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GUIDELINES ON REFUGEE CHILDREN

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I. INTRODUCTION

A. Overview

1. Approximately one-half of the world's refugees are children. Like all other children, refugee children have special physical, psychological and social needs that must be met for them to grow and develop normally. Due to their special needs and vulnerability, they must be among the first to receive protection and assistance. Consequently, national authorities, UNHCR and others who intervene in refugee situations must give particular attention to refugee children to ensure that their needs are adequately met.

2. Based on a Note on Refugee Children submitted by the High Commissioner and subsequent discussions in the Sub-Committee of the Whole on International Protection, the Executive Committee adopted a set of Conclusions on Refugee Children in October 1987 (see Annex 1). These Conclusions note the necessity to identify and meet the particular needs of refugee children, and provide states guidance on particular issues of concern to refugee children. UNHCR's policy on refugee children takes these conclusions into account and, in particular, like the Executive Committee Conclusions, stresses that all action taken on behalf of refugee children should be guided by two fundamental and universally recognized principles: the best interests of the child and family unity.

3. The purpose of this document is to call attention to particular problems refugee children are facing and the policies that guide UNHCR action regarding children and to present guidelines for practical steps Field Offices can take to address their needs. It must be emphasized that protection and assistance measures for refugee populations should be undertaken so as to meet refugee children's needs. Where children have special needs that must be met through separate activities, these should be carried out with the full participation of their families and communities, rather than addressing children in isolation.

4. The document is not intended to be comprehensive; rather it focuses on priority issues identified through a questionnaire on refugee children completed by Field Offices in 1987. Field Offices are encouraged to provide their comments on this document and share with Headquarters their experience in applying the guidelines it contains. It is hoped that in this manner the document can be updated as appropriate to ensure that it always provides relevant and practical guidance for UNHCR's action in the field.

5. In recognition of the intrinsic link between protection and assistance activities, no distinction is made between them in this document. In essence, all UNHCR action has a protection component or implication, whether it consists in determining the status of refugees, assisting them to pursue durable solutions or meeting their immediate needs.

B. Definition of "Refugee Children"

6. When applying the guidelines contained in this document it should be noted that the term "refugee" in the concept "refugee children" shall be understood to include all persons of concern to UNHCR, including refugees, asylum-seekers and other externally displaced persons of concern to the Office. [As regards the term "children", Article 1 of the Draft Convention of the Rights of the Child defines a child as a person up to 18 years old, unless the age of majority is lower under applicable national law.] This definition is adopted by UNHCR. Based on their assessment of actual needs, and where these are found to be of particular importance, Field Offices may seek to apply measures described in this document to refugees above the national age of majority, where this is less than 18 years old.

C. Needs Assessment

7. UNHCR's experience has demonstrated that effective protection and assistance action on behalf of refugee children requires that their situation and particular needs be identified and documented as early as possible by qualified and experienced child welfare personnel and that their situation is regularly reviewed. If practicable, refugee children should be assessed on an individual basis, as the age, personality, health, family and cultural background will effect a particular child's needs and the identification of appropriate solutions. The opinion of a child on his/her own needs should be obtained and given weight in keeping with the child's maturity of judgement.

8. In large refugee populations, where individual assessment is not possible, such methods as surveys, meetings and interviews with children and key informants can be used to identify the needs of children at large. Once assessed, the needs should be met through culturally-appropriate responses. The effectiveness of assessment and responses can be significantly increased if the refugee community itself is actively involved, (Guidelines on promoting refugee participation are available from Headquarters). To plan appropriate responses to the needs of children in a large refugee population, Field Offices require a statistical profile of the population with an age/sex breakdown. Where registration or census data are not available, a sample survey can be used. The following age cohorts are recommended: 0-11 months, 1-4 years, 5-14 years and 15-17 years.

