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THE SYRIAN CRISIS

The Refugee Emergency in Jordan and Beyond - Focus on The Syrian Crisis

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Eman Salameh Alzoghbieh

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Introduction

Jordan is a small country which has low to middle income with limited natural resources and has a shortage of fresh water supplies.

The continuous influx of refugees since 1948 played a key role in the country's politics, economy, and society. The rate of the country's growth is not enough to resolve the developmental challenges and to contain the numbers of the new arrivals.

The number of refugees from different nationalities in the Kingdom varies, and it is difficult to identify precisely. According to the World Bank among the population in Jordan has the highest ratio of refugees to the indigenous population of any country, one in every three persons is a refugee (WorldBank, 2017) (Ledwith, 2014).

Palestinian-Israeli occupation, Gulf war, Lebanese civil war, Chechens- Russian war, war on Iraq, and finally the Syrian crisis all resulted in more than 2.7 million registered refugees in Jordan, which stands for 41.2% of the total population (CDC, 2017).

The biggest immigration wave was the forced displacement of Palestinians due to the Palestinian-Israeli wars between the time of 1948 - 1967. The second large wave was during the Gulf Crisis 1990 when the Jordanian returned home from Gulf. The third wave resulted from the American war on Iraq, and the final wave was during the Arab Spring when Egypt, Libya, Syria, Tunisia, and other countries suffered from the civil wars and crisis while their people were trying to make changes within their countries (TheWorldBank, 2017; UN, 2014).

Migration to Jordan is the first choice for the fleeing groups due to several reasons; the strategic location, climate, the democratic political system, level of safety and security, the religious and ethnic diversity make it a welcoming environment and safe refuge.

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Location

Jordan has borders with five countries; Syria, Iraq, Saudi Arabia, Palestine, and with Egypt through the Red Sea, see figure 2. (US Department of State, 2018). It is located between the most two disturbed, unsafe, and politically unstable spots in the region; Iraq and Syria.



Figure 2. Jordan Borders, 2018 was adopted from *The US Department of State*

The country's economic capability for growth remains weak to external emergencies.

Climate

Jordan's general climate makes it a favorable place to build refugees' camps. Jordan's summer is long, hot, dry with occasional dust storms. While winter is short and cold. Jordan's The rain in the country falls in November-March, the rest of the year is rainless.

(WeatherOnline, 2019).

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Political environment

Since 1989, all the local and the national elements of Jordan 's politics have been shifting toward better democracy, liberalization and harmony structure within all its institutions. Reforms were conducted by late King Hussein followed by King Abdullah II. Those reforms had a huge impact on empowering the Jordanians and encouraged them to get involved in civic activities. The Jordanian government contributed to maintaining the support of the institutionalization system which impacted the country and the citizens positively (The Hashemite Kingdom of Jordan, 2019). Thereby Jordan is a preferred destination to refugees especially those who are fleeing due to political oppression.

Ethnic similarity

Jordanians share with most of the refugees that they welcome religion, principles, heritage, and language; all the groups, except for the Chechens, include Muslims, Arabs, and Arabic speakers (Walter C. Haynes, 2016). Hypothetically, refugees who are similar to the host communities in their cultural environment, and language are less expected to have negative impacts on the structure of the host communities (UNHCR, 2017) .

The impact on the health system

Sadly, after 2011 the health achievements of Jordan was affected negatively by the current sociopolitical and security situation of the area. Many challenges faced the implementation the public health projects and plans. The outreach activities and mobile teams had to shift the efforts from enhancing the wellbeing of the country's rural health towards

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meeting the urgent and the emerging need for the health basics of the new arrivals. A huge burden has been put on the healthcare system and services (AARDO, 2010; USAID, 2019).

Impact on the Economy

The existence of refugees in Jordan has caused a huge argument over its positive or negative impact on the country's economy, and whether refugees became a burden or a potential benefit to the economy of Jordan (Walter C. Haynes, 2016). However, a definite negative effect is noticed on Jordanian's market because of closing the countries' borders which led to closing trade routes and transport networks.

