enrolment exists between the West Bank and Gaza Strip camps for older youth, with higher participation after age 17 in Gaza Strip than the West Bank (19 percent versus 12 percent are enrolled in the 18 through 24 year age group) and within the West Bank, higher participation among youth in Hebron than elsewhere (26 percent

compared to 10 percent in the northern and central West Bank).

In Jordan, there is poorer camp participation rates, and household income influences participation outside of camps more than in camps. Beginning with preparatory school ages (12 through 15 years), non-camp enrolment increases with every income level, while in camps enrolment differences exist only between the lowest and the highest income quintile. The amount of the difference by income is most at secondary school ages (16 and 17 years). Comparing high and low income households, among both camp and non-camp refugees there is about 10 percentage points difference in enrolment at preparatory ages. At secondary ages, this jumps to 30 percentage points difference among the non-camp youth and 15 percentage points among the camp youth. As found in the West Bank and Gaza Strip, better educated heads of household lead to better enrolment rates for all age groups beginning at 12 years. This effect is larger among boys than girls – particularly at age 16 and older. Income, however, is more closely related to young women’s enrolment after age 17. For example, among non-camp refugees about 15 percent of low and middle income women in the 18 through 24 year age group are enrolled compared to 32 percent of high income women. Finally, urban location is associated with larger participation rates among the non-camp youth in this age group — 22

percent of rural compared to 30 percent of urban youth aged 18 through 24 years are enrolled.

In Lebanon, differences between camp youth and gathering youth do not appear until secondary school ages (15-17 years). Among youth in this age group, there is low gathering enrolment, both compared to camp refugees in Lebanon and to refugees in the other fields. Forty-five percent of gathering youth in secondary school ages are enrolled compared to 57 percent of camp refugees in Lebanon and between 50 and 60 percent of refugees elsewhere. However, gathering refugees have better participation rates among those 18 through 24 years, at about 20 percent. The main difference here is quite high female participation among gathering refugees in this oldest age group. In contrast to elsewhere, female gathering enrolment is about the same as male enrolment for those aged 18 through 24 years. Similar to elsewhere, enrolment increases with the education of the head of household and income (although the latter has less effect in this setting). At the secondary ages, the difference is quite large according to the head’s education, especially among camp males: Overall, about double the proportion of youth aged 15 through 17 years are enrolled who have higher educated heads. Among youth 18 through 24 years, at least three times the proportion of youth with heads with higher education are enrolled than those

with basic or less educated heads: 37 percent compared to 11 percent among camp refugees and 52 percent compared to 13 percent among gathering refugees.

Youth from households in the top income quintile have higher enrolment at preparatory ages in the gatherings, but there is not much difference among camp youth in this age group. However, among the 15 through 17 year age group, the effect of household income on female enrolment is evident, with better female camp participation among the highest income quintile and the rest (71 percent of young women enrolled compared to 48 percent of those in the lowest income quintile). Those from households in the highest income quintiles also have more participation at higher education ages (18 through 24 years), especially in camps and especially among young women in camps. Overall only 11 percent of youth in low income households are enrolled compared to one-quarter of youth in high income households, and 31 percent of camp girls in high income households.

In Syria the most marked differences among refugee enrolment occur at secondary ages and concern both urban versus rural location, and residence in Yarmouk camp compared to other refugee camps. There is much higher enrolment in Yarmouk (at 64 percent of those 15-16 years) than in other refugee camps (47 percent) and more than in

gatherings (58 percent). Urban camp and gathering areas in general have higher enrolment at secondary ages, for example, in urban camps 63 percent are enrolled at secondary ages compared to 42 percent in rural camps. This points to a lack of access to secondary education in rural areas. High income is associated also with higher secondary enrolment, but this is only among those in the highest income quintile compared to all other income groups – in this case 64 percent are enrolled at secondary ages compared to roughly 50 percent in all other income groups.

Having discussed what appears to encourage enrolment, we now turn to consider other factors that are related to the internal efficiency of the educational system: Repetition and school drop out. These two factors are often related: Repetition, or failure to keep up in school, is influenced by many factors including not only the quality of education that is provided, but also the ability of the educational system to accommodate slower-learners or those with other special needs, and the ability or willingness of parents to support such extra effort both economically and otherwise. The specific method the school system uses in allowing students to progress from one grade to the next is also a factor. Children do not learn at equal paces, especially among the youngest age groups. Thus, we expect to find higher repetition rates, especially at the elemen-

tary school level, among children in schools with passing requirements for end of the year exams for the student to go on to the next grade compared to systems which are able to accommodate the special needs of these students through after-school tutoring or special remedial courses rather than holding the child back. Early and repeated failure is highly likely to lead to disinterest and eventual drop out.

Delayed School Start and Grade Repetition

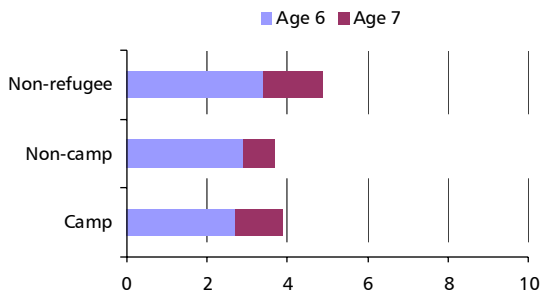
As noted earlier, evaluation of enrolment only by stage of enrolment or age group hides grade repetition. For the Jordan, Lebanon and Syria fields we are able to compare these two in order to determine the level of grade-age mismatch. Data is not available for refugees as a distinct group in the West Bank and Gaza Strip, but we also consider published data for all Palestinian children in the West Bank and Gaza Strip. There are several reasons a child or youth may be behind in school: The student may have progressed as he/she should through the system, but may have simply started school one or two years late, or the student may have been held back in one or more grades, or for older children, youth may take a “year out” for other activities in between compulsory and non-compulsory stages of education.

In most cases, delayed school start is minimal and involving less than 5 percent of children (except among the gathering refugee population in Syria). Camp children in Lebanon have less delayed school start than any other group (Figures 4.16a – 4.16d). Camp refugees in Syria also have relatively little delayed school start, but a comparatively large proportion of 6 and 7 year old refugees living in gatherings in Syria are not enrolled in school (about 10 percent). Otherwise, in the other two settings (West Bank and Gaza Strip and Jordan), camp refugees have some 4 to 5 percent of 6 and 7 year olds not enrolled.

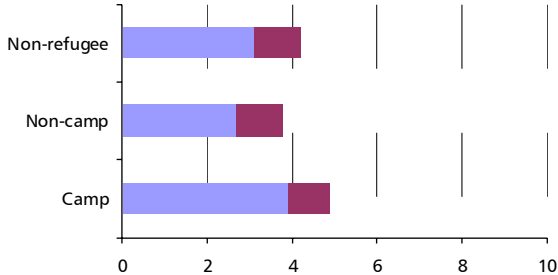
Given that we do not have specific data on repetition, but only grade-age mismatch – some degree of what we call here “retention”, or being behind in school is due to this delayed school start – so we must consider both aspects of being behind together. We do not have data on the repetition rate for refugees as a group in the West Bank and Gaza Strip, but according to the PCBS, repetition rates for all students have fallen dramatically since 1993/94, particularly among males at the secondary level. In the 1993/94 school year the repetition rate was 5.8 percent of boys and 5.2 percent of girls at the basic stage. In 1997/98 these figures dropped to about one-half of this with 3 percent for boys and 2.4 percent for girls. At the secondary stage, the difference is quite large for young men over time, with a repetition rate of 4.5 in

Figures 4.16a-d: Delayed school start: Percent of 6 and 7 year-olds not enrolled in school.

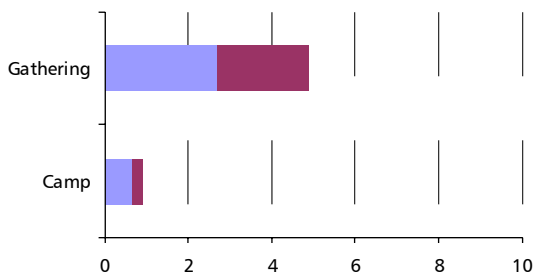
4.16a: WBGS



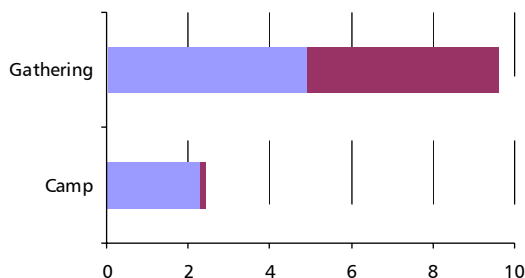
4.16b: Jordan



4.16c: Lebanon



4.16d: Syria



1993/94 compared to 1 percent for young men in 1997/98. There are low repetition rates among young women in the secondary cycle during the whole period, but some decline with 1.7 percent for 1993/94 compared to .7 percent for 1997/98.

For Jordan, Lebanon and Syria we consider the entire proportion of students that are behind in school rather than the rate of repetition. The percent of those a grade lower than where they should be, either due to delayed school start or repetition of one or more grades for each setting are shown in Figures 4.17a-4.17c. The percent is similar for camp refugees in Jordan and Syria – 10 percent or less at elementary ages and less than 20 percent at preparatory and secondary ages. In contrast, camp and gathering students in Lebanon are very often behind in school. Moreover, most of this is due to retention, probably, since there is relatively little delayed school start. Over 30 percent are behind in school already at 6 through 11 years – triple the proportion found in Jordan and Syria. In Jordan, camp refugees have about one-half the level of grade-age mismatch as others. Given the relatively superior education performance among non-camp refugees according to other indicators, it is surprising to see that grade repetition among this group is actually higher than among camp refugees.

Drop Out and Activities of the Non-enrolled

School drop out is usually measured as the proportion of individuals who attended school the previous year, but are not enrolled in the current year. As we do not have data to use this measure for all fields, here we will briefly outline age specific drop out for the cases of Jordan and the West Bank and Gaza Strip, and discuss the activities those who are not enrolled at school ages are engaged in across all fields. Finally, we explore reasons parents give for their child not being enrolled and the consequences of drop out in terms of youth illiteracy.

The advantage of the drop out measure is that, while non-enrolment shows the cumulative effect of drop out, the drop out measures shows at which age the actual drop out occurred. Non-enrolment, is simply the reverse of enrolment discussed earlier in the chapter. This includes those who have never been enrolled in school. This proportion ranges between 1 to 2 percent of non-enrolment at both basic and preparatory levels of education across all fields.

For the West Bank and Gaza Strip, we are able to determine at what ages children and youth are dropping out. Figure 4.18 shows the percent of refugees that have dropped out during the past year by their age during the school year (1995). On average, there is about 3

Figure 4.17a to 4.17c: Percent enrolled at least 1 year behind in school.

Figure 4.17a: Jordan

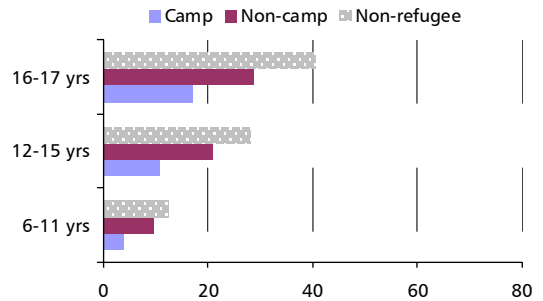


Figure 4.17b: Lebanon

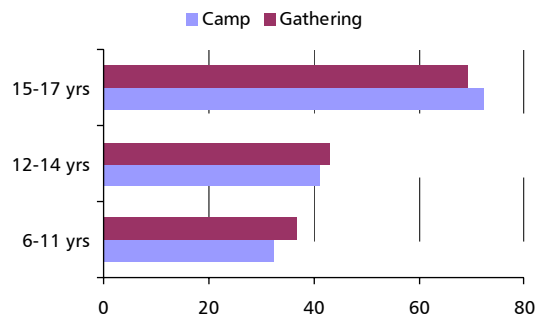
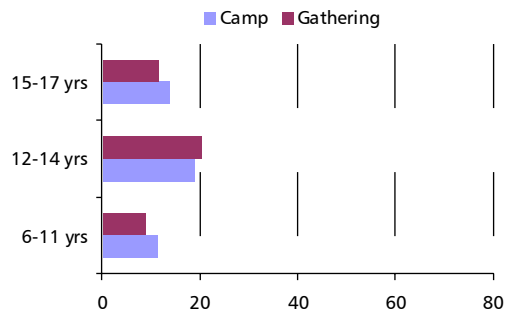


Figure 4.17c: Syria



percent drop out during the ages 6 through 17 years. Camp male drop out is lower than others, but high for camp girls – both in terms of those leaving school after basic and those dropping out during secondary. Non-camp boys have rather consistently high drop out through preparatory ages, but once enrolled in secondary tend to stay there.

Current drop out rate data for all Palestinians in the West Bank and Gaza Strip from the PCBS show that drop out has decreased somewhat since the time of the 1995 survey. The PCBS reports that among Palestinian girls, there was a 2.4 percent drop out rate during the basic stage in 1994/95 and this declined to 1.5 percent in 1997/98. Among boys at the basic stage the drop out rate declined from 2.6 to 2.04. At the secondary stage, both male and female drop out has decreased also, particularly among young men with 6.6 drop out in 1994/95 to 4.3 in 1997/98 (PCBS 1999).

What are drop out youths' activities after leaving school in the West Bank and Gaza Strip? Roughly one-half of girls 6 through 15 years of age are engaged in some household activity (married or helping out at home) and one-half of boys work or look for work. Thus, for about one-half of the children not enrolled in school we have no reported "activity". However, at ages 16 and 17 years, 50 percent of young women are married and the rest appear to be helping

out at home, and 50 percent of the young men work and the rest are looking for work.

In Jordan camps, boys drop out earlier than girls and earlier than camp boys in the West Bank and Gaza. Some 2 percent of 10 year-olds dropped out in the survey year, compared to almost no girls and less than 1 percent of camp boys in the West Bank and Gaza Strip. But, male drop out remains stable at this level from ages 11 through 15 years. At age 16 years, both male and female drop out increases dramatically, with 5 percent of young men and 6 percent of young women. Girls do not begin dropping out until 12 years of age, but at this age and every age after, female drop out is higher than male's.

Many camp refugee boys not enrolled in school participate in the labour force (43 percent at basic ages and 72 percent at secondary ages). It is more

Figure 4.18: WBGs. Age specific drop-out (1995)

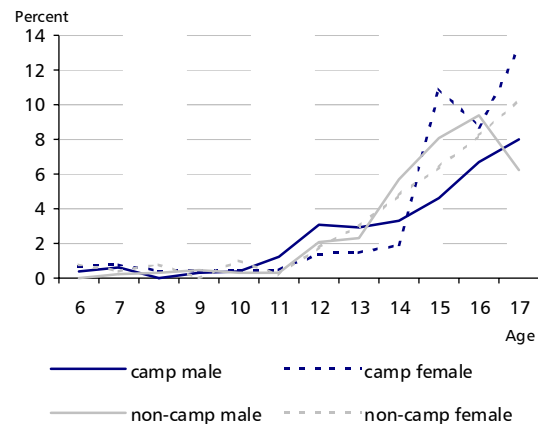
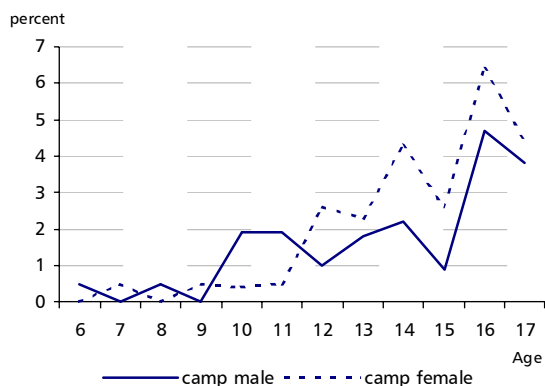


Figure 4.19: Jordan: Age specific drop-out (2000)



common for non-camp boys in Jordan that drop out to participate in the labour force than among camp refugees, and non-camp dropouts also face higher levels of unemployment among those 15 years and under. As elsewhere, there is little female participation in the labour force. However, non-camp women that have left school have markedly higher labour force participation rates than camp women in Jordan – 5 to 10 percent are employed at basic school ages versus almost no camp women. At secondary ages, marriage appears to be more of a factor in drop out among camp women, with 30 percent of dropouts married, compared to 24 percent of non-camp, again, more of whom are working or unemployed.

Data is not available to measure age-specific drop out rates for camp and gathering refugees in Lebanon, as the LIPRIIL questionnaire only asked if the individual was enrolled the previous month (not year). However, from non-

enrolment we found three main trends with youth non-enrolment in Lebanon: First, there are high discontinuation rates among refugees after age 12 years. Second, male non-enrolment is higher than female, and especially high among gathering boys aged 12 through 14 years. Third, gathering refugees appear to be less prone to drop out if they completed at least the first year of each cycle, while among camp refugees we see rather incremental increases in drop out through all years.

Labour force participation among the non-enrolled, especially among those under age 15 years is lower among camp and gathering refugees than among refugees in the other countries. As discussed above, between 30 and 45 percent of refugee boys who are non-enrolled at basic school ages participate in the labour force in the West Bank and Gaza Strip and Jordan compared to just 7 percent of camp and 4 percent of gathering boys in Lebanon. This difference among refugees across the three countries narrows considerably among young males at secondary ages, but is still lower in Lebanon. Among those participating in the labour force, camp boys more often find employment than those in gatherings.

A second trend when we compare Lebanon to refugees elsewhere is fewer young women reported to be married among the non-enrolled at secondary

ages. This is in following with generally higher marriage ages among refugee women in Lebanon than found elsewhere. There are rather larger differences between young camp and gathering women in this regard, with 15 percent of camp women married at secondary ages and only 5 percent of gathering women.

In Lebanon, many of the non-enrolled are disabled -- and this proportion is higher than elsewhere. This indicates a possible supply problem in meeting the special educational needs of disabled gathering refugee youth in Lebanon. Some 24 percent of gathering boys and 19 percent of girls not enrolled at basic school ages are disabled. At secondary ages, 15 percent of young men in gatherings and 10 percent of young women not enrolled are disabled.

Subjective Reasons For Drop-Out

In Jordan camps, the most often cited reasons by parents for their child not being enrolled in basic school are the child's lack of interest and long-term illness or disability. At the secondary level, the main reason for young women's non-enrolment as reported by parents is related to family, marriage and parental attitudes towards female participation in education. The parents of some 35 percent of non-enrolled camp girls cite marriage or family situation as the main

reason, and 8 percent cite family objection to a girl's attending school as the main reason.

In Lebanon the main reasons given by parents also include a lack of interest in school (40-50 percent) on the part of the student, but different from Jordan is that parents also frequently reported that the child's repeated failure in school was the main reason for dropout (25 percent). Repeated failure is much more often cited by parents of refugee youth in Lebanon than Jordan (10 percent). Many parents also report that their child's illness or disability is the reason for dropping out (14 percent) and family poverty or need to work to support the family (8 percent). Few cite poor school environment as the cause (3 percent). About eight in 10 basic drop outs are from families with the head having less than basic education. Similar reasons are given by parents for non-enrolment at the secondary level with no interest or repeated failure most common. Illness is less often a problem, but family poverty and the need to work were the reasons 15 percent of parents give for non-enrolment. Girls' parents more often cite marriage and need to care for the family as reasons, and parents of boys more often claim the need to work to support the family. Most come from households where the head has less than basic education -- about 83 percent. Surprisingly few parents report that the lack of school facilities, or poor quality of

schools was the main cause of their child not being enrolled. Considering the lack of UNRWA secondary school facilities, it is surprising that more parents did not mention this as a major reason.

Lack of interest, repeated failure and disability or illness are also the most common reasons given for children and youth not to be enrolled in school among camp and gathering refugees in Syria. Lack of interest is, by far, the main reason given at preparatory and higher ages, but at elementary ages disability or sickness is as, or more, often given as the reason – this is especially the case among girls’ lack of elementary enrolment. Among camp girls that have dropped out, parents report this as the main reason twice as often as for boys. This is the same for both gathering boys and girls at these ages as well – about 50 percent are said to drop out due to illness or disability. Among boys and young men the relatively higher proportion reporting disability as the main reason at all ages in the gathering population is one major difference between the groups.

Consequences of Drop Out: Youth illiteracy

Despite tending to leave school at earlier ages, camp refugees who have ever attended but dropped out are slightly more likely to have gained enough education to read and write than non-

camp refugees – this is especially the case among males. For example, about 10 percent of the non-enrolled camp boys between 6 and 15 years of age are illiterate compared to 17 percent of non-camp boys.

In following patterns of educational achievements, the percent among those not enrolled who have managed to gain literacy before leaving school (or outside of school) is largest in the West Bank and Gaza Strip (at all school ages) and lowest in Lebanon. The difference is large, especially at the basic level: For example, among non-enrolled camp males 6 to 15 years in the WBGS, 29 percent are illiterate compared to 41 percent in Jordan and 93 percent in Lebanon. Even when we adjust for the slight tendency for camp refugees in Jordan and Lebanon to enrol their children late (at ages 7, 8 instead of 6), there are still much higher illiteracy rates in both fields than in the West Bank and Gaza Strip. At the secondary level, this is also the case, but there is less of a difference across fields. For example, among female camp refugees not enrolled at secondary ages in the West Bank and Gaza Strip, 3 percent are illiterate compared to 7 percent in Jordan and 12

percent in Lebanon. There are rather large gender differences among those of secondary ages in Jordan and Lebanon that are no longer enrolled, with double the proportion of females gaining literacy before leaving (or outside of) school than males. The reverse is the case in the West Bank and Gaza Strip at both basic and secondary ages, although the difference is not large.

References

- Blome Jacobsen, L. 2002. "Profile of Palestinian Refugee School Drop-outs." unpublished paper.
- Drury, D. and Nassar, I. 1998. "Education" in *Jordanian Society: Living Conditions in the Hashemite Kingdom of Jordan*, Hanssen-Bauer, J., Pedersen, J., and Tiltnes, Å.A. (eds.) Fafo-report 253. Oslo: Fafo.
- United Nations Office of the Special Coordinator in the Occupied Territories. 1995. "Education" in *Putting Peace to Work: United Nations Strategies and Projects for the Second Phase of the Development Effort in the West Bank and Gaza Strip*.
- Pearson, R. 1998. *A Performance Review of Vocational Training Providers and the Linkages Between Training and Employment in Jordan*. The National Center for Human Resources Development Publication Series.
- Palestinian Central Bureau of Statistics. 1999. *Educational Statistical Yearbook 1998/99*.
- Palestinian Central Bureau of Statistics. 1998. *Educational Statistical Yearbook 1997/98*.
- Palestinian Central Bureau of Statistics. 1999. *Palestinian Children: Issues and Statistics*.
- UNRWA. 2000. Department of Education: *Statistical Yearbook 1998/99*.
- UNRWA. 1999. Department of Education: *Statistical Yearbook 1997/98*.
- UNRWA. 1998. Department of Education: *Statistical Yearbook 1996/97*.
- Mazawi, A. 1998. "Region, Locality Characteristics, High School Tracking and Equality in Access to Education credentials: the case of Palestinian Arab communities in Israel", *Educational Studies*, vol. 24, no. 2., pp- 223-240.
- Willett, J. and Singer, J. 1991. "From Whether to When: New Methods for Studying Student Dropout and Teacher Attrition." *Review of Educational Research*. 61.

Chapter 5

The Labour Market

Willy Egset

Summary of Main Findings

This analysis of the situation of the Palestinian refugees in the labour markets of their respective host countries focuses on three core labour force themes, including the level of labour force participation, the structure of the labour force, and the level of unemployment. Indicators for various outcome on all of these themes were compared across (1) the refugees with non-refugee national populations; (2) the camp-refugees with refugees living outside camps; and (3) the refugees living in Jordan, Lebanon, Syria and the West Bank and Gaza Strip with each other.

Camp and non-camp refugees and non-refugees in all of the fields show very similar levels and tendencies in overall level of participation in the labour force. There is a weak tendency that refugees (camp refugees in particular) have lower participation than others. Other distinctions in labour force participation, notably the very low rates among women compared to men, are far more

noticeable. With regard to unemployment rates, camp refugees in all fields have higher rates than others, in the size of three to four percent. In Lebanon, there is no significant difference between the camp and gathering refugees, both of which have unemployment rates which are nearly double the official Lebanese rates. On several other indicators too, insignificant differences are found between those refugees residing in camps in Lebanon and those residing in the so-called gatherings, in contrast to the situation in Jordan where the camp/non-camp distinction is very important in the refugee population.¹

To understand subsidiary welfare outcomes (such as poverty) in the refugee populations, one needs rather to focus on the third main theme mentioned above, namely the structure of employment and associated working conditions, which are of greater overall relevance than simply whether or not the refugees are employed.²

¹ As noted previously, however, the gathering population does not include alle non-camp Palestinian refugees in Lebanon.

Restrictions on refugees' employment exist formally in Lebanon and as a matter of practise in Jordan, while in the WBGS there is only a traditional lack of refugee employment in agriculture. In Lebanon, differential access to the labour market by refugee status is not so visibly reflected in the industrial distribution of the workforce - consequences are probably more reflected in conditions offered within the most common industries. In both Jordan and Lebanon, the large majority of refugees work in the private sector, with low wages and long weekly hours. Another minority of the workforce have found employment in the public sector or the NGOs where conditions are far better. The implications of this labour market features are explored further in the separate paper on poverty.

Introduction

This chapter presents key characteristics concerning the situation of the Palestinian refugees in the labour markets of Jordan, Lebanon and the West Bank and Gaza Strip. In addition, very recent data on Palestinian camps and gatherings in Syria are presented for the most central indicators. The objective of the analysis is to gain insight into the position of the Palestinian refugees in the labour markets of their host countries, which is key

to understanding associated welfare outcomes in these populations. Three main labour force aspects are examined, including (1) the total level of economic activity (or labour force participation); (2) the structure of employment (including industrial sectors, place of work, and working conditions); and (3) unemployment. The paper does not discuss in any detail the macro-political framework and related labour market policies versus the Palestinian refugees in the respective host countries, except in a general way in this introduction. Several studies of these policies are available elsewhere (see for example Davis 1997, Aasheim 2000). Instead, the paper analyses individual adaptations within prevailing frameworks, aiming for a systematic comparison of labour markets outcomes among groups of refugees and the non-refugee population to the extent permitted by available data.

The Analytical Framework

The majority of households everywhere in the world draw most of their incomes from the productive employment of their members. Access to labour markets is thus key to subsidiary welfare outcomes, such as poverty. On the supply side, there are fundamental differences in formal terms of access between fields: In the West Bank and Gaza Strip there are no formal distinctions along lines of refugee status in the regulatory frame-

² This does not mean that the consequences of not finding or not being able to work are not serious - they are! But for the majority of households the low pay-off in the labour market is the real problem (see Egest 2000c).

work, and informal discrimination on this basis on a larger scale is not known. In Jordan too, most groups of Palestinian refugees have been granted citizenship which includes full and equal rights of employment. In reality, certain sectors have traditionally been practically closed to Palestinians, including certain parts of the public sector. These sectors aside, Palestinians are free to seek employment anywhere they wish, and they are not known to meet particular difficulties outside the fields just mentioned. This is in stark contrast to the situation in Lebanon where a complex set of laws and regulations restrict Palestinian employment from a number of professions, most of which are the higher-skill type (Davis 1997:165-6, Republic of Lebanon 1995). On the basis of this structure of labour market restrictions, one might expect to find particular problems associated with the skilled part of the refugee labour force, such as unemployment and low pay-off to education overall.

However, one should keep in mind that patterns otherwise expected under stable economic conditions may wither under the repeated shocks experienced by both the Jordanian and the Lebanese economies during the past decades.³ Furthermore, the level and type of economic activity are determined by a

large number of meso- and micro-level factors, including traditions for work outside the home for women, education levels, health status, access to non-labour income and several others, which may contribute to offset expected effects of structural conditions.

The analysis adheres to the framework established by the International Labour Organisation (ILO) and the International Standards Industrial Classifications of All Economic Activities (ISIC), with most recent updates, and according to recommended practises. The following concepts and their exact meaning should be noted particularly (ILO 1990:37):

- *Working age population*: According to standard ILO recommendations, the working age population should include the entire population 15 years of age and above, with no upper bound. This is the basis for estimating the total economic activity rate, also known as the labour force participation rate, and the employment and unemployment rates. It should be noted that some countries use 10 years as the lower bound, others apply an upper bound, such as 65 years. The former is practise in the Palestinian PCBS, the latter in the Lebanese CAS.

- *The labour force*: Also called “the economically active population”, includes all employed and unemployed persons. The labour force participation

³ Such as the Gulf War of 1990-1991 and the ensuing restrictions on trade with Iraq, previously a main trading partner with Jordan. In Lebanon, the civil war that had lasted with varying intensity since 1975 stopped in 1991, while Israeli occupation of South Lebanon ended in 2000.

rate is the proportion of every employed and unemployed person above the age defined by the working age criteria to the total population above that same age.

- *Employed persons:* Everyone who worked for at least one hour in a reference period, for pay in cash or kind, or was temporarily absent from a job to which the person has a firm attachment. Another word for the employed group is the “workforce”, which should not be confused with “labour force”, which includes also the unemployed. The reference period is usually one week preceding the interview date, a practise followed in the Fafo 1999 and 1996 surveys.

- *Unemployed persons:* Everyone who did not work at all in the reference period, even for one hour, and who was available for work and actively sought work in the reference period. The unemployment rate is the proportion of unemployed person to the total labour force.

Labour Force Participation

Very low female labour force participation contributes to low economic activity level overall.

The most notable trait in labour force participation rates across the fields is the very large gap in the level of participation between men and women. The total

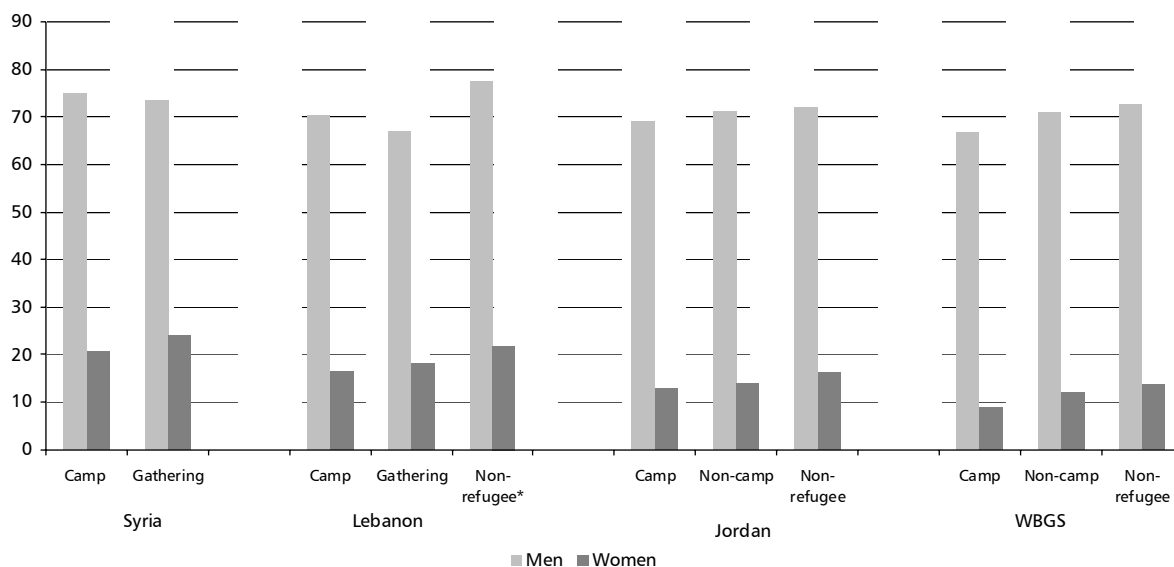
participation rate for men is around 70 percent for all the groups shown, compared to only 9 to 13 percent among women in Jordan and WBGS, and some 18 percent in Lebanon. In total, less than half (40 to 48 percent) of the working age population in these areas are economically active (see also Table 1 in the appendix). This support burden is compounded by a demographic structure in which about 40 percent of the population⁴ in the camps is below 15 years of age. Thus, out of the total population only 24 percent in the Jordan camps and 27 percent in the Lebanon camps are economically active. In other words, every employed or employment-seeking person must support three persons in addition to himself. This does not mean, of course, that women do not work. It merely means they do are not engaged in paid employment. The reasons for this are many and complex, and will not be pursued here. Yet a simple overview of self-reported causes are given below, pointing to domestic care responsibilities as a main cause.

The camp population lag behind others in labour force participation - but differences are not large on the average .

There is a consistent pattern that the camps show the lowest levels, while non-camp refugees have a slightly lower level than the non-refugees. However, when looking at the total, average participation

⁴ The percentage of population below 15 is 37 in the Lebanese camps and 41 in the Jordanian camps.

Figure 5.1 Labour force participation by location, sex and region (percent).



*The figure for non-refugees in Lebanon refers to population aged 15-65 years. Camp and non-camp figures are reported with basis in population 15 years and above for comparisons across regions. When using the 15-65 years of age population, labour force participation rates are 74 (camp) and 71 (non-camp) percent among men and 18 (camp) and 19 (non-camp) percent among women, compared to 77 and 22 percent respectively among men and women in the national Lebanese population. Sources: Fafo 1999,2000,2001, CAS 1998, PCBS 2000.

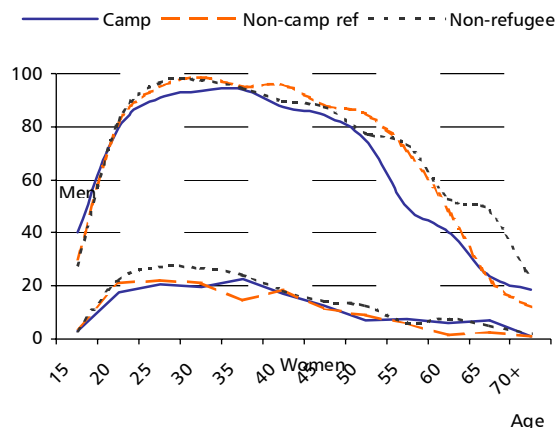
rates, the refugee status does not make a fundamental difference. In Lebanon, camp refugees have slightly higher rates of participation than gatherings, but both are below non-refugees. As noted in the comment below Figure 5.1, the difference between refugees and non-refugees appears larger than it is in the figure, because the Lebanese national figures are based on more restricted definition of working age population. For both men and women the difference is 3 to 6 percent, highest among men in the West Bank and Gaza Strip, mostly due to a higher concentration of camp refugees in the Gaza Strip than in the West Bank, the former showing lower economic activity levels overall.

The participation rates are also very similar across the countries, with two exceptions: First, women in Syria are considerably more prone to be economically active than women in both Jordan and the WBGS, with activity levels at 21 to 24 percent, compared to around 13 in Jordan and WBGS. Second, the Gaza Strip stands out with the lowest level of economic activity of all, some 4 to 5 percent behind all the other fields. The very lowest rates are found in the Gaza camps where as few as one-third (35 percent) of the working-aged population are economically active.

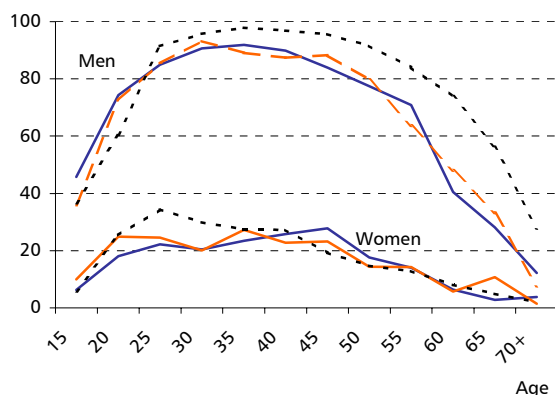
Camp refugees enter and exit the labour market earlier than other refugees and non-refugees.