D. Additional Resources

9. Refugee communities themselves should be considered as a major resource for meeting the needs of refugee children. Field Offices should also identify local child welfare services and actively seek financial and technical inputs from governments, non-governmental organizations (NGO's), specialized agencies within the United Nations system and other international organizations. Within the United Nations system, the United Nations Children's Fund (UNICEF) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) are obvious examples. The World Health Organization (WHO), the United Nations Development Programme (UNDP), the Food and Agricultural Organization of the United Nations (FAO), the World Food Programme (WFP), and the International Fund for Agricultural Development (IFAD) also have relevant expertise. The International Committee of the Red Cross (ICRC) has worked closely with UNHCR in certain situations of armed conflict, both in relation to medical services and to tracing. UNHCR also works closely with various non-governmental organizations with extensive experience and expertise in dealing with children's needs, a number of whom have made technical contributions to the development of these guidelines.

E. The Rights of the Child

10. When working with refugee children, it is essential to consider that they have certain rights as children and certain additional rights as refugees. Because of their particular needs and vulnerability, children are accorded a specific body of civil, political, economic, social and cultural rights in national and international law. Refugee children are also entitled to the specific protection and assistance of UNHCR. When assessing needs and planning and implementing services, Field Offices must consider the relevance of applicable national child welfare law and the internationally recognized rights of the child. Annex 2 identifies various international instruments that provide certain basic rights for children.

F. Working Group

11. To provide a focal point within the Office for matters relating to refugee children, a multidisciplinary Working Group on Refugee Children at Risk has been established at Headquarters. Its responsibilities include providing technical guidance within the Office, reviewing policies and guidelines that relate to refugee children and serving as a contact point for NGOs concerned with refugee children.

12. Field Offices are to inform the Working Group of any situations in which refugee children are particularly at risk. Serious protection or health problems, the presence of children who are unaccompanied or who have been subject to torture or violence or significant deficits in such basic services as primary education should, for example, be reported to the Working Group. In response to such situations, the Working Group, in co-operation with the regional bureaux, will provide guidance, relevant resource material and will mobilize technical and financial resources to assist Field Offices.

II. ISSUES CONCERNING REFUGEE CHILDREN GENERALLY

A. Determination of Refugee Status

Background

13. The 1951 Convention and the 1967 Protocol relating to the Status of Refugees define a refugee regardless of age, and make no special provision for the status of refugee children. The application of the criterion of "well-founded fear" to children does not normally give rise to any problem when, as in the majority of cases, they are accompanied by their parents. The determination of the refugee status of unaccompanied children is clearly difficult, however, and requires special attention.

Policy

14. It is the position of the Office that when the head of a family meets the criteria for refugee status, his or her children should also be granted refugee status; that children should also obtain refugee status when they form part of a group of persons in respect of whom a prima facie determination has been made; and that specially adopted safeguards should be applied when determining the refugee status of unaccompanied minors.

Guidelines

15. Accompanied children: It is generally agreed, and it is UNHCR's position, on the basis of the principle of family unity, that when the head of a family meets the criteria of the definition, his or her dependents are also granted refugee status. Where this situation does not exist, in law or in practice, Field Offices should promote its adoption, relying, inter alia, on paragraphs 181-188 of the Handbook on Procedures and Criteria for Determining Refugee Status. It should also be noted that if a state insists on a separate determination of eligibility, for each family member, including children, that the family may be considered as a "particular social group" within the Convention definition. A child may, therefore, have a well-founded fear of persecution because of his membership in a family which may, due to the activities of one or more of its members, fear problems with the authorities. Also, where an accompanied child is not granted the refugee status of a parent, the following guidelines apply.