During the Iraqi refugee influx, the country witnessed an increase in food prices, petroleum products, properties, and housing. Besides that, the Iraqi refugees had a significant impact on the Jordanian inflation. When the authorities analyzed the inflation by municipalities, the inflation rate of Amman, where most of the Iraqi refugees lived, was less than the inflation rate across the country. Before the influx of Syrian refugees, Jordan was trying to control food prices, but after the steep influx of refugees, Jordan was unable to control prices, and subsidies decreased. The constant growth of the refugee population in Jordan led to an increase in the demand for food, consequently increasing food importation by 11% (Waed Alshoubak, 2018).

Moreover, the constant inflow of Syrian refugees, in addition to the Iraqi refugees previously, put huge pressure on Jordan's public services, budget, an increase in government expenditure. Regarding the high unemployment rate in Jordan, Jordanians complained that Syrian refugees seek for jobs without working permits, which is considered illegal employment

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activity. Accordingly, the unstable condition of the region is worsening the economic condition in Jordan (Lozi, 2013).

Impact on the Environment

All the region events are having an impact on the ecological system of Jordan through degradation, deforestation, water consumption, energy consumption, medical and bio-hazardous waste, and pollution (Jacobsen, 1997). Besides that, increases demand on the environment and put huge pressure on the country's' natural resources (Jacobsen, 1997).

Background The Syrian conflict

The Syrian conflict began in 2011. This conflict caused the largest refugee crisis after World War II. Five millions of Syrians are fleeing to neighbor countries including Lebanon, Turkey, and Jordan. They also fled to Europe crossing the Mediterranean sea. And more than 6.5 million displaced within Syria Syria's population was 22 million people before the war. It has been reduced to around 17 million nowadays. The fighting is continuing across Syria. And the demand for the essential; healthcare, food, washes, housing, and education needs are increasing (Ledwith, 2014) (Walter C. Haynes, 2016).

Housing quality

In July 2012, almost the entire population lived in tents. Caravans were provided afterward when the displacement lasted longer than expected, and more stable housing options were required. The tents are made of canvas, while the caravans are pre-manufactured. Caravans are considered a better choice due to their protection against weather and vermin,

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better privacy, and overall structurally stable. However, this option is not available for all the refugees (Ledwith, 2014). UNHCR reports that every family receives one caravan and larger families also receive a tent (UNHCR, 2017).

One of the main challenges that the refugees are reporting about caravans that the internal temperature is high during summer. 46°C degrees recorded in September and indoor CO₂ concentration levels of 2700 ppm were measured in winter. A study reported that this was due to the adaptation techniques used by refugees to deal with the heat and cold (Ledwith, 2014).

Water quality

The water should be trucked to the camps to supplement the local water aquifer. The water is mainly provided and funded by the agency or for technical corporation and development (ACTED) and the United Nation Children's Fund (UNICEF). In 2013 about 3.8 million liters of water used to be trucked into the region daily. Jordanian authorities are concerned about water pollution in the area. However, UNHCR mentioned that there is no evidence of water pollution in the Syrian refugee's camps in Jordan (UNHCR, 2017).

Majority of the residents get the water through the communal water tanks and taps. By 2013, 8% of the camp's residents had a private tank installed next to their caravan or tent (UNHCR, 2017).

On the other hand, dirty water gets trucked outside the camp daily. Two hundred trucks transport around 2.7 million liters of wastewater. There are no clear plans for when

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infrastructure is going to be installed inside the camp to meet the increasing need for water services (Ledwith, 2014).

Sanitation

Poor sanitation is one of the major and more frequent complaints of camp residents. One of the main reasons behind not solving this issue properly is the lack of coordination and collaboration between the NGOs and the local officials. For example, the wash facilities with the poor condition had been removed by an NGO without replacing them until three months later. Due to that and more, around 70% of the camp residents build a home pit latrines as an alternative solution. Those in home toilets with sewage pits usually get emptied by trucks. Camp officials reported that most of the in-home toilet lacks the proper sewage services and piping which lead to occasional gray and black water in the camp which raised the concerns of the possible contamination of the underground water and the rainwater runoff system (CDC, 2017) (Ledwith, 2014) .

Health care

The most concerns of the official camp are the effect of this war on the refugees psychological and physical health. The demand for the health services of this population is huge. They need the primary health services that any population require besides the care and treatment of injuries, damages, and harm that war and the current living condition caused them (Dator.et.al, 2018).

