
 Chapter Four

PALESTINIANS IN LEBANON

Why Are the Refugees There?

With a population of 3.7 million, Palestinians are the largest group of refugees in the world.¹ They have also been refugees longer than any other group of people. Palestinians originally came to Lebanon in large numbers in 1948, after the United Nations created the state of Israel and during the resulting Arab-Israeli War. Sporadic conflicts throughout the past 40 years have caused further displacement. Most of the 350,000 Palestinian refugees now living in Lebanon reside in the 12 camps administered by the United Nations Relief and Works Agency for Palestinian Refugees (UNRWA). Created by the UN General Assembly in 1948, UNRWA provides relief and employment for the refugees. With a UN agency created to address only their specific problems, Palestinian refugees thus do not fall under UNHCR's mandate for refugee protection.

Which Relief Agencies Are Assisting the Refugees?

UNRWA is the primary agency responsible for the welfare of the Palestinians. The handful of other international agencies working with the Palestinians focus on vocational training and other social pro-

grams (Save the Children, Terres Des Hommes), services for the disabled (Norwegian People's Aid, The Islamic Social Welfare Institutions, Terres Des Hommes), and medical assistance (the Palestinian Red Crescent Society, Oxfam). Among the most effective local voluntary agencies are Association Najdeh, which provides social services, vocational training and preschool education, and Popular Aid for Relief and Development (PARD), which works in health and sanitation services. Sadly, there appears to be little coordination between UNRWA and the agencies, or among the agencies themselves.

General Conditions

The long and destructive civil war in Lebanon reduced the country to rubble. Even after several years of tenuous peace and a massive reconstruction effort, basic services remain patchy and many Lebanese face grinding poverty. The newly-emergent and fragile sovereignty of post-war Lebanon has seen a hardening of attitudes towards the refugees. Many Lebanese attribute the civil war to the refugees' presence in the country.

The Palestinian community in Lebanon faces extreme poverty and a dire social service situation. There are

¹ Figures from the *World Refugee Survey 1997*, U.S. Committee for Refugees.

severe restrictions on employment, travel and residency. The Palestine Liberation Organization, once a highly influential and visible presence as a provider of both social services and security, has been forced to reduce drastically its role as a social welfare agency in the camps. And a financial crisis at UNRWA has led to diminished health and education services.

The 12 Palestinian refugee camps are scattered around Beirut, Tyre, Tripoli and Baalbek. The camps are a maze of cramped, closely-spaced concrete boxes, nearly all of which are pocked with bullet holes and scarred by shells, all overhung by a spider's web of electric wires. Government restrictions on construction or rebuilding within the camps have

eries, including luxury items such as sodas, sweets and cosmetics. Elementary schools, primary health clinics and repair shops in the camps allow the refugees to maintain a semblance of a normal daily life. But with the exception of small businesses and work in the health and education sector, jobs within the camps are scarce.

General and Reproductive Health Services

Most health services for Palestinian refugees are provided through UNRWA, the Palestinian Red Crescent Society (PRCS) and Popular Aid for Relief and Development (PARC). UNRWA offers medical care, disease

prevention and control, MCH, family planning and environmental health services at health clinics, health points and MCH health clinics in the camps. According to a recent Association Najdeh survey, 79 percent of 1,501 women interviewed rely on UNRWA as the main source of primary health care.

The PRCS runs clinics in all 12 camps and has hospitals in some of the

resulted in severe overcrowding. About 3,000 former camp dwellers whose accommodation was razed during the civil war squat in decrepit buildings in Beirut.

Most camps have developed parallel retail markets that offer fresh and processed food and other gro-

camps. But as PLO funding for clinics and hospitals has dried up, refugees now tend to go to the better-equipped UNRWA clinics.

PARC serves a unique niche by providing services to refugees not registered with UNRWA. With two dispensaries in Beirut and Saida and a mobile clinic

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covering areas far from any medical centers along the coastal road of Saida and Tyre, PARD focuses on disease prevention and treatment, hygiene and water, and sanitation. Its RH services include MCH, HIV/AIDS education, and family planning. Emergency obstetric cases are referred to local hospitals and PARD helps raise funds for refugees requiring these services.



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In general, UNRWA clinics and the PARD clinic in Beirut are clean, well-run and well-equipped with staff and supplies. Contraceptives, including pills, condoms, IUDs (at some clinics) and spermicides, are available free of charge. Health education brochures on breastfeeding, contraceptive methods and family planning and HIV/AIDS are also available. Emergency obstetric cases are referred, or can go directly, to well-equipped hospitals.

Family Size and Family Planning

Despite existing services, Palestinian women continue to have large numbers of closely-spaced births. In its survey, Association Najdeh found that 63 percent of mothers questioned had more than four children. Forty-nine percent of mothers surveyed had more than five children; but when asked their preference, only 22 percent said they wanted that many.

Of the mothers surveyed, 92 percent said they support family planning. Forty-three percent said they

had used or currently use contraceptive methods; but 11 percent of them mentioned known ineffective methods. According to UNRWA, the total number of family planning acceptors among registered Palestinians in Lebanon in 1996 was 4,524.² In a population of some 350,000, of whom approximately one-quarter to one-third are women of reproductive age, that number is very low.

Emergency Obstetrics and Other Gynecological Problems

The Najdeh survey reports that 35 percent of mothers have suffered a child death. Nearly one-third of those deaths occurred at birth, though it is unclear whether the mothers gave birth at home or in a hospital. In general, transport from maternity clinics or homes to hospitals for emergency obstetric care does not pose a problem, given that the hospitals used are either located in the camps or are accessible by taxi.

² UNRWA's 1996 Health Report

Cervical cancer is now detected among significant numbers of women who pay to have pap smears. UNRWA does not pay for the test, but the Lebanese Red Crescent Society conducted a free pap smear campaign in 1996 which was very popular.

Abortion

Abortion is illegal in Lebanon, though the procedure is performed—for a high fee—in private clinics. Statistics are difficult to obtain; but in its survey, Association Najdeh found that five percent of women with children admitted to having had abortions because they felt they already had too many children. Eight women aborted between two to four times, signalling inadequate knowledge of family planning methods.

Sexual Violence

In general, incidents of domestic abuse are thought to be high, though there are no statistics available. Rape is not discussed; though if a woman is raped she is usually married off, perhaps to a cousin, to keep the secret in the family.

The Next Step

For the Palestinian woman, life is an endless cycle of discrimination and denial of civil rights. Girls as well as boys are entitled to attend UNRWA's schools. But tradition, family financial difficulties or early marriage means that most girls never go beyond intermediate level at school. Girls have little choice but to marry—usually when they are still very young. Since a woman's status is defined by the number of children she has, childbearing begins early. The Association Najdeh survey found that more than one-third of women were married by the age of 16; three-quarters of them became pregnant almost immediately. The decline in health and education services and the lack of support to free women from household and child-rearing constraints has reinforced this pattern. The key to breaking this cycle lies in education. Until cultural constraints against addressing RH issues are loosened, until husbands and wives can discuss these issues freely, and until a culturally-sensitive RH communication strategy is devised, RH services in the camps will continue to be severely under-utilized.

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