16. Unaccompanied children: ^{1/}Although procedures for status determination exist in many countries, they do not normally take into account the special situation of unaccompanied children. All Field Offices should be aware of this situation and should sensitize governments to it. Both UNHCR and government determinations of status of unaccompanied children should be guided by the following:

- (a) The question of how to determine whether an unaccompanied refugee child qualifies for refugee status will depend on the child's degree of mental development and maturity. An expert with sufficient knowledge of the psychological, emotional and physical development and behaviour of children should be called upon to make the necessary assessment, bearing in mind that children may manifest their fears in ways different from adults. When possible, such an expert should have the same cultural background and mother tongue as the child. NGOs can often provide such personnel. Drafted guidance is provided in "Guidelines for Interviewing Unaccompanied Minors and Preparing Social Histories" which is available on request from Headquarters.
- (b) Where it is decided that the child is mature enough to have and to express a well-founded fear of persecution, the case may be treated in a manner similar to that of an adult.
- (c) Where the child has not reached a sufficient degree of maturity to make it possible to establish well-founded fear in the same way as for an adult, it is necessary to have greater regard to objective factors such as the characteristics of the group the child left with the situation prevailing in the country of origin and the circumstances of family members, inside or outside the country of origin.
- (d) Not being legally independent, a refugee child should be represented by an adult whose task it would be to promote a decision that will be in the child's best interests. In some situations, this function may be performed by persons within the refugee community.
- (e) The problem of "proof" is great in all determinations of refugee status. It is compounded in the case of children. For this reason, the decision on refugee status calls for a liberal application of the benefit of the doubt.

^{1/} See also section III.A. on unaccompanied Children.

17. Unaccompanied children in situations of large-scale influx: An unaccompanied child forming part of a large-scale influx, in respect of which a prima facie group determination of refugee status has been made, will be assumed to be of concern to UNHCR, which must take the necessary action to ensure protection and promote a durable solution.

B. Birth Registration, Nationality and Statelessness

Background

18. Article 24 of the International Covenant on Civil and Political Rights prescribes, inter alia, that every child shall be registered immediately after birth and has the right to acquire a nationality. Birth registration is essential to enable date and place of birth to be conclusively established and the enjoyment of rights which flow from this, including rights dependent upon nationality and personal status.

19. A stateless child is a child without the guaranteed protection of any state, whose basic rights, legal status, security in the country of residence and travel outside that country are subject to the exercise of state discretion. Statelessness is often caused by deliberate policies of states not to confer nationality to children born to refugees. It may also be caused by the existence of conflicting laws regarding nationality. Some countries grant their nationality to children born on their territory (jus soli), while others confer their nationality exclusively to children born of parents who are their nationals (jus sanguinis). Thus, for example, a refugee child born in a country applying the jus sanguinis principle of parents nationals of another country applying the jus soli principle, will not be able to benefit from either nationality.

20. Pursuant to Article 1(A)(2) of the 1951 Convention relating to the Status of Refugees and/or paragraph 6 (A)(II) of its Statute, UNHCR is formally empowered to exercise the full range of its responsibilities on behalf of stateless refugees. Stateless refugees are also entitled, in the territory of States Parties to the 1951 Convention or to the Organization of African Unity (OAU) 1969 Convention governing the specific aspects of Refugee Problems in Africa (Article I (1), to enjoyment of the rights recognized in these instruments. In addition, UNHCR has specific responsibilities in connection with reduction of statelessness through its designation, by the General Assembly pursuant to Article 11 of the 1961 Convention on the Reduction of Statelessness, as the body to which a stateless person seeking assistance should turn.

Policy

21. It is the policy of the Office that the births of refugee children in the country of asylum or transit must be registered. All refugee children must be recognized as having, or being able to acquire, including through naturalization, an effective nationality; and, to this end, all measures should be promoted which would reduce statelessness and at the same time assist stateless persons, including children, to enjoy their rights.