Figure 5.2a -5.c. Labour force participation by refugee status and age (percent).

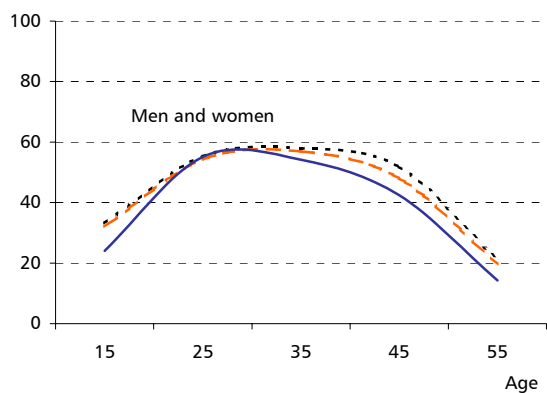
5.2a: Jordan



5.2b: Lebanon



5.2c: WBGS



Age and sex-specific rates (Figures 5.2a through 5.2c) show another noticeable difference in the nature of labour force participation among camp residents on the one hand, and the non-camp population on the other. Camp men tend both to enter and exit the labour force at an earlier ages than the two other groups. Forty percent of male camp refugees in Jordan and 45 percent of the camp men in Lebanon are members of the labour force in the age group 15 to 19 years, compared to less than 30 percent in the Jordanian and 35 percent in the Lebanese population outside camps, in a period of life where education usually is keeping men out of the labour force. Later on, the camp men fail to match the non-camp men in the peak working years between 25 and 45. In both Jordan and Lebanon, men outside camps reach a participation rate of about 95 percent, while camp men reach 91-92 percent in the same age group. Furthermore, from the mid 40s, when activity declines in all groups (mostly because of health reasons) participation declines more quickly among camp-refugees than others.⁵ This suggests that age-related health problems are more widespread in camps, and/or that the type of work done by the camp-refugees is generally more strenuous than

⁵ As noted earlier, the Lebanese Central Bureau of Statistics uses 65 years as upper bound when estimating total labour force participation rates. It is not mentioned in the source of the data presented here (CAS 1998) if any such bounds are applied when examining age-specific rates, but since rates are reported up to the age 70 and above, it is assumed that no upper bound is used and that the figures presented are comparable. However, results seem to suggest that the age-specific differences are somewhat overstated when considering the relatively small differences in total activity rates.

that of the non-camp workers. Neither in Jordan nor Lebanon does the described tendency apply to women, but the lower levels of participation among camp women than other groups of women seem to stem mostly from a lower level in the peak years of female activity approximately from 20 to 35 years of age.

Age- and sex-specific activity rates are not available for the WBGs by refugee status, but the total rates by age shown in Figure 5.2 for WBGs show the same tendency just described for Jordan and Lebanon with regard to earlier exit from the labour market among camp refugees. Contrary to Jordan and Lebanon, however, in the WBGs the camp population enter the labour market later than the others.

Labour force participation increases with education, most so among women.

Among the many variables that are known to affect labour force participation rates, education is usually one of the most important. Our breakdown by highest completed education shows that the association between education and level of participation is uniformly strong and positive for all the groups examined here. Noticeably, the association between education and labour force participation seems unaffected by refugee status where such comparisons can be made, namely in Jordan and the WBGs.

In the WBGs, however, the difference is mainly between those that have no education (a very small group in that area) and those that have any education, one the one hand, and between these and those that have more than 13 years of schooling, on the other. In the intermediate range, differences are practically non-existing.

Among men in Jordan and Lebanon, participation rates tend to be some 10 percentage point higher among those with secondary education than among those with only basic or less. Participation levels then increase by three to five percent from this group to those with higher education.

Education has a much stronger effect on women's level of participation in the labour force (Figure 5.4). This is expected when considering the high average levels of participation prevailing among men and the correspondingly low level among women. Women with no

Figure 5.3. WBGs, labour force participation by years of education.

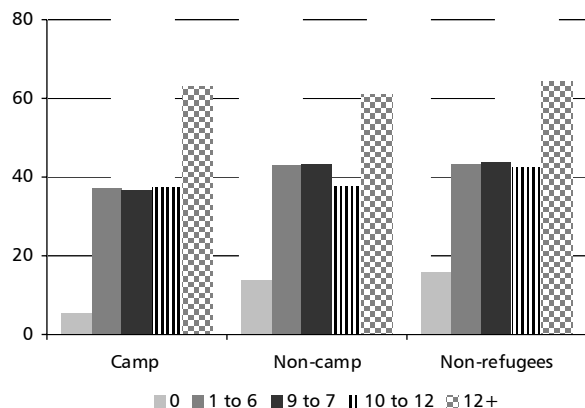
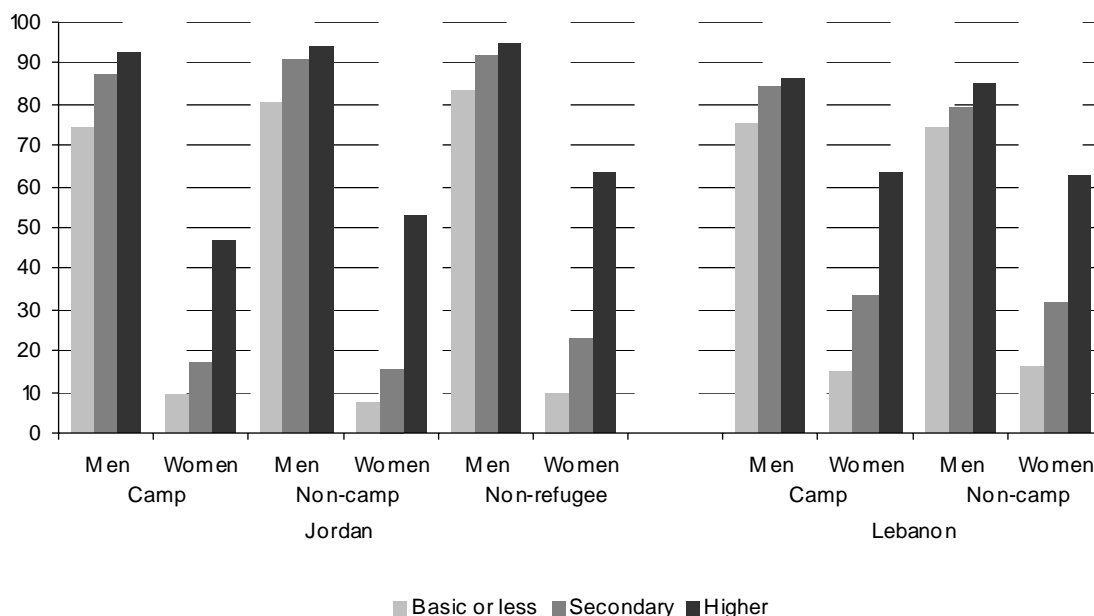


Figure 5.4. Labour Force Participation by Education and Refugee Status.



education, or basic only, have an average participation level at only 8 to 15 per cent, with roughly a doubling to 15 to 30 percent among women with secondary education completed. The average participation level doubles again, and in some cases triples, when comparing the group of women with higher education to those with secondary, bringing the average level among the highest educated women to about 50 percent in Jordan and above 60 percent in Lebanon, irrespective of refugee status.

Men leave the labour market for health reason - women are kept out by domestic duties.

In the 1999 camp surveys, the economically inactive were asked why they did not seek work, and their answers were

arranged according to a pre-coded set of alternatives. The results show very different reasons between men and women, confirming the suggestion above that health is main reason for the camp refugees' early exit from the labour market, while traditional obligations to the family prevent women from seeking paid work outside home (Tables 5.1 to 5.3).

In the 15 to 24 year age group, studies are the most important reason for men not seeking work, cited by approximately two-thirds of the camp men of that age. In the WBGs, studies are the single most important reason for men's abstention from job-seeking. In addition, 12 and 17 percent in Jordan and Lebanon respectively have lost hope of finding a

job, while nearly 10 percent in both fields cite health problems even at this young age. In the next age group, of 25 to 44 year olds, health problems are the most important reason for economic inactivity among camp men both in Jordan and Lebanon, cited by about half the group, while loss of hope in finding a job is second most important. Loss of hope, or discouragement, is most prevalent in Lebanon, where 38 percent of the inactive between 25 and 44 cite this reason. It should be remembered, however, that less than 10 percent of the male population in this age group are economically inactive.

Finally, in the group of men above 45 years of age, from which age we have seen that participation rates quickly decline, health problems are the predomi-

nant reason for camp men's withdrawal from economic activity, cited by 80 and 86 percent of Jordanian and Lebanese camp residents.

For women, the situation is very different: Reasons classified under "Housewife and care" are the most important throughout the age groups. While in the 15 to 24 year age group, studies are also important, domestic duties and direct restrictions on job-seeking ("Family disagree") by the family are the most important, cited by nearly half of the girls in this age, the majority of the others citing educational commitments. In the middle and upper age group, from 25 years and above, domestic duties become nearly the sole reason cited by the camp women for not seeking paid work, although in Lebanon, health

Table 5.1: Men. Reasons for non-participation in labour force by age. Jordan and Lebanon camps.

	15-24		25-44		45 +	
	Jordan	Lebanon	Jordan	Lebanon	Jordan	Lebanon
Disabled or retired	7	8	53	47	80	86
Lost hope of finding job	12	17	25	38	3	7
Full-time student	72	62	5	5	0	0
Other*	9	13	17	11	17	6
Total	100	100	100	100	100	100

*Other refers to various domestic duties such as care for family.

Table 5.2: Women. Reasons for non-participation in labour force by age. Jordan And Lebanon camps.

	15-24		25-44		45 +	
	Jordan	Lebanon	Jordan	Lebanon	Jordan	Lebanon
Family disagree	7	14	2	7	0	1
Lost hope of finding job	2	6	4	5	0	1
Full-time student	41	30	1	0	0	0
Housewife and care	44	43	86	81	86	66
Disabled or retired	1	2	3	4	12	30
Other	5	4	4	2	2	2
Total	100	100	100	100	100	100

Table 5.3. Men and women. Reasons for non-participation in labour force by age. WBGS.

	Camp-refugees		Non-camp refugees	
	Male	Female	Male	Female
Old/ill	22	8	17	7
Home making	2	72	2	73
Studying or training	47	17	52	18
Other	29	3	29	3
Total	100	100	100	100

Source: PCBS

problems are also cited by one-third of the women above 44. The situation is almost exactly the same for women in the WBGS, irrespective of refugee status, three-quarters of the women there cite home-making as the reason for not entering the labour market.

Multivariate Regression on Labour Force Participation: Sex, health and level of education most important determinants

Several of the variables associated with variations in the labour force participation rates are highly intertwined with each other, such as age and health among the variables discussed in the above. A multivariate analysis is required in order to isolate the net effects associated with individual variables.

Since the dependent variable is dichotomous, membership versus non-

membership in the labour force, a logistic regression model is proposed, using the 1999 camp material from Jordan and Lebanon. Two separate models are run for the two camp populations, but most independent variables are shared. Based upon prior explorations of the data, it is proposed that sex, age, health status, and education are the main determinants of labour force participation. In addition, region (Amman, West, North) and location (camp, gathering) are added as controls in Jordan and Lebanon respectively. In Lebanon, the types of legal documents held by a refugee may also impact on his ability to gain employment, and a trichotome variable with the values non-document, travel document, and Lebanese passport is included in the Lebanese model. The regression output from the two models are included in Annex 5, Tables 4 and 5. Only main results are commented upon here, since the individual coefficients provided by logistic regression are not so intuitively informative.

The majority of the variables entered show a significant relationship with the dependent variable, participation in the labour force, and about 80 percent of the cases were correctly determined by the model, as shown by the classification tables. Age has a strong effect in both models also when other variables are controlled for, as would be expected. Sex too is strongly associated with labour force participation: the odds

that a man is member of the labour force is higher by a factor of 17 in Lebanon and 33 in Jordan compared to the odds of a woman participating in the labour force when other factors are held constant (“*Exp(B)*” in Annex 5, Tables 4 and 5). Or in more simple terms, the average probability of being economic active is 70 percent for men and 17 percent for women in the Lebanon camps, and 69 versus 13 percent in the Jordan camps (“*mean (p)*”).

Health problems are also clearly important in keeping people out of the labour force:⁶ Having an illness or injury reduces significantly the probability of economic activity, and a more serious health problem reduces the average probability of labour force participation to 16 percent in Jordan and 24 percent in Lebanon. The relatively weaker effect of health problems in Lebanon than Jordan may indicate that withdrawing from the labour force because of health reasons is less feasible in Lebanon than Jordan, possibly because of the unavailability of public transfers to Palestinian refugees in Lebanon (see Egset 2000b).

Increasing education causes a significantly higher probability of being economically active, with the exception that secondary education fails to show a

significant difference from basic or less education in Lebanon. That aside, the average probability of being member of the labour force among those with higher education is quite exactly double among those with higher education compared to those with only basic or less, at 70 and 79 percent versus 35 and 39 in the camp communities in Jordan and Lebanon respectively, other factors being constant.

In Jordan, region turns out to have a minor, but significant effect on labour force participation: in the camps in the Western parts of Jordan there is a reduced probability of participation when compared to camps in the Northern parts, while the tendency towards higher participation among camp refugees in the Amman camps is not statistically significant. In Lebanon, the camp/non-camp (gathering) distinction does not make a significant difference with regard to participation rates. Possession of travel documents are also not significantly related to higher participation rates in Lebanon, indicating that factors affecting labour force participation rates - such as education and age - also explain why some people obtain travel documents and others do not. Possession of a passport, Lebanese or other, also does not explain labour force participation, but on that score a rather limited number of observations (395) may contribute to the lack of statistical significance.

⁶ Note that the health variable used in the regression models is not referring to the reasons given by individuals for not being members of the labour force, shown in Table 5.1 and Table 5.2. Respondents are classified with “injury of illness” if such are reported by themselves, and as having a “serious health problem” if they have difficulties in leaving the house because of their illness or injury.

The Structure of Employment

Trade and manufacturing offset the effects of exclusion from major sectors of employment (public administration and agriculture) among refugees in Jordan

Looking first at the industrial structure of employment in the Jordanian labour force two distinctions appear when comparing the camp refugees with non-camp refugees and non-refugees (Table 5.4).⁷ Most noticeable is the great importance of employment in the public administration for the male non-refugee population, and the insignificant role of that sector for both camp and non-camp employees. Public administration is the largest sector of employment by far for male non-refugee Jordanians, providing employment to 30 percent of these, while only 4 percent of male camp refugees and 8 percent of male non-camp refugees work in the same sector. Somewhat surprisingly, public administration is much less important for women in Jordan, regardless of refugee status.

Second, agriculture is much less important to both types of refugees, and to camp refugees in particular, than it is to the non-refugee population in Jordan. This distinction would be expected when

considering the relative recent presence of the refugees in the country and, as far as the camps are concerned, obvious spatial limitations to such industry.

Male refugees find employment instead in private non-agricultural sectors, with the greatest concentration in trade and manufacturing, together employing nearly half of all employed men from the Jordanian camps. Manufacturing is very important for female camp refugees too, employing nearly a third of these, in contrast to the mere 8 percent of non-refugee women employed there. But irrespective of refugee status, the largest sector of employment for women is education, health and administration, accounting for 39 to 46 percent of their total employment.

Thus, with the exception of agriculture, female industrial affiliation is not strongly affected by refugee status in Jordan. Refugee men, on the other hand, have been required to - and mostly able to - find alternatives to what is otherwise the major employer, the public administration, creating a structural divide in the labour force between the two groups.

No large differences found in employment structures between refugees and non-refugees in Lebanon when looking at broad industrial sectors

Contrary to expectations, fewer apparent differences by refugees status are found in the Lebanese industrial structure of

⁷ Note that data on the camp population is from 1999, the others from 1996, and that minor changes may have occurred in the Jordanian structure of employment since then. However, the major distinction between refugees and non-refugees in Jordan discussed in this section is equally distinct when using 1996 data for all the three groups and would not be expected to have changed significantly.

Table 5.4: Industry of employment by refugee status: Jordan and Lebanon. Percent of the employed.

	Jordan						Lebanon					
	Camp		Non-camp		Non-refugees		Camp		Gatherings		Non-refugees*	
	M	F	M	F	M	F	M	F	M	F	M	F
Agriculture	1	5	4	8	12	18	10	10	14	17	10	6
Mining, manufacturing	20	31	20	18	10	8	14	12	14	12	15	13
Construction	13	0	10	1	10	1	26	1	18	2	15	1
Trade, hotels, restaurants	28	11	26	7	14	6	27	21	31	21	28	20
Transport	11	0	11	2	8	2	6	1	6	2	6	2
Public administration	4	3	8	5	30	6	0	0	0	0	9	4
Education, health, social	11	42	9	39	8	46	8	32	7	32	7	39
Other services	11	8	12	20	9	14	9	23	9	15	10	16
Total	100	100	100	100	100	100	100	100	100	100	100	100
n	2065	331	2783	437	3802	673	2595	637	765	203	-	-

Sources: Fafo 1999 (Jordan, camp and non-camp refugees, Lebanon camp and non-camp refugees), Fafo 1996 (Jordan, non-refugees), CAS 1998, Table 2.13 (Lebanon, Non-refugees).

* The figures reported by CAS 1998 (Table 2.13) are organised differently from what is presented here, rearranged by the author to compare with standard ISIC breakdown. Minor errors may occur. Note that the figure given for the category "public administration" for Lebanon, non-refugees, is "Administration" in CAS 1998 (Table 2.13).

- Figures not reported

employment than in Jordan. Considering the explicit restrictions on employment activities of refugees in Lebanon, a more distinct bias in the structure of employment might have been expected than what is the case (Table 5.4). Two reasons could be proposed for the lacking differences: first, the sectors are too broad to capture important but more subtle differences. For example, someone working in a hotel as an accountant and someone doing the dishes in the same hotel, would both classify in "trade, hotels and restaurants". Second, Lebanon does not have a large single major sector of employment from which the refugees are excluded, as is in practise the situation in Jordan with regard to the public administration. In Lebanon, the public

administration is a much smaller employer than in Jordan. Though figures are uncertain, nine percent of the national male workforce may be employed in the Lebanese public administration, as compared to 30 percent in Jordan.⁸ For the camp men, this percentage is compensated for by a higher proportion employed in the traditional low-status sector of construction than the non-refugees. Non-camp refugees are slightly stronger represented both in agriculture and trade compared to the two other groups.

The gender differences among camp-refugees in the Lebanese labour market resemble closely those found in

⁸ This figure is reported as "Administration" in CAS (1998: Table 2.13)

Jordan above, with about half of the men clustered in construction and trade, and half of the women in education, health, and other social services. With increasing education, the clustering of the female workforce in these service sectors is nearly total (see Annex 5, Tables 2 and 3).

In the West Bank and Gaza Strip, male refugees are more employed in services and female refugees less employed in agriculture compared to respective non-refugee groups

The table on the industrial distribution of the labour force the WBGS shows the distribution by sex and refugee status for the WBGS as a whole. It shows, first, that agriculture is a much larger sector of employment for women in the WBGS than for any group of women (or men) in Jordan or Lebanon. Agriculture is less important for refugees than for non-

Table 5.5: WBGS. Industry of employment by refugee status. Percent of the employed.

	West Bank and Gaza Strip				
	Camp*	Non-camp		Non-refugees	
	M	M	F	M	F
Agriculture	3	6	24	10	35
Mining, manufacturing	14	15	12	17	14
Construction	23	23	1	29	1
Commerce, restaurants, hotels	14	18	9	19	7
Transportation, communication	6	5	1	6	1
Services and other	41	33	54	20	42
Total	100	100	100	100	100

* Female industry of employment not reported in this breakdown

refugees, and given its particular importance for women, this may contribute to the lower than average level of labour force participation among camp women compared to non-camp women. Second, the agricultural sector aside, differences in the industrial distribution of the workforce according to refugee status are marginal.

Public administration is a large sector of employment in Syria

In Syria, like in Jordan, public administration is a major national employer. Unlike in Jordan, public administration is a large employer to Palestinian refugees too. With its 14 percent of the surveyed Palestinian labour force, this sector is among the largest sectors of employment, together with manufacturing,

Table 5.6 Syria camps and gatherings. Industry of employment.

	Syria			
	Camp		Gatherings	
	M	F	M	F
Agriculture, fishing	1	2	10	18
Manufacturing, mining	18	23	13	10
Construction, electricity, gas	18	0	16	
Trade, hotels, restaurants	18	6	15	3
Transport, storage, communication	6	1	7	1
Public administration	14	11	17	17
Education, health and social work	7	39	7	42
Other services	18	18	15	10
Total	100	100	100	100
N	36604	9430	4113	1159
uwn	5526	1409	746	221

construction and trade which are the dominant sectors. Though the trade-sector is among the largest in Syria too, its 16 percent share of the labour force is considerably lower than the nearly 30 percent in all of the other fields except the WBGS.

NGO sector an important employer of refugees in Lebanon.

Looking at the principal sectors of employment (private, public, NGO) among the camp (and gathering) refugees,⁹ two main observations are made: First, in Lebanon, NGOs are significant employers, particularly for the female workforce. One-quarter of the refugee women, both camp and non-camp, work for an NGO (approximately half of them for UNRWA or PRCS). Employment in NGOs is less important for men, but still represents a considerable 9 to 12 percent of male non-camp and camp employment. Again, the insignificant role of public sector employment in Lebanon is evident in Table 5.5, employing between 1 and 4 percent of the male and female workers.

Second, while the industrial distribution of the employed shows that work in the large public administration is very limited among Palestinian refugees in Jordan, work in the public sector as such is considerable: one-fifth of the camp

women and 16 percent of the camp men work in that sector.

Refugees more engaged in self-employment than non-refugees in Jordan - opposite in Lebanon

In Jordan, self-employment is somewhat more important among camp refugees than among the non-refugees. The differences are not very large, with 17 percent in both the male and female camp population, compared to 12 percent in the non-refugee population and 13 percent among non-camp refugees.

In Lebanon, self-employment is more important overall, and contrary to Jordan, it is more important for the non-refugees than the refugees.¹⁰ As much as one-quarter of the Lebanese non-refugee employees are self-employed, and one-fifth of both groups of refugees.

The self-employed part of the labour force is of course very diverse, consisting of unskilled street traders as well as highly educated, independents of the liberal professions. However, as discussed in the section on working conditions below, within the camp labour force the self-employed work on average more and earn considerably less than the salaried employees.

¹⁰ Since different sources of data are used (CAS 1998 and Faf0 1999b), measurement differences may account for some of the difference. Figures on Lebanese non-refugees from CAS 1998: Table 2.14, the data for "Independent" is used for "Self-employment". Figures on paid employees consist of "Salarie permanent" and "Autre salarie".

⁹ Our sources do not provide this data for the non-refugee population.

Figure 5.5: Distribution of employment by sector and refugee status. Lebanon and Jordan.

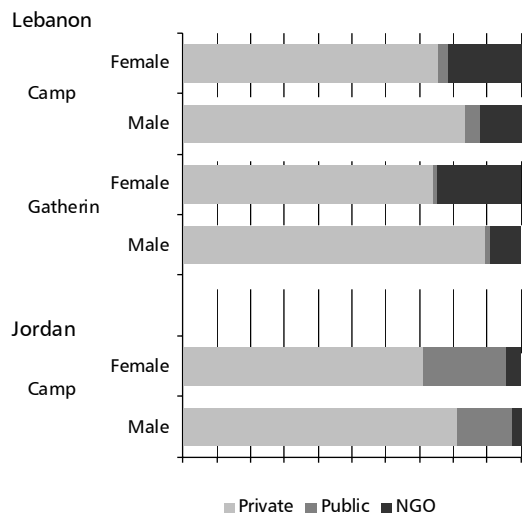
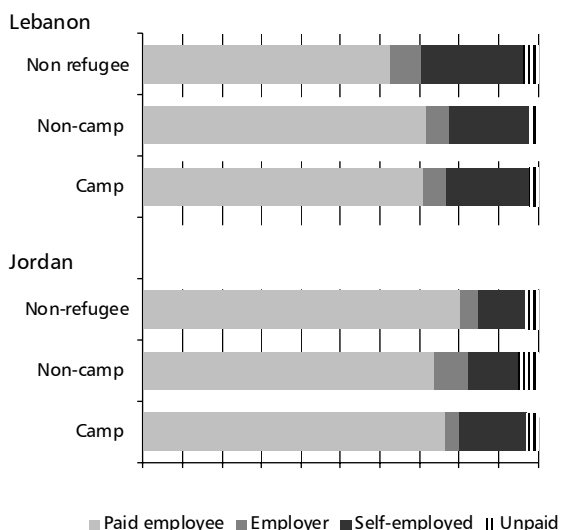


Figure 5.6: Distribution of employment by employment and refugee status. Lebanon and Jordan.



Majority of camp men employed outside camps - but camp employment common in Lebanon

Our data show that a majority of employed camp men both in Jordan and Lebanon work outside their camps, but in-camp employment is far more common in Lebanon, particularly among women, a majority of whom work in the camps (Figure 5.7).

Comparing the work locations of men with women, and Jordan with Lebanon, a pattern of what one might call a diminishing field of action appear, reflecting the effects of social mechanisms inside the camp populations (restrictions on female employment) as well as formal, structural restrictions on refugees' employment in Lebanon.

Specifically, three-quarters of the Jordanian camp men work outside their residential camps.¹¹ The Jordanian camp women are more prone to be employed in their camps, nearer home, but still only one-third of them find their employment there. Both men and women are more likely to work inside the camps in Lebanon. Of the total camp workforce, 39 percent work in the camps of residence (and an additional 6 % in other camps), and among the female workers, 51 percent work in their own camp, and an

¹¹ The Jordan camp survey (Fafu 1999a) asked only whether place of work was inside the camp or not, whereas the Lebanese camp survey asked whether place of work was inside the camp of residence, in another camp, or outside the camps. For the purpose of comparison in figure 5.7, we distinguish only between inside camp of residence and outside.

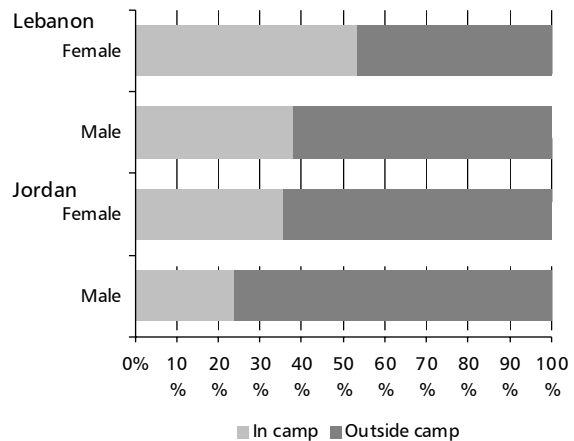
additional four percent work in other refugee camps.

Low wages and long hours characterise working conditions of camp employees in private sector - wages more than double in public sector and NGOs

Finally in the examination of the structure of employment, we turn to fundamental working conditions, pay and working hours. Again the data available are limited to camp (and gathering) refugees¹² only, precluding us from making comparisons of refugees with non-refugees on these scores. The data are still very useful in understanding the nature of the camp refugees' employment, as several important general patterns are shown (Table 5.7).

First, differences in average wages¹³ between the industrial sectors are moderate both in Jordan and Lebanon, with the important exception of education, health and social services, the most typical high-skill industry. The average pay per hour in this sector is more than double the overall average, in both countries. In Jordan, the manufacturing sector also stands out with higher than average hourly wages, and in Lebanon agriculture offers an exceptionally low pay-off. The fundamental differences thereby reflected

Figure 5.7: Distribution of place of work. Camp refugees. Jordan and Lebanon.



become clear when looking at differences in hours and wages between the public and the private sector in Jordan, and the NGO versus the private sector in Lebanon. In Jordan, the public sector (and the minor NGO sector) comprises 72 percent of those employed in education, health and social services, 31 percent of those employed in “other services”, about seven to ten percent of those in construction and transport, and of course 100 percent of those in public administration. The major trade industry is 100 percent private. In Lebanon, 54 percent of those in education, health and social services are employed by the NGOs (and the insignificant public sector) together with 43 percent of those in “other services”, and a 3 to 10 percent in other industries, least in trade.

Whereas Jordanian camp workers in the private sector work about one average working day (eight hours) more than

¹² Because this breakdown on industries is data intensive, and since comparative data is not available for other fields, Lebanese camp and gathering refugees are not presented separately in Table 5.6.

¹³ It should be noted that the incomes and weekly working hours presented here are means, which are both higher and more unequal than median values.

Table 5.7: Working hours, pay per hour and week. Jordan camps and Lebanon camps and gatherings.

	Jordan				Lebanon			
	Jordan	USD / hour	USD / week	<i>n</i>	weekly hours	USD / hour	USD / week	<i>n</i>
Industry								
Agriculture	-	-	-	8	34	1.5	43.1	119
Manufacturing	50	2.4	86.9	65	47	1.8	66	131
Construction	49	1.1	47.5	40	44	1.9	69.1	197
Trade	60	1.1	48.5	83	53	1.6	59.9	241
Transport	52	1.2	44	24	44	2.4	68.5	63
Public administration	(41)	(1.6)	(52.9)	17	-	-	-	5
Education, health, social	42	4.1	147.3	55	37	5.1	1033	151
Other	39	1.3	43.8	50	39	2.8	71.7	146
Sector								
NGO	(35)	(3.4)	(105.8)	16	34	5.4	96.6	173
Public	42	2.8	101.1	89	(51)	(2.3)	(109.2)	25
Private	54	1.3	52.4	331	46	1.8	63.3	915
Status								
Paid employee	48	2.2	80.9	249	44	2.5	73.8	780
Self-employed	51	1.1	41	67	47	1.9	57.7	218
Sex								
Men	52	1,6*	70,1*	262	47	2,1**	72,6**	730
Women	36	3,1*	74,6*	70	36	2,6**	67,9**	228
Place of work								
Inside camp	47	2	67	106	44	2.8	67	496
Outside camp	49	1.8	73.2	225	45	2	72	560
Total	49	1.9	72.3	342	44	2.4	69.7	1053

- Too few observations in cell. (*) Few observations, read with caution

the public employees per week, they make only 52 percent of the latter's salary in that week. In Lebanon, putting in two average working days extra (12 hours) brings the private sector workers up to 65 percent of the salaries of the NGO employees'. Although data are scant, it seems that public administration itself is not part of the general advantages enjoyed by the public sector employees, wages and other conditions there being on the average. Otherwise, however, the gap between the private

and public sectors amounts to a fundamental divide in the labour market, also when controlling for third variables as discussed below. The implications of which are also examined in the paper on poverty (Egset 2000c).

Second, within the private sector industries low hourly pay is met with increased number of hours worked per week, resulting in reduced differences in weekly pay-off compared to the hourly wage. Again, exceptions exist, most

notably in agriculture (in Lebanon) which has both the lowest hourly pay and the lowest average weekly working hours of all industries in Lebanon. The tendency is particularly visible in the trade industry, the largest sector of employment for camp refugees both in Jordan and Lebanon, and the one with the lowest hourly pay, where workers put in as much as 60 hours per week in Jordan and 53 in Lebanon, in order to bring their total wage up to - assumedly - the minimum level needed to support themselves and family. The organisation of work in the trade sector, with its high share of self-employment and informal nature, thus permit individual adaptation that brings its workers more or less up to the average within the private sector.¹⁴ It could be noted too, that the ill-reputed construction industry is offering the highest pay of any industry in Lebanon, save the atypical education, health, and social service sector. With the rapid changes taking place in the Lebanese economy after its civil war, however, these results may not be typical: when the survey was taken in 1999, Lebanon was still in a reconstruction boom and wages in the construction sector went up. Several Palestinian entrepreneurs were allowed to hire Palestinian workers, but most of these firms are now gone.

In Jordan, however, construction offers low hourly pay, and probably less

flexibility than trade with regard to working hours, thus yielding a considerably lower weekly pay-off.

Third, wage differences are large between the self-employed and those with regular wage employment: in Jordan and Lebanon mean hourly pay is only half and three quarters respectively of the wage employees. The self-employed, on the total, are not able to bridge the gap by compensatory working hour. Self-employment appears therefore as an employment of last resort, a strategy of necessity when regular employment is unavailable.

Fourth, women earn considerably more than men per hour when looking at the total average for the two groups, most particularly so in Jordan where women's hourly wages are nearly double those of men's.¹⁵ Working much fewer hours per week, the gap narrows when looking at weekly wages in Jordan, and turns negative in Lebanon. Remembering the low female labour force participation, its strong association with education, and the clustering of women in the skilled, high-wage sector of education, health and social services, their wage-rate is not so surprising.¹⁶ A better understanding of the association between gender and

¹⁴ Total median weekly salary is JD 30 in Jordan, and JD 25 for the trade employees. In Lebanon, the trade employees match exactly the total median weekly salary of LL 75,000.

¹⁵ In the Jordan camps, median pay per hour is 0.8 (men) and 0.7 (women), median weekly pay is 43 (men) and 28 (women) (USD). In the Lebanese camps and gatherings median pay per hour is 1.3 for both men and women, median weekly pay is 57.7 (men) and 42.6 (women) (USD).

¹⁶ Another caveat is the low number of women in the sample population (a randomly selected sub-sample of individuals) especially in Jordan, providing for high variance in the estimates.

wage, considering other variables of importance to the relationship, is only obtainable by multivariate regression, as shown in Table 5.7.

Finally, the cross-tabulation shows that, on average, wages are not lower for camp jobs than for jobs outside camps. While in Lebanon this might be related to the impact of NGO employment, their role is much smaller in Jordan. Again, an unexpected finding that the regression below may shed light on. For both places, the public hourly pay is more than double in the public or NGO sector than in the private sector.

Almost every fifth employee works part-time - more among women.

Average working hours have been shown to be high in the camps, but still there are groups of employees that tend to work less than what could be considered as a full time working week, defined here as at least 30 hours (Figure 5.8). Refugee status does not seem to make a difference with regard to the incidence of part-time work, with the exception of camp women in Jordan, among whom more than one-third either worked less than 30 hours in the week preceding the survey or was temporary absent. Women generally have a higher incidence of part-time work and absence than men, at 25 to 35 percent of the female workforce, compared to almost exactly 15 percent

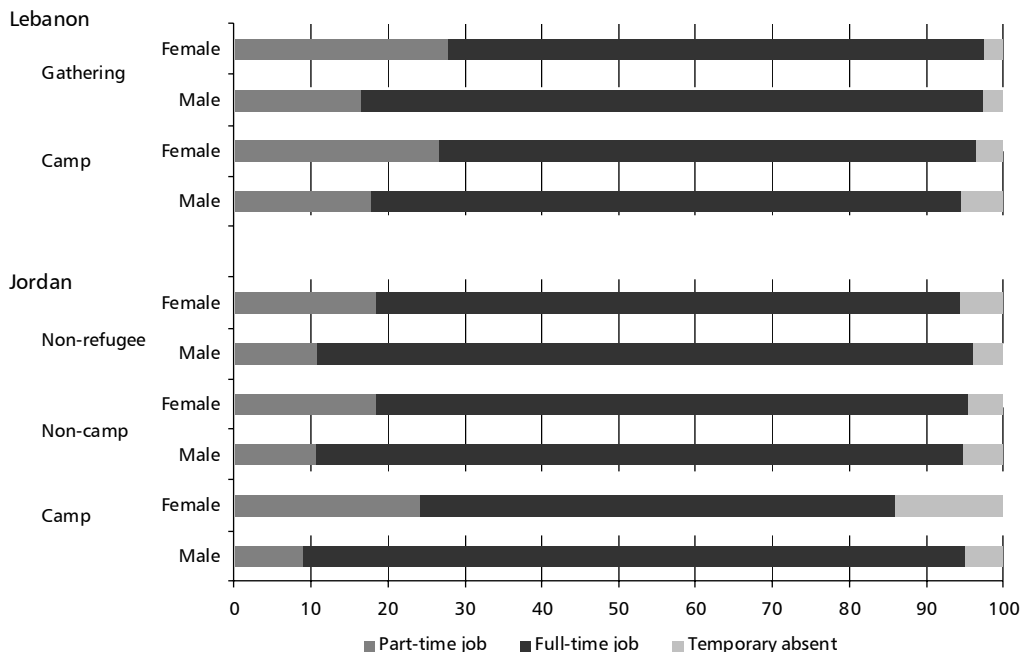
among male employees in Jordan, and slightly above 20 percent in Lebanon.