Zaatari camp medical center is provided inpatient services for different conditions. When more specialized care is needed the patient gets transported to outside health facilities and

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sometimes travel outside the country to receive the medical treatment. Of course, all that if the donors provided a fund for such cases. One of the positive points that helped in maintaining the children's health is that all the children get vaccinated the moment they enter the camp regardless of a previous vaccination record (Dator.et.al, 2018) (Walter C. Haynes, 2016).

Some of the main health challenges that the camp residents are facing are; the lack of transportation from the camp to nearby clinics, the high incidents of respiratory illness was due to living conditions in the desert, and finally the early marriage and sexual abuse which were major concerns for the residents of the camp. All that and more are consequences of poverty and insecurity in living in refugee camps (Dator.et.al, 2018).

Mental health

The lifestyle that the refugees are facing along with the uncertainty of how long they will be restricted to these camps has serious effects on the refugees' mental health. A recent study, which included more than 6,000 refugee adults and children in Syria, Lebanon, Turkey, and Jordan, found 54% suffered from a "severe emotional disorder," including depression and anxiety (CDC, 2017)

The availability of mental health services and diagnosis for refugees overseas is limited. The quality of services is often poor, largely due to overstretched capacity and a shortage of trained mental health providers. However, mental health providers in the Middle East have seen an increase in the number of Syrians with severe mental health disorders (CDC, 2017)

Maternal health

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The birth rate in Zaatari camp is around 42:1000. This rate exceeded the Jordanian rate and the pre-war Syrian rate. The maternal mortality rate is 0 in the camp. This rate had never been reached even by the developed countries. This might indicate the good level of the maternal services provided inside the camp (Bilukha, et.al, 2014) (lifeinsidezaatari, 2017).

Family planning services are available through the Jordanian healthcare system universally to all citizen and noncitizen; however, such services are only provided to married couples. Birth control and family planning services are available in the Zaatari Refugee camp for Syrian refugees. However, studies indicate that only 1 in 3 women of reproductive age are aware of the availability of birth control option inside the camp. A survey of Syrian households in Jordan found that most women (82.2%) did not receive natal care. With an average of only 6.289 visits during pregnancy. Furthermore, 82.2% delivered their infants in a hospital, with 51.8% of births taking place in public hospitals and 30.4% in private hospitals (Bouchghoul.et.al, 2015) (lifeinsidezaatari, 2017).

One of the main challenges is the teenager marriages and pregnancy. Some efforts from the United Nation Population Fund and the Jordan's' Institute for Family Health, are now trying to provide education about the teenager's marriage to help in decreasing the number of these marriages or at least delay the pregnancy (Dator.et.al, 2018).

Child health

It is known that the five major killer diseases for children are at; measles, diarrhoeal diseases, malnutrition, acute respiratory infections, and malaria. The activities in the post-emergency response stage aim to reduce the mortality rate brought by this health problem

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(Jacobsen, 1997). Therefore, and as mentioned before in this paper, all the newly arrived children receive vaccinations immediately to avoid any break out due to the traveling across the borders. Also, any conflicted related injuries among the children receive the needed attention and the treatment right after entering the Jordanian borders.

Investigations indicated a high prevalence of anemia among children in Zaatari camp among both children (48.4%). Some nutrition projects are aiming to ensure and provide the highest level of child micronutrient status and are trying to address the causal risk factors for anemia. Those efforts are expected to help in improving the overall children's health outcomes and reduce anemia cases (Bilukha, et.al, 2014).

Generally, the essential services which are provided for children in the camp can be summarized into; pediatric care which includes diagnosis and referral for sick kids. Malnourished children and referral to the available nutritional services to receive therapeutic and supplementary feeding.

Conclusion

The shortage of child health, vaccination projects, psychological therapy, food security and many other health-related needs for the refugees and the locals who are under hidden pressure due to containing this amount of new arrivals while the recourses are limited require an urgent and immediate funds and support from the international community in order to endure the burden. And it is important to mention that regardless of the availability of financial aids

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and sponsorships through different partners and donors, the level of donor support fluctuates from year to year (TheWorldBank, 2017; WHO, 2015)

For a small country which located in such a critical area, does not have natural resources, and relays mainly on taxations and services for income, the Hashemite Kingdome of Jordan is performing amazingly and fighting strongly for its citizens' and aliens' welfare and wellbeing.

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