Guidelines

22. The following guidelines are offered with respect to the registration of births of refugee children:

- (a) Field Offices should work closely with authorities of the host government to ensure, if at all possible, that the births of all refugee children are registered through the same procedure applicable to nationals. This will facilitate record keeping and tracing of details.
- (b) Where there is insurmountable state opposition to integrated procedures, Field Offices should encourage the establishment by national authorities of a separate, but parallel and comparable, system for the registration of the births of all refugee children. The system should preferably contain the same safeguards and benefits as the national system and is best administered, to ensure universal coverage, at the local level, through hospitals, health care centres and offices of the local authorities.
- (c) Where states fail to register the births of refugee children through any form of national procedures, Field Offices, in co-operation with appropriate non-governmental organizations, should devise a procedure for registration of refugee births which might be implemented on an ongoing basis by UNHCR or, conversely, either by an NGO or, depending on its degree of organization, by the refugee community itself. The system should, at a minimum, ensure that the date and place of birth and the names and nationalities of both parents are recorded in a traceable way.
- (d) Whatever the system of registration in place, Field Offices should ensure that it involves the issuance of birth certificates. Preferably, certificates should be issued by the appropriate national authorities to guarantee their legal validity. Where this is not possible, for example because the registration system is as in (c) above, Field Offices should issue a written attestation of the facts of the birth. Field Offices should also negotiate with national authorities a status for such an attestation certificate which would ensure its official recognition. Copies of all attestation certificates should be forwarded to Headquarters where a central file will be maintained.

23. As regards reduction of statelessness the following guidance is offered:

- (a) Field Offices should make themselves aware of all legislation and policies bearing on the acquisition of nationality and naturalization in host countries. Offices should also familiarize themselves closely with the terms of the 1954 and 1961 Conventions concerning statelessness.
- (b) In close consultation with Headquarters, Field Offices should develop appropriate strategies designed to facilitate acquisition by refugees of the nationality of the country of durable asylum. Strategies should focus on eliminating legislative and policy obstacles, expediting national procedures and reducing charges and costs.
- (c) Promotional activities aimed at reducing statelessness and mitigating its consequences should be an integral part of overall strategies. Such activities would include promotion of accession to the two statelessness conventions.

- (d) Individual stateless children, and their parents as appropriate, should be advised by Field Offices of their rights. Field Offices should assist with the articulation of claims and should maintain a list of lawyers who could present the claimants' cases to the administrative and/or judicial authorities.

C. Safety and Liberty

Background

24. Like refugees in general, refugee children continue to suffer violations of their rights to safety and liberty. In different refugee situations, children are victims of armed attacks on camps and settlements, recruitment into armed forces or groups, forced labour, torture, abduction, physical and/or sexual abuse, exploitation, abandonment and neglect. Many have thus lost their lives or sustained direct serious physical and psychological injury. Refugee children are also detained in many countries as a result of their, or their parents', illegal entry. Detention or confinement in a closed camp or centre, which are often located in conflict areas, inflict less visible but nevertheless serious psychological and developmental harm on refugee children.

Policy

25. The primary responsibility for ensuring the safety and liberty of refugees, including children, rests with the government of the relevant country of asylum or refuge. UNHCR's main function is to intervene with governments to ensure that they defend the safety and liberty of refugees and to facilitate such action on behalf of states whenever necessary and appropriate. This policy is based on the Office's mandate to provide international protection to refugees and is consistent with paragraph (e) of the Executive Committee's Conclusion No. 46 on Refugee Children in which the Executive Committee "condemned the exposure of refugee children to physical violence and other violations of their basic rights, and called for national and international action to prevent such violations and assist the victims." It is, however, also UNHCR policy to assume direct responsibility in many situations for protecting the safety and liberty of refugee children. Thus, the Office must act when the safety and liberty of refugee children is at risk, either directly or indirectly.

Guidelines

26. The guidelines for UNHCR's action to promote and ensure the safety and liberty of refugee children are as follow:

- (a) Whenever required, UNHCR and national officials should strengthen their physical presence along escape-routes and in reception centres, camps and settlements in order to provide physical protection for refugee children. Stronger surveillance of centres, camps and settlements, as well as the provision of adequate night-time lighting and presence, are also measures to be considered. Arranging for the training of camp and higher level government officers in matters relating to international protection and the role of UNHCR should always be an integral part of UNHCR's response in situations where the safety and liberty of refugee children is potentially or actually at risk.