Causal determinants of wages in the camp labour force: education and sector of employment have the strongest impact on wages

In order to isolate the net effects of the various variables discussed in relation to wages above, a linear regression model is established, including the variables discussed in the above, and some others for control (Annex 5, Tables 6 and 7). The independent variables thus include sex, place of work, job status, and sector of work. Age is added as a general control variable, and education level controls for the effect of industrial sector. As dependent variable is used the wage per hour (logged). None of the two models achieve large explanatory power, with an explained variance (R^2) of only .11 in the Lebanese and .23 in the Jordanian camps. They are useful, nonetheless, to examine the effects of the variables included.

Interestingly, gender has no impact on wage level in either of the two cases in the models. As would be expected, the higher average female than male wages found in both fields owe to specific characteristics of the female workforce, primarily education and sector of employment. There is also no significant relationship between age and wage when controlling for other variables.

Figure 5.8. Distribution of Employment by Full time, Part-time and Temporarily Absent. Jordan and Lebanon.



In both Lebanon and Jordan camps, education is one of the major determinants of wage. Increasing education from basic or less to secondary or higher is associated with a 27 percent increase in pay per hour in Jordan, and an increase of 17 percent in Lebanon, other variables being constant.

Whether the workplace is inside or outside the camps has no effect on wages in the Jordan camps, and only a weak effect in the Lebanese camps, working outside camps being associated with a seven percent increase in wages. Noticeably, when controlling for third-variables, the large differences in wages between the self-employed and the wage-employ-

ees withers away, not showing significance in either of the regressions.

Of greatest importance in both Jordan and Lebanon is the sector of employment, even when education level is controlled for: compared to work in the private sector, a job in the public sector¹⁷ pays 35 percent more to the Jordanian camp refugees. Getting employed by the NGOs¹⁸ similarly increases wages by 23 percent for the Lebanese camp refugees, compared to working in the private sector.

¹⁷ Includes a minor number of NGO employees.

¹⁸ Includes a minor number of public sector employees.

Unemployment

High unemployment in Gaza, among the refugees in Lebanon, camp residents in all fields, and among the young and educated women regardless of refugee status

Turning from the employed to the unemployed, we look first at total unemployment rates for the three groups of camp refugees, non-camp refugees and “All”, which are overall figures for the field in question, representing predominantly non-refugees (with a partial exception for the Gaza Strip, where refugees weigh more). More details are provided in Table 5.8.

Two groups stand out with particularly high unemployment, namely the population of the Gaza Strip and the Palestinian refugees in Lebanon. In these

groups, unemployment rates range from 17 percent in the Lebanese camps and up to 19 percent in the Gaza camps, compared to 9 to 14 percent in all other groups. Syrian camps and gatherings have the lowest rates of unemployment of all the refugee populations shown.

Second, the camp populations have consistently higher rates of unemployment than others, while refugees outside camps mostly are on the level of the non-refugees. Lebanon is an exception to this rule, with equally high levels of unemployment in both refugee populations. However, the magnitude of the differences between the camps and the non-camp refugees are moderate, at 3 to 4 percent across the fields.

In Jordan, differences were much higher in the 1996 data (not shown), which found camp male unemployment at 26 percent, compared to about 15 in the two other groups, and as much as 41 percent female unemployment in the camps, compared to 30 and 24 percent among non-camp refugees and non-refugees respectively. The overall 1996 results of 17 percent unemployment compared well with official Jordanian figures for the same period, which estimated unemployment rates at 15 to 19 percent in the preceding years (cited in Arneberg 1996:237). Recent official estimates for May 1999, which coincides with the implementation of the camp-survey, showed that unemployment had

Figure 5.9: Unemployment rates by refugee status.

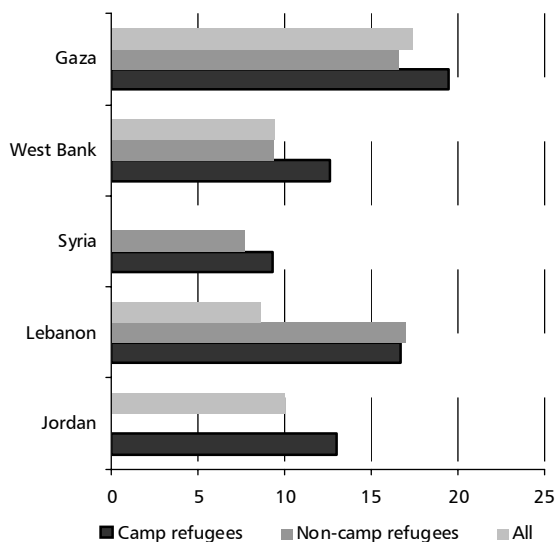


Table 5.7. Unemployment Rates by Sex, Age, Education and Refugee Status.

	Jordan			Lebanon			West Bank		Gaza	
	Camp	Non-camp*	Non-refugees*	Camp**	Non-camp*	Non-refugees	Camp	Non-camp	Camp	Non-camp
Sex										
Men	11	16	13	16	16	9	12	9	19	17
Women	23	30	24	18	22	7	13	9	20	17
Age										
15-24	18	30	29	25 ***	-	-	16	12	35	28
25-44	11	15	10	14	-	-	13	9	16	13
45+	7	10	9	11	-	-	5	6	15	9
Education										
Basic or less	11	18	15	18	-	-	13	7	28	14
Secondary	15	17	14	13	-	-	10	9	20	15
Higher	19	20	14	11	-	-	14	12	17	

*1996.

**Camp includes non-camp refugees on age and education due to too few observations for separate breakdown.

***Age is unweighted average of smaller age-groups used by the PCBS.

- Data not available.

dropped to ten percent nationally.¹⁹ While the 1996 results may have overestimated the camp unemployment, the two results together indicate that in times of high unemployment, the camp labour force is harder hit than others.

Third, we are interested in whether or not individual characteristics and human capital variables usually correlated with labour force outcomes, such as sex, age and education work in similar ways across population groups, which may help us understanding the higher than average unemployment rates of the refugee camps.

For most of the population groups shown in Table 5.8, unemployment is higher among women than among men. The tendency is particularly strong in

Jordan, where the female unemployment rates are double of men's irrespective of refugee status. In Lebanon, only non-camp refugees show significantly higher female than male unemployment, whereas the relationship for the national population is slightly the opposite.

Unemployment is also very high among the young. In our youngest age-group, the unemployment rates varies between just below 20 percent (except the WB non-refugees where it is lower) and up to 35 percent in the Gaza camps, which is two to three times higher than the rates of the population aged 45 and above. A majority of the unemployed women in Jordan and Lebanon lack previous work experience, whereas the 70 to 90 percent of unemployed men

¹⁹ Homepage of the Department of Statistics, Jordan.

have held jobs earlier.²⁰ In fact, 56 and 71 percent respectively of camp men in Jordan and Lebanon report employment in the last 12 months, suggesting that unemployment is not typically a permanent status for the majority of the concerned.

Education has a mixed association with unemployment. In the Jordan camps unemployment increases considerably with education, lending evidence to the anticipation noted earlier that certain structures in the industrial distribution of the Jordanian labour force would cause entry problems for the skilled refugee population. However, the tendency applies to camp refugees only in Jordan, and not refugees in Lebanon where the said effect would have been expected to be even stronger. In the camps of the West Bank education makes almost no difference for unemployment rates, whereas in the Gaza camps education serves to reduce unemployment.

Some comments on underemployment.

Unemployment has been defined according to rather strict criteria decided by the International Labour Organisation (ILO), as cited in the introduction to this chapter. According to the definition, a person

is not unemployed even if he worked only one hour in the week preceding the interview. The definition further requires that the unemployed must actively seek work and make himself available for work in the reference period. It has rightly been argued that the concept thus defined is geared towards unemployment occurring in the ideal, liberal labour markets where job changes are expected to happen frequently, with a well-developed market for new jobs and without structural biases against groups of work seekers.²¹ One might well have people who are not working, who wants to work, but have given up seeking work because they have very low anticipation of success with basis in prior experiences. One might also have people who are classified as employed, but who work very few hours per week, while looking for a proper job. The term “discouraged worker” has been introduced to describe the first type of non-workers, and the term “visible underemployed” for the second category of workers (see, Øvensen 1993:29).

In Lebanon, 16 percent of the camp men who are not members of the labour force report that they do not seek jobs because they have lost hope of finding any. Seventy percent of all camp are members of the labour force, and 16 percent of the remaining 30 percent is

²⁰ 54% of camp refugee women, 56% of non-camp refugee women, and 68% of non-refugee women in Jordan, and 58% of camp and gathering refugee women in Lebanon, lack previous work experience (Fafo 1999a, 1996). 11% of refugee and gathering men in Lebanon, 18% of camp men, 23% of non-camp men, and 32% of non-refugee men in Jordan lack previous experience.

²¹ Thanks to Dr. Mohammad Ali Khalidi, Department of Philosophy, American University of Beirut, and Director Youssef Madi, Palestinian Central Bureau of Statistics, Damascus, and others, for comments on this issue given to a previous draft of this chapter.

4.8 percent which could be added to the unemployment rate among Lebanese camp men at 16.1 percent, bringing the revised rate up to 20.9 percent for men. The same exercise for women would have a somewhat lesser effect, bringing the rate up from 19.1 to 22.7 percent. In Jordan camps, 10 percent of the men outside the labour force report loss of hope in finding jobs, combined with their total rate of labour force participation, the unemployment hidden this way is at 3.1 percent, adding to the regular unemployment of 11.1 percent in that group. Correspondingly, Jordan camp women's hidden unemployment could be estimated this way at 2.1 percent, on top of the conventionally estimated 23.1 percent.

The second way of estimating hidden unemployment, or underemployment, is to look at working hours. Defining full-time work at more than 30 hours per week, we find that in the Jordan camps 9 percent of the men and 24 percent of the women work part time (both of which are on a par with the non-camp situation). In the Lebanon camps and gatherings, part-time work is more widespread, 17 percent of the employed men and 27 percent of employed women work part time. However, 47 percent of the men and 40 percent of the women working part time in the Jordan camps report that they do not want to work longer hours. In Lebanon, 43 percent of the male and 65 percent of the female

part-time workers answer likewise. Thus, 10 and 5 percent of the male camp workforce in Lebanon and Jordan, and 10 percent of the female camp workforce both places, could be classified as underemployed.

Finally, however, nearly 20 percent of the full time employed want to work more too, and we have already seen that most of the workers work very long hours. This fact turns the attention to the conditions of the work available for the camp residents, namely very long hours for a very low hourly pay, as demonstrated earlier. This is a third form of underemployment, namely low productivity, which is probably a greater problem overall than simply access to some sort of work. It is widely known that when welfare support mechanisms are poorly developed, people must take marginal, low-productivity jobs instead of waiting in the unemployment lines. This issue, however, cannot be pursued further in this chapter, though some aspects are discussed in Egset 2000c.

Determinants of unemployment: age and education show the strongest effect.

Finally, another logistic regression model is proposed with unemployment as its (dichotomous) dependent variable, the output of which is included in Annex 5 (Tables 15 and 16). As determinants the model includes the variables discussed in the above, age, sex, and education, as

well as some control variables such as health status, region in Jordan or type of location in Lebanon and type of legal document held (if any) in Lebanon. In addition, the model introduces household income as determinants, on the assumption that affording not to obtain employment indicates a certain reservation level (the minimum wage requested by the job-seeker to accept a job), which is in turn dependant of the availability of alternative sources of income. Thus, increasing total household income in general and alternative of non-labour incomes in particular are assumed to raise the reservation level and should be associated with higher levels of unemployment. However, the structure of causation is difficult to establish since income losses (due to unemployment) are also compensated for *ex post* by labour and non-labour incomes in the household at large. The complexities involved in the issue require more analysis than what is given here, but a first look is given by including two household income variables as independent variables, total household income as a general measure of the income situation in the household of the unemployed, and income from external remittances as a possible measure of access to “exogenous” income, that is a non-labour income which is not necessarily the product of unemployment in the first place.²² Again, we will not discuss the exact coefficients in detail.

All of the variables discussed earlier show a significant relationship with unemployment also when controlled for the third-variables, confirming the patterns indicated already: men are significantly less at risk of unemployment than women, and in Jordan, increasing education is associated with increasing unemployment, a tendency which is noticeably disconfirmed in the Lebanon camps. Similarly, the tendency that the younger are more prone to unemployment than the older are confirmed in the multivariate model, showing significantly higher rates of unemployment in the 15 through 24 year age group, and lower levels in the ages above 45 years, compared to the group of 24 to 44 year-olds which serves as reference.

These results indicate that groups which normally have a relatively low burden of support responsibilities tend to be more exposed to unemployment than others: the young - because they are not themselves yet main breadwinners in their own families - and women, because they are not primary income earners in the refugee camps, as demonstrated by their very low labour force participation rates. However, the regression model does not support the idea that unemployment is correlated with increasing household income in general, showing instead a significantly negative association between these two indicators. Although access to non-labour income in the form of remittances from abroad show a weak

²² This is only a theoretical assumption not explored any further here.

positive association with unemployment, and some groups that are not normally main economic providers are more at risk of unemployment than those who are (namely men in their prime working age between 25 and 45 years), our model suggests that unemployment goes together with low incomes rather than the other way around. The issue is explored further in the separate paper on poverty.

References

- Davis, U. 1997. *Citizenship and the State in the Middle East: A Comparative Study of Citizenship*. Reading: Ithaca.
- Egset, W. 2001b. "Household Income" in *Socio-economic Conditions Among Palestinian Refugees in Jordan, Lebanon and the West Bank and Gaza Strip*. Oslo: Fafo (*Forthcoming*)
- Egset, W. 2001c. "Poverty Profile of Palestinian Refugees in Jordan, Lebanon and the West Bank and Gaza Strip". Oslo: Fafo (*Forthcoming*)
- Aasheim, P. 2000. *The Palestinian Refugees and the right to Work in Lebanon*. Thesis in International Human Rights Law. Lund, Sweden: University of Lund
- Administration Centrale de la Statistique (CAS), Republique Libanaise. 1998. *Condition de Vie des ménages en 1997*. Beirut::CAS
- Fafo. 1996. Household survey, nation-wide, Jordan
- Fafo. 1999a. Household survey, refugee camps and gatherings, Lebanon
- Fafo 1999b. Household survey, refugee camps, Jordan
- Fafo 2001. Household survey, refugee camps and gatherings, Syria
- Madi, Y. and Egset, W. "The Labour Force" in Aage A. Tiltnes (Ed.) *Living Conditions in Palestinian Camps and Gatherings in Syria*. Fafo, Oslo. (*forthcoming*)
- Palestinian Central Bureau of Statistics. 2000. Requested tabulations provided by PCBS staff, based on the July – September round of the labour force surveys of the PCBS.
- Republic of Lebanon. 1995. *Decision No. 621/1: Stating Jobs and Occupations Restricted to Lebanese..* Beirut::Ministry of Labour.
- Øvensen, G. 1993. *Responding to Change- Trends in Palestinian household economy*. Oslo:Fafo.

Annex 5

Table A5.1: Total labour force participation rates, Jordan, Lebanon and the WBGS.

	Camp	Non-camp refugee	Non-refugee
Jordan	40.8	42.9	45.6
Lebanon	42.4	42.0	49.3
West Bank	43.4	43.6	44.3
Gaza	35.4	39.4	39.4

Camp is 1999 figure.

*** Non-camp includes gatherings only. National figure only population 15-64 (CAS 1998: Table 2.8)*

Table A5.2: Industries by education and sex, Jordan camps.

Industries	Male		Female		All
	Basic or less	Secondary +	Basic or less	Secondary +	
Agriculture	3	-1	14	0	3
Mining and manufacturing	21	18	45	15	21
Construction	14	12	0	-1	11
Trade, hotels, rest	31	22	15	6	25
Transport and communication	13	7	0	-1	9
Public administration	3	5	-3	-2	4
Education, health, social work	4	23	16	68	15
Other services	11	11	8	7	11
Total	100	100	100	100	100
n	1403	676	178	161	2418
uwn	1925	905	275	217	3322

Table A5.3: Industries by education and sex, Lebanon camps.

Industries	Male		Female		All
	Basic or less	Secondary +	Basic or less	Secondary +	
Agriculture	13	4	16	0	11
Manufacturing	15	7	15	3	13
Construction	26	15	1	4	19
Trade, hotels, rest	29	22	26	9	27
Transport and communication	6	5	1	2	5
Public administration	0	-1		0	0
Education, health, social work	3	28	21	63	12
Other services	7	18	22	18	12
Total	100	100	100	100	100
Wn	2771	584	620	219	4193
Uwn	2761	599	620	222	4202

Table A5.4: Labour force participation, regression outputs, Lebanon camps.

		Predicted economic activity		% correct
		Inactive	Active	
Observed Economic activity	Inactive	5626	1267	82
	Active	1274	3784	75
Overall Percentage				79

The cut value is ,500.

Variables in the Equation

	B	S.E.	Sig.	Exp(B)	Mean(p)	Mean(p) reference
Age-group (v. 25-44)			0			0.54
15-24	-1.51	0.07	0	0.22	0.36	
45-54	-0.08	0.09	0.38	0.93	0.48	
55 and above	-1.71	0.08	0	0.18	0.21	
Sex (v. Female)						
Male	2.85	0.05	0	17.37	0.7	0.17
Health status (v. no health problem)			0			0.45
Illness or injury	-0.25	0.07	0	0.78	0.43	
Serious health problem)	-1.08	0.09	0	0.34	0.24	
Legal document (v. no passport)			0.16			0.37
Travel doc. for Palest. Ref)	0.09	0.05	0.07	1.09	0.5	
Lebanese or other passport	0.14	0.14	0.34	1.15	0.41	
Education level (v- basic or less)			0			0.4
Secondary	-0.06	0.09	0.5	0.94	0.46	
Higher	1.2	0.11	0	3.32	0.79	
Marital status (v. married)			0			0.43
Never married)	0.43	0.07	0	1.54	0.45	
Divorced, widowed	0.65	0.1	0	1.92	0.23	
Location (v. camp)						
Gathering	-0.05	0.06	0.39	0.95	0.42	0.42
Constant	-0.3	0.07	0	0.74		

Table A5.5: Economic activity, regression outputs, Jordan camps, Classification table.

		Predicted		% correct
		Inactive	Active	
Observed Economic activity	Inactive	3231	814	80
	Active	483	2325	83
Overall Percentage				81

The cut value is ,500.

Variables in the Equation

		B	S.E.	Sig.	Exp(B)	Mean(p)
Age-group (v. 25-44)				0		0.55
	15-24	-1.36	0.1	0	0.26	0.36
	45-54	-0.3	0.14	0.04	0.74	0.4
	55 and above	-1.94	0.13	0	0.14	0.18
Sex (v. female)	Male	3.51	0.09	0	33.53	0.69
Health status (v. no health problem)				0		0.45
	Illness or injury	-0.65	0.12	0	0.52	0.34
	Serious health problem	-1.69	0.14	0	0.19	0.16
Education level (v. Basic or less)				0		0.35
	Secondary	0.32	0.1	0	1.38	0.5
	Higher	1.67	0.11	0	5.32	0.7
Marital status (v. Married)				0.08		0.43
	Never married	-0.08	0.1	0.45	0.93	0.43
	Divorced or widowed	0.35	0.17	0.04	1.42	0.15
Region (v. North)				0		0.41
	Amman	0.11	0.09	0.23	1.11	0.43
	West	-0.19	0.08	0.01	0.82	0.39
Constant		-0.76	0.09	0	0.47	

Table A5.6: Linear regression on wages, Jordan camps, Model summary.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.484	0.234	0.223	0.8149

a Predictors: (Constant), Sector, Sex, Age, completed years, Education, Place of work, Status in job.

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	-0.67	0.2		-3.27	0
Sex*	-0.04	0.13	-0.01	-0.33	0.74
Age	0	0	0.01	0.16	0.87
Education*	0.55	0.09	0.27	6.02	0
Place of work*	-0.17	0.1	-0.09	-1.72	0.09
Status in job*	0.03	0.12	0.01	0.26	0.79
Sector*	0.74	0.1	0.35	7.2	0

Dependent variable: LNPAYHR

Table A5.7: Linear regression on wages, Lebanon camps, Model Summary.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.335	0.112	0.107	0.9271

Coefficients

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	0.21	0.13		1.61	0.11
Sex*	0.07	0.07	0.03	0.97	0.33
Age	0	0	0.05	1.58	0.11
Education*	0.4	0.08	0.17	5	0
Place of work*	0.14	0.07	0.07	2.09	0.04
Status in job*	0.02	0.08	0.01	0.28	0.78
Sector*	0.56	0.09	0.23	6.19	0

Dependent variable: LNPAYHR

*Dummy variables, coded as follows: Sex (men=1), Education (Secondary or higher=1, basic or less=0), place of work (1=outside camp, 0=inside camp), Status in job (1=paid employee, 0=self-employed), Sector (1=public and NGO, 0=private).

Table A5.8: Logistic regression, Unemployment, Jordan camps, Classification Table

		Predicted unemployment		% correct
		Non unemployed	Unemployed	
Observed unemployment	Non unemployed	1625.3	783.4	67.5
	Unemployed	136.1	223	62.1
Overall Percentage				66.8

The cut value is ,130

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Sex (v. female)							
	Male	-0.71	0.14	24.15	1	0	0.49
Education level (v. Basic or less)				33.17	2	0	
	Secondary	0.29	0.2	2.18	1	0.14	1.34
	Higher	0.89	0.15	33.17	1	0	2.43
Age-group (v. 25-44)				62.04	3	0	
	15-24	0.92	0.13	49.28	1	0	2.5
	45-54	-0.74	0.35	4.41	1	0.04	0.48
	55 and above	-0.02	0.3	0.01	1	0.94	0.98
Region (v. North)				3.92	2	0.14	
	Amman	-0.3	0.16	3.5	1	0.06	0.74
	West	-0.16	0.14	1.38	1	0.24	0.85
Health status (v. no health problem)				1.25	2	0.53	
	Illness or injury	0.06	0.24	0.07	1	0.79	1.06
	Serious health problem	0.34	0.31	1.23	1	0.27	1.41
Income variables							
	Household income	-0.66	0.08	71.95	1	0	0.52
	Remittances	0.15	0.03	18.15	1	0	1.16
Constant		3.17	0.6	27.93	1	0	23.92

Table A5.9: Logistic regression, Unemployment, Lebanon camps, Classification Table

		Predicted unemployment		% correct
		Not unemployed	Unemployed	
Observed unemployment	Non unemployed	2450	1551	61.2
	Unemployed	265	496	65.2
Overall Percentage				61.9

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Sex (v. female)							
	Male	-0.383	0.099	14.945	1	0	0.682
Education level (v. basic or less)				1.899	2	0.387	
	Secondary	-0.245	0.178	1.887	1	0.17	0.783
	Higher	-0.005	0.158	0.001	1	0.976	0.995
Age-group (v. 25-44)				94.316	3	0	
	15-24	0.799	0.094	71.94	1	0	2.223
	45-54	-0.192	0.158	1.486	1	0.223	0.825
	55 and above	-0.405	0.188	4.655	1	0.031	0.667
Location (v. camp)							
	Gathering	0.104	0.097	1.145	1	0.285	1.11
Health status (v. no health problem)				0.107	2	0.948	
	Illness or injury	0.027	0.124	0.048	1	0.827	1.027
	Serious health problem)	0.046	0.17	0.075	1	0.784	1.048
Legal document (v. no passport)				2.322	2	0.313	
	Travel doc. for Palest. ref)	-0.386	0.306	1.59	1	0.207	0.68
	Lebanese or other passport	0.058	0.088	0.436	1	0.509	1.06
Income variables							
	Household income	-0.609	0.047	165.806	1	0	0.544
	Remittances	0.025	0.019	1.816	1	0.178	1.026
Constant		3.218	0.419	59.093	1	0	24.972

Chapter 6

Household Income

Willy Egset

Summary of Main Findings

The examination of incomes and income generation among Palestinian refugees in Jordan, Lebanon and the Palestinian Territories has showed that, First, the refugee camps are low-income areas compared to non-camp areas in all of the three fields reviewed. The absolute income levels of the camps (and gatherings) vary according to national level, but with the Lebanese camp and gathering population lagging drastically behind Lebanese national levels. Introducing adjustments for price levels, the purchasing power of the camp and gathering populations in all the fields tend to converge (except WBGS where such estimates are not available), most notably contributing to bringing the Syrian refugees upwards.

With regards to the West Bank and Gaza Strip this main finding is modified by the fact that in Gaza Strip, refugee camps and villages have the same income levels. This leads to the second main finding, that there are only minor differ-

ences between the refugees living outside camps and the non-refugee population *where such comparisons could be made*. This comparison could only be made consistently in Jordan, but our labour market and poverty data supports such a conclusion for the West Bank and Gaza Strip as well.

In Lebanon, however, severe restrictions apply on the labour market opportunities for refugees and the income structures of non-camp refugee population there could be expected to deviate in a adverse way from the national average. Third, the vast majority of some 80 percent (somewhat less among Gaza Strip refugees, but recent figures are lacking) of the refugee households in all the fields have income from their own work (wages and self-employment) as main source of income. Fourth, the remaining 20 percent that depend on transfers are identified as a vulnerable and low-income group. Finally, the degree of economic inequality is high in the camp population, with an exception for the Syrian camps (and gatherings),

where it is considerably lower than in the Lebanese and Jordanian camps.

Introduction

This chapter analyses key aspects of household incomes, their levels, composition and distribution, among Palestinian refugees in Lebanon, Jordan, and the Palestinian territories. Some core results from a recent survey in the Palestinian camps and gatherings in Syria have been added to this paper (see, Egset 2002b). The analysis focuses on (1) the level of income, (2) the composition of income, and (3) the distribution of income. As in the previous chapters in this report, the analysis seeks to compare three population groups, namely refugees in refugee camps, refugees living outside camps, and non-refugees. This set of comparison has not always been possible, and some indicators are only presented, for example, for the Jordan camps and Lebanon camps and gatherings where we have the most complete data. The purpose of the chapter is to provide a broad overview of the household income situation, rather than the effect of individual characteristics on income-earning capabilities.

The Data

The data used for this chapter are of varying type and quality. The most recent

and most complete set of data are those from the 1999 household surveys in the Jordanian refugee camps and the Lebanese refugee camps and gatherings, and 2001 household survey in Syrian camps and gatherings. The data include self-reported estimates of total income as well as a large number of specific sources for each household, thus permitting micro statistical data analysis. For Jordan, the 1996 data will be used to compare with the non-camp population, the survey only collected self-reported income brackets and main types of income, not permitting a number of desired statistical estimations. For the Lebanese non-camp population and the WBGs area, we make use of published and requested tables, showing grouped scores on main indicators. Needless to say, such data do not permit a number of estimations and tabulations that would be desired in an analysis of income, income composition and income distribution.

Income Levels: Camp refugees lag behind national income levels

A comparison of average annual household incomes or expenditures by refugee status shows that camp refugees lag behind in overall income levels in all of the fields, but most drastically so in Lebanon. In Jordan, 20 percent of the

camp refugees fall into the lowest income bracket of less than JD 900 (USD 1,285) per year, which is double the proportion of households in that bracket among non-camp refugees and non-refugees (Figure 6.1). Yet, with the exception of the higher than average concentration of camp households in the lowest bracket, the income distribution is rather similar across the three groups in Jordan. Non-refugees and refugees residing outside the camps show no significant differences between each other in the distribution of household incomes.

In Lebanon income differences are much larger, although the fact that data are drawn from two different survey using different tools calls for some caution in interpreting the results (see section on data above) (Figure 6.2). However, numerous studies and reports have described the social dislocation of the Palestinian refugee camps in Lebanon, caused - among other things - by the official Lebanese policy of non-integration of its refugee population by severely restricting the refugees' right to work as well as their social and political rights (see for example Davis 1997 and Aasheim 2000). Thus, whereas only 6 percent of all Lebanese households have a total annual income of less than LL 3,600,000 (USD 2,390) according to the CAS data, as many as 47 percent of the camp households and 39 percent of the gathering households belong to this income bracket according to the Fafo

Figure 6.1: Jordan. Mean annual household income in brackets (JD per year).

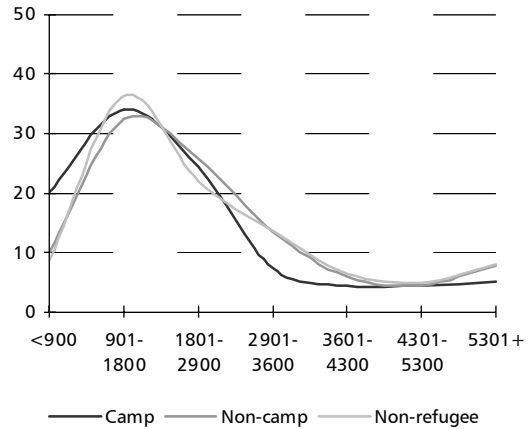
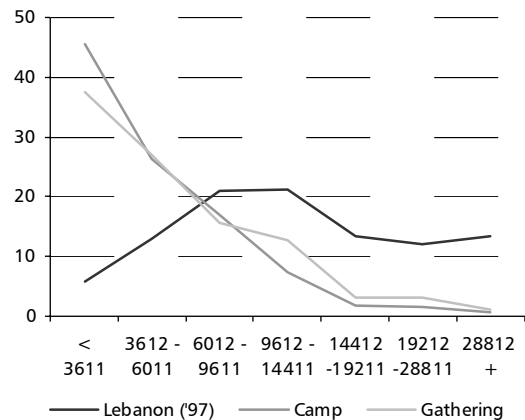
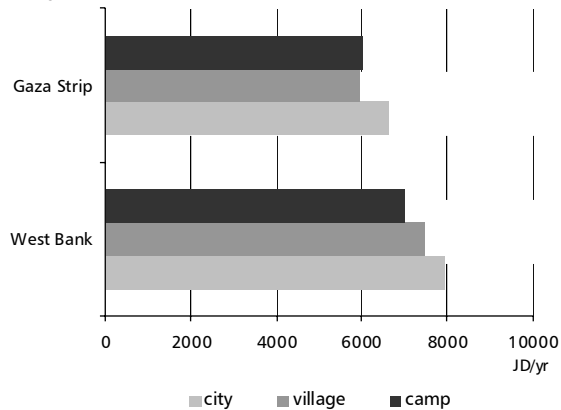


Figure 6.2: Lebanon. Mean annual household income in brackets (LL '000 per year).



data. Furthermore, only 12 percent of the camp and gathering households make more than LL 8,000,000 per year, compared to 60 percent of the Lebanese households. With a total mean annual household income at LL 5,308,000LL (USD 3,534), the Lebanese camp refugees make less than one-third of the

Figure 6.3: WBSG. Mean household consumption (JD per year).



national Lebanese average of 18,480,000 LL (USD 12,303).

In the WBSG¹ the situation is more complex, but also in this area camps tend to be show lower income levels, though differences are not comparable to those found in Lebanon (Figure 6.3). First, average consumption levels in the Gaza Strip, which has the largest concentration of camp refugees, are below the West Bank average by 17 percent. Second, the camps in the West Bank are about 10 percent below the West Bank average, while camps in the Gaza Strip have consumption levels similar to villages in that area. In both areas villages and camps have lower consumption levels, by some seven percent, compared to the cities.

Camps and gatherings in Syria have lower incomes, as expected, but catch up on purchasing power adjustments

Because the majority of Palestinian refugees in all host countries draw the predominant share of their income from work in the national labour markets, though particularly in Lebanon not on the same conditions as the national population, one expects that their respective income levels would broadly reflect the prevailing income levels in their countries of refuge. Again, considering the many restrictions on Palestinian employment in Lebanon (see Egset 2002a), the correlation between refugee incomes and national incomes should be expected to be weaker there.

These expectations are largely confirmed by the figures on annual household income among the camp households in the four host countries in the table below. The annual *nominal* household income (column 2) of refugee households in Syria of USD 2,186 compared to USD 3,577 in the Jordan camps correspond to the differences in gross national income (GNI) national figures between the two countries reported.² Both figures show an income level in Syria of about 60 percent of the Jordanian one. Incomes of refugees in Syria compare more favourably with those in Jordan when using per capita

¹ Note that a breakdown on refugee / non-refugee is not available in the PCBS expenditure data.

² Gross national income in 1999 was 970 \$ in Syria, 1 630 \$ in Jordan, 3 350 \$ in Lebanon and 1 780 \$ in the WBSG (WDI 2001: Table 1.1).

Table 6.1: Annual household and per capita income levels in USD (nominal and PPP) for Syria, Lebanon, West Bank and Gaza camps (and gatherings in Syria and Lebanon).

	Survey year ⁽⁵⁾	Annual household	Annual per capita	Annual per capita	<i>uwn</i>
		income / consumption \$	income \$	income in PPP \$ ⁽⁶⁾	
Syria camps and gatherings ⁽¹⁾	2001	2,186	456	1,622	4,887
Lebanon camps and gatherings ⁽²⁾	1999	3,686	794	1,444	3,391
Jordan camps ⁽³⁾	1999	3,577	616	1,357	2,483
WB camps (total consumption) ⁽⁴⁾	1998	4,907	-	-	124
Gaza camps (total consumption) ⁽⁴⁾	1998	4,206	-	-	340

(1) LIPRIS 2001

(2) LIPRIL 1999

(3) JC 1999

(4) PCBS Ramallah, 1998, Expenditure and Consumption Survey.

(5) Figures are not adjusted for inflation due to lack of reliable figures for several of the countries

(6) Purchasing Power Parities (PPP) for Syria are from WDI 2001 Table 1.1 (using GNI 1999 estimates), for Lebanon and Jordan from WDI 1999 Table 1.1. (using GNP 1997 estimates).

income instead, since the average household of the surveyed Palestinians in Syria (5.5) are nearly one person smaller than those of Palestinians in Jordan.

On the other hand, whereas the Lebanese GNI is nearly four times higher than that of Syria and more than double of Jordan's, the nominal household income of Palestinian camp and gathering refugees in Lebanon is more or less identical to those of Palestinian refugees in Jordan, evidence of strong relative disadvantage in Lebanon. Income levels in the West Bank and Gaza are considerably above Jordan and Syria's, but below Lebanon, as measured by the GNI. Yet, camp refugee expenditures are higher in the West Bank and Gaza Strip than in any other camp area.