- (b) Field Offices should promote conditions, such as location of camps at a reasonable distance from the frontier of the country of origin, which ensure the safety of refugee children from being victims of military and armed attacks and forced recruitment. Other measures which have the same objective are contemplated in the Guidelines currently being elaborated by Headquarters on UNHCR's role and responsibility for avoiding military and armed attacks on refugee camps and settlements.
- (c) Careful attention to housing arrangements has helped improve the physical security of refugee children and their families in some situations. In some situation, the security of unaccompanied young women, and families headed by women, can be improved by providing either for special group living arrangements or for the accommodation of children with foster families. In one camp, where a large number of single refugee women live and several violations of their physical integrity have occurred, a "crisis room" has been provided and is available on a 24-hour basis for the immediate protection of women in an emergency. This arrangement may be applied to refugee children where appropriate.
- (d) Where a clear link is established between violations of refugee children's physical security and crimes on the one hand and the abusive consumption of alcohol or drugs on the other, Field Offices should promote the adoption of appropriate regulations as well as the implementation in camps and settlements of existing national regulations relating to the maintenance of law and order.
- (e) With regard to the recruitment of refugee children into armed forces, be they state armies or guerilla or insurgent forces, Field Offices should report all incidents to the national authorities of the concerned country of asylum or refuge and to UNHCR Headquarters. In this regard it should be noted that "recruitment into armed forces" for UNHCR purposes includes not only forced recruitment but also voluntary participation in armed attacks. Equally, support functions, such as carrying ammunition and acting as scouts for military patrols is as unacceptable as more direct functions, such as active combat duty. Since, invariably, corrective action to protect refugee children from such action is difficult to achieve and may, therefore, call for public condemnation by the Office, Field Offices must provide factual reports substantiated with as much proof as is possible. In instances where recruitment is carried out by others than national authorities, strengthened police and military protection should be requested as a matter of course.
- (f) Evidence of torture, physical and sexual assault, abduction and similar violations of the safety and liberty of refugee children calls for extreme measures on behalf of UNHCR. No effort must be spared to collect all the relevant facts, including obtaining corroborative evidence and identifying the culprits with a view to their apprehension. Field Offices should retain legal counsellors and ensure that offenders are prosecuted. Again, it is important that every incident is promptly reported in full detail to Headquarters to enable it to intervene as appropriate in support of the relevant Field Office demarches.

- (g) Field Offices should give priority attention to the immediate treatment; psychological, social and physical recovery; and long-term rehabilitation of children who have suffered trauma due to torture, abuse or other violence. In so doing, they should seek the guidance of qualified experts. Given the highly specialized and confidential character of such interventions, the development of treatment and rehabilitation projects by Field Offices should be done in consultation with Headquarters. Funding may be arranged, as appropriate, through a project administered by Headquarters or through a country project.
- (h) Resources may also be made available through the United Nations Voluntary Fund for Victims of Torture (UNFVT), whose office is in Geneva. UNHCR co-ordinates with the Fund to implement treatment and rehabilitation services "through established channels of humanitarian assistance." In some countries of asylum, specialized projects funded by UNFVT can be used to benefit refugee children. UNFVT funds may also be available to establish or expand UNHCR projects for refugees in need of specialized treatment.
- (i) With regard to the detention of refugee children for illegal entry, guidance can be sought from the Executive Committee Conclusion No. 44 of the Executive Committee on Detention of Asylum-seekers and Refugees. This Conclusion does not, however, deal specifically with the detention of refugee children. Instead, it provides for a limited set of circumstances in which refugees and asylum-seekers may be detained in connection with their illegal entry into a country of asylum and sets out basic standards of treatment for such persons in detention. As noted, however, UNHCR's policy is that, due to the special situation of refugee children, they should not be detained. Thus Field Offices should intervene to ensure that, instead of detention, special accommodation is provided for refugee children who are treated as illegal entrants in a country of asylum or refuge. Such accommodation should be of such a nature so as not to equal detention in prisons, airports, special immigration holding centres or the like. This position remains unaltered where children are kept in detention together with one or both of their parents or other family members or guardian because of the illegal entry of the latter. While respecting the principle of family unity, Field Offices should intervene with a view to obtain the release of the child together with the accompanying adult.
- (j) Should the release of the refugee children not be obtained, Field Offices should report in full to Headquarters for supportive action while impressing upon the concerned national authorities the importance of respecting the (draft) United Nations standard minimum rules for the Protection of Juveniles Deprived of their Liberty. These provide a detailed guide as to the minimum standards and conditions under which children, only as a last resort, can be deprived of their liberty.
- (k) Finally, reference should be made to the Office's Guidelines on Refugee Women (IOM/4/87-FOM/4/87) issued in February 1987. Not only are many of the recommended measures equally applicable to children, but also to protect refugee women helps ensure the protection of their children.

D. Physical health

27. The contents of this section are primarily oriented toward situations involving a major influx. The standards presented, however, are generally applicable to other situations. In urban areas, Field Offices should take the necessary measures to ensure that refugee children and their families are able to meet adequately their needs for water, food, shelter and sanitation, and have access to existing health and nutrition services. Parents should be informed of such services, encouraged to use them and requested to inform UNHCR of difficulties they encounter in so doing.

28. This section highlights health issues of particular concern to children. More detailed health and nutrition guidelines are in preparation. They will address the needs of entire refugee populations and will provide more comprehensive information concerning children.

i. Basic Material Assistance

Background

29. The environment of refugee settings often creates particular health hazards to refugee children, who are more susceptible than adults to common, but life-threatening, communicable diseases. In rural or urban areas overcrowding, poor nutrition and poor sanitation can result in outbreaks of measles, malaria and respiratory and diarrhoeal diseases. Exposure (lack of appropriate shelter, blankets and clothes) can further increase the likelihood of infection. Not only are the immediate health and nutrition and status of children at risk but also their longer-term development. The adequacy or inadequacy of the provisions for basic material needs will have a drastic impact on the requirements for other services, particularly health services.

Policies

30. Given their physical vulnerability, refugee children must be given particular attention to protect their health. Provision for water, food, shelter and sanitation must be given priority among assistance measures.

Guidelines

31. Basic life-supporting standards have been set by the WHO to ensure an environment which can adequately sustain health. These have been included in the UNHCR Handbook for Emergencies (on the pages indicated) and are listed below:

- (a) Water (p.122) - The requirement for water amounts to a minimum of 20 litres of potable water per person per day for cooking and drinking.
- (b) Food (p.102) - The basic diet must be sufficient and balanced. Provision must also be made for access to appropriate weaning foods. Where refugees are unable to supplement their diet, the ration provided must contain all necessary nutrients.
- (c) Shelter (p.102) - To provide adequate living space, at least 3.5 square metres per person are required within a shelter, and 30 square metres per person outside of the shelter.
- (d) Sanitation (p.137) - At least one toilet or latrine is required for every 20 persons.

32. The initial planning and subsequent assessment of physical infrastructure, water systems and material assistance should be carried out, recognizing that children will suffer the majority of environment-related health problems. These provisions must be adequately co-ordinated.

ii. Primary Health Care

Background

33. No amount of health care infrastructure or medical personnel will adequately protect the health of refugee children if coverage is limited. Reaching the entire target group is therefore necessary, and for this, extensive outreach is needed by adequately trained local health staff. Emphasis is often incorrectly given to developing secondary and tertiary health infrastructure (hospitals, clinics, etc.) at the expense of immunization and other primary health care interventions which can save the lives of countless children. It should be noted that normally 15-20 per cent of a refugee population is under five years of age, and that this age group is generally more vulnerable to infections and mal-nutrition. Early detection and treatment of illness in such children can only be assured if there is over-all coverage and monitoring of all refugee families.

Policy

34. WHO adopted a policy in 1978 declaring the advantages and the need for the development of primary health care. Health services in refugee camps should be based on this concept of primary health care, with suitable modifications to deal with the emergency phase. Primary health care services developed for refugees should be similar to those being developed for nationals in the country of asylum. Implementation guidelines should be developed nationally, involving all relevant parties.