Nominal household incomes of Palestinian refugees in Syria are lower by far compared both to Jordan and Lebanon. The introduction of PPP adjust-

ments on the household incomes of the Palestinian refugee households we observe that the per capita incomes of the refugees in Syria actually surpass those of camp refugees in both Jordan and Lebanon, reflecting both the relatively favourable situation of refugees in Syria and the strong effect of price level adjustment. But PPP adjustments should be interpreted with caution, among many other sources of error in the estimation and use of these it should be noted that international price surveys are implemented only with long intervals and not in all countries, and that the camps are exceptional localities in their host countries where prices may vary from national averages.³

³ In fact, the PPP adjustment coefficients for Syria have been considerably increased in the most recent figures reported by the World Bank, as compared to earlier (see WDI 2001: Table 1.1). Using the PPP estimates from the 1999 edition of the WDI, for example, would not lift the Syrian incomes above the others, although they would converge.

Composition of Income: Majority rely on earnings from own labour

Household incomes usually consist of several components drawn from many different sources. A principal distinction is often made between wage incomes, capital incomes and transfers incomes, all of which may consist of a variety of sources. In addition, it is useful to look at self-employment income - which may consist both of wage and capital income - separately, since self-employment is a widespread coping strategy in tight labour markets, not least among the camp refugees as shown in chapter 5 on employment. Since capital incomes are relatively rare in the population groups examined here, capital incomes and related incomes (insurance, inheritance, property income, and others) are classified as “other” in the tables below. We will first look at the incidence of wage, self-employment, transfers and other incomes, regardless of the relative importance of the individual source (Table 6.2). Comparable data of this type are only available for Jordan and Lebanon, and only for the refugee population in Lebanon. Second, the most important type of income is presented, based on the actual amounts of incomes reported in the case of Jordan camps and Lebanon camps and gatherings, and the self-reported “main income” in the case of

the Jordan non-camp populations and WBGs.⁴

Wage most common type of income - half of all households receive transfers

Wage is the most common main type of income, received by about 70 percent of the households, most in the Syrian camps where 75 percent receive wages. Wages are least frequent in the camps in Lebanon where only 62 percent of households receive wages, compared to 71 percent in the gatherings. In Jordan, both of the refugee types of households are less likely to receive wage incomes than the non-refugees, reflecting a slightly higher share of self-employment among the refugees.

Noticeably, about half of all households, somewhat more in Lebanon than in Jordan, receive transfers of any type (see breakdown of transfers in Table 6.2). As found in the employment section, self-employment is important in all of these populations, and from one-quarter to one-third of the households receive some type of self-employment income, with the highest proportion in the Lebanese camps.

Eight out of ten households rely mainly on income from own work.

⁴ In the WBGs (Faf0 1994) respondents were asked to report incomes of “large importance”, which could be more than one, so that the percentages in Table 6.3 does not add to 100 exactly. However, most households reported only one source.

Table 6.2: Incidence of income sources.

	Jordan*			Lebanon		Syria	
	Camp	Non-camp	Non-refugees	Camp	Gathering	Camp	Gathering
Wage	68	68	74	62	71	75	73
Self empl.	23	27	24	33	21	35	38
Transfer	47	46	49	53	51	45	52
Other	9	17	16	9	10	18	20

*Here Fafo 1996 data are used also for the camp household for the purpose of comparability with the non-camp and non-refugee population.

Table 6.3: Main source of income.

	Jordan			Lebanon		Syria		Gaza**			WB**
	Camp	Non-camp	Non-refugee	Camp	Gathering	Camp	Gathering	Camp	Non-camp	Non-refugee	Camp
Wage	62	60	66	56	67	63	62	55	59	73	73
Self empl.	17	21	14	23	14	21	24	12	16	10	12
Transfers	19	14	17	18	17	13	11	27	20	8	16
Other	3	4	3	1	2	4	3	9	10	11	10
Total	100	100	100	100	100	100	100	*	*	*	*

* Cf. note 4.

** Fafo 1994 (Falup)

A similar pattern is found when looking at the main source of income: whereas 66 to 73 percent of the non-refugee populations report wages as their main incomes, only 55 to 63 percent of the camp households do the same, with the exception of the West Bank camps where we lack this type of data on the non-camp population. The camp households in Gaza and Lebanon have the lowest access to regular wages. The lack of wage income is mainly compensated by self-employment income, rather than transfers, with a possible exception for the Gaza camps, but the data for that area are too old (1994) to compare directly with the other areas. Self-employment is particularly important in the Lebanon camps, where 23 percent of the households rely mainly on that type of income. Unfortunately, we do not have strictly comparable data for the national

Lebanese population, but the cited CAS 1998 study reports that labour income⁵ contributes 83 percent of household incomes on the average (CAS 1998:67). Finally, somewhat less than 20 percent of the households rely mainly on transfer incomes, again the proportion is somewhat higher in the camps, but the differences are small, with the exception of Gaza. Syrian camps and gatherings have the lowest proportion of household dependent of transfers, a group normally associated with high rates of poverty.

Camp households relying on transfers lag far behind in income – employment resources critical to sustain income levels

The type of income source on which a household mainly rely has considerable implications for the household's total

⁵ It is not clear whether this includes both wages from an employer and self-employment incomes, or only regular wages.

income level of income. The main divide goes between households relying mostly on transfer income, on the one hand, and those relying mostly on income from own labour, on the other. In the Jordan camps, the households relying mainly on transfers reach 60 percent of the income levels of the households drawing the majority of their incomes from wages. In Lebanon, the transfer-dependant households are lagging even further behind the wage earning households, making only 44 percent of the latter's average incomes. Although there is a minor difference in household size between these types of households, this does not make up for the large income difference.⁶

The self-employment households also tend not to reach the level of income of those relying on regular wages in Jordan and Lebanon. The difference is marginal in Jordan, but in Lebanon the self-employment household make only 78 percent of the incomes of the wage households. In the WBGS, however households drawing most of their income from self-employment are better off than wage-households in the West Bank and Gaza camps (Figure 6.6). The household business households in the West Bank make eight percent more than those relying wages, while they make seven percent more in the Gaza Strip.

Figure 6.4: Jordan Camps. Household income by main source of income (JD/year)

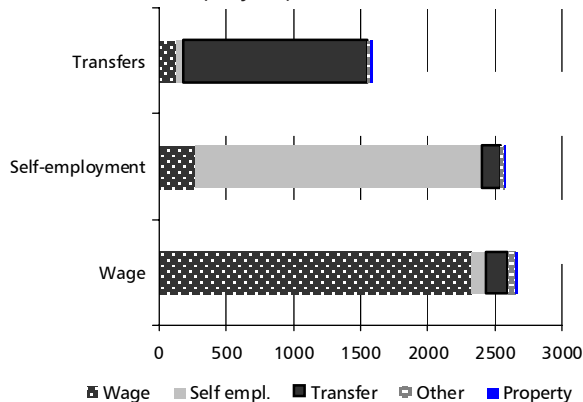


Figure 6.5: Lebanon camps. Household income by main source of income ('000 LL/year).

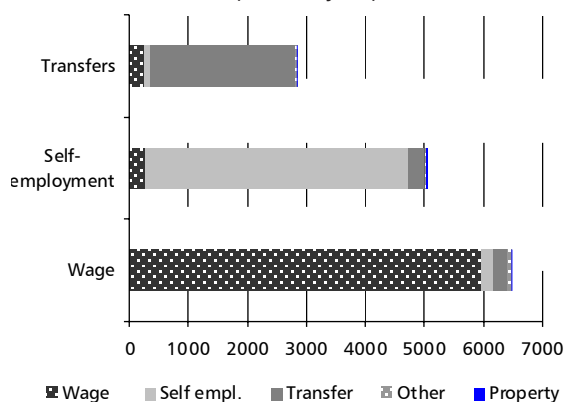
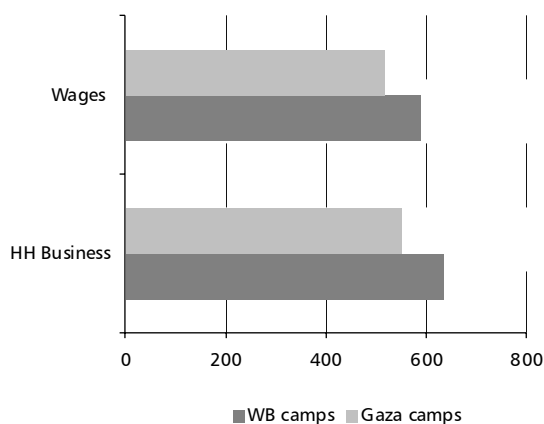


Figure 6.6: WBGS. Household expenditures by main source of labour income.



⁶ Average household size in Jordan and Lebanon respectively is 6.1 / 5.7 for wage households, 6.4 / 5.8 for self-employment households, and 5.3 / 3.7 for transfer households.

The transfer-dependant households are also less likely than others to have more than one source of income. Among these, 38 percent have at least one additional (main) source of income, compared to 51 percent in the group relying mainly on wages. In the Lebanon camps and gatherings, only 24 percent of the transfer-dependant households have at least one additional source of income, compared to 50 percent of the households relying mainly on wages. The households earning most of their incomes from self-employment have the most diversified incomes, in both fields 55 percent of these have two or more sources of income.

Transfer incomes crucial to the lower income deciles

As expected from the above, transfer incomes are far more important to the lower income deciles than the upper: among the 10 percent of households with the lowest total incomes, transfers contribute 68 and 62 percent respectively in the Jordan camps and Lebanon camps and gatherings, compared to 16 and 9 percent in the top decile. However, the amount of money received as transfers increases with higher general incomes: whereas households in the lowest decile in Jordan and Lebanon receive JD 239 and LL 298,000 respectively, the households in the top decile in the two fields receive JD 1,346 and LL 1,697,000 on average (Figures 6.7 and 6.8) .

Figure 6.7: Jordan camps. Composition and level of Income by quintiles.



Figure 6.8: Lebanon camps and gatherings. Composition and level of income quintiles.



Every fifth household depend on transfers – UNRWA support is critical to these.

Transfer recipients are a vulnerable group. Not only is this group by definition economically dependent on someone outside the household to provide money

to them, a large majority of them also have no additional sources of income. A decomposition of the transfer income among all households that receive transfers shows that public assistance (including aid from the National Aid Fund, cash-food subsidies, and the national Zakat-fund) is the most important source of transfers in the Jordan camps, contributing 36 percent or JD 142 of all transfers received by each camp household on the average.⁷ Private domestic transfers are second most important in the Jordan camps, contributing 23 percent of households' transfers. Third, come private external remittances and pensions contributing 17 percent each, whereas UNRWA transfers (in cash and kind) and charities contribute five and two percents respectively. It should be noted, however, that a large part of UNRWA transfers come in kind, and that the value of such transfers are easily underestimated by the respondent when asked to estimate its money value.

In the Lebanon camps and gatherings on the other hand, where regular public assistance does not exist, private remittances from abroad contribute most to the household transfers, with 41 percent or LL 277,000 on the average. UNRWA transfers are second most important in Lebanon, contributing 26 percent of the average household transfers. Twenty-two and 11 percent of transfers are contributed by internal

remittances and charities, the latter a much higher figure than in Jordan (Table 6.4).

Income Distribution

Income distribution is unequal in the camps – as it is outside

With Gini-coefficients of .46 and .48 in the Jordanian and Lebanese refugee camps (and gatherings) the income inequality is high by regional standards, and higher than in their host countries. One would expect lower inequality Syria, a socialist economy, and expectations are fully confirmed with a Gini-coefficient of 0.37 in the camps and gatherings there.

Table 6.5 shows the proportion of all income earned by the 10 / 20 percent of households with the lowest incomes, the 20 percent with the second-lowest total income, and so on up to the 10 percent with the highest income. If income-distribution were completely equal, all groups would earn 20 percent of total income. In both fields, however, three lowest income groups, representing 60 percent of the households combined, all make less than their population-proportionate share of income, from 3.4 and 4.5 percent in the lowest bracket to 16.9 and 15.4 percent in the third quintile. The combined income of these 60 percent of the households is 30 percent

⁷ Consult Egset 2002a for further discussion and estimations of transfers.

Table 6.4: Jordan and Lebanon camps. Composition of household transfers.

Sources of transfers	Annual household transfers		% of transfers		% of household income	
	Jordan camps	Lebanon camps*	Jordan camps	Lebanon camps*	Jordan camps	Lebanon camps*
Public support	142	-	36	-	6	-
External remittances	64	277	17	41	3	5
UNRWA transfers	19	2	5	26	1	3
Internal remittances	91	144	23	22	4	3
Pensions	66	5	17	0.8	3	0.1
Charities and other	7	71	2	11	0.3	1
Total	JD 388	LL 672'000	100	100	16	12

* Including gatherings.

Table 6.5: Income distribution. Jordan camps and Lebanon camps and gatherings.

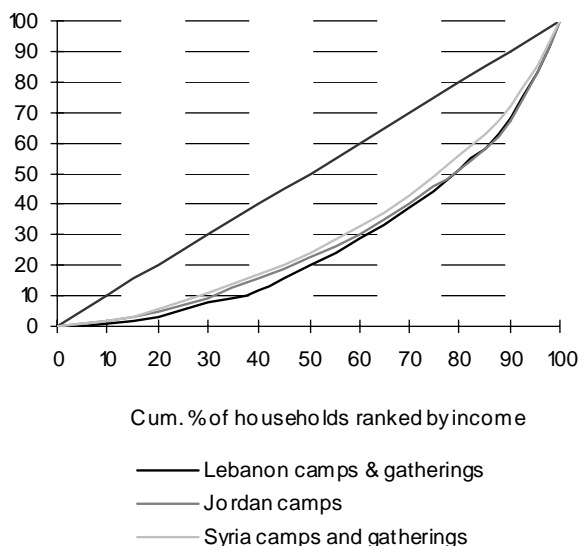
	Lowest 10%		Second 20%	Third 20%	Fourth 20%	Highest 20%	Highest 10%	Gini coefficient
	Lowest 10%	Lowest 20%	Second 20%	Third 20%	Fourth 20%	Highest 20%	Highest 10%	
Syria Camps ⁽¹⁾	1.8	5.8	11	15.5	23.6	44.2	28.1	0.37
Jordan refugee	1.4	4.5	10.7	15.4	20.7	48.7	32.7	0.46
Jordan	2.4	5.9	9.8	13.9	20.3	50.1	34.7	0.43
Lebanon camps ⁽¹⁾	0.9	3.4	8.5	16.9	22.4	48.7	31.8	0.48
Lebanon	-	-	-	-	-	-	-	0.44

Sources: Fato 1999a, Fato 1999b, CAS 1996:71, WDI 1999.

(1) Includes gatherings.

of total income, as shown in the Lorenz curves below which visualises cumulative incomes by the households ranked from lowest to highest income. The income increases slowly from the lowest incomes through the fourth bracket, representing a cumulative share of 80 percent of the households. Across this distribution, the share of total income increases by some five percent per bracket. As can be seen in the Lorenz curve, the rise in incomes jumps in the top 20 percent group, where the income share increases by 28 percentage points, bringing the share of this group up to 48.7 percent of the total income. Across the entire distribution, the Syrian camps and gatherings show a higher level of equality.

Figure 6.9: Lorenz curves, Lebanon, Jordan and Syria and Lebanon camps and gatherings.



References

- Administration Centrale de la Statistique (CAS),
Republique Libanaise. 1998. *Condition de Vie des ménages en 1997*. Beirut: CAS
- Davis, U. 1997. *Citizenship and the State in the Middle East: A comparative Study of Citizenship*.
Reading: Ithaca.
- Egset, W. 2002a. *Poverty profile of Palestinian refugees in Jordan, Lebanon and the West Bank and Gaza Strip*. Forthcoming Fafo report.
- Egset, W. 2002b. "Household Incomes and Poverty Profile" in Aage A. Tiltnes (ed.) *Living Conditions in Palestinian Camps and Gatherings in Syria*.
Oslo: Fafo. (Forthcoming)
- Aasheim, P. 2000. *The Palestinian Refugees and the Right to Work in Lebanon*. Thesis in International Human Rights Law. Lund: University of Lund.
- Fafo. 1996. Household survey, nationwide, Jordan.
- Fafo. 1999a. Household survey, refugee camps and gatherings, Lebanon.
- Fafo. 1999b. Household survey, refugee camps, Jordan.
- Palestinian Central Bureau of Statistics (PCBS).
2000. Requested tabulations provided by PCBS staff, based on various rounds of the annual household expenditure survey.

Chapter 7

Health and Nutrition

Laurie Blome Jacobsen

Summary of Main Findings

Fairly good mother and child health among refugees in the WBGS, Jordan and Syria. More serious malnutrition, chronic illness and disability reported among camp and gathering refugee children in Lebanon.

According to many mother and child health indicators refugees, and often especially camp refugees, have fairly good results. Exceptions to this are poor results on select child health outcomes among camp refugees in Lebanon and Syria, less delivery assistance among camp women in Jordan, and poor prenatal coverage among non-camp refugees in Jordan. (But, this is even more of a problem among non-refugees in Jordan.)

Upwards of 95 percent of women receive prenatal care, but less in the West Bank. Only in Lebanon is registration with UNRWA associated with higher usage of prenatal care, holding other factors constant.

Upwards of 80 percent of births are assisted by a trained medical attendant. The highest assistance rate is found in the WBGS with nearly 100 percent of births assisted. The lowest rate is in Lebanon and Syria with about 80 percent assisted.

Some 80 percent of camp refugee children have received their full range of vaccinations at 12 through 23 months in the WBGS and Jordan, 70 percent in Syria and 75 percent in Lebanon. The primary vaccination problem in both Syria and Lebanon is weak measles coverage. In the other settings, standard vaccination programs are well implemented with roughly 90 percent or more covered, but introduction of the Hepatitis B vaccination does not appear to be complete

There are a small proportion of refugee children in Jordan suffering from mild stunting, but the level is well below that of most developing countries. More serious is the malnutrition levels found among camp and gathering refugee children in Lebanon and Syria, which

although still limited in terms of numbers, is of a more critical type. Here upwards of 5 percent of camp refugee children face acute malnutrition as measured by the mid-upper arm circumference (MUAC).

In Lebanon, some two to four times more children are afflicted with chronic illness or disability compared to refugees in Jordan – especially young boys and adolescent males in gatherings.

Considerably poorer adult health among camp and gathering refugees in Lebanon than elsewhere, and in Jordan slightly worse among camp refugees than others in Jordan.

Self-assessed global health, prevalence of chronic illness or disability, smoking habits and indications of psychological distress were examined among those 15 years and older to describe some general trends in the health conditions of adults. All these measures are based on self-reporting. As such, they are subject to variation according not only to health status but also by what is perceived to be poor health and cultural beliefs surrounding illness. These subjective factors may encourage or discourage self-reporting.

According to most of these measures (except smoking among men) camp and gathering refugees in Lebanon show much poorer reported health conditions than others. Generally, reported adult health outcomes are best in Jordan and

those for camp and gathering refugees in Syria are either similar to Jordan or somewhat in the middle between Jordan and Lebanon. Within Jordan, camp refugees have poorer health conditions than others. Data for adults in the WBGS on these measures is limited, including only the percent disabled and smoking habits. Thus, comparisons with the other fields are limited.

Three times more camp and gathering refugees in Lebanon than refugees elsewhere report their own health as being poor or very poor, and the difference is very large in the oldest age groups. In Jordan, there is slightly higher poor self-assessed global health among camp men than other men, and women in general report poorer health than men.

Chronic illness or disability is, again, considerably more often reported among camp and gathering refugees in Lebanon, among whom over one-quarter of adults are afflicted. Moreover, chronic illness among refugees in Lebanon is more often severe enough to prohibit the individual from going out alone. The difference in this case is largely due to higher levels of chronic illness or disability among camp and gathering refugees in Lebanon at age groups under 45 years. In Jordan, refugees in camps most often report chronic illness or disability (19 percent) -- and refugees more often than non-refugees. This is marked among men in their prime income-earning years. The least amount

of adult chronic illness or disability is in Syria at 17 percent.

Smoking is widespread among men. Some 40 to 50 percent of men across all fields smoke regularly, with little variation by refugee status or setting. However, there are slightly more male smokers in camps in Jordan than elsewhere. There are few women smokers, with less than 5 percent smoking regularly in Jordan and the WBGS, but much more common among women in camps and gatherings in Lebanon (15-20 percent) and Syria (8 percent).

The level of psychological distress among camp and gathering refugees in Lebanon is, on average, considerably higher than all groups except camp refugee women in Jordan. In Jordan, as everywhere else, women report more psychological distress than men, and refugees report more distress than non-refugees.

Lack of health insurance combined with ineligibility for UNRWA health services a problem especially for non-camp refugees in Jordan and the WBGS.

All refugees who are registered with UNRWA are eligible to participate in UNRWA's primarily free primary care program and subsidised hospital care.¹ Refugees across the three fields have a number of possible combinations of

participation in health insurance programs and ability to gain access to UNRWA health services. Our main concern here is those that do not participate in government or private health insurance programs and who are ineligible for UNRWA services. We also indirectly assess the apparent impact of insurance coverage and/or UNRWA eligibility on the choice of provider. There is low health insurance coverage for all in the WBGS (only some 50 percent); meaning refugees in general are in a better position given the availability of UNRWA to those registered. This leaves 10 percent of camp refugees and 20 percent of non-camp refugees in the WBGS, however, with neither. In contrast, in Jordan nearly all non-refugees are covered by insurance programs, and it is non-camp refugees who most often are both not covered by health insurance and not eligible for UNRWA health services (25 percent). Nearly all camp refugees in Jordan are eligible for UNRWA health programs. In Lebanon and Syria, over 90 percent of camp and gathering refugees are eligible for UNRWA services and very few have any health insurance (less than 10 percent).

Across all fields UNRWA is a common, but not by far the sole provider of primary care – even among those eligible for UNRWA services with no other health coverage.

In each of the three fields camp refugees commonly, but not exclusively, use

¹ See introductory chapter to this volume for further discussion on UNRWA registration requirements.

UNRWA as a provider of health services during an acute illness or accident during the two weeks preceding the survey (40 percent in WBGS, 25 percent in Jordan, 35 percent in Lebanon and 18 percent in Syria). This, however, is more the case among camp refugees in the WBGS and in Lebanon than elsewhere. In Jordan, even those eligible for UNRWA services frequently utilise private clinics and government hospitals. In Syria, there is particularly high use of private clinics (some 40 percent).

Lack of UNRWA registration is not a primary determinant of actually receiving mother and child or primary care.

The effect of UNRWA registration on receiving care, holding constant other factors in small, meaning that despite differences in cost (discussed next), refugees are able to access care from other providers failing registration with UNRWA. Registration falls well behind other factors in importance in receiving care, such as household income and individual characteristics. The only exception to this is a moderate registration effect in Syria for prenatal care.

The average cost of medical consultation among those who pay and the proportion of those required to pay is higher for camp and gathering refugees in Lebanon, despite UNRWA eligibility, than in Jordan. Within Jordan, non-camp refugees pay highest average consultation and medicine costs.

The average cost of consultation and medicines (among those paying any fees) varies widely across the fields. While direct comparisons with the WBGS should be made with caution given the different unit of analysis (households versus individuals for the Jordan, Lebanon and Syria data), even when we adjust cost amounts to constant international dollars, costs are lower in the WBGS than elsewhere and highest in Lebanon. Only those eligible for UNRWA health services largely obtain services and medicines for free. Utilisation of non-UNRWA providers is more common among camp and non-camp refugees in Jordan, Lebanon, and Syria and therefore, on average they pay more (and more often pay anything). The cost of medical consultation for camp refugees in Lebanon is double that of the average for camp refugees in Jordan, and the cost of medicines is nearly three times more on average.

Introduction

Standard mortality measures show that the health situation in the WBGS, Jordan, Syria and Lebanon are similar to or better than the Middle Income group of countries as defined by the World Bank (Table 7.1). At the national level, health conditions are generally worse in Syria than in the other fields. Health conditions have been best in the West Bank and Gaza Strip (WBGS) according to data from the

1990s, or Jordan for some measures. The health status of Lebanese residents falls somewhere in the middle, being better than Jordan for infant and child mortality measures and worse for adult measures.

As discussed in Chapter 1, “Demographic Characteristics,” infant mortality rates are lower among refugees than non-refugees in both Jordan and the WBGS, but high among camp and gathering refugees in Lebanon. Infant and child mortality rates are often used as indicators of the general health level in a population. In this chapter we explore a range of health outcomes among refugees in each of the three fields among both children and adults, with these results on infant and child mortality as a starting point. First, we look at child nutrition and health status, including symptoms of illnesses and disabilities. Second, the prevalence of illnesses and disability in the adult population is examined together with risk behaviours. Finally, the level of health utilisation and health insurance is described drawing on data collected on recent incidents of acute illness or injury.

Mother and Child Health: From Pregnancy through Early Childhood

According to a range of indicators typically considered in mother and child health, there are quite good results among refugees in the West Bank and Gaza (WBGS), Jordan, Lebanon and Syria – certainly considerably better than is found in most developing countries. Comparing outcome by refugee status within each field, the outcomes are mixed, but the general direction is one of relatively good mother and child health outcomes among camp refugees and less variation across socio-economic groups than is found among those outside of refugee camps. An exception to this generally positive situation is a poorer situation for camp and gathering refugees in Lebanon according to some mother and child health measures.

Table 7.1: National mortality indicators.

	Life expectancy	Infant Mortality rate (per 1,000 births)	Under-5 Mortality rate (per 1,000 births)	Adult mortality rate, males (per 1,000)	Adult mortality rate, females (per 1,000)
WBGS	71	25	28	170	112
Jordan	64	29	35	160	121
Lebanon	70	28	32	177	134
Syria	69	31	38	206	141
Low income	59	82	118	274	255
Middle income	69	34	43	199	137
High income	77	13	7	133	66

Source: World Development Indicators, 1999. The World Bank.

Prenatal Care

Upwards of 95 percent of camp refugee women receive prenatal care by trained health personnel in Jordan, Lebanon and Syria (Table 7.2). In all settings except for the West Bank, camp refugee women more often receive care than others – including the national or non-refugee population. In the West Bank, however, there is lower prenatal care coverage than in Gaza Strip and than the other fields, and lower for camp refugees compared to others in the West Bank. In Jordan, both non-camp refugees and non-refugees have relatively low prenatal care coverage.

What appears to encourage or discourage women seeking prenatal health care? Given the importance of prenatal care and concerns about access for refugee women, we examined this question in some detail. Data was not available for this analysis for the WBGS, but for Jordan, Lebanon and Syria the relative importance of such factors as UNRWA registration, age, education, geographic location and others, was tested (Figures 7.1a through 7.1c).

The women’s level of education, which one normally would expect to see a close relationship to prenatal care, shows no relationship to whether or not prenatal care was used in any of the settings. This is a reflection not only of the large achievements in female educa-

Table 7.2: Prenatal care, percent of births last 5 years.

Location	%	Location	%
<i>West Bank</i> ⁽¹⁾		<i>Lebanon</i> ⁽³⁾	
Camp	90	Camp	95
Non-camp	95	Gathering	95
Non-refugee	94	National	87
<i>Gaza Strip</i> ⁽¹⁾		<i>Syria</i> ⁽⁴⁾	
Camp	99	Camp	96
Non-camp	99	Gathering	92
Non-refugee	98	National	76
<i>Jordan</i> ⁽²⁾			
Camp	95		
Non-camp	86		
Non-refugee	82		

⁽¹⁾ Births in last year, PCBS: 2000, Unpublished data.

⁽²⁾ Data for camps is for all births last 5 years, JCS: 1999; Data for non-camp and non-refugees is for latest birth only, JLCS: 1996.

⁽³⁾ Births last 5 years, LIPRIL: 1999; national data from Lebanon Maternal and Child Health Survey: 1996

⁽⁴⁾ Births last 5 years, LIPRIS: 2001; national data from UNICEF: 2001

tion by UNRWA, but also the success of the Agency and other public health systems in getting out the message about the importance of prenatal care.

Surprisingly, registration with UNRWA, and therefore access to UNRWA prenatal monitoring does not appear to be related to actual prenatal care use anywhere but in the Lebanon field. Here, those registered with the Agency are 3 times more likely to get prenatal care than those not registered when we hold constant other factors such as income and education. UNRWA registration matters more in Lebanon because refugee women in this field have much higher barriers to non-UNRWA health care.

In both Syria and Jordan camps, women giving birth to their first or

second child are more likely to seek prenatal care than those giving births to later birth-order children. This is not surprising, and the explanation is that first-time mothers are more nervous about child birth than those who have experienced it a number of times. The policy implication, however, is the need to educate women about the importance of prenatal care even if one is “experienced”. The difference is quite large: For example, in Jordan camps women giving birth to their first child are 8 times more likely to have prenatal care than women giving birth to their 5th or later child.

One would expect that urban or rural location might make a difference in prenatal care coverage because rural areas may have poorer access to health facilities, and women may have lower levels of education (and thus, not seek care). Rural location does not appear to be a consistent impediment to prenatal care among refugees. This is probably related to UNRWA provision of prenatal care in refugee camps, regardless of their rural or urban setting. The only place rural location appears to result in either less access to facilities, or women’s simply not seeking care is in Jordan camps. Here, camp women in urban areas are twice as likely as those in rural areas to seek prenatal care.

Household income is not a significant factor in women seeking or accessing prenatal care anywhere but in Syria.

Figure 7.1: Average probability of receiving prenatal care.

Figure 7.1a:

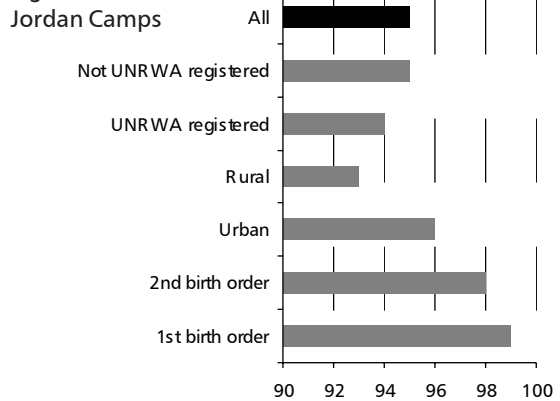


Figure 7.1b: Lebanon camps and gatherings

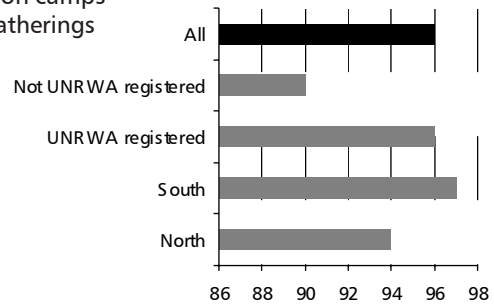
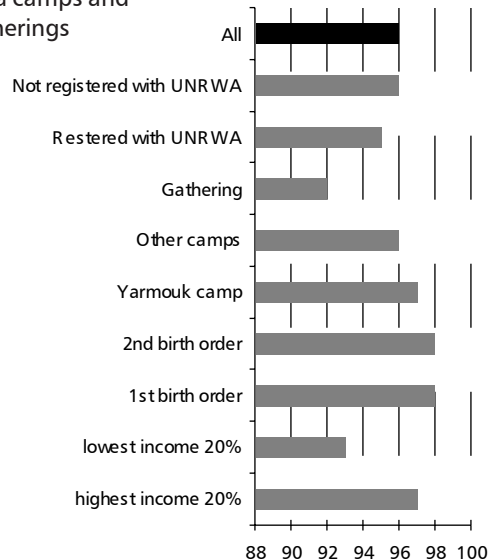


Figure 7.1c: Syria camps and gatherings



The lack of importance of income in the other fields must be due, at least in part, to UNRWA provision of free prenatal care for which most have access. Nonetheless, the reason for income having a relatively close relationship to prenatal care in Syria is unclear. Camp and gathering refugee women in Syria who fall into the highest income group are some three times more likely to have prenatal care than those in the lowest income group. One would assume that this is related to education – poor women may have lower levels of education and therefore, do not understand the need for prenatal care. However, since we have controlled for education, we assume an independent income effect. Also in Syria, residence in Yarmouk camp results in particularly high probability of getting prenatal care compared to other camps or gatherings.

Among women who did receive prenatal care, utilisation patterns matter in assessing the timeliness of that care, and what sort of strategies women use with regards to different providers. Not surprisingly, camp refugees and other refugees have different provider utilisation patterns than others because they have access to UNRWA care.

In Jordan, a common strategy among camp women is to make use of UNRWA prenatal care, but also to combine this with other providers. Thus, it is more common for camp refugee women to utilise multiple providers than

other women in Jordan (14 percent do so compared to 9 percent of others). Camp refugee women also commence their prenatal health care program one month later than others in Jordan, on average at 3.5 months into the pregnancy. However, over the entire pregnancy period, camp women “catch up” to have the same total of visits as others on average (6-7). Finally, camp refugee women primarily receive prenatal care from UNRWA clinics (61 percent) while non-camp refugees primarily receive prenatal care from private physicians, hospitals or specialised pregnancy clinics. Part of the explanation for lower prenatal care coverage among non-camp refugee women in Jordan compared to elsewhere is a lack of understanding about the importance of such care to themselves and their children. Most say that the reason they did not seek care during the latest pregnancy is that there was “no need” for such care (between 60 and 70 percent of those not receiving prenatal care). This points to a need to step up outreach health education programs in Jordan emphasizing the importance of prenatal care.

In Lebanon, the primary provider of prenatal care for both camp and gathering women is UNRWA clinics (83 percent of camp and 76 percent of gathering refugees). Nearly all camp refugee women use only one provider (UNRWA). Similar to Jordan, they commence their prenatal care program at 3 months into

the pregnancy on average and have a total of 7 prenatal visits.

In Syria, some 65 percent of women use UNRWA for prenatal care, but private physicians and speciality clinics are also heavily used (25 percent each). It is quite common to use multiple providers. However, those not registered with UNRWA primarily use private physicians (50 percent) and only 19 percent use UNRWA. On average, camp and gathering women commence prenatal care in the 3rd month of pregnancy and have a total of 7 visits – the same as in Lebanon. Those not registered with the Agency, however, have on average only 5 visits. Women pregnant with their first child have more frequent prenatal visits (8) than those with pregnant with high birth order children (6 visits on average for 5th or higher). Those who receive care with private physicians or special pregnancy clinics have 8 to 9 visits on average.

Characteristics of the woman (income, age, and so on) and where she lives may influence the type of provider she chooses. Such determinants of care utilisation can inform health providers about who their ‘typical’ patient is and is not, as well as point to access problems for vulnerable populations such as low income women. Determinants of utilisation patterns of prenatal care providers has been analysed in detail in another paper (Blome Jacobsen 2002a), but point

to similar factors being associated with utilisation patterns across the different settings for prenatal care. The client profile of UNRWA prenatal care users is clearly one of women in relatively lower socio-economic groups. This is the case when any UNRWA use for prenatal care is assessed (regardless of possible combinations with other providers), as well as when UNRWA is considered as one choice among a distinct set of possible providers. There is a high likelihood that high income and highly educated women, even when they use UNRWA, to combine this with care from a private or special clinic provider.

The client profile of private and specialists clinics, then, is of highly educated and well-off women. In addition, we see that high-risk pregnancies are also very important, with this leading to much lower probability of using UNRWA. This is the case even when controlling for other mother and household characteristics, and is a result which can be viewed as quite positive. Often, the reverse is the case, with the private sector treating the well-off but less “ill” or expensive patients, while those incurring the highest cost “most ill” are channelled to the public system. That those needing specialist care are actually getting it, controlling for income, in short, is a good sign.

Lack of UNRWA registration is a factor in women using non-UNRWA

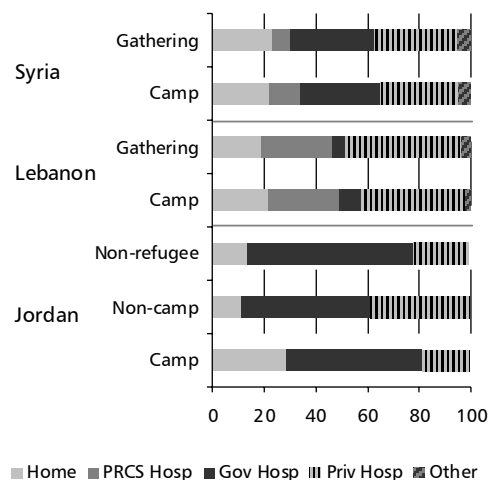
providers, although less so than socio-economic status and birth order.

Regional location is key in Syria where all private and specialist care is related to residence in the Southern region. In Jordan, urban location contributes to non-UNRWA provider use.

Delivery Assistance

Upwards of 80 percent of births are assisted by a trained attendant among camp refugees in all fields. Delivery assistance is nearly universal for births in the WBGs camps – 98 percent are assisted, but less coverage exists elsewhere, ranging from 80 to 85 percent. This disparity across fields is probably helped by UNRWA providing delivery services to women in Gaza and not in the other fields, where refugees are entirely reliant upon other providers. As shown in Figure 7.2, there are different utilisation patterns of delivery facilities across the fields reflecting the differing access to, or quality of, various providers. In Jordan, if they do not deliver at home, most use government hospitals (60-70 percent). Non-camp refugees are the heaviest users of private hospitals at 40 percent – which is probably related to less government insurance coverage among refugees than non-refugees in this setting. Similar to this is the situation in Syria, where there is also some 40 percent using private facilities, but this is

Figure 7.2: Place of delivery.



most likely related to lower quality of government facilities, and we see this pattern of heavy private sector use in Syria repeated throughout our discussion on health here and in Volume III. PRCS hospitals take care of a significant proportion of deliveries in Lebanon as well, where we see almost no use of government facilities among camp and gathering refugees. PRCS also operates limited facilities in Syria, and there is a small proportion of women delivering at these facilities.

In Jordan, camp refugee women have fewer deliveries assisted than others in Jordan. This is surprising given the relatively higher level of prenatal care. However, this is also the case among non-camp refugee women — while there were relatively few with prenatal care, most have assisted deliveries. Some 86 percent of camp women had their most

recent child delivered by a trained attendant compared to 95 percent of non-camp refugees and 93 percent of non-refugees. The primary reason for this lower camp percentage is due to many women delivering at home rather than in a hospital. According to the JLCS, nearly 30 percent delivered at home compared to roughly 10 percent of non-camp and non-refugee women. Even though a trained attendant assists about one-half of camp women delivering at home, this leaves a large proportion with no trained assistance.

Given broad prenatal care coverage among camp and gathering refugees in Lebanon, the relatively lower proportion of deliveries assisted (about 80 percent) is also surprising. The coverage of delivery assistance is about the same in Syria camps and gatherings in Lebanon. In order to try to uncover the reason for this discrepancy between prenatal care and delivery assistance in the two fields, further analysis was done to more closely pinpoint what factors might play a role. Aside from the influence of prenatal care on delivery assistance (having the former leads to having the latter), a combination of the woman's age and the birth order of the child play were found to be the main determinants (neither education nor income appear to be factors). Nearly all those giving birth to the first child have delivery assistance, but with the 2nd and 3rd children, the likelihood of delivery assistance depends on age. Younger

Table 7.3: Percent deliveries assisted.

Location	%	Location	%
<i>West Bank</i> ⁽¹⁾		<i>Lebanon</i> ⁽³⁾	
Camp	98	Camp	83
Non-camp	97	Gathering	82
Non-refugee	96	National ⁽⁵⁾	89
<i>Gaza Strip</i> ⁽¹⁾		<i>Syria</i> ⁽⁴⁾	
Camp	98	Camp	84
Non-camp	99	Gathering	80
Non-refugee	100	National ⁽⁵⁾	77
<i>Jordan</i> ⁽²⁾			
Camp	87		
Non-camp	95		
Non-refugee	93		

⁽¹⁾ Births in last year, PCBS, 2000, unpublished data.

⁽²⁾ Latest birth, JLCS: 1996.

⁽³⁾ Births last 5 years, LIPRIL, 1999; national data from Lebanon Maternal and Child Health Survey, 1996.

⁽⁴⁾ Births last 5 years, LIPRIS, 2001.

⁽⁵⁾ World Development Indicators, 1999, The World Bank.

women less often get delivery assistance with subsequent children (coverage drops to around 80 percent for those 20-29 and 60 percent to those 15-19), but women 30 years and older continue to have high rates of delivery assistance with later children. Thus, in both fields, there appears to be a need to education young mothers about the importance of assisted delivery.

Maternal Mortality

Maternal deaths are usually measured as the number of deaths per 100,000 live births or the lifetime risk of maternal death. Methods for estimating maternal mortality vary and many factors complicate obtaining reliable estimates (under-reporting and misclassification of maternal deaths). For both these reasons the margin of uncertainty surrounding

Table 7.4: Maternal mortality rate (deaths per 100,000 live births).

	Maternal deaths per 100,000 live births
WBGS	
National*	74
Jordan	
National*	150
Lebanon	
Camps and gatherings	239
National*	300
Syria	
Camps and gatherings	75
National*	180

*World Development Indicators, 1999, World Bank.

maternal mortality rates is often large – meaning short term or cross-country comparisons should be made with caution. It is common that the percent of births occurring with a trained attendant (discussed above) is used as a proxy measure for maternal health care in general. However, here we will briefly report the estimates gained from the survey data and other sources for the national populations. It should be noted that methods arriving at maternal mortality estimates for the different surveys vary: The newer “sisterhood method” is used for the Syria camp and gathering population. The needed sample size to make reliable maternal mortality estimates increases with decreases in incidence of maternal mortality. In such cases where maternal mortality is quite low, sample sizes may need to be well over 10,000 households – beyond the budgets of most regular household surveys (UNICEF, WHO 1999). One advantage of the sisterhood method is, because it involves questioning respon-

dents about the survival of all sisters, which allows for a smaller sample size than direct methods of maternal mortality, and therefore is more suited to typical household surveys (UNICEF, WHO 1999).

Birth Weight

Infants who weigh less than 2,500 grams at birth are considered to be low birth weight, an international standard for measuring at risk new-borns. Low birth weight is considered to be the single most important factor associated with neonatal mortality and is also closely related to the risk of post-neonatal mortality of infants less than one year of age (U.S.C.D.C. 1997). In addition, low birth weight infants bear increased risk for serious neural and respiratory health problems (U.S.C.D.C. 1997). For these reasons, the proportion of low birth weight infants is a standard measure of the health conditions in all countries – both the developing and developed world. The factors related to a smaller or larger incidence of low birth weight infants, however, are quite different in the two different contexts. In developing countries, low birth weight is often a consequence of lack of prenatal care and associated with lower socio-economic conditions.

The data on birth weights used here is based on the mother’s recollection of

the child's weight at birth. There is some evidence in the JLCS of heaping of the data at 2,500 grams – the cut-off for 'normal' weight. A precise camp, non-camp and non-refugee breakdown for the WBGS was not made available, but we do have camp residence compared to urban and rural areas. There are slightly different time frames for the data, which should be noted and taken into account for cross-field comparisons: The WBGS data is for births in the last year, the Jordan data is for the most recent birth, and the Lebanon and Syria data is for births occurring during the 5 years preceding the survey.

In all three fields the incidence of low birth weight is at or below 10 per cent, which is a figure more typical of the developed countries than developing countries. Low birth weight among refugees is not a considerable health problem in any of the fields. There are small variations across the fields and among groups. Everywhere, camp incidence of low birth weight is less than or the same as outside camps, and is slightly higher in Syria and the WBGS than in the other fields. However, given the already low proportion, these small differences are generally not significant.

Early Childhood Nutrition

Comparing cross-sectional data on the prevalence of wasting, stunting and

Table 7.5: Percent of infants with low birth rate

Location	%	Location	%
<i>WBGS</i> ⁽¹⁾		<i>Lebanon</i> ⁽³⁾	
Urban	9	Camp	7
Rural	8	Gathering	8
Camp	9	National(5)	19
<i>Jordan</i> ⁽²⁾		<i>Syria</i> ⁽⁴⁾	
Camp	6	Camp	8
Non-camp	8	Gathering	10
Non-refugee	10	National(5)	7

(1) Births in last year, PCBS, 2000, Health Survey Results.

(2) Most recent birth, JLCS, 1996.

(3) Births 5 years prior to survey, LIPRIL, 1999.

(4) Births 5 years prior to survey, LIPRIS, 2001.

(5) World Development Indicators, 1999. World Bank.

underweight available from the WHO Global Database on Child Growth shows us that childhood malnutrition is not a widespread problem among refugees in Syria, Lebanon, Jordan and the West Bank and Gaza Strip. Table 7.6 shows some comparison levels for different developing country regions. In addition, a recent study of some 80 developing countries has established relative low to high prevalence of malnutrition by the different nutritional status measures (Table 7.7) (deOnis 1997).

Poor nutritional status, for any age group, is a result of both inadequate food intake and a high prevalence of infectious diseases, with the latter an outcome of poor environmental conditions and/or lack of health services. Thus, some

Table 7.6: Categories of prevalence rates of malnutrition in 79 developing countries, below -2 SD from reference median. WHO.

	Wasting (W/H)	Stunting (H/A)
Low	<4%	<20%
Moderate		20-29%
High	4-7%	30-39%
Very High	8%+	40%+

Box 7.1: Standard Malnutrition Measures.

1. Weight for Height (W/H) – “wasting”:

One advantage is that it is not necessary to know the exact age. Considered to be a robust measure and good for nutritional emergency situations. Shows acute malnutrition.

2. Height for Age (H/A) – “stunting”:

Does not measure the current nutritional status, but reflects longer-term malnutrition. For this reason it is not a good measure for nutritional emergencies, although stunting is found associated with factors leading to poor nutritional status. H/A is not a good indicator for young children. The older the child, the more under-nourishment is reflected in height.

3. Weight for Age (W/A):

General measure. Particularly suited for monitoring individuals over time. The main disadvantages include that it is ill suited to small children, age reporting can be difficult, and especially in older children and adults, it cannot distinguish between very tall but undernourished individuals and short and adequately nourished individuals of the same age.

4. Mid Upper Arm Circumference (MUAC):

Measures the upper arm in an area very prone to reflect wasting. The advantage is that it is the best predictor of mortality and risk of mortality due to malnutrition. In addition, the MUAC is good at measuring malnutrition in small children, is easy and quick to perform and does not require that exact age be known. Commonly used for screening to find out who is most at risk from malnutrition and should be included in feeding programs.

The first three measures W/H, H/A and W/A are usually reported as the number of standard deviations from the median in the reference population (NCHS/CDS reference population).

Table 7.7: Regional estimates for the prevalence of underweight, stunted and wasted children less than 5 years of age. WHO, 1993.

	% Underweight (W/A)	% Stunted (H/A)	% Wasted (W/H)
Southern Asia	61	60	17
South-east Asia	38	43	8
Western Africa	33	38	10
Eastern Asia	21	32	4
Central America	18	30	5
Northern Africa	11	25	6
Southern America	8	18	2

household and community service factors can have a direct impact on these two contributors to nutritional status, such as poverty, inadequate sanitation, lack of food aid and feeding programs for the especially vulnerable.

Nutritional status is most commonly measured with anthropometric data, which include a series of international standard practices to assess nutritional status (WHO 1983). Although these measures can be used on any age group, it is common that the prevalence of malnutrition in young children (under 5 years of age) is used as a proxy for malnutrition in the population. Alternatively, other especially vulnerable groups are also included. Anthropometric measures include the following 4 types of indices, each having certain advantages and disadvantages described in Box 7.1.

What are the implications for the various kinds of malnutrition? In the case of acute malnutrition in the form of wasting, and according to the MUAC,

there is a high risk of mortality and morbidity, especially for young children. In the case of chronic malnutrition in the form of stunting, some studies have found poor developmental achievement in young children, lower intelligence and scholastic achievement in youth and functional impairment in adults (WHO 1983). In addition, women suffering from chronic malnutrition in the form of stunting run higher maternal mortality risks (WHO 1983).

Turning to the nutritional status of refugee children in Jordan, Lebanon, Syria and the West Bank and Gaza, nutritional status by refugee, non-refugee groups is available for some measures described above in Living Condition Survey data, although we do not have available a complete data set on each of the anthropometric measures for each group. The Living Conditions Survey in Lebanon (1999), Syria (2001) and Jordan Camp survey (1999) include the MUAC, and the Jordan Living Conditions Survey (1998) includes data on the W/A, H/A, W/H and MUAC measures. The Palestinian Central Bureau of Statistics (PCBS) has gathered nutritional status data for the W/H, H/A and W/A measures in its Health Survey in 2000, and has provided this data according to refugee status. Data quality for the nutrition measures according to the JLCS is less than optimal, however, due to the hesitation of parents to allow children to be entirely undressed during weighing. This, of

course, has an implication only for the W/H and W/A measures and not the H/A and MUAC.

Comparing the results from these data surveys to other developing regions and standards for low to high rates of malnutrition, we can see that young child malnutrition is not a serious health problem among refugees in the four fields. According to most measures, with the exception of stunting, the proportion malnourished falls below what is expected as part of the normal distribution in the reference population (less than 2.3 percent).

Table 7.8 shows various nutritional status measures by refugee status and field. In Jordan and the WBGS, there is a low level of stunting (less than 20 percent), which is more than would be expected in a normal distribution of the reference population, but little compared to developing countries as a whole. In the WBGS there is some 9 percent of non-camp refugees and 7 percent of camp refugee children less than five years show stunting; mostly this is moderate (6 – 7 percent) rather than severe stunting (1-2 percent). We also see a different regional pattern for stunting (height for age) among camp refugees compared to others. For non-camp refugees and non-refugees, chronic malnutrition is much higher in Gaza than the West Bank. For camp refugees little difference exists between the regions, most probably due

to the level of social services provided by UNRWA to the camps in both regions.

In Jordan, similar to the WBGs, stunting is the main nutritional problem. There is slightly more stunting among the camp and non-refugee population than is found in the WBGs. For example, about 7 percent of camp females in Jordan are moderately stunted and some 5 percent are severely stunted, compared to 7 percent moderate stunting and 1 percent severe in the WBGs. Within Jordan, the non-camp refugee population shows less malnutrition in the form of stunting than others.

As noted previously, the Jordan camp, Lebanon and Syria studies only collected data for the MUAC measure. Less than 10 percent are malnourished according to the MUAC across the fields

of Jordan camps, and camps and gatherings in Lebanon and Syria – which is a low level of severe malnutrition. However, as the MUAC particularly measures acute malnutrition, those who are malnourished are in need of immediate attention. This is quite a different situation compared to chronic but not acute malnutrition in the form of stunting. Moreover, we see quite large differences in acute malnutrition across the fields, while still low overall. For example MUAC results show almost no acute malnutrition in Jordan camps (less than .5 percent, but 5 percent of camp children in both Lebanon and Syria. In addition, there is a much larger group “at risk” for malnutrition in both fields, especially Syrian camps and gatherings than in Jordan. Between 10 and 15 percent of camp and gathering children

Table 7.8: Percent malnourished according to nutritional status measures. Children under 5 years.

	Weight for Age		Height for Age		Weight for Height		MUAC	
	Moderate	Severe	Moderate	Severe	Moderate	Severe	At risk (12.5- <13.5 cm)	Severe (<2.5 cm)
WBGs⁽¹⁾								
camp	1.4	0.1	6.2	1.0	1.0	0.2	n.a.	n.a.
non-camp	2.9	0.1	7.1	1.6	1.8	0.3	n.a.	n.a.
non-refugee	2.6	0.3	8.1	1.7	1.4	0.3	n.a.	n.a.
Jordan⁽²⁾								
camp	3.0	0.3	5.0	3.2	0.3	0.1	4.3	0.4
non-camp	2.1	0.4	4.8	2.6	1.0	0.3	5.9	1.0
non-refugee	3.0	0.8	7.2	3.9	0.8	0.2	5.0	0.7
Lebanon⁽³⁾								
camp	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4.3	5.0
gathering	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1.5	0.9
Syria⁽⁴⁾								
camp	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	10.3	5.1
gathering	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	14.5	2.4

⁽¹⁾ PCBS, 2000. Children 6 months to less than 5 years.

⁽²⁾ J LCS, 1996 except MUAC. MUAC from JCS, 1999.

⁽³⁾ LIPRIL, 1999. Children 12 months to less than 5 years.

⁽⁴⁾ LIPRIS, 2001. Children 12 months to less than 5 years.

less than 5 years in Syria are found to be at risk for acute malnutrition.

While we are considering rather few cases of malnourished children, making group comparisons difficult, it is possible to see some differences among groups in Lebanon. Young camp refugee children in southern Lebanon have nearly double acute malnutrition rates of those in the North.

Vaccination during the First Two Years

Coverage rates for immunisation against preventable diseases are high among the countries in question, with especially high coverage rates reported by UNRWA vaccination programs. The type of immunisation programme and schedules follow those recommended by the World Health Organisation (WHO), although vaccination against certain diseases and policies regarding booster doses vary depending on the need within the country in question. Generally, full coverage for children under one year of age includes 1 dose of BCG (tuberculosis vaccine), 3 doses of DPT (Diphtheria-tetanus-pertussis vaccine), 3-4 doses of OPV (live oral polio vaccine) and 1 dose of measles. Additional doses and booster doses are also sometimes given. The WHO Expanded Programme on Immunization (EPI) has not proscribed a recommended schedule for booster doses but

does recommend at least 4-week interval for multiple doses of DPT, DT (Diphtheria-tetanus), OPV, TT (tetanus), HepB (Hepatitis B).

The Living Conditions' Surveys in Jordan (JLCS only), Lebanon and Syria collected data concerning the type and timing of vaccinations for children less than 5 years of age for children for whom an immunisation card was presented. For the WBGs, the PCBS has provided data regarding immunisation coverage rates for young children. Table 7.10 reports the percentage of children 12 through 23 months who have received full doses of each vaccine in addition to the proportion that has received all the basic vaccinations. Vaccination data includes only children for whom a vaccination card was shown to interviewers. For the JLCS this includes only 56 percent of the children, but for Lebanon it includes 85 percent and for Syria it includes 77 percent of the children.

Based on data provided by the PCBS from their 2000 Health Survey, full vaccination coverage (BCG, DPT, Polio, Measles) for children 12 through 23 months reaches 80 percent for camp refugees, 70 percent for non-camp refugees, but only some 50 percent of non-refugees. The main contributor to lower overall coverage among non-refugee children is poor BCG coverage – about 60 percent of non-refugees compared to 80 and 100 percent of non-

Table 7.9: Children 12-23 months. Percent immunised by refugee status and field.

	BCG	DPT	Polio	Measles	All 4	HepB
WBGS⁽¹⁾						
Camp	100	90	99	93	82	n.a.
Non-camp	87	84	96	96	73	n.a.
Non-refugee	64	90	96	92	54	n.a.
Jordan⁽²⁾						
Camp	n.a.	99	94	86	82	11
Non-Camp	n.a.	97	95	88	83	6
Non-Refugee	n.a.	98	97	93	91	7
Lebanon⁽³⁾						
Camp	98	93	92	75	73	53
Gathering	98	93	87	74	72	52
National ⁽⁴⁾	n.a.	94	94	81	n.a.	86
Syria⁽⁵⁾						
Camp	99	85	88	77	73	73
Gathering	100	92	89	80	77	69
National ⁽⁴⁾	100	97	97	97	n.a.	91
UNRWA Agency-wide	100	99	99	98	n.a.	99

⁽¹⁾ PCBS. Database of Health Survey (2000). Unpublished Data.

⁽²⁾ JLCS, 1996.

⁽³⁾ LIPRIL, 1999.

⁽⁴⁾ WHO, 1999.

⁽⁵⁾ LIPRIS, 2001.

camp refugees and camp refugees respectively. While we cannot compare WBGS data on overall complete vaccination for children in this age group to Jordan since we lack BCG for the latter, among refugees the figures are similar. We can compare WBGS data on overall coverage, however, directly with camp and gathering refugees in Lebanon. As shown in Table 7.9, coverage is better in the former.

Vaccination coverage rates among young refugee children are best in the WBGS and worst in Syria and Lebanon. In both the latter, camp and gathering refugee vaccination coverage is considerably lower than that reported by the WHO for the national population. Comparisons, however, should be made

with caution in this regard as there is some debate about the vaccination coverage rates reported by the countries themselves to the WHO and it has been found that in reality they are considerably lower. The main problem in coverage is with lagging measles vaccination.

BCG vaccination was not recorded in the JLCS, so we do not have full information on the proportion of children receiving all vaccinations. Vaccination for measles and polio lags somewhat behind the coverage rates for the non-refugee population, particularly for the former. While 86 percent of camp and 88 percent of non-camp refugee children aged 12-23 months have received at least 1 dose of measles vaccination, 92 percent of the non-refugee population has

received measles protection. Among camp refugees, however, most have “caught up” by the end of their second year with 93 percent of those in the 19-24 month age group having had at least one measles vaccination dose. This is less the case among non-camp refugee children, with still comparatively low coverage (89 percent) until the 3-5 year age group (92 percent).

Coverage rates for vaccination against Hepatitis B (3 doses) is very low for all groups, at 11 percent compared to 6 percent of non-camp refugee children and 8 percent of non-refugee children at 12 through 23 months of age. There is an apparent upswing in coverage, however, among the youngest age cohorts of non-camp and non-refugee children, with 26 percent of non-camp refugees and 40 percent of non-refugees having had the full course of hepatitis vaccination among those less than 11 months. Here, however, camp refugees lag behind in coverage, with less than one-half the proportion covered in this age group (13 percent). Moreover, coverage rates for 11 and 12 month olds continue to be much lower than non-camp refugees and non-refugees.

Relatively few camp and gathering children under 2 years in Lebanon have had the full series of “under 1 year” vaccinations (47 percent of camp refugees and 57 percent of gathering refugees). Similar to Jordan, there is less than

full coverage for polio. There is also very low measles coverage, especially among camp refugees, with only some 50 percent in this age group having been vaccinated against measles compared to 75 percent of gathering refugees and over 80 percent among all groups in Jordan and the West Bank and Gaza Strip. In contrast, however, vaccination for Hepatitis B is quite common compared to low coverage elsewhere, with some 50 percent having received a full course of 3 doses of HepB vaccination.

Overall 73 percent of camp and 77 percent of gathering children in Syria have received their full “under 1” vaccination series, which is lagging behind the other fields except Lebanon. Similar to Lebanon, the main gap in coverage of young refugee children in Syria is in measles coverage, at 77 percent of camp and 80 percent of gathering children. However, there is also poor DPT and polio coverage than we find in all the other fields: some 85 to 90 percent compared to upwards of 90 percent elsewhere. Hepatitis B coverage, however, is relatively quite high at 70 percent (compared to less than 10 percent in Jordan). This discrepancy in HepB coverage is probably due mostly to the timing of the surveys – as this vaccination was only just being introduced as part of the regular schedules during the 1990s, so the Syrian survey being conducted latest would naturally show higher rates of coverage than earlier

surveys. The WHO introduced the HepB vaccine into its routine immunisation program in 1991.

Children Five to 15 Years: Illness and disability

Chronic illness and disability can effect the development of school-age children and youth. Lack of special facilities and learning programs geared to the needs of these children and youth is a problem for the Middle East as a region. Stigmatism of disabled children is a problem that further hampers their mental and social development. We begin our discussion of child and youth health with an assessment of the prevalence of chronic illness and disability.

A thorough assessment, however, is somewhat limited by data available. Secondary resources are used for disability rates in the West Bank and Gaza Strip

as a whole without a refugee status or detailed age breakdown, thus this information will be presented together with adult health later in the chapter. For Jordan, Lebanon and Syria, however, data available includes reporting on whether or not individuals have a chronic illness *or* injury and its severity in terms of the ability of the person to go out unassisted.

Table 7.10 gives us a comparative view of the degree of chronic illness and disability among children and youth by gender and refugee status. The level of chronic illness and disability is divided into those that were inflicted at birth and not at birth. Overall between 2 and 10 percent of children are chronically ill or disabled and the proportion is considerably higher in Lebanon than elsewhere. The least chronic illness among children is in Syria camps and gatherings. Everywhere camp boys have more chronic illness, both more than girls and more than boys outside of camps. In Lebanon, some 10 percent of boys have a chronic

Table 7.10: Percent of children 5 through 14 years chronically ill or disabled.

	Females			Males		
	At birth	Not at birth	Total	At birth	Not at birth	Total
Jordan(1)						
Camp	1.9	1.6	3.6	2.4	2.8	5.2
Non-camp	0.9	1.6	2.5	1.4	1.1	2.5
Non-refugee	1.1	0.6	1.8	1.2	0.8	2.0
Lebanon(2)						
Camp	2.4	4.2	6.6	3.8	4.5	8.3
Gathering	2.9	5.3	8.2	4.0	6.8	10.8
Syria(3)						
Camp	1.7	0.9	2.6	2.3	1.7	4.0
Gathering	2.1	0.8	2.9	1.7	1.2	2.9

⁽¹⁾ JLCS, 1996; Jordan Camp, 1999.

⁽²⁾ LIPRIL, 1999.

⁽³⁾ LIPRIS, 2001.

illness or disease, compared to 5 percent of camp boys in Jordan and 4 percent in Syria. The difference here between camp and gathering refugees in Lebanon and Jordan is among those afflicted after birth. Camp boys in Jordan more often are chronically ill, about double as often, as those outside of camps in Jordan.

In Lebanon, camp and gathering refugee children and youth have differing levels of affliction by both income and regional groups. Children from low-income households more often suffer from chronic illness and disability than middle-income groups (11 percent versus 7 percent). Regional differences are also evident, for both girls and boys. Not only is chronic illness and disability more prevalent in the south, there is also more severe chronic illness and disability (inability to go out alone) compared to the north. For example, among boys chronic illness rates in the South are twice as high as in the North (12 versus 6 percent). Among those disabled or chronically ill, 40 percent of camp boys in the south are severely disabled compared to 22 percent of camp boys in the north.

Across all fields, disabled or chronically ill children of school ages (6 through 14 years) are much less often enrolled in school than well children. Roughly 20 percent are not enrolled compared to less

than 5 percent of well children. This is true for both boys and girls.

Health in the Adult Population: 15 years and older

This section begins with an overview of how individuals themselves view their general health status – or self-assessed global health. We then turn to the level of chronic illness and disability, smoking behaviour and conclude with evidence of psychological distress in the adult population. Table 7.11 shows the estimated number of refugees with specific health problems discussed in this section based on refugee status and camp or non-camp locations.

Self-assessed General Health

The Living Conditions Surveys in Jordan, Lebanon and Syria collected information on self-assessed health for one randomly selected adult in each household. The individual was asked to report his or her own health conditions as being at a point in a five-point scale ranging from ‘very good’ to ‘very bad’. Studies have found that data generated from self-assessed health questions in household surveys closely reflect actual health status (Moum, 1992, Mackenback et al. 1994, Lundberg and Manderbacka 1996).

Table 7.11: Estimated refugee population. Adult health problems. 15 years and older.

	Poor self-assessed health	Severe chronic illness or disability (cannot go out alone)	Not severe chronic illness or disability (can go out alone)	Smoke daily	3 out of 7 Psychological distress items
Jordan					
Camp	7,058	10,805	13,297	29,554	55,978
Non-Camp	51,274	79,472	80,440	284,933	421,950
Lebanon					
Camp	10,060	8,561	11,129	18,145	34,413
Gathering	2,981	2,795	3,079	4,987	11,570
Syria					
Camp	2,463	8,847	8,126	7,764	13,712
Gathering	222	664	889	789	1,651

Data source: JLCS (1996), Jordan Camp (1999), LIPRIL (1999).

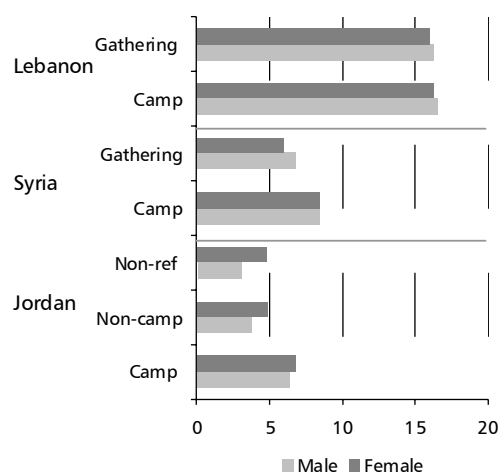
Figure 7.3 shows the proportion of individuals who report their health to be ‘bad’ or ‘very bad’. Across fields, self-reported poor health is most prevalent in Lebanon and least in Jordan. Over 15 percent of camp and gathering refugees report poor general health – about three times the proportion of refugees in Jordan and two times more than in Syria. There is little difference between men and women, which is unusual for this measure (women are more apt to report their own health as poor), or between camps and gatherings in Lebanon and Syria. Among camp refugees in Jordan, however, women more often report poor health than men.

Looking at self-reported poor health by age and gender can help to explain certain differences between the two countries and within them. In Jordan, gender differences, with more poor health reported by women than men, become marked in the middle-age groups, but decrease at ages 55 years and older.

Men’s reporting ill health increases with age after 55, while women’s generally levels off. This gender pattern is completely absent among camp and gathering refugees in Lebanon.

Older persons have more health problems and this is reflected in their own assessment of their health. Camp and gathering refugees in Lebanon have higher rates of self-reported ill health at

Figure 7.3: Percent reporting own health as bad or very bad. Ages 15 years and older.



every age group and the difference compared to Jordan and Syria, increases with each successive age groups such that it is especially pronounced when we look at those 45 years and older. For example, in Jordan, between 10 and 20 percent of those 45 through 54 years report poor health, and roughly 20 percent as well in the 55 and older age group. In Lebanon, the figures for these same two age groups are some 30 percent and 50 percent respectively. Thus, two and one-half times the proportion of elderly persons (55 or older) report their own health as bad among refugees in Lebanon compared to Jordan.

Chronic illness or disability, low income, lack of education and being out of the labour force are all related to higher levels of reported poor health. Low income especially is associated with higher rates of poor health in Lebanon and Syria. For example, in Syria camps and gatherings 15 percent of the lowest income group report poor health compared to 5 percent of the highest income group. In Lebanon, about 50 percent of those with war-related disabilities report bad health (compared to 16 percent overall).

Chronic Illness and Disability

According to The Health Survey in the West Bank and Gaza Strip, published by the PCBS in 1997, about 2.1 percent of

Palestinians in the West Bank and Gaza Strip are disabled (Table 7.12). This is a very low estimate compared to other countries. This includes all age groups. Data was not available according to refugee status or camp location.

The leading cause of disability is those present at birth (between 30-45 percent). For most groups, the second most common cause of disability is non-infectious disease. Men have often been inflicted with a disability as a result of the intifada, with some 16 percent of Gaza men and 12 percent of West Bank men suffering from a disability as a direct result of conflict with Israel. Inherited disabilities are more common in Gaza than the West Bank. Disabilities as a result of traffic accidents are also more common in Gaza than the West Bank, not surprising given the much more

Table 7.12: Percent disabled. WBGs. PCBS, 1997.

	Total	Female	Male
0-14 years	1.7	1.6	1.8
15-29 years	2	1.5	2.4
30-49 years	1.8	1.4	2.2
50+ years	4.4	4	4.8

Table 7.13: Percent chronically ill or disabled. Ages 15 years and older.

	Severe ⁽¹⁾	Not severe	Total
<i>Jordan</i> ⁽²⁾			
Camp	9.3	10.1	19.3
Non-camp	6.2	5.8	12.1
Non-refugee	4.6	4.4	9.0
<i>Lebanon</i> ⁽³⁾			
Camp	12.2	13.9	26.1
Gathering	12.1	13.4	25.5
<i>Syria</i> ⁽⁴⁾			
Camp	9.0	8.2	17.3
Gathering	6.1	8.3	14.4

Figure 7.4a-c: Percent chronically ill or disabled by age. Ages 15 years and older.

Figure 7.4a: Jordan

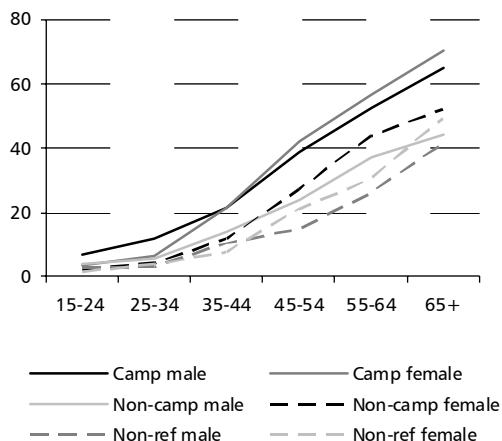


Figure 7.4b: Lebanon

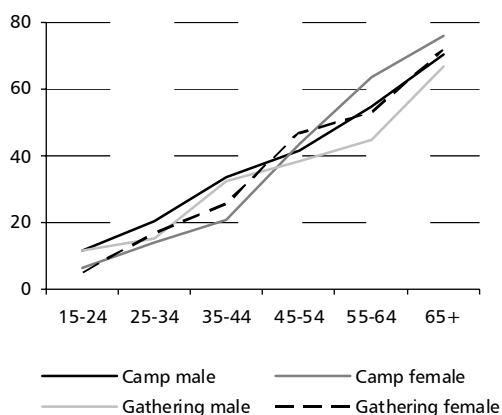
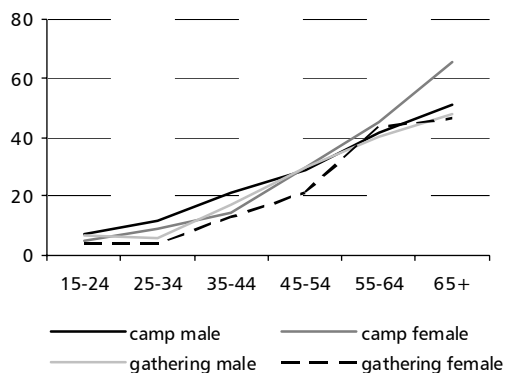


Figure 7.4c: Syria



urban and crowded nature of Gaza. Finally, there are a rather high proportion of Gaza males disabled due to infectious disease: Some 12 percent compared to roughly 2-3 percent among other groups.

Turning to chronic illness in Jordan, Lebanon and Syria, similar results are found with regards to chronic illness and disability in the adult population that were found in the child and youth population: The situation is much worse in Lebanon than elsewhere, and more refugees in Jordan are chronically ill or disabled than non-refugees (Table 7.13). There is the least degree of chronic illness or disability among refugees in Syria, but similar to Jordan (17 and 19 percent respectively), although severe chronic illness is slightly more prevalent in the latter. In contrast, over one-quarter of the adult camp and gathering refugee population in Lebanon is afflicted with a serious chronic illness or disability.

Looking at the incidence of chronic illness and disability among different age groups shows us at what time during the life cycle these gaps between refugees and non-refugees in Jordan, and between refugees in Jordan and Lebanon tend to emerge. (Figures 7.4a through 7.4c). Among groups in Jordan, difference in illness and disability among camp refugees and others is evident at all ages, but is largest during the prime income-earning years (for men) of 35 through 54 years. In this age group, at least twice as

many camp refugees than others are disabled or ill. In the 45 to 54 year age group, 42 percent of camp males are chronically ill or disabled compared to 23 percent of non-camp refugees and 15 percent of non-refugees. A second observation is particularly high rate among camp men at young ages, which is joined by higher female disability rates from 35 years of age onward.

Comparing across fields by age, the figures show that not only are rates of illness and disability higher in Lebanon, but also particularly high among young age groups (less than 35 years). While the level of illness and disability is roughly the same among camp refugees across the settings in the 45 to 54 year age group, it is much higher in Lebanon among those younger. Women have particularly high rates of chronic illness and disability in Lebanon at later age groups. In Syria, the pattern of chronic illness and disability by age is similar to Jordan camps up to age 55 years but increases less after this age than in either Jordan or Lebanon. For example, roughly 40 percent report to be ill in the 55 to 64 year age group in Syria compared to some 55 percent in Jordan camps and about 60 percent in Lebanon camps.

In both Syria and Lebanon, chronically ill or disabled men less often participate in the labour force, a fact found to be linked to their health status: In both fields roughly 40 percent of disabled/ill

males are not in the labour force compared to 20 percent of healthy males. Of course, part of the explanation for this is that older persons are less often economically active and also more prone to illness, but the chronically ill or disabled are distinguished by labour force participation even when we control for age. The difference for those in the 35 to 44 age group for example, is quite marked: In Lebanon camps and gatherings, 4 percent of well men are out of the labour force compared to 20 percent of the chronically ill men. In Syria camps and gatherings 2 percent of well men in this age group are not in the labour force compared to 17 percent of ill men. In addition, the existence of a long term illness or disability often has interrupted or completely disallowed earlier or current education. This is found to definitely be the case among camp and gathering refugees in Lebanon and Syria with chronic illness, especially women. For example, in Lebanon 26 percent of men and 60 percent of disabled/ill women are illiterate compared to 12 and 18 percent of healthy men and women respectively. Controlling for age in both fields, we find that illiteracy is some two to three times higher among the chronically ill in all age groups between the ages of 15 and 55 years. The disabled or ill are also much less likely to have ever completed basic school as well (two to three times less often).

In Jordan, we do not find such a large difference in education and economic opportunity among the ill and not ill adults. However, illness and disability is closely linked with the economic situation of the household, with those inflicted being considerably over-represented in the lowest income groups for all refugee status groups (camp, non-camp and non-refugee).

Smoking in the Adult Population

We are interested in the prevalence of smoking habits due to the long-term, negative health implications for individuals who smoke. A precise comparison of smoking habits across the countries is not possible since the data gathered is slightly different according to the regular-

ity of smoking and age groups: For the WBGs, the data represent the proportion that “practice the smoking habit” and includes persons aged 12 years and older. We do not know the regularity of smoking. For Jordan, Lebanon and Syria the data represent the proportion of individuals aged 15 years and older that report that they smoke on a daily basis (Table 7.14).

Among men, the prevalence of smoking is similar across fields. About 50 percent of camp refugee men in Jordan, Lebanon and Syria, and 40 percent in the West Bank and Gaza Strip regularly smoke. Smoking is much less common among women. However, there is a wide variation in the proportion of women smokers by field. Only 2 percent of camp women in the West Bank and Gaza Strip smoke, compared to 5 percent in Jordan, 8 percent in Syria and 15 percent in Lebanon.

Table 7.14: Percent regular smokers. Ages 15 years and older (or as noted).

	Men	Women
<i>WBGs</i> ⁽¹⁾		
Camp	40	2
Non-camp	39	3
Non-refugee	42	4
<i>Jordan</i> ⁽²⁾		
Camp	52	4
Non-camp	46	5
Non-refugee	42	6
<i>Lebanon</i> ⁽³⁾		
Camp	46	15
Gathering	37	18
<i>Syria</i> ⁽⁴⁾		
Camp	48	8
Gathering	50	6

⁽¹⁾ PCBS, 2000. Includes those who “practice the smoking habit aged 12 yrs and older.

⁽²⁾ JLCS, 1996, JCS for camps, 1999. Includes those smoking daily.

⁽³⁾ LIPRIL, 1999. Includes those smoking daily.

⁽⁴⁾ LIPRIS, 2001. Includes those smoking daily.

In the West Bank and Gaza Strip, there is little variation across refugee groups for either men or women. There are, however, differentials according to region: Smoking is quite a bit more common among those in the West Bank than those in the Gaza Strip. This is especially the case among camp refugees: Fifty percent of men in the West Bank smoke compared to 37 percent in Gaza and 6 percent of camp women in the West Bank smoke compared to less than 1 percent in Gaza Strip.

Psychological Wellbeing

The Living Conditions Surveys in Jordan, Lebanon and Syria inquired about the level of psychological distress individuals experienced. This series included questions posed to one randomly selected adult in each household about whether or not they experienced a series of symptoms related to psychological distress, considered to be a standard indicator of mental health. This data includes only those 15 years and older. Mental health in the WBGs is discussed in detail in Volume II, “Mental Health in the West Bank and Gaza Strip”.

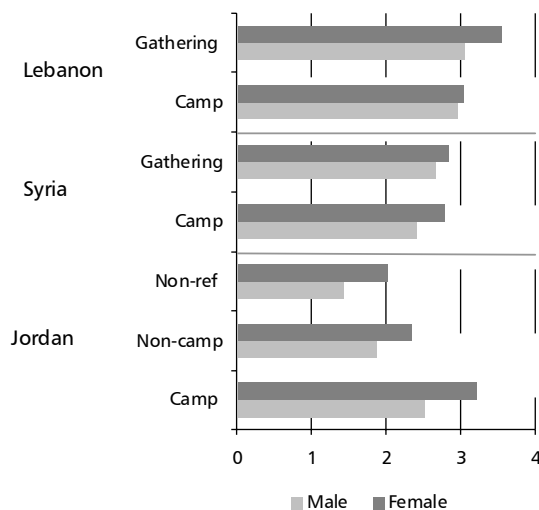
The items included in the index make up an abbreviated version of the short form HSCL-25 (Hopkins Symptoms Check-List). The symptoms included do not measure mental health per se, but aim to indicate psychological distress. Symptoms of such distress, in turn, are considered to be indicators of mental health and encourage individuals to seek mental health care (Tiltne 2002). Respondents were asked if they were distressed by certain symptoms very much, quite a bit, a little, or not at all during the last week.² The individual was given a score of ‘1’ if he or she reported experiencing the symptom ‘very much’ or ‘quite a bit’, and was given a score of ‘0’ for any other answer. The scores for each of the items were added

for a total index score on psychological distress ranging from 0 (no distress) to 7 (high distress).

Across fields Jordan camp women are most distressed, but otherwise all groups in Lebanon have the highest average index scores. Camp and gathering refugees are more bothered by psychological distress than others in all settings except for camp refugee women in Jordan. In Jordan, females report more psychological distress than males for all groups, and refugees report experiencing more psychological distress than non-refugees.

Psychological distress is highest in Jordan among camp refugees for both men and women. Some 46 percent of camp men in Jordan report being bothered by at least three symptoms during

Figure 7.5: Mean score on psychological distress index. Persons 15 years and older.



² The symptoms include: (1) worrying too much about things, (2) feeling depressed and sad, (3) feeling hopeless about the future, (4) feeling of worthlessness, (5) nervousness or shakiness inside, (6) feeling continuously fearful and anxious, (7) headaches.

the last week compared to 31 percent of non-camp and 22 percent of non-refugee men. There is a similar pattern among women, with almost 60 percent of camp women reporting being bothered by at least three symptoms compared to 40 percent of non-camp women and 35 percent of non-refugee women. In addition to the gender and refugee status disparities, household income, age and chronic illness are associated with varying levels of psychological distress. For example, among camp refugees in Jordan, 61 percent of low-income persons have three or more symptoms of distress compared to 41 percent of middle-income persons. Among those with a chronic illness or disability, some 60 percent also report three or more distress symptoms compared to 47 percent of those without such chronic health problems

Among camp refugees in Lebanon, this gender disparity is not present, with an average score on the psychological distress index of three symptoms for both men and women. While there appears to be an association between the level of psychological distress and background characteristics like income, education and employment, the effect is not as large as found in Jordan. Location, however, is more of a factor here than elsewhere, with higher rates of distress among those in urban and northern rather than southern regions. Psychological distress increases with age. At age groups

older than this, the proportion increases, but not considerably, with each group to reach a maximum of 70 percent among those 65 years and older.

Health Insurance, Facility Utilisation and Consultation Costs

Actual health outcomes, as discussed throughout this chapter, can be assumed to be related to access to health care and utilisation choices. In turn, access to care is related to the availability of facilities nearby or that are affordable. The choice of a provider is related to the benefits of using one provider over another due to perceptions of quality and cost. We begin this discussion of the use of health facilities and related costs with an overview of the level of insurance coverage among refugees in each of the fields. We then describe the pattern of health care utilisation and consultation costs together with insurance coverage. Tables 7.15 and 7.16 summarise some of this information, with refugee population estimates according to utilisation of health providers and insurance coverage.

Health Insurance and Eligibility for UNRWA Health Services

In all of the Living Conditions' surveys used as data sources for health insurance

Table 7.15: Acute illness, provider utilisation. Estimated population (Fafo, 1999).

	Acute illness or injury (last 2 weeks)	Provider of Medical Consultation (acute injury or illness last 2 wks)								
		No consult	UNRWA clinic	Gov't clinic	Private clinic	Gov't hospital	Private hospital	Pharm'cy	NGO dispens.	PRCS hosp/ clinic
<i>Jordan</i>										
Camp	13,054	2,455	3,867	915	2,845	2,394	474	104	n.a.	n.a.
Non-Camp	213,588	85,318	4,072	31,381	52,736	26,294	7,907	5,880	n.a.	n.a.
<i>Lebanon</i>										
Camp	8,238	1,696	2,993	28	1,282	146	718	100	286	990
Gathering	4,136	1,104	1,405	179	547	102	279	22	180	318
<i>Syria</i>										
Camp	9,092	1,838	1,628	132	3,317	770	398	349	89	380
Gathering	857	168	192	12	387	44	12	4	8	8

coverage, a category was included for “UNRWA” insurance alongside other types such as government and private insurance. UNRWA does not offer insurance *per se*, but does provide refugees registered with the agency access to normally free of charge primary medical services (including prenatal and child health care) in addition to limited treatment for chronic illnesses such as diabetes. UNRWA’s reimbursement schemes for secondary medical care vary by field, but include reimbursement of a portion of expenses or places in UNRWA-reserved beds in other providers’ facilities, or a mix of the two strategies. Here we rely on information from the PCBS for WBGs data on health insurance coverage, and on the Jordan Camp, JLCS, LIPRIL and LIPRIS surveys for data on health insurance coverage in Jordan, Lebanon and Syria. This data has been recoded to better reflect actual situations by removing the “UNRWA” category of insurance and instead replacing it with

two categories: (1) Those not covered under insurance but registered with UNRWA and therefore eligible for subsidised medical care, and (2) those not covered under insurance and not registered with UNRWA and therefore not receiving any assistance or benefits (Table 7.16 for population estimates).

Roughly 50 percent of refugees in the West Bank and Gaza Strip and 60 percent of refugees in Jordan are not covered by a health insurance program. In Lebanon, 90 percent of camp and gathering refugees are not covered by health insurance. Some uninsured refugees receive primary health care from UNRWA and assistance in secondary care expenses – however, this proportion varies by camp, non-camp location as well as across the different fields. Therefore, we will examine the situation in some detail for each of the fields.

Table 7.16: UNRWA Eligibility and Health Insurance. Estimated population (Fafo, 1999).

	No health insurance, eligible for UNRWA health svcs.	No health insurance, not eligible for UNRWA health svcs.
<i>Jordan</i>		
Camp	118,323	0
Non-Camp	718,433	492,096
<i>Lebanon</i>		
Camp	87,637	2,686
Gathering	25,575	1,421
<i>Syria</i>		
Camp	138,332	6,468
Gathering	15,157	914

In the West Bank and Gaza Strip refugee camps, most of those with no insurance are eligible for UNRWA health services (40 percent) or have health services covered by the PA social security program (10 percent). The remaining 10 percent have no coverage – either by UNRWA or an insurance program. Among those with no insurance outside of camps, about 25 percent are eligible for UNRWA health services, leaving a remaining 20 percent with no assistance in health expenses. However, overall in the WBGs the situation for refugees is very similar to non-refugees (with only 50 percent covered by health insurance). The difference here is that refugees have access to UNRWA services and non-refugees do not, meaning some one-half of the non-refugee population have no assistance with medical expenses whatsoever. Among those covered by insurance programs, there is little difference according to refugee status. The govern-

ment is the largest provider (at 20-25 percent of all persons), followed by private insurance (more common among camp refugees than others).

In contrast to the West Bank and Gaza Strip, in Jordan there are large difference in health insurance patterns between camp refugees, non-camp refugees and non-refugees. A somewhat larger proportion of refugees over all have no insurance (65 percent) than in the West Bank and Gaza Strip, but more of these persons are eligible for UNRWA services than reported for the West Bank and Gaza Strip. This difference, however, may be due to the method with which the data was collected. As noted earlier, for the Jordan and Lebanon data we have essentially replaced UNRWA insurance as a category with registration with UNRWA specifically. We do not know whether this consistency between the respondent reporting to have UNRWA insurance and actual UNRWA registration was checked by the PCBS. Thus, comparisons of this sort must be made with caution. According to the Jordan Camp survey, all of those who reported having no health insurance are eligible for UNRWA health services and secondary health care subsidies due to UNRWA registration. Sole reliance on UNRWA in this regard decreases with higher income levels – those with higher household incomes have increasingly more coverage through government, military and private insurance. Among

non-camp refugees there is a sizeable group of individuals with no UNRWA assistance or health benefits (about 25 percent). Similar to among camp refugees, coverage by government, military and private insurance increases with household income. Camp refugees, get health benefits more often from the governments' social welfare program – a result of their higher poverty levels. The main difference in patterns of coverage between refugees and non-refugees is that many non-refugee Jordanians are covered by military insurance. Nearly 60 percent report military health insurance as their primary type of insurance. Most of the remaining individuals are covered by government insurance (35 percent) and private (7 percent). In contrast to the situation in the West Bank and Gaza Strip, then, we see that refugees are in a more vulnerable position relative to others in Jordan. While all non-refugees are covered in some form or another, there is a sizeable group of non-camp refugees with no assistance and most camp refugees entirely reliant on UNRWA only.

Nearly all camp and gathering refugees in Lebanon are entirely dependent upon UNRWA health services and assistance with secondary health care expenses. The LIPRIL did not gather information on the type of health insurance possessed, but only 7 percent of camp refugees and 10 percent of gathering refugees report being covered by

Figure 7.6: WBGs. Percent distribution of health insurance. PCBS, 2000.

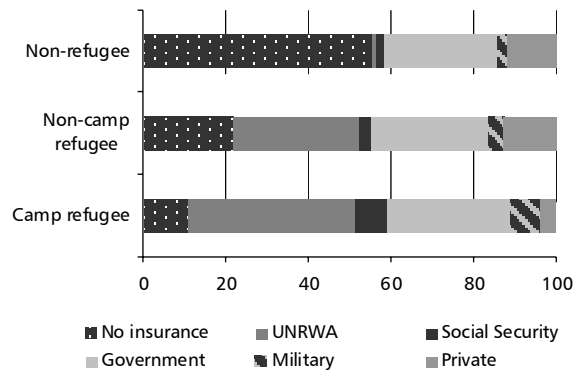


Figure 7.7: Jordan. Percent distribution of health insurance. (JLCS; 1996; JCS, 1999).

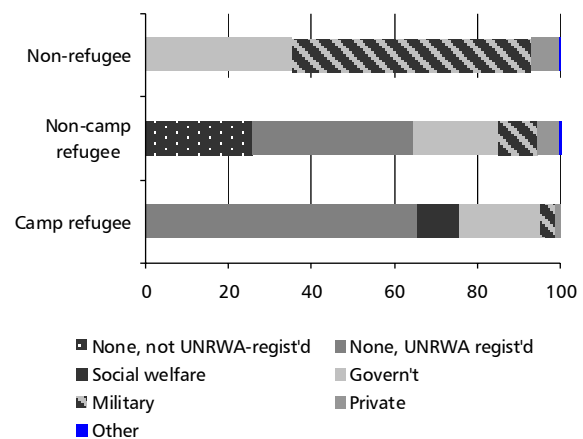
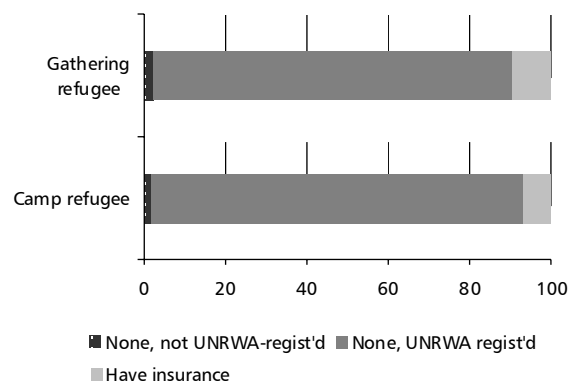


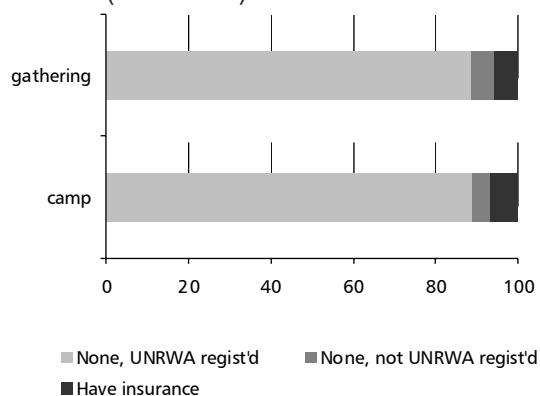
Figure 7.8: Lebanon. Percent distribution of health insurance (LIPRIL, 1999).



health insurance. Health insurance is something that is clearly associated with economic resources. There are enormous differences in the rate of insurance coverage by household income among both camp and gathering refugees. For example, while some 20 percent camp households in the highest of three income groups has some form of insurance, only 4 percent of the lowest income group does so. In comparison to the camp and gathering refugees, the Lebanese population as a whole is better covered by health insurance. While fairly low, with only some 40 percent covered (UNDP 1998), this is nonetheless much better insurance coverage than among camp and gathering refugees. However, one must point out that the remaining 60 percent of the Lebanese population also mostly do not have access to UNRWA services.

Similar to Lebanon, some 90 percent of camp and gathering refugees in Syria are covered only by UNRWA

Figure 7.9: Syria. Percent distribution of health insurance. (LIPRIS 2001).



registration status, 6 percent have private insurance and 4 percent have neither insurance nor UNRWA registration. There are no government insurance schemes in Syria as the national health care system is entirely government run with heavily subsidised costs. Also similar to the other fields, insurance coverage is much more commonly held by upper income households: Less than 3 percent of persons in the lowest income quintile have insurance compared to 10 percent in the highest.

Recent Acute Illness or Injury and Utilisation of Medical Consultation

Examining patterns of health care utilisation during a recent incidence of unexpected illness can tell us much about the types of persons and households that tend to seek any care as well as background factors that influence the choice of a provider. The Living Conditions' Surveys asked respondents whether or not members in the household had experienced an acute illness or injury during the most recent two weeks, and the place and type of medical personnel sought for medical consultation. In addition, the cost of the consultation was recorded. Data for the West Bank and Gaza Strip is available from the 1997 Health Survey conducted by PCBS, but does not include a refugee, non-refugee breakdown.

The West Bank and Gaza Strip data was gathered according to somewhat broader categories of health care providers than available for Jordan and Lebanon. However, we are able to supplement the PCBS data with a study on health care utilisation conducted by the Health, Development, Information and Policy Institution (HDIP) conducted in 1997. Table 7.17 shows the distributed by the type of medical provider consulted and those who did not have a consultation. It is more common to seek any professional care in West Bank cities and camps, and Gaza camps than elsewhere, but there are not large differences. Those who did not seek care give similar reasons regardless of city, camp or village location: Some 50 percent report no need, 20 to 30 percent say they treated the illness themselves with drugs and 11 percent report they used 'traditional' treatments. Not being able to afford a medical consultation was more of an issue for non-camp areas (cities, villages), where some 9 percent gave this as the main reason, compared to 3 percent of camp residents. Few cite lack of access

to health facilities as the most important factor in not getting treatment, but, not surprisingly, this is mostly an issue for village areas. Camp residents most often say they have access to health services from within their locality (70 percent) compared to cities (56 percent) and villages (41 percent).

The disadvantage of the PCBS data is that we do not have a breakdown by refugee status (although we do have camp location) and the categories used for the type of provider do not include specifically government, private and UNRWA providers. A recent HDIP study includes more of this kind of detail on health utilisation. However, information was collected at the household, not individual level – meaning we cannot directly compare it to Fafo survey data for Jordan, Lebanon and Syria. Looking at Table 7.17 first, we can see that Gaza residents' use of medical facilities can be distinguished from those in the West Bank in several respects: First, there is more use of pharmacies to obtain medical advice (in addition to more often

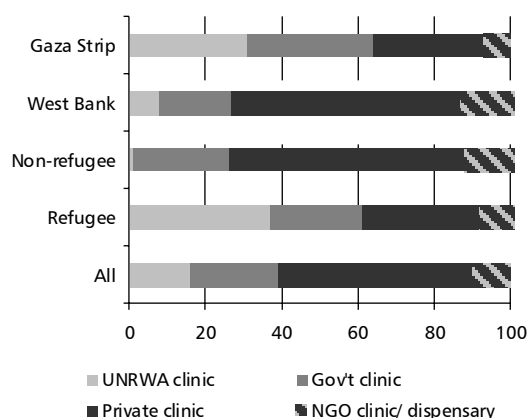
Table 7.17: WBGS. Percent with unexpected illness or injury in the last 2 weeks and medical consultation by source.

	% persons ill during recall period	Of those ill, % seeking care at						Source (year)
		No care	Doctor Clinic	Mother-Child Health Clinic	Health Center	Hospital	Pharmacy	
West Bank								
City	14	27	30	4	25	13	1	PCBS (1997)
Camp	19	23	24	5	39	9	0	PCBS (1997)
Village	13	35	37	2	17	8	1	PCBS (1997)
Gaza								
City	13	35	16	7	27	11	4	PCBS (1997)
Camp	13	28	14	20	24	9	4	PCBS (1997)
Village	12	32	23	8	18	8	11	PCBS (1997)

citing that they treated illness themselves with drugs), and second, there is higher use of mother and child health centres among camp residents compared to others. In the West Bank, camp residents are less likely than either villagers or city residents to use ‘doctor clinics’ and instead more often use health centres (most likely due to more UNRWA health centre use). Turning to data available from the HDIP study, (Figure 7.10) we see that as a group about 40 percent of refugee households use UNRWA clinics for unexpected illness or injury – the largest provider among refugees. The second choice among refugee households is private clinics (31 percent) closely followed by government clinics (25 percent). The majority of non-refugees who seek medical attention in these cases use private clinics (62 percent) followed by government clinics (25 percent).

Health provider use for Jordan, Lebanon and Syria is shown in Table 7.18. In Jordan, camp refugees are heavier users of medical care in this situation than others in Jordan. Some 88 percent sought care compared to 60 percent of non-camp refugees and 67 percent of non-refugees. The reasoning behind this may be, in part, to the generally free services provided by UNRWA. Moreover, low income and uneducated persons more often seek care at all, and these groups are more prominent in camps. Some 25 percent of camp refugees use UNRWA while almost no non-camp refugees, but otherwise camp refugee use of private clinics, government hospitals and UNRWA clinics is fairly evenly distributed. Non-camp refugees least often seek care, much less than camp refugees. This may be related to lack of UNRWA coverage, but not much, as even those with registration status almost never use UNRWA.

Figure 7.10: WBGs. Percent distribution of health care provider. Households with persons ill or injured and sought attention at a medical clinic in the last month.



In Lebanon, camp and gathering refugees mostly use UNRWA (about 30 percent). Private clinics are the second most common provider used. Private hospitals are more often used for illness or injury in this setting than among any groups in Jordan (roughly 10 percent). Finally, PRCS is a minor provider of care, with about 9 percent of camp and gathering refugees choosing PRCS clinics or hospitals.

Table 7.18: Percent with acute illness or injury in last 2 weeks, and medical consultation by source.

	% persons ill during recall period	Of those ill, % seeking care at									Source (year)
		No care	UNRWA clinic	Gov't clinic	Private clinic	NGO clinic/ dispensary	Gov't Hosp	Private Hosp	Pharmacy/ other	PRCS Clinic/ hospital	
<i>Jordan</i>											
Camp	7	18	25	7	22		20	4	4		Jordan Camp Survey(1999)
Non-camp	13	40	2	15	25		12	4	3		JLCS (1996)
Non-refugee	10	33	0	30	19		15	2	1		JLCS (1996)
<i>Lebanon</i>											
Camp	11	24	35	0	15	4	2	9	3	9	LIPRIL (1999)
Gathering	13	29	28	1	16	5	2	8	3	8	LIPRIL (1999)
<i>Syria</i>											
Camp	7	20	18	1	36	1	9	5	6	4	LIPRIS (2001)
Gathering	6	19	23	2	46	1	5	1	3	2	LIPRIS (2001)

In Syria, more than anywhere else, refugees in camps and gatherings use private clinics, roughly 40 percent. Similar to elsewhere, about 25 percent use UNRWA clinics for an unexpected illness or injury.

Overall, about three-quarters of refugees sought professional care. As shown in Table 7.18, UNRWA is a common, but not the sole provider of such services to refugees. As with our analysis of prenatal and delivery care, finding out what appear to be the determining characteristics of refugees that tend to seek care, and also who tends to seek care from the different providers can provide further information about access and preferences of use to health policy-makers and care providers. These determinants are surprisingly similar across the different fields given the wide

variance in access to non-UNRWA providers.

Generally, use of UNRWA health clinics is closely linked to socio-economic status, with women, low income and uneducated persons being most likely to consult UNRWA for unexpected illness or injury. Lack of specialist services at UNRWA clinics is evidenced by the fact that not seeking specialist care is the most important factor in increasing the probability of consulting with UNRWA. But some differences in the determinants of UNRWA utilisation exist across the fields: These include an absence of income as a major determinant in Jordan, an absence of the gender effect in Lebanon, and only in Jordan do we see that having health insurance decreases the likelihood of using UNRWA clinics.

The most important contribution to the likelihood of using a private or government provider is seeking specialist care. In addition, higher socio-economic status (income and education) leads to higher propensity to use private providers everywhere but in Jordan.

Lack of UNRWA registration, having health insurance and being male are the typical factors influencing the choice of a private or government provider over UNRWA.

In the West Bank and Gaza Strip, the type of clinic chosen among those ill during the one-month reference period was found to be closely associated to cost, insurance coverage and availability of a specialist, with these factors' importance varying among refugees and non-refugees, and according to the type of clinic visited. Thus, the HDIP study found that most refugees chose UNRWA clinics for reasons related to cost of services (83 percent), while those visiting private clinics made this choice due to the availability of a specialist doctor. Many of those choosing a government clinic made this choice because they had government health insurance (46 percent). Finally, users of NGO clinics' most important reason for this choice was the location of the clinic (46 percent) and cost related reasons (22 percent).

The final aspect to be covered in this analysis of health care provider utilisation is the average cost of consultation and medicines. Here we include data from all fields with the exception of Syria (data was not prepared at the time of this report on this aspect). In order to better compare across the different countries, and to take into account the different timing of some of the surveys and obvious variances in inflation and exchange rates, the costs of consultations were computed to be in constant 1997 USD with purchasing power parity (PPP) adjustments. The PPP adjustments allow us to take into account the differences in the cost of living in the different countries. Here we use the PPP exchange rates derived by the World Bank (The World Bank 1999, 2000).⁴ It should be noted, however, that PPP factors are subject to rather high margins of error and for this reason should be interpreted with caution. Here, we include them because we have good reason to assume health costs are considerably higher in Lebanon than elsewhere due to cost differences in general. For the other fields, especially for Syria, the PPP adjustment appears to be a more sceptical estimate.

In order to compare with secondary data for the West Bank and Gaza Strip from the HDIP, those who do not pay for health services are separated from those

³ For Jordan and Lebanon: World Bank, 1999. World Development Indicators. For the WBSG: World Bank, 2000. Poverty in the West Bank and Gaza. West Bank and Gaza Update, April 2000.

who pay anything for health services. Thus, mean consultation cost is the mean cost for only those paying any fee.

Using average consultation and medicines costs reported in NIS from HDIP as a basis, Table 7.19 shows adjusted mean consultation and medicines costs in the WBGs by health care provider (HDIP 1997; 74 and 67). As the Table shows, most visiting UNRWA clinics are not charged a fee and among those 4 percent charged, the costs are small – averaging less than 2 USD. Few visiting UNRWA clinics are charged for medicines as well, only 10 percent, but the average cost for the medicines is higher than NGO and government providers. With a mean cost of 10 USD, the price of UNRWA medicines is equal to the price of medicines from private providers. Average cost of consultation is similar to UNRWA among government and NGO providers – around 2 USD, but those visiting the latter facilities much more often are actually charged a fee (25 percent for government clinic consultations and 92 percent for NGO clinic

consultations). The cost for medicines is much lower, however, with an average of 2 to 5 USD. Not surprisingly, private health clinics have the highest average cost for both consultation and medicines.

Given that the HDIP survey collected data on the household, not individual, level, we cannot compare average cost data directly to that available from the Living Conditions Surveys in Jordan and Lebanon. Table 7.18 summarises the average reported consultation and medicines costs for groups within each field. Looking at the difference among refugees in Jordan and Lebanon, there are 3 main points. First, camp refugees in Jordan reportedly incur the lowest costs for health consultation and medicines compared to other groups – and they generally least often report they are required to pay any fee for consultations or medicines (40 and 50 percent respectively). Non-camp refugees in Jordan reportedly pay the highest average fee for health consultation of any group, but this is not much higher than that reported by camp and gathering refugees in Lebanon,

Table 7.19: WBGs. Mean medical consultation and medicines cost. Source for NIS amounts, HDIP, 1997.

	% paying any consultation fee	% paying for medicines	Among those paying any fee					
			Consult cost (1996 NIS)	Adjusted Consult cost (1997 USD)*	PPP Adjusted Consult cost (1997 USD)*	Medicines cost (1996 NIS)	Adjusted Medicines cost (1997 USD)*	PPP Adjusted Medicines cost (1997 USD)*
Government	25.0	94.0	2.7	0.7	0.8	9.0	2.4	2.5
UNRWA	4.0	10.0	5.6	1.5	1.6	39.0	10.4	10.9
NGO	92.0	89.0	7.5	2.0	2.1	17.0	4.5	4.8
Private	95.0	95.0	23.0	6.1	6.4	39.0	10.4	10.9

*adjusted according to 6.1% inflation rate. 3.53 NIS=1 USD exchange rate (1997). PPP = 1.05.

who also pay the most for medicines. Finally, in addition to relatively high average consultation costs for camp and gathering refugees in Lebanon, they also are among those most often reporting that they were required to pay any fee – much more often than camp refugees in Jordan for both the consultation (72 percent in Lebanon camps compared to 40 percent in Jordan camps) and medicines (72 percent in Lebanon camps and 54 percent in Jordan camps). Information on the preferred provider, health insurance coverage and average cost by provider sheds some light on the cost differences.

In Jordan, relatively high costs for non-camp refugees are due, in part, to their preference for private and government hospital services despite eligibility for UNRWA health services. Lack of government or private insurance by some leads to much higher average costs for non-camp refugees using these providers than non-refugees (more often covered

by government or military insurance). Camp refugees rely more on UNRWA and government clinics, so they pay less on average. For service at the former, almost none are charged a fee, and for the latter, one-third pays a fee, but it is quite low. Camp refugees are mostly covered by UNRWA registration, or government programs – either government insurance or a government ‘health card’ which is part of the Jordanian social welfare program. Many non-camp refugees who are not insured by other programs aside from UNRWA, or have no insurance plus are not eligible for UNRWA services, are required to pay fees for their health consultation.

In Lebanon, camp and gathering refugees slightly more often report they are required to pay for health consultations and medicines at UNRWA health clinics, and they report a higher average cost. Some three-quarters of gathering refugees and one-half of camp refugees reported that they paid for a recent health consultation – regardless of

Table 7.20: Jordan and Lebanon. Mean medical consultation and medicines cost.

	% paying any consultation fee	% paying any medicines fee	Of those paying any fee			
			Mean Consultation Cost (1997 USD)	Mean PPP Adjusted Consultation Cost (1997 USD)	Mean Medicines Cost (1997 USD)	Mean PPP Adjusted Medicines Cost (1997 USD)
Jordan						
Camp refugee	42	54	9	21	12	26
Non-camp refugee	58	73	25	55	30	65
Non-refugee	33	45	13	28	20	44
Lebanon						
Camp refugee	47	72	23	41	36	65
Gathering refugee	72	85	19	35	45	82

Table 7.21: Jordan. Mean medical consultation cost by provider.

	Consultation cost							
	UNRWA clinic		Gov't clinic		Private clinic		Gov't hospital	
	% pay	Mean	% pay	Mean	% pay	Mean	% pay	Mean
Camp refugee	1.8	3	35	3	92	8	45	20
Non-camp refugee	0	n.a.	31	2	89	26	43	23
Non-refugee	n.a.	n.a.	9	3	84	30	19	23

	Medicines Cost							
	UNRWA clinic		Gov't clinic		Private clinic		Gov't hospital	
	% pay	Mean	% pay	Mean	% pay	Mean	% pay	Mean
Camp refugee	15	15	62	6	91	27	66	37
Non-camp refugee	15	15	62	29	89	36	57	100
Non-refugee	n.a.	n.a.	24	5	84	70	35	13

Table 7.22. Lebanon. Mean medical consultation cost by provider.

	Consultation cost							
	UNRWA clinic		PRCS hospital		Private clinic		Private hospital	
	% pay	Mean	% pay	Mean	% pay	Mean	% pay	Mean
Camp refugee	9	19	72	55	90	42	84	52
Non-camp refugee	43	9	80	28	94	44	86	81

	Medicines Cost							
	UNRWA clinic		PRCS hospital		Private clinic		Private hospital	
	% pay	Mean	% pay	Mean	% pay	Mean	% pay	Mean
Camp refugee	49	46	90	68	95	79	94	96
Non-camp refugee	66	67	97	47	98	78	95	179

insurance or UNRWA coverage. This differs markedly from the situation in Jordan. Refugees living in gatherings more often report paying a fee, and report higher average costs for medicines than camp refugees in Lebanon. Given that most fall into the category of no insurance, but registered with UNRWA, the substantial group of camp and gathering refugees paying full prices for treatment at private clinics or hospitals (or less but still higher prices than in Jordan at PRCS facilities) combined with higher costs at UNRWA facilities for refugees in Lebanon are what most likely lead to the overall high average consultation and medicines costs.

References

- Barghouthi, M. 1993. *Infrastructure and Health Services in the West Bank*. Ramallah:HDIP.
- Barghouthi, M. 2000. *The Palestinian Health System: An Updated Overview*. Ramallah:HDIP.
- Blome Jacobsen, L. 1998. "Children and Youth" in Jon Hanssen-Bauer et. al (eds) *Jordanian Society: Living Conditions in the Hashemite Kingdom of Jordan*. Oslo:Fafo.
- de Onis, M. etl al. 1993. "The World-wide Magnitude of Protein-energy Malnutrition: An Overview from the WHO Global DAtabase on Child Growth." *WHO Bulletin of the World Health Organisation*. 71. Geneva:WHO.
- Gorstein, J. et. al. 1994 "Issues in the Assessment of Nutritional Status using Anthropometry." *Bulletin of the World Health Organisation*. 7:2. Geneva:WHO.
- HDIP, CIET International, PCBS. *West Bank and Gaza Service Delivery Survey: Health and Basic Education Services. Final SDS Report*.
- Kuiler, R. et. al. 1998. "Nutritional Intervention for the Prevention of Maternal Morbidity." *International Journal of Gynecology and Obstetrics*. 63.
- Lebanon Central Administration of Statistics and UNDP. 1998. *Mapping Living Conditions in Lebanon*. Beirut:CAS.
- Lennock, J. 1998. *Health Insurance and Health Service Utilisation in the West Bank and Gaza's Trip*. Ramallah:HDIP.
- Palestinian Central Bureau of Statistics (PCBS). 1997. *Health Survey*. Ramallah:PCBS.
- Palestinian Central Bureau of Statistics (PCBS). 2000. *Health Survey*. Ramallah:PCBS.Tiltnes, Aage and Marwan Khawaja. 2002 *In-Depth Study of Palestinian Refugee Camps in Jordan*. Oslo:Fafo.
- Tiltnes, A. 2002. *Living Conditions among Palestinian Refugees in Syria*.Oslo:Fafo. (forthcoming).
- Ugland, O. 2002. *Difficult Past, Uncertain Future: Living Conditions among Palestinian Refugees in Camps and Gatherings in Lebanon*. Oslo:Fafo. (forthcoming).
- UNDP. 2002. *The National Human Development Report (Lebanon)*.
- World Health Organisation (WHO). 2000. *World Health Report*. Geneva:WHO.
- World Bank. 2000. *World Development Indicators*. Washington D.C:World Bank.

Chapter 8

Palestinian Refugees in Syria

Dr. Adnan Abdul Rahim

Summary of Main Findings

The Palestinian refugees in Syria represent less than 2.6 percent of the total population of Syria. The Palestinian refugee population in Syria originated from the northern part of Palestine, and were forced to leave their homeland after the 1948 war. The refugees led a very hard life at the beginning of their exile during the 1950s. Many of the refugees took shelter in mosques or schools, and were in such shelters for a long period of time before they settled in dwellings. Some 60 percent of these refugees and their children live presently in refugee camps, and 80 percent of these were born in exile.

The majority of camp refugees depended on UNRWA services to survive and to educate their children initially. However, later, refugees managed to join the Syrian labour market, earn a living and build their own houses.

The Palestinians in Syria enjoy the same civil rights as local Syrian citizens,

including access to employment in the public and private sectors of the Syrian economy. However, they are still deprived of all political rights, including the right to Syrian nationality, or a valid passport. Like all other Palestinian communities outside the occupied territories, they are distinguished by the high percentage of children and adolescents compared to the rest of the age groups.

Camps are served by the Syrian Administration and institutions through the General Association for the Palestinian Arab Refugees (GAPAR), by UNRWA, by other Palestinian societies such as the Palestinian Red Crescent Society (PRCS), and other local NGOS.

Although many Palestinians have managed to earn a living, and own houses in Syrian urban centres or in relatively prosperous camps such as Yarmouk camp, more than half of the Palestinian families are still suffering from extreme poverty or unable to live in healthy environments. This is in spite of the fact that recent surveys indicate a

general reduction in infant and child mortality and successful vaccination campaigns. Many camps still lack water and sewerage systems, and two camps near Aleppo are still the remains of two old French barracks.

UNRWA and Syrian hospitals and clinics provide a range of health services to Palestinian refugees including mother and child care and disabled care. The Palestinian Red Crescent Society and several other local NGOs also provide health services. UNRWA's latest austerity measure had a passive impact on refugees' hospitalization.

UNRWA educational services for children 6 through 15 years are comprehensive, and much appreciated by refugees. Nonetheless, classes are very crowded and many school buildings are in need of urgent repair.

Pre-school education is enjoyed by a small minority of Palestinian refugee children (three to six years of age). Pre-school buildings have been found to be unsuitable, with poor indoor environmental conditions, and lacking space and play grounds. Palestinian adolescents have free access to Syrian secondary schools and universities. In addition, UNRWA runs a vocational training centre near Damascus, where several hundred pupils are trained in certain vocational skills. School enrolment is more than satisfactory at the elementary

level, but preparatory and secondary cycle drop out is alarming. Further, refugee camps lack appropriate facilities for the social and cultural development of adolescents outside of school, such as organised leisure activities, youth clubs, children's libraries and youth cultural centres.

The effect of UNRWA's social programs is very limited. These include income generation programmes, loans, and repairing shelters (housing). The Agency lacks sufficient funding and adequate organizations. The women's committees programme sponsored by UNRWA represents a modest effort to enable Palestinian refugee women to participate actively in the economic and social production of their community. Other local NGOs also provide social programs for Palestinian refugees, such as the PRCS, the Palestinian Charity Society, Zharet Al Madaen society, and Beesan Vocational Centre.

Palestinian refugees are affected by the current economic crisis in Syria, including experiencing unemployment, especially among university graduates. Other implications are low incomes, high prices due to inflation. Unlike Lebanon, emigration outside of Syria is not widespread, but, many Palestinian refugee youth travel to the Gulf state for work in order to support their families. In addition, thousands of Palestinian refugee families emigrated to Scandinavian

countries, Canada and the United States looking for a better life. Unfortunately, no survey data or statistics exist for the exact numbers of those leaving Syria.

For the majority of the Palestinian refugees, the development of the camp infrastructure and UNRWA nutrition, health, and educational services and other social services will not represent a solution for their miserable reality. They still think that their residence in the refugee camps is temporary, and the final and just solution for their problem is a political one — to be able to return to their home land. Everybody and everything around them is constantly reminding that they are refugees and not citizens. They continue to dream of returning to a homeland where they will be dignified, respected citizens, proud of being Palestinian nationals and not refugees.

Demographic Characteristics

The exact number of the Palestinian refugees in Syria is uncertain — the most recent statistics indicate that the number of the registered refugees in Syria is 383,199. However, this estimate does not include refugees who were not registered by UNRWA in 1950. (UNRWA 2000).¹ Many of those unregistered failed to register themselves as refugees at the

right time, while others did not want to do so. UNRWA statistics indicate that more than 40,000 unregistered refugees reside in Syria presently. In addition to unregistered refugees, there are those that immigrated from Jordan and Lebanon during the 1970s and 1980s. Altogether, this makes an estimate of more than 435,000 Palestinian refugees in Syria. These refugees are primary the product of major refugee influxes following the war of 1948: Sixty-eight percent originated from Galilee, 22 percent from Haifa and other coastal areas in Palestine (UNICEF 1999). During 52 years of exile and with annual increase 3.4 percent, the 80,000 Palestinian refugees who fled to Syria in 1948 are now more than 430,000.

The majority of refugees were forced to leave the northern part of Palestine in 1948 with their families, to save their lives and their children. Most walked to the southern part of Lebanon, where many of them were put on trains and transferred to Syria, where they were then distributed all round the Syrian urban centres (Mawid 1999). The majority were poor, illiterate peasants, who were settled in mosques, schools, or tents. Later, they managed to build their own houses on land allocated to them by the Syrian government, and this constitutes what we call nowadays the refugee camps. UNRWA defines the camp as “a plot of land placed at the disposal of the UNRWA by the host governments for

¹ This estimate is similar to that of GAPAR.

accommodating Palestinian refugees and for setting up facilities to cater to their needs (UNICEF 1999). Since 1950, UNRWA began to provide refugees with the minimum needed amount of nutrition, health and educational services, but the main provider of such services was the Syrian government, and in fact, the official policy of non discriminatory and equal access to the labour markets have had an impact on the evolution of the Palestinian community in Syria concerning the interaction with the host state population (UNICEF 1999). Unlike in Lebanon and other host countries, the Palestinian refugees in Syria enjoy the same civil rights and services offered to the local citizens.

A number of these refugee camps managed to develop quickly, and nowadays they look like small towns, such as Yarmouk camp near Damascus. However, many still lack services.

Palestinian Refugees in the Camps and Urban Centres

UNRWA sources indicate that the Palestinian refugees live in 10 official camps and three gatherings. The largest and most populated refugee camp in Syria, which includes more than 96,000 Palestinian refugees (Yarmouk camp near

Table 8.1: Population estimates of Palestinian refugees in camp and gathering areas in Syria.

Yarmouk	96,000
Sbeineh	11,125
Jarmana	35,000
Khan Eshieh	13,396
Obre essit	9,700
Khan Danoun	7,391
Husseinya	11,406
Da'ra	9,402
Homs & vicinity	17,844
Lattakia camp & vicinity	8,337
Hama camp, city	7,583
Neirab, Tall	20,000

Source: Palestinian Central Bureau of Statistics, Unpublished report, 2000.

Damascus) is not an official camp, but currently run by a local municipality.

However, before describing these camps in detail, we should note that more than 60 percent of the Palestinian refugees in Syria still live in what is described by UNRWA and the Syrian government as camps and gatherings. The remaining Palestinians live in Syrian urban centres, and very few live in rural areas. In fact, the poorest layers of the Palestinian refugees presently settle in these camps. Those who managed to rent or buy a house in the urban centres in the 1950s were those who succeeded in bringing with them a small fortune from Palestine, or those who were well-educated and trained in Palestine. Among the latter, some benefited from employment by UNRWA or the Syrian civil administration. More than 75 percent of the Palestinian refugees live in Damascus or in the camps around it. In fact, less than 100,000 live in the camps

Table 8.2: Demographic characteristics of Palestinian refugees in camp and gathering areas in Syria.

Indicator	Value	Indicator	Value
Population (1998)	15.3 m	External immigration (1970)	597,000
Annual population growth		Mean marriage age	
1994	3.24%	1970	22 years
1998	3.30%	1975	26 years
% children under 15 years		Urban centers population (%)	
1951	49%	1970	47%
1994	44%	1980	49%
		1998	53%
Death rate (% per 1,000)		Mean family size	
1970	15%	1960	5.3
1975	4%	1994	6.5

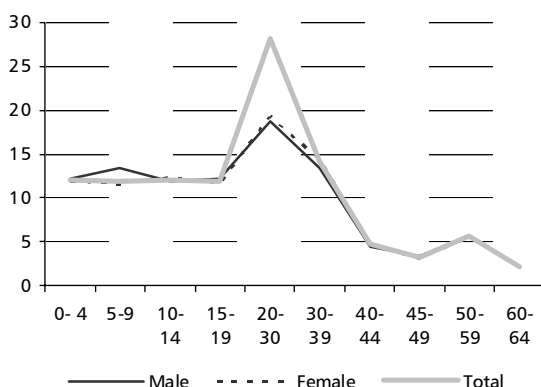
Source: Palestinian Central Bureau of Statistics, Unpublished report, 2000.

Table 8.3: Demographic characteristics of Syrian national population.

Mean family size	5.8 persons
Life expectancy	69 years
Annual population growth	2.7%
Total fertility rate	5.2 children

Source: UNDP, Syrian Government. Human Development Report: Syria 2000. (in Arabic).

Figure 8.1: Percent distribution of Palestinian refugees in camp and gathering areas in Syria by age group.



Source: Palestinian Central Bureau of Statistics, Unpublished report, 2000.

around Homs, Hama, Lattakia, and Aleppo.

Population estimates for each refugee camp or gathering area is provided in Table 8.1.² Most of the refugees living in Husseinya, a Syrian construction camp, were forced to leave Jaramana in order to build a highway.

Like all other Palestinian communities in the occupied territories and neighbouring host countries, the refugee community in Syria's demographic characteristics include a high proportion of the population under 15 years of age and high, but declining, fertility rates (Table 8.2 and Figure 8.1). Children and adolescents through 15 years of age represent more than 46 percent of the total number of the Palestinian refugees in Syria. The average family size is 5.2 members. The fertility rate has declined slightly in recent years from 7.3 to 6.0 in 1995. This is due to an increase in marriage age for both men and women, and family planning services offered by UNRWA and the Syrian Ministry of Health.

In general, the national population in Syria has similar demographic characteristics to the refugee community: Marriage age has increased and death rates have declined considerably (Table 8.3). However, the refugee community

² The Canadian report (1994) and the PCBS estimates of the refugee population in Syria differ somewhat.

has slightly smaller average family size and lower population growth rates than the Syrian national population as a whole.

Syrian Economy and Socio-Economic Conditions of the Palestinian Refugees

The Palestinian refugees represent less than 2.6 percent of the total Syrian population, and are not isolated from the economic and social life of Syrian society. Palestinian refugees have access to all social, health, and educational services offered to Syrian citizens. At the same time, refugees have access to employment in the public and private sectors of the Syrian economy, and therefore, are influenced by the latest developments in the Syrian economy. In recent years, the Syrian economy has faced a decline in agricultural productivity due to more than five years of drought (the worst in 40 years), which has led to a dramatic fall in the export of wheat, barely and cotton, as well as a tragic decline in cattle-rearing. In addition there has been a financial collapse among public sector factories and decrease in internal and external investments. The result has been a high percentage of unemployment and inflation, impact on the level of, and need for, basic needs' subsidies (such as bread,

sugar and rice), and reduction of health services.

Since 1960, the Syrian government began achieving a balance between income and expenditure in the budget through five-year plans, a balance between imports and exports and to achieve a more equal distribution of income. The 1960 to 1970 decade witnessed rapid economic development, evidenced in the increase of gross domestic product (GDP), expenditures, consumption, investments and employment. Other human development indicators showed similar improvement, including the rise of living standards of the population (Annex 8.1). These improvements include, (1) better health and educational services, (2) longer life expectancy, (3) longer participation of females in economic life, (4) decrease in death rate, (5) decrease in illiteracy, and (6) generalization of elementary schooling.

During the 1970 to 1980 decade, the economy was distinguished by the importance of the role of the public sector in the Syrian economy. This occurred through large-scale investment in order to widen the agricultural and industrial base of the Syrian economy. (Euphrates Dam oil refineries' central planning was the dominant feature of Syrian economy in that decade, while private sector participation was very limited). This decade also witnessed radical changes in the Syrian economy

through the increase of external remittances, and an increase in exporting oil and phosphates – which, in turn, led to an ambitious plan to double GDP, and improve the economic infrastructure. Economic indicators during this decade showed a genuine improvement with an annual increase in the GDP of 12.7 percent, in investment of 21 percent, and an increase of inactive earners of 3 percent.

The last decade witnessed an economic recession in the Syrian economy as a result of the low prices of oil, reduction of external remittances, in addition to other political and economic factors. This economic situation led to a decrease in investment levels that, in turn, led to a deficit in the balance of payments and budget deficit. The GDP development indicators showed a rapid fall of 1.85 percent annually, lack of foreign currency that led to postponement of several projects included in the five-year plan. In addition, unemployment and, later, inflation rates increased (UNDP 2001) (Table 8.4).

The Palestinian refugees have been influenced by these economic problems

(UNICEF 2000). A recent survey indicates that 26 percent of the Palestinian refugee households live below the poverty line, and that 22 percent live on the poverty line (UNRWA 2000). The UNRWA definition of the poverty line is the cost of a food basket required to maintain basic caloric requirements: an income level of 6000 to 8000 Syrian pounds per month for a family of 5.8, excluding clothing, shelter and other basic needs (UNRWA 2000). The dependency rate is relatively high at 1:4. UNRWA registered special-hardship cases increased in the year 2000, reaching 26,394 cases as of June 1999. At the same time, financial assistance to the poor families offered by UNRWA decreased to only about 76,000 USD (for 250 families) in the year 2000 (The Canadian Mission Report 1994).

Many Palestinian families prefer to live in camps with their community rather than living in cities. The housing conditions of these camps are very miserable, with crowded, unhealthy rooms, poorly surfaced and narrow streets, and remains of extended families structures. Public gardens, safe places for

Table 8.4: Syria: Economic Indictors 1970-2000. Percent annual growth by periods

	1970-1980	1980-1990	1990-1997	1997-2000
GDP % annual growth	10.5	4.0	6.4	5.7
Expenditure	9.2	7.0	2.8	4.6
Investment	16.0	3.7	6.8	5.9
Imports	8.9	1.1	1.0	3.9
Exports	1.5	7.2	11.1	6.0

Source: UNDP, Syrian Government. Human Development Report: Syria 2000. (in Arabic).

the children to play, and social institutions are also lacking in the camps.

Access to Services and Camp Infrastructure

Certain camps in Syria are still in need of water and sewerage systems, and solid waste gathering systems. Certain references indicate that only 80 percent of the Palestinian refugees in camps have access to water systems. In certain camps, such as Khan Danoun, refugees must buy drinking and cleaning water. The percentage of those who have access to a regular sewerage system is the same, and the majority of the camps lack a solid waste gathering system. A Canadian report indicates that 8,500 Palestinian families in the camps are living in substandard housing conditions that are lacking space, privacy, hygiene, and ventilation. An urgent need to rebuild Al-Nairab camp, to improve water supply in Khan Danoun and sewerage system in Khan Eshieh is reported, in addition to all the camps being in need of a mechanism of solid waste management (The Canadian Mission Report 1994).

The Syrian government was, and still is, the main provider of social, health and educational services. The Government paid the costs of linking water and sanitation systems to municipal networks, and costs of improving other basic infrastructure in the refugee

camps. UNRWA also provided, and still provides, registered Palestinian refugees with health care services, social and educational services. The Palestinian Red Crescent Society (PRCS) also provides health services and hospitalization for a limited number of the Palestinians. These services will be analysed later in the paper in more detail.

Labour Force and Employment

The Law No. 260, passed in 1956 by the Syrian government, stated that Palestinians residing in Syrian are to be considered as all Syrians in all things covered by the law and legally valid regulations connected with the right to employment, commerce, and national services, while preserving their national identity. Concerning employment, the Palestinians were offered a chance of employment in all sectors of the Syrian economy, in addition to various official administrations. They also practiced commerce and were active in other businesses. The main fields of their economic activities are presented in Table 8.5.

In addition, UNRWA employs more than 2,736 refugees in Syria. The wages of these employees are higher than those of government employees. Thousands of Palestinians have managed to own more than one house, and be financial quite well off — especially those who run

businesses such as clothing, magazines and small factories. Many professional Palestinians are employed in Syrian universities, are Directors in Syrian factories and administration departments. However, a large layer of Palestinians still suffer from low income and poverty. A small number of Palestinians are working in agriculture because they lost their lands and properties in 1948.

In general, low income is a dominant feature of the Syrian economy. Recent statistics indicate that the individual annual income from the total national production is less than 970 USD. Unemployment is very widespread in certain poor camps. Certain references indicate that in camps such as Nairab, Khan Danoun, and Jaramana, the percentage of unemployment may represent 50 percent of the labour force. Unemployment in these camps is accompanied

by a high percentage of illiteracy and functional illiteracy among adults (The Canadian Mission Report 1994).

Very modest and limited efforts are practiced by UNRWA and local authorities in order to help these poor layers of Palestinian refugees, and to develop self-dependency. In 2000, UNRWA financed only 18 projects through its programme of income-generation, repaired 29 shelters, and only 2,074 individuals benefited from its loans (500 to 10,000 USD loans).

UNRWA also tries to reduce poverty through vocational training organized by the local women's committees, and training of the disabled. Vocational training includes embroidery, computer training, training of kindergarten teachers, communication skills, and English language courses. More than 18,000 women joined these courses in the last five years (UNRWA 2000). Palestinian political movements' women organizations are also active in the field of vocational training, especially for women.

UNICEF finances training courses for kindergarten teachers, as well as an advanced vocational training program, but with little impact in the poverty situation. The majority of the Palestinian refugee families are still living in unhealthy, crowded houses (3-4 persons in a room) with low income, lacking voca-

Table 8.5: Distribution of refugee employment by sector or position. Percent of persons employed.

Director, administrative	22.0
Clerical	8.0
Selling, buying	7.6
Services' Sectors	7.3
Agriculture, forestry	1.5
Wage-Laborer	46.0
Employees	10.0

Source: PCBS unpublished report 2001.

Table 8.6: Distribution of Palestinian households by income group. Percent of households in each group.

<3,000 SYP	3,000-5,000 SYP	>5,000 SYP
60.0	36.3	3.7

Source: PCBS unpublished report 2001.

tional training, and suffering of severe poverty.

Health Services

As we mentioned earlier, the Palestinian refugees in Syria have access to all health services offered to the local citizens, including mother care centres, hospitals and clinics. At the national level, Syria's capacity in the area of health grew substantially during the 1970s and 1980s (Table 8.7). The Syrian Arab Republic spends about 4.5 percent of total per capita expenditure on health.

Increase in health capacity at the national level has been accompanied by quite substantial improvements in health outcomes among the national Syrian population (Table 8.8).

In addition to health services provided by the national government, UNRWA runs 23 clinics in the Palestinian refugee camps that provide all kinds of health services including mother and child care centres, 12 laboratories, dental services, and family planning programmes. UNRWA also supports hospitalization in 8 private hospitals for the Palestinian refugees. The Agency also takes care of developing water and sewerage systems in the worse-off camps such as Khan Eshieh and Khan Danoun. UNRWA and UNICEF provide all kinds of vaccination programs for the children

Table 8.7: Syria: National Health Capacity 1970 and 1988.

	1970	1988
Number of physicians	1623	20888
Ratio of physicians to pop.	1:3856	1:747
Number of nurses	1401	29500
Ratio of nurses to pop.	1:4500	1:550
Number of Midwives	566	6672
Number of Dentists	370	10472
Ratio of dentists to pop.	1:16767	1:1489
Number of pharmacists	850	7937
Ratio of pharmacists to pop.	1:7417	1:1965
Number of hospital beds	5020	13882
Ratio of hospital beds to pop.	1:1007	1:832
Number of hospitals	78	352
Number of clinics	78	1084

Source: Human Development Report, Syria 2000. UNDP & Syria Arab Republic.

in collaboration with the Syrian Ministry of Health. In 1998, 100 percent of the Palestinian children got TB vaccine, 97 percent received polio, 95 percent measles, 99 percent BSG and 89 percent of registered pregnant woman were vaccinated against Tetanus.

As a result of vaccinating children, under-five mortality rate decreased from 200 per thousand live births in 1960 to 32 in 1999, and the infant mortality rate is relatively low, at 29 per thousand live births. The leading causes of infant deaths are low birth weight, pre maturity, 18 percent congenital malformations, 18 percent respiratory infections, and 14 percent gastroenteritis. Twelve percent of children under five years old suffer from diarrhoea disease. A survey that took place in October 1998 found that 40 percent of children suffer from a cold and cough (PCBS 1998). The same

Table 8.8: Syria: Select Health Indicators.

	1970	1998
Percent children vaccinated against:		
BCG	---	100
Polio	---	93
Measles	---	94
Infant mortality rate (per 1,000 live births)	132	28
Child mortality rate (per 1,000)	164	32
Life expectancy at birth		
All	---	58
Men	---	68
Women	---	70

Source: Human Development Report, Syria 2000. UNDP & Syria Arab Republic.

Table 8.9: Registered Palestinian Refugees. Select Health Indicators 1997-1998.

Infant mortality rate (per 1,000 live births)	20
Child mortality rate (per 1,000)	32
% births attended by trained personnel	98
% births followed by post-natal health check	91
% Children under-weight	
1-2 years	3
2-3 years	2
UNRWA physicians per 10,000 pop.	10.8
UNRWA nurses & midwives per 10,000 pop.	20.6

Source: UNRWA Department of Health 1999, Annual Report.

survey indicates that 26 percent of the children under five years of age suffer from under-nourishment. Iodine deficiency is very common among school children, anaemia is also widespread among children in the age group 1 to 2 years old (PCBS 1998). Select health indicators for Palestinian refugees utilising UNRWA health services is provided in Table 8.9.

UNRWA clinics received 944,321 patient visits, dental centres received 67,302 visits, and UNRWA funded hospitalization of 5,097 patients for 10,950 days in the year 2000. Child health care centres took care of 22,233 children under three years of age. The family planning programmer dealt with 3,838 families.

In addition to Syrian government and UNRWA health services, the PRCS runs three hospitals in Syria: The first is Jafa hospital in Damascus (served by 12 physicians), the second is Palestine hospital in Yarmouk camp (served by 19 physicians), and the third is Bissan hospital in Homs (served by 20 physicians). In addition there is a dental centre in Yarmouk camp (served by seven dentists). Finally, the PRCS runs nine poly-clinics in refugee camps in Syria. The three hospitals and the clinic received 267,903 visits in 1998. In addition to dealing with urgent health cases, the hospital also practices surgical operations. The hospital operated 7,213 different kinds of surgeries in 1999.

Other NGO centres also provide health services to the Palestinian refugees. These include the Palestinian Charity Organization in Yarmouk camp (Khalsa clinic) and a hospital run by the Palestinian Liberation Army (PLA). The treatment at these health centres is highly subsidised or free of charge.

Recently, UNRWA has reduced its health services through austerity measures and cutbacks due to its budgetary situation. The number of hospital beds reserved for refugees has been reduced by the Agency to less than one to 10,000 of the refugee population. The Palestinian refugees are also complaining of lack of adequate medicines in UNRWA clinics and poor treatment by staff (Refugee Studies Centre 2001).

A genuine development of health conditions of the Palestinian camps demand the improvement of water and sewerage systems, better solid waste gathering mechanisms, and better health care and hospitalization services. A protective policy must be adopted in order to deal with widespread Sickle Cell Anaemia among Palestinian children in certain poor camps such as Jaramana, Khan Eshieh, Husseinya, and Sbeineh camps. This disease is accompanied by poverty, high living density, poor health habits among children, smoking and drinking among adults and child labour (UNICEF Workshop 1998).

Improvement on the awareness of children's care givers concerning the needs of children's healthy physical growth is much needed. Available evidence suggests that substantial numbers of mothers still lack basic awareness of child health issues. In 1996, a study found that only 42 percent of children with diarrhoea were treated with oral

dehydration therapy, and only 55 percent of children with acute respiratory infections were taken to appropriate health providers. However, on a positive note, breastfeeding is widely practiced by mothers. In 1994, a survey found that 92 percent of the Palestinian infants were breast fed for at least one month.

Unfortunately, we do not have a detailed image of the psychological health of refugees in Syria, although we expect that the presence of poverty, unemployment, and the absence of spaces and leisure activities in the camps will have a passive impact on patterns of behaviour and the psychological health of children and adults. As mentioned earlier, smoking, drinking and certain aggressive patterns of behaviour and depression are common in certain camps round Damascus and in the north of Syria. Syrian hospitals and private clinics are equipped to some extent to deal with such abnormalities, and limited amounts of medicine are offered to those suffering from certain mental problems by UNRWA clinics. However, in general, mental health is not one of the priorities of the Syrian health services and institutions.

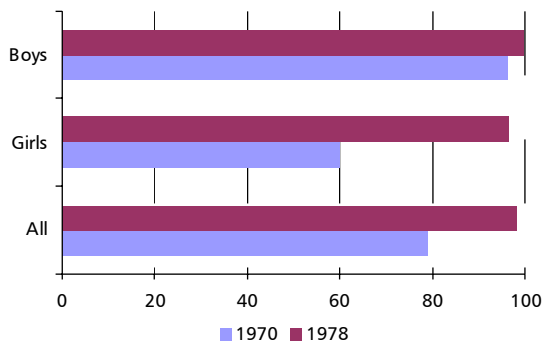
Educating the Palestinian Refugee Children in Syria: UNRWA and Syrian schooling

At the national level in Syria, there were especially large gains in elementary enrolment during the 1970s (Figure 8.2). Here, we see quite large improvements especially in female enrolment. Throughout the last three decades, government schools have continued to decrease pupil per class and pupil per teacher ratios, at the same time as enrolment in higher education has increased dramatically (Table 8.10). This development is accompanied by an increase of government expenditure on education from 9.6 of total expenditure per capita in 1970 to 13.2 percent in 1997.

During the school year 1999 – 2000, UNRWA schools received 64,470 pupils in 110 schools (60 elementary schools and 50 preparatory schools). The

majority of Palestinian children in the age group 6 through 15 years join UNRWA schools, while a few thousand join Syrian and private schools. Pupils are taught and served by 2,024 teachers and education system employees. Ninety-three percent of UNRWA school buildings are on double-shift, and the average class size is 44 pupils. UNRWA budget allocation is highest for education compared to other services (11.3 million USD, compared to 4.6 for health, and 3.2 for social relief) (UNRWA 2000). The school enrolment for children aged 6 through 11 years is very high for both girls and boys (over 98 percent) (Table 8.11). However, enrolment is lower for children in the 12 through 15 year age group (76 percent for males and 80 for females). Enrolment continues to decline among youth 16 and 17 years (50 percent for males and 59 percent for females). UNRWA does not offer Palestinian refugee youth secondary schooling, but these youth have free access to Syrian secondary schools and universities.

Figure 8.2: Syria: Percent 6-11 years enrolled in elementary education 1970 and 1978.



According to an agreement between UNRWA and the Syrian government, UNRWA is expected to use Syrian curriculum and text books in its schools, and UNRWA pupils must sit for a general, governmental exam at the end of the preparatory cycle. During the 1999-2000 school year, the percentage of refugee pupils passing this exam was much higher than the general percentage in Syria (92 percent compared to the

general result of 54 percent). The drop out rate is very low in the first three years of elementary school, but begins to increase in the fourth grade. In general, drop out is less than 2 percent in the elementary cycle (1 percent for males and 3 percent for females), while it is much higher in the preparatory cycle (14 percent for males and 9 percent for females). The causes of drop out among male pupils are repeated school failures, and leaving school to earn a living or to support families. The driving force behind female drop out is early marriage or negative family attitude towards girls' education. We may add also bad health conditions, negative attitude towards the teachers and school regulations. A survey organized by the PCBS found that one-half of those pupils who dropped out of school did not work, while the others were engaged in marginal economic activities (UNICEF, PCBS 1998b).

The teachers in UNRWA schools usually have relevant qualifications, in addition to in-service educational training programmes. The majority of pupil's testimonies indicate that corporal punishment and verbal abuse are still widespread in UNRWA schools, in spite of the fact that this is officially prohibited. The curriculum in UNRWA schools (which is a Syrian curriculum) is still far from reflecting up-to-date pedagogy and contemporary issues. Moreover, the curriculum is not flexible or responsive to individual needs. The Syrian government

Table 8.10: Syria: Pupils per class, per teacher and higher education enrolment 1970 and 1998.

	1970	1998
Pupils per class		
Elementary	26	25
Preparatory	43	35
Secondary	42	33
Vocational secondary	34	29
Pupils per teacher		
Elementary	37	23
Preparatory	46	16
Secondary	43	16
Vocational secondary	13	8
Higher education students	2,600	170,000

Table 8.11: Palestinian refugees. Select enrolment indicators.

	All	Boys	Girls
Preschool (3-6 yrs)			
% enrolled	8.1		
Number pre-schools in camps	33		
Elementary (6-11 yrs)		95.6	98.8
Preparatory (12-15 yrs)		49.0	59.5
Elementary dropout rate	2.0	1.1	3.0
Preparatory dropout rate	11.6	14.1	8.9
Illiteracy rate (10-45 yrs)		10.3	30.9

Source: UNRWA 2000.

began reforming the elementary cycle curriculum in 1998.

Illiteracy among the adults (13-45 years) is still low (about 20 percent of adults), but illiteracy among adult females is twice the percentage than among males. There are very limited efforts organized by local NGOS to put an end to this educational and social disadvantage for women.

Concerning secondary and post-secondary education, Palestinian adolescents usually join Syrian secondary schools and universities, like their Syrian counter-parts. UNRWA offers annually more than 200 scholarships for Palestinian students in Syrian universities.

Vocational Training

UNRWA's vocational centre near Damascus included 782 secondary school graduates in 1999. The centre offers its students a set of vocational skills, such as radio and TV repairing, pharmacy, and so on. Palestinian pupils who fail to get high marks in the ninth class exam are obliged to join secondary vocational schools instead of joining general academic secondary schools.

Pre-school education

Pre-school education including, nurseries, and kinder gardens are not obligatory or free. They are not yet a part of the educational system in Syria. The available nurseries and kindergartens are run by Palestinian movements' women organizations, women committees sponsored by UNRWA, or the private sector. The 33 kindergartens in the Palestinian refugee camps take care only of no more than 7 percent of the Palestinian children in the age group 3 to 6 years. A field study covering these

kindergartens in 1995 found that kindergarten buildings were unsuitable, lacking adequate sanitary conditions, clean drinking water, windows and outdoor play spaces. The study also found that classrooms were very crowded, and that teachers lacked specialized training and had low salaries (UNICEF, PCBS 1995).

Other Education Activities and Resources for Palestinian Refugee Parents and Youth

Beside these educational institutions for early childhood, the UNICEF office in Damascus is financing two early childhood care projects. The first of the projects is safe-marriage projects that aim to educate young girls about healthy, social and legal conditions of successful marriage. More than 500 girls joined the thirty courses which were organized in the majority of Palestinian camps in Syria. The second project is to provide skills for better parenting, including providing the necessary knowledge and information about children's growth needs, and instructing parents about how to take care of their children's nutrition, physiological and emotional needs. In addition, more than five workshops were organized last year in order to instruct the leading cadres in mass organizations about the UN convention on the rights of children.

A 1998 survey sponsored by the Palestinian statistical centre in Damascus reveals the fact that only 8 percent of adolescents in refugee camps have access to a community garden or recreational club in which to play. One-quarter play in unsafe conditions in the street, and 45 percent play at home. Some 86 percent of the girls play only at home (UNICEF 2000).

UNRWA established four centres for disabled children in Dera', Homs, and Hama. An Italian NGO established another such centre in the Hajar Alaswad area, near Damascus, offering social rehabilitation courses and training for volunteers working with disabled. Despite these efforts, slow learners are neglected, and they are still in need of special institutions to help them to keep up with their peers.

It is clear that UNRWA and the Syrian government are the main providers of educational services to Palestinian refugee children in Syria. Although, in addition, limited assistance and support is provided by the Palestinian women's organisations, the Palestinian women's union (Syria-branch), and few local NGOs that are mainly charity organizations. Still, the majority of the Palestinian families admire and think positively of the educational role of UNRWA schools and their teachers (Refugee Centre). The Palestinian children still need more laboratories in their schools,

more play grounds in their camps, more children's libraries, youth clubs and cultural centres.

A Comparative Approach to Palestinian Refugees in Syria

In this final section, we will briefly compared differences across groups of refugees in Syria, including comparison with the Syrian national population, and discuss some of the main problems areas in terms of the multi-faceted poverty faced by Palestinian refugees in Syria. In this vein, reactions among the Palestinian refugee youth to the poor economic situation in Syria are discussed. Also discussed are types of poverty and how traditional values and practices are changing in light of economic realities.

Priority Areas for Improvement of Situation in Camps: infrastructure, vocational training, UNRWA personnel training, more developmental approach.

There are very urgent tasks needed to improve the environmental conditions for Palestinian refugees in Syria. These include replacement of barracks of Nairab camp near Aleppo with housing taking into consideration families' privacy and hygiene (there are 8,500 families still living in sub-standard housing conditions). Present efforts by UNRWA

in the area of housing and infrastructure are not sufficient. Improving water and sewerage systems in the camps near Damascus is key. The general association for the Palestinian Arabs participated actively in providing the camps with the minimum needs of a valid infrastructure, but these camps are still in need of more funding for improving its infrastructure.

Improvement in vocational training systems is also necessary to enable youth and young adults to face unemployment problems — problems effecting Palestinian adults in different refugee camps in Syria. Finally, improvement in the standard of training of the cadres of the UNRWA departments of relief and social services is needed to enable them to help refugees to face their social problems.³

After 52 years of exile, and in spite of the fact that the Palestinian refugees in Syria enjoy the same civil rights enjoyed by the local citizens, the majority are still suffering of different levels of poverty, low incomes, unemployment, bad housing conditions and certain camps are still in need of sewage, water and solid waste disposal systems. UNRWA policies towards the refugees are still policies of relief and services, and not one of development and helping the Palestinians to achieve self-dependency. The funds allocated by UNRWA to the development of projects such as income-

generation projects and women's programmes activities are very limited, so such projects have a symbolic effect, and do not help the poor layers of Palestinian refugees put an end to their poverty and dependency. What was thought to be a temporary exile and residence for the Palestinian refugees in 1948, the refugee camps are still the Palestinian refugees' residence after 52 years. Seeing no solution for the refugee problem in the near future, we think time has come for UNRWA and the host country authorities to think of projects and funds to help the Palestinians achieve self-dependency and improve the infrastructure of their camps.

Socioeconomic disparities among refugees in Syria larger between certain camps than differences between camp and non-camp refugees. Yarmouk camp better off than others.

Since Palestinians are relatively integrated in economic and social life in Syria, they are influenced by the Syrian economic crises, and suffer unemployment, low income and inflation (UNDP 2001). Economic disparities are not mainly between refugees living in camps and those who are living in Syrian cities, but disparities are clearer between different camps. Unemployment, low income, bad housing conditions, illiteracy and the absence of water and sewerage systems distinguish the life in camps such as Khan Danoun, Sbeineh, and Nairab. In contrast, Yarmouk camp is more

³ See UNICEF 2000 report.

prosperous than any other town in Syria. Palestinian refugees in Yarmouk and the more prosperous camps have benefited from assistance by GAPAR, UNRWA and Palestinian national movements, and through effective educational services offered by UNRWA and Syrian secondary schools and universities, as well as scholarships from the ex-socialist countries. Adults witnessed an active social mobility, enabling the children of poor refugee peasants from 1948 to become engineers, physicians, pharmacist and teachers. This achievement led them to be able to build their own houses, run their own businesses, and among those who travelled to the Gulf states for work, to support their families in the camps and garner substantial amounts of financial resources. In contrast, the uneducated and un-trained adults in other camps still suffer from poverty and depend heavily on UNRWA services and assistance.

Emigration of young Palestinian refugees out of Syria as result of poor economic situation.

During the last five years, as a result of increased unemployment among university graduates, a wave of emigration began towards the Gulf, European and North American countries. We do not have exact figures concerning the number of emigrants, but certain references indicate that it constitutes 7 percent of the young Palestinian adults. Many Palestinian families also moved to the

Scandinavian countries, mainly Sweden, looking for a better life. With prices getting higher and incomes still relatively stable, earning a living is becoming more difficult for Palestinian families in Syria. Young adults who are trying to have a family find it very difficult to hire a house, to secure a satisfactory income and to support their new families. This explains why the marriage age is rising, at 22 years for women and 26 years for men.

Poverty among Refugees in Syria and Its Solutions

There is no magic solution to deal with the question of poverty, and other social and economic problems facing the Syrians and the Palestinian refugees in Syria. However, what can be done in the near future for the Palestinian refugees is to focus on development of the camps' infrastructure. However, in the long run, UNRWA has to change its policies — moving from survival, relief services to more durable development policies. These policies should aim to enable the refugees to improve their vocational and educational qualifications, and provide them with necessary funding to run their own businesses. It is also expected that any development in the Syrian economy will help refugees to increase their incomes and secure a better life for their families. Short-term targets must include reduction of infant and child mortality, eradication of illiteracy, extending life

expectancy, and putting an end to dropping out of school.

The latest economic indicators in Syria are not encouraging (including GDP, GNP, income, and employment). Nonetheless, Palestinian refugees in Syria enjoy a better life than their counterparts in Lebanon. The Palestinian refugee community is still facing three kinds of poverty: (1) Extreme poverty (a lack of income to satisfy basic food needs usually defined as the basis of minimum caloric requirements), (2) over-all poverty, such as lack of income necessary for food needs, clothing, energy and shelter, and (3) human poverty, such as a lack of basic human capabilities, illiteracy, nutrition, life-span, poor material health, lack of access to goods, education, communications, and drinking water (UNDP 2000c).

Not that much difference between Palestinian refugees in Syria and the national population in terms of poverty and its consequences.

Taking into consideration the above-mentioned definition and criteria of poverty, we can say that a large layer of the Palestinians in Syria and Syrians are suffering of the three above-mentioned kinds of poverty. A UNDP report indicates that one can infer poverty must have increased over the last 10 to 15 years as a result of the economic situation following the sharp reduction in aid and remittances during 1980. The level

of poverty in Syria, as a whole, is estimated by ESCWA at 22 percent. Economic indicators for both Palestinians in Syria and Syrians show similar quantitative and qualitative measures including low family incomes, unemployment, high inflation, poor housing conditions and so on. Human development indicators are also similar among Palestinian refugees in Syria and Syrians.⁴

Social values and social relations fairly traditional among Palestinian refugees in Syria

Poverty in certain refugee camps is also accompanied by the relative dominance of a rural, traditional social system of values governing family life. Remains of extended family structures are still present in certain camp such as Jaramana, Khan Danoun, Khan Eshieh. Attitudes towards women, and tribal and rural values are still protected, not only by older persons, but also by young ones. Marriage between relatives is still present in many camps around Damascus. Sheiks and notables still settle disputes among the inhabitants of Khan Eshieh camp and Sbeineh.

Social identification and social affiliations still depend on belonging to a certain family, a village or a city in Palestine. Modernization processes for the Palestinian community in Syria is taking place slowly and is influenced by

⁴ For more information about the Syrian economy see UNDP, Human Development Report, 2000; and UNDP Human Development Report, Syria, 2000.

thirty years of politicization by the Palestinian resistance movements and the social development of the Syrian society. Family planning including (family size and spacing between pregnancies) is still facing traditional views. Prejudice against female education and participation in the social and economic life of the community is still present. However, economic need and contemporary pressures are weakening the dominance of traditional attitudes towards women. The presence of such traditional values and ways of living can be explained by the fact that it is part of a mechanism to defend identity, being refugees for a very long time, dreaming of returning to their homeland, to their old way of living.

References

- UNRWA 2000. *The Report of the UNRWA Commissioner General*. June 2000.
- UNICEF 1999. *The Situation of Palestinian Children in Syria: A Rights' Based Assessment*. Damascus, UNICEF.
- Mawid, H. 1999. *The Palestinians in Syria*. Unpublished manuscript.
- UNICEF 2000. *The Situation of Palestinian Children in the West Bank, Gaza Strip, Jordan, Syria and Lebanon*. Amman, UNICEF Regional Office.
- UNICEF 1995. *The Situation of Palestinian Children in Damascus*. Damascus, UNICEF.
- Refugee Studies' Center 2001. *The Palestinian Refugees and UNRWA*.
- UNDP 2000a. *Overcoming Human Poverty*. New York, UNDP.
- UNDP 2000b. *Preventing and Eradicating Poverty: Eradicating Poverty in the Arab World*. New York, UNDP.
- UNDP 2000c. *Human Development Report 2000*. New York, UNDP.
- UNDP 2001. *Human Development Report: Syria 2000*. New York, UNDP. (in Arabic)
- The Canadian Mission to Syria Report 1994. Unpublished manuscript. Damascus.
- Palestinian Central Bureau of Statistics and UNICEF 1998a. *Preliminary Report of Health, Social and Education Conditions of Palestinians in Refugee Camps and Gatherings in Syria*.
- UNICEF 1998. *Anemia Diseases in the Palestinian Refugee Camps in Syria*. Workshop paper. Damascus.
- Palestinian Central Bureau of Statistics and UNICEF 1998b. "Child Labour in the Palestinian Refugee camps in Syria" in *Educating the Palestinian Children in Syria*. Damascus, PCBS.
- Palestinian Central Bureau of Statistics and UNICEF 1995. *Palestinian Kinder-gartens in the Refugee Camps in Syria*. Damascus, PCBS.

Annex 8.1

Syrian Human Development Indicators

Syrian Human Development Indicators	Rank 52, value 19.3
Gender-related development index	Rank 95, value 636
Adult literacy rate	27.3
Population without access to safe water	14%
Population without access to sanitation	33%
Life expectancy at birth (1998)	69.2 yrs.

Source: Human development report 2000, UNDP

Syrian Human Development Indicators	Rank 52, value 19.3
Gender-related development index	Rank 95, value 636
Adult literacy rate	27.3
Population without access to safe water	14%
Population without access to sanitation	33%
Life expectancy at birth (1998)	69.2 yrs.

Chapter 9

Population Forecasts of Palestinian Refugees 2000-2020

Jon Pedersen

Introduction

The purpose of the Chapter is threefold: First, two show how the Palestinian refugee population in Jordan, the Occupied territories, Lebanon and Syria may increase until 2020. Second, to show how the population growth affects the relative distribution of Palestinian refugees, provided there is no migration between the different areas. By extension, this also indicates the level of out-migration needed to reduce or keep constant the number of Palestinian refugees in any given area. Third, we will consider the diminishing numbers of the first generation refugees.

The Methods and Data

The projection method used in this study is the so-called cohort-component method. The core of this method is to take the current population and its age and gender structure as point of depar-

ture, and then simulate that for each year into the future the various cohorts experience death as described by age specific death rates. Similarly for each year of the simulation the population is replaced by births as generated by simulating that the women of each age group give birth consistent with the age specific fertility rates.

The use of the cohort-component projection method defines the need for data: the size and structure of the population at present, and the description of change, i.e. the rates of births, death and migration. The bulk of the data used derive from surveys carried out by Fafu in cooperation with various partners in the West Bank, the Gaza Strip, Jordan, Lebanon and Syria (Table 9.1). They have been supplemented with official and other statistics from the areas.

A summary of the derivation of the estimates required for each projection is

Table 9.1. Fafo surveys used for forecasting the Palestinian refugee population.

Survey	Year	Cooperating Partner	Sample			
			Coverage	Households	Women 15-54	Events in birth history
West Bank and Gaza demographic Survey (DS)	1995	Palestinian Central Bureau of Statistics	West Bank and Gaza Strip	15,683	16,204	78,490
Jordan Living Condition Survey (JLCS)	1996	Department of Statistics	Jordan	6,472	4,975	23,974
Lebanon Camps Survey (LIPRIL)	1999	Palestinian Central Bureau of Statistics	All camps and communities of Palestinians	3,629	2,899	11,977
Syria Camps Survey (LIPRIS)	2001	Palestinian Central Bureau of Statistics	All camps and communities of Palestinians	4,930	4,198	16,464

Table 9.2: Sources for Population Estimation of Population Parameters.

Characteristic	West Bank and Gaza	Jordan	Syria	Lebanon
Size of initial population	Palestinian census of 1997	Projection of Census 1994 by DOS (taking into account different regional growth rates)	LIPRIS, PCBS Census of Palestinians, adjusted with UNRWA enrolment figures	LIPRIL, PCBS Census of Palestinians
Age/sex distribution	Palestinian census of 1997	JLCS and projection of population by Department of Statistics of the Hashemite Kingdom of Jordan (DOS)	LIPRIS	LIPRIL
Refugee proportion	Demographic survey	JLCS	Not applicable	Not applicable
Mortality (In all cases life expectancy were estimated and the life table defined by the appropriate Coale-Demeny West model life table)	Demographic Survey, Matched and smoothed from direct infant/child mortality estimates and adult orphan-hood estimates using Coale-Demeny West model life tables	JLCS, Matched and smoothed from direct infant/child mortality estimates and adult orphan-hood estimates using Coale-Demeny West model life tables	LIPRIS, Matched and smoothed from direct infant/child mortality estimates and adult orphan-hood estimates using Coale-Demeny West model life tables	Matched from child mortality estimates using Coale-Demeny West model life tables
Total and age specific fertility rates	Demographic Survey, directly calculated from 90-94 birth history	JLCS, directly calculated from 91-95 birth history	LIPRIS, directly calculated from 1996-2000 birth history	LIPRIL; Directly calculated from 94-98 birth history

shown in Table 9.2, and discussed in more detailed below.

The Initial Population and The Number of Refugees

Finding the initial population for the projection amounts to estimating the number of Palestinian refugees. The determination of that number depends the definition of a Palestinian refugee. While this definition is controversial, in this paper the simple expedient of counting as refugees those that identify themselves as refugees has been chosen. In practice this definition is very close to that operationally used by UNRWA because the refugees consider the UNRWA definition as valid. UNRWA has defined as eligible for their support a person who:

“...whose normal place of residence was Palestine during the period 1 June 1946 to 15 May 1948 ... and who lost both his home and means of livelihood as a result of the 1948 conflict, and took refuge in 1948 in one of the five countries or areas where UNRWA provides relief. Refugees within this definition and their direct descendants are eligible for UNRWA assistance if they are: registered with UNRWA; living in areas of UNRWA operations; and in need...”

(UNRWA 1990:6 cited here after Artz 1997:60-70).

In this paper there is no distinction between those that say they are refugees and who are registered by UNRWA and those that consider themselves refugees and who are *not* registered. The difference pertains to a rather small part of the population (in the West Bank and the Gaza Strip about 3.6 percent of the total refugee population or 1.5 percent of the population resident), and stems mainly from the fact that some who lost their home, but not their livelihood were not registered originally. Also, some were for various other reasons not registered. A key feature of the definition is the inclusion of descendants, with the implicit assumption that Palestinian rules of descent are employed, i.e. descent in the male line only, but unlimited in depth.

The size of the West Bank and Gaza Strip population has been determined using the Palestinian census of 1997. This census yielded somewhat lower figures than many would have thought, but they were broadly consistent with the demographic survey of 1995 carried out by the Palestinian Central Bureau of Statistics and Fafo, and also with the projections previously

The refugee population in Jordan was estimated from the 1996 Jordan Living Conditions Survey (JLCS) and the population growth of the total population was estimated by the Department of Statistics on the governorate (regional)

level. Since the fertility of Palestinian refugees and Jordanians do not differ much, the percentage of refugees from JLCS was then used to estimate the number of refugees in 1998. It is possible that the fertility decline has been somewhat faster than what the Department of Statistics used in their estimates, if so the population of Jordan has been slightly overstated.

The Palestinian populations of Syria and Lebanon are more difficult to estimate. The Palestinians make up a small proportion in either country, so national surveys have limited use because of the wide sampling error one may expect. Moreover, neither country has good estimates of its total population or sub-groups. Lebanon carried out its last census in 1932. Syria's latest census took place in 1994, but the quality of the updating of population figures to the present is uncertain.

The Palestinian Central Bureau of Statistics (Damascus Branch) has carried out censuses of Palestinians in both Lebanon and Syria. In Lebanon this took place in 1999, in Syria in 2000. The

procedure was in both cases the same. The PCBS made a complete census of all camps and all known clusters of Palestinian refugees larger than approximately 25 households. This procedure obviously misses some of the refugees, namely those that live isolated from other Palestinians, and also clusters that were not known to PCBS.

How large proportions of the refugees that are missed in the two countries is difficult to say. Some indication is given by enrolment rates in primary school. UNRWA provides number of children enrolled, and this number can also be estimated from the surveys. If we assume that all children that are enrolled are enrolled in UNRWA schools, we can estimate the missing population by first calculating the ratio of children reported enrolled by UNRWA to enrolment reported in the surveys is the same as. Then, if we assume that the proportion of adults missing is the same as the proportion of children missing the UNRWA/Survey-ratio can be used as a multiplier for the survey population estimate to arrive at total population estimate. The method disregards children attending government or private schools.

Table 9.3: Correction of Total Population Using Enrolment Figures in Syria.

Assumption (Population included)	Enrolled according to UNRWA	Enrolled in UNRWA schools according to survey	Adjustment factor	Population according to survey and census	Adjusted population (thousands)
All UNRWA schools	43,398	31,820	1.93	172,569	333
Only primary	23,928	43,398	1.81	172,569	313
Only primary 7-12	21,542	34,731	1.61	172,569	278

The biases introduced by attendance in schools outside the UNRWA system are especially serious in Lebanon, where enrolment in such schools are more important than in Syria. We have therefore only attempted the correction in Syria, with varying assumptions (Table 9.3). As the Table shows, the population with which the comparison is done is quite important.

The population registered by UNRWA at midyear 2000, i.e. 383,000, is far higher than the population estimated here. Even the highest estimates is only 87 percent of the UNRWA one and the lower makes up only 73 percent. There are at least two reasons why the UNRWA figure may overestimate the population. First, UNRWA registers the population with respect to de-jure status in its fields of operation, rather than actual residence. Thus, a person that lives in Europe or the Gulf may be registered in Lebanon. Second, the registration of deaths is deficient (see Endresen and Øvensen 1994) leading to too many people at high ages remaining in the registers. This, of course, may also be a result of the residence outside of the field.

The PCBS (Damascus) believes that around 291,000 refugees actually live in Syria. Like ours it is based on comparison with enrolment, but use the PCBS census instead of the survey. We will use that figure, since that will maintain consis-

tency between the PCBS estimation and ours and also because it appears as a reasonable choice between the various assumptions that can be made with regard to which age groups to use in the correction of the population size using enrolment data.

In Lebanon, development of the sample frame for the 1997 Living Standards Survey (CAS) estimated the number of Palestinian refugees to 196,500, including those in camps. Another survey estimated the number as 67,650 in 1994-96, but then excluding camp dwellers (Household and Population Survey of the Ministry of Social Affairs). Simple mathematics would then suggest around 130 thousand camp dwellers, while UNRWA suggests 210 thousand in the camps in June 2000 and 376 thousand altogether. The 1998 PCBS/Fafo survey found a total of 101 thousand people in the camps. That figure is roughly comparable to those of the Lebanese national surveys, especially given that the sampling variability of the Lebanese estimates is likely to be quite large because of the interaction between the cluster samples and the concentration of Palestinians in particular areas. On the 196,500 estimate, for example, one would, based on description of the sample design experience from surveys on Palestinians in other areas of the Middle East, expect a confidence interval spanning from perhaps 155 to 240 thousand refugees.

In both Syria and Lebanon we have made two projections: one for the population living in the camps, and one for the estimated total population. The camp projection has the benefit that it starts out with a well known size of the population, but the drawback that due to migration out of the camps it cannot be assumed to be a realistic projection of the future population of the camps. The total population projection has the benefit of being more realistic with respect to internal migration, but the population size at the start is more uncertain.

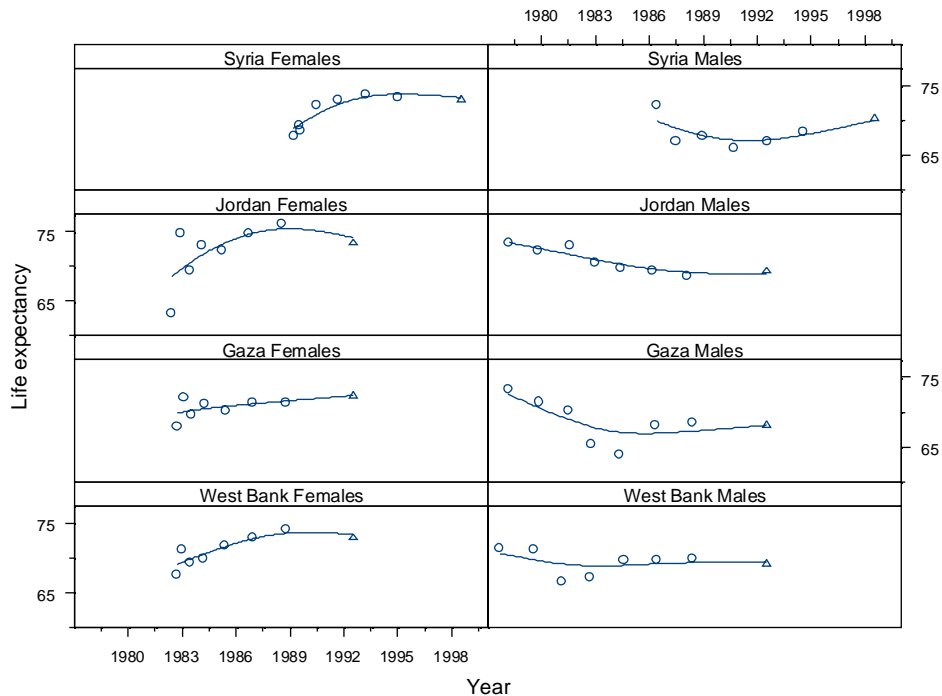
In all cases we have accepted the age sex-distribution as recorded in the

surveys without smoothing. While there are some irregularities in the distributions, it is difficult to smooth these out without at the same time removing real features of the population, such as a deficit of adult men due to migration.

Mortality

As noted age specific mortality rates (or in fact survival rates) are necessary in order to properly project the population using a cohort-component model. In all areas these have been obtained by estimating life expectancy. Thereafter, the so-called Coale-Demeny “West” model life table corresponding to the life

Figure 9.1: Development of Life Expectancy for Palestinians by Gender. Smoothed line is a Cubic Spline. Circles represent estimates derived from orphanhood data, triangles from infant mortality data.



expectancy has been used to find the actual survival rates for each year.

Life expectancy at birth is the mean number of years a person may expect to live when he or she is born. All else being equal a population will obviously grow faster when people can expect to live long than if they have a short life span. Moreover, the distribution of the population across age groups depends on when people die: the same average life expectancy may be achieved with a combination high infant mortality and low adult mortality or with a combination low infant mortality but high adult mortality.

Life expectancy should ideally be estimated from observed deaths at different ages. This is however not possible, because there is no proper vital registration of Palestinian refugees.

In order to circumvent the limitations of the data we have combined two sources of information: First, we have

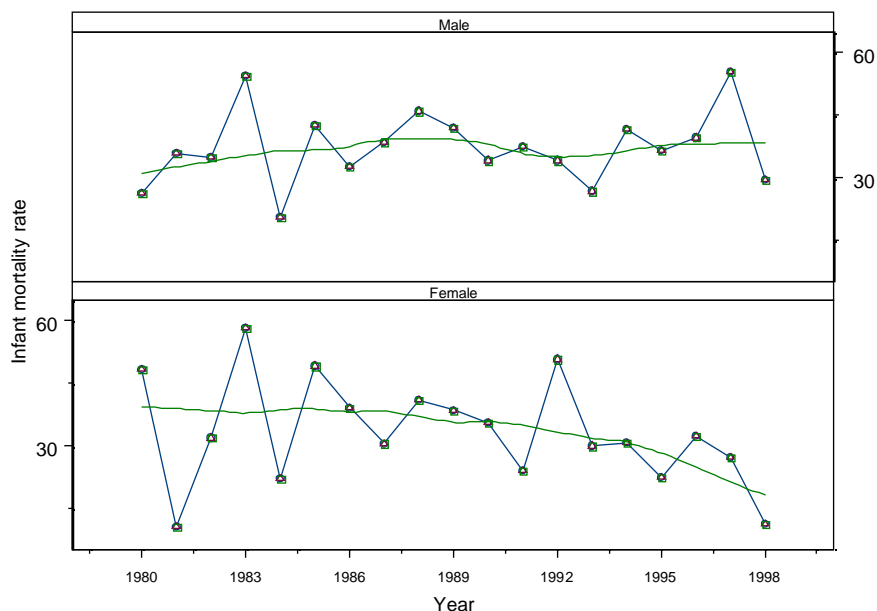
gauged adult mortality by the so-called orphanhood method, i.e. from reports that children give of whether their parents are still alive. From the conditional survival probabilities found by this method life expectancies can be estimated under the assumption that a given mortality pattern is valid. In this case we have used the Coale-Demeny “West”-model. Second, we used infant mortality data to find corresponding life expectancies, again given that the age distribution of mortality follows the Coale-Demeny “West”-model.

The resulting estimates have different location in time, and they have been combined using two methods: linear regression and the simple expedient of using the average of the four most recent estimates. While linear regression may be deemed preferable because it can be used to suggest the likely development of the life expectancy, shows that the development of the life expectancy does not follow a straight line, and in most cases the life expectancy seems to be stable for

Table 9.4: Estimated Life expectancy in year 2000.

Region	Males			Females		
	Life expectancy at birth (years)			Life expectancy at birth (years)		
	Last 4 estimates	Regression	Regression estimate of yearly increase (years)	Last 4 estimates	Regression	Regression estimate of yearly increase (years)
West Bank	69.6	68.5	-0.06	72.9	78.3	0.48
Gaza	67.2	63.8	-0.3	71.4	74.5	0.25
Jordan (refugees)	69.3	65.3	-0.34	74.2	80.9	0.59
Lebanon	67	NA	NA	72.4	NA	NA
Syria	68	69.8	0.2	73.3	74.1	0.26

Figure 9.2: Trends in Infant Mortality among Palestinian Refugees in Lebanon (line is a loess smooth).



the most recent period. Somewhat puzzling is the suggestion revealed in that male life expectancy has decreased while female has increased when we consider the adult mortality data. Since the trends are difficult to interpret, the mean of the last four estimates are used (Table 9.4) and we will assume no change in mortality rates in our forecast. On average we find that Palestinian life expectancy is about 68 years for men and 73 years for women.

Lebanon has been treated differently from the other cases. The orphanhood data were not reliable, suggesting ridiculously high life expectancies. Therefore we have only used infant mortality data in this case. One should note that in contrast to other areas the infant mortality of Palestinian refugees in

Lebanon has not changed much in recent years (Figure 9.2), although there may have been a reduction of the mortality of girls.

Fertility

There are three main characteristics of Palestinian refugee fertility. First, during the early 1980ies it was at quite high levels, each Palestinian woman on the average giving birth to an average of 6 to 8 children during her lifetime. Second, there has been a dramatic fertility reduction, with a decrease of one child in the average lifetime number (i.e. the total fertility rate) approximately every seventh year. Third, the exception is the Gaza Strip, where the surveys

show no or little evidence of a fertility decline. (It should be noted, though, that the Palestinian Census of 1997 shows some evidence, but this is inconsistent with the survey results). In fact, the refugee camps in Jordan also show few signs of fertility decline, but the differences within the Palestinian refugee population in Jordan have not been considered here.

While the trends in fertility in the different areas are not completely linear (Figure 9.3) they are close to being so (Table 9.5). When the line that can be drawn through the data points is extended into the future, it can be seen that the year at which replacement fertility is reached varies from 2003 in Lebanon to 2019 in the West Bank. For the Gaza Strip no estimate can be given. Replacement fertility is the number of children a

woman must bear in order just to replace the population from one generation to the next. Given that some children die before reaching reproductive age, it is approximately 2.1 children. The population may continue to grow for a while even when replacement fertility is reached. This is related to the age distribution. A history of high fertility in a population will have led to a dynamic where the number of people at reproductive ages will increase until the number becomes stationary when the children born to the first replacement fertility generation reaches reproductive age.

Predicting how low Palestinian fertility will get is a matter of guesswork. There are no Arab countries that may serve as models, and in any case there is considerable variation within the Arab world. If we consider Western European

Figure 9.3: Development of Total Fertility Rates.

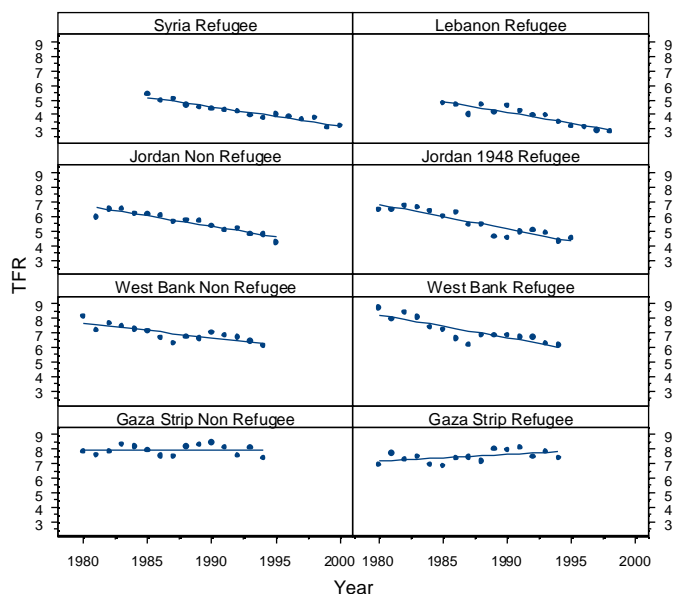


Table 9.5: Projection of Development of Total Fertility Rates

	Regression results			Projected value for year					Years for one child change	Year of achieving replacement fertility
	Intercept	Year	R-square	2000	2005	2010	2015	2020		
Refugees										
Jordan	341.676	-0.169	0.853	3.5	2.6	1.8	0.9	0.1	-5.9	2008
Syria	261.755	-0.129	0.93	3.2	2.5	1.9	1.2	0.6	-7.7	2008
Lebanon	303.614	-0.151	0.849	2.6	1.9	1.1	0.4	-0.4	-6.6	2003
West Bank	320.932	-0.158	0.749	5.1	4.3	3.6	2.8	2	-6.3	2019
Gaza	-82.437	0.045	0.257	8	8.2	8.4	8.6	8.9	22.1	-
Non-Refugees										
Jordan	288.599	-0.142	0.877	3.8	3.1	2.4	1.7	1	-7	2012
West Bank	202.741	-0.099	0.673	5.7	5.2	4.8	4.3	3.8	-10.2	2037
Gaza	8.992	-0.001	0	8	8	8	8	8	-2,000.00	-

countries where fertility has fallen below replacement levels, the various countries exhibit quite different patterns and levels. For example, Italy currently has a very low total fertility rate (around 1.2 in the period 1995-2000), while fertility in Norway hover at slightly below replacement levels (at 185 in year 2000 www.ssb.no).

Here we will assume that for all areas except Gaza the linear trend will continue until the projected achievement of replacement fertility. Then the trend will level out and there will be a slow decrease and convergence between all the areas to a level of 1.8 in 2020. In order to avoid an unrealistic sharp change in the fertility trends at the time when the replacement level is reached the resulting trends have been smoothed using a logistic function. Apart for the more realistic smooth overall change the main result of this is that the time when

replacement fertility is reached is moved to a later date, as the fertility change will be slower the lower the level of fertility.

The West Bank and the Gaza Strip has been treated differently. Given the linear projection, the West Bank does not quite reach a level of 1.8 in 2020. Therefore, the convergence in 2020 is not applied in the case of the West Bank. It should be noted that even so the fertility decline in the West Bank stipulated here is more rapid than the one used by the Palestinian Central Bureau of Statistics.

For the Gaza Strip The Palestinian Census of 1997 provides a TFR of 6.91 for 1997 (for the refugee and non-refugee population together). This may suggest a prolongation of the downward curve seen in Figure 9.3 and thereby the start of a rather rapid fertility decline, but this conjecture is at best dubious. The Figure

may just as well stem from the different estimation methods employed in the census and the survey, or reflect the general slightly fluctuating high fertility that has been seen in the Gaza Strip up to now. The assumption used here, is that the Gaza Strip was at the verge of a fertility decline in 1995 and that it will follow a similar path as the other areas, with decline in TFR of -0.15 children per year, being the mean of the observed decline among refugees in Jordan, Syria, Lebanon and the West Bank. This corresponds to a decline from 7.93 in 1992 to 3.68 in 2020.

The development of the age specific fertility rates is another issue that must be considered. The change in the age specific fertility rates that we observe is partly a shift from early onset of childbearing to later. The UN Standard Arab fertility model does not appear appropriate, because it even at low fertility specifies comparatively early onset. We have therefore used the current fertility pattern of Syrian women with high education as a model for fertility in the future.

Results

The projection shows that currently the Palestinian refugee population counts some 3.34 million persons (Table 9.6). The population is currently growing with about 78 thousand persons yearly, a growth rate of 2.3 percent. The growth rate is steadily diminishing, reaching 1.4 percent or 66 thousand persons in 2020, when the population will reach 4.6 million.

If we consider only the population outside of the West Bank and Gaza Strip the yearly increase is currently 36 thousand people (1.8 percent) and will be 26 thousand people (1.1 percent) in 2020.

Because of the different growth rates of the West Bank and Gaza Strip compared to the other areas the share of refugees accounted for by the West Bank and Gaza Strip increases from 40.7 percent in 2002 to 45.5 percent in 2020. This relative increase is exclusively accounted for by the Gaza Strip, which increases its share from 23.1 percent to 28.1 percent. In fact, because the Gaza Strip projection depends on the uncertain

Table 9.6: Numbers of Palestinian Refugees 2002-2020 (1000's).

Year	West Bank	Gaza Strip	Jordan	Lebanon only Camps	Lebanon including non-camp	Syria only camps	Syria including non-camp	Total including estimated non-camp
2002	585	772	1,484	106	198	159	296	3,335
2005	628	854	1,563	110	206	166	309	3,561
2010	692	996	1,681	117	218	177	330	3,918
2015	749	1,143	1,790	123	229	188	350	4,261
2020	801	1,293	1,895	129	240	198	368	4,598

assumption that a fertility decline has started there, the Gaza share may well be larger in the future if the decline does not take place or is less rapid than assumed here. The percentage distribution is shown in Table 9.7.

Around 8 percent or 274 thousand of the current Palestinian population are first generation refugees. Naturally, this figure will rapidly diminish because of the age of the first generation (Table 9.8).

In 2020 only 2 percent of the population will be first generation. The percentage will differ somewhat in the different areas. This is because of the different fertility rates. When a population is growing fast many children are born, effectively reducing the proportion of old people. Thus, the Gaza Strip will have a lower percentage of first generation refugees than other areas in 2020.

Table 9.7: Distribution of Palestinian Refugees 2002 - 2020 (percent).

Year	West Bank	Gaza Strip	Jordan	Lebanon including non-camp	Syria including non-camp	Total with estimated non-camp
2002	17.5	23.1	44.5	6	8.9	100
2005	17.6	24	43.9	5.8	8.7	100
2010	17.7	25.4	42.9	5.6	8.4	100
2015	17.6	26.8	42	5.4	8.2	100
2020	17.4	28.1	41.2	5.2	8	100

Table 9.8: Numbers of First Generation Palestinian Refugees 2002 – 2020 (1000's).

Year	West Bank	Gaza Strip	Jordan	Lebanon only camp	Lebanon including non-camp	Syria camps	Syria including non-camp	Total with estimated non camp
2002	44	48	134	11	21	14	27	274
2005	39	43	120	9	19	13	24	245
2010	31	33	97	7	15	10	19	195
2015	22	24	72	5	11	8	14	144
2020	15	16	49	4	7	5	10	97

Table 9.9: First Generation Palestinian Refugees 2002 – 2020 (percent).

Year	West Bank	Gaza Strip	Jordan	Lebanon only camp	Lebanon including non-camp	Syria camps	Syria including non-camp	Total with estimated non camp
2002	8	6	9	10	11	9	9	8
2005	6	5	8	8	9	8	8	7
2010	4	3	6	6	7	6	6	5
2015	3	2	4	4	5	4	4	3
2020	2	1	3	3	3	3	3	2

References

Arzt, D.E. 1997. *Refugees into citizens. Palestinians and the end of the Arab-Israeli conflict*. New York: Council on Foreign Relations.

Endresen, Lena and Geir Øvensen. 1994. *The Potential of UNRWA data for research on Palestinian Refugees*. Oslo: Fafo.