Guidelines

35. During an emergency phase, it is likely that there will be particular needs requiring immediate action. These include the provision of:

- (a) Measles vaccination for all children nine months to five years of age and for those children up to 12 years, if there is evidence of the disease in older children;
- (b) Oral Rehydration Therapy (ORT), with the establishment, as needed, of ORT centres for early treatment of dehydration cases;
- (c) Therapeutic feeding for all severely malnourished children;
- (d) Prevention of Vitamin A deficiency for all children under five years (eg. mass distribution of Vitamin A every three to four months), and early detection and treatment of cases; and
- (e) Prevention of Vitamin C deficiency through ensuring an adequate source in the diet.

These services, which are part of primary health care, must be the essential first initiatives established in the emergency stage.

36. Even though life-threatening situations lead to the establishment of an appropriate emergency response, this should not detract from the development of a full primary health care service. This would typically include the following:

- (a) Mother and child health services, including health and growth monitoring of children;
- (b) Basic treatment of common diseases among children, particularly diarrhoeal control (use of ORT) and respiratory infections;
- (c) Immunization, co-ordinated with the national "Expanded Programme of Immunization" (EPI), full immunization should be implemented of at least 80 per cent of children under five years for DPT, measles, poliomyelitis and tuberculosis (BCG);
- (d) Training of community health workers and traditional birth attendants, usually included within the mother and child health services;
- (e) Hygiene and sanitation, including monitoring and support for clean water, latrines, vector control and garbage disposal;
- (f) Child spacing, where culturally appropriate, included as a part of mother and child health services;^{1/} and
- (g) Health education, to be conducted through clinics, feeding centres and/or in mass campaigns.

37. Primary health care programmes can be structured in different ways, but should include all the elements mentioned above. Programmes should also take into consideration traditional practices, both beneficial and non-beneficial. In addition, Field Offices must ensure that systems are set up to monitor and report on the health and nutritional status of the population, particularly children, and the effectiveness of the programmes.

iii. Nutrition

(a) General Food Provisions for Children

Background

38. The general ration provided to refugee populations is usually composed of food items that are easily stored and transportable but which may do not meet the special nutritional requirements of young children. The range of food available to refugees can be quite restricted and this situation can continue for long periods. This can lead to deficiency states (eg. iron, Vitamin A and Vitamin C). Refugees may receive food items that are not consistent with traditional eating habits, that are difficult to prepare and that may not meet nutritional requirements. Refugee children between the ages of 6-36 months have greater energy and protein needs per kilogram body weight than adults. Unless grinding facilities are available, mothers will not be able to prepare from the basic ration foods that children who are being weaned can easily eat and digest. When their nutritional requirements are not adequately met, serious health problems and developmental problems can result. Rehabilitative feeding must be provided to severely undernourished children and supplementary feeding as appropriate.

^{1/} (This strategy has proven to increase child survival and decrease the incidence of crippling and debilitating diseases

39. Nutritional problems in a camp may result from the arrival of malnourished children or from deficiencies in the food ration, its distribution, disease or psycho-social problems.

Policy

40. All refugee children must receive a nutritionally balanced diet in an appropriate form that is adequate in quality and quantity. The general ration supplemented by agricultural production or purchase on the local market, should meet the nutritional requirements of children both young and pre-pubescent. The quality of the diet available should be professionally assessed at an early stage.

Guidelines

41. Guidelines for general or basic rations are set out in the UNHCR Handbook for Emergencies. Field Offices must seek advice on how these foods, those that become available from vegetable gardens and those that might be available on the local markets, are likely to be used for child feeding, given the culture and current practices of the refugees. It should not be assumed that a child will be given all the foods available, hence the necessity of establishing adequate systems for monitoring the nutritional state of children and for case finding.

42. Means of evaluating the adequacy of child feeding and support programmes include assessing:

- (a) The similarity between traditional weaning foods, eg. foods previously given to children 6-18 months old in the country of origin, and those supplied to the populations;
- (b) The availability and affordability of oil (and/or sugar) in order to prepare energy-dense foods for children;
- (c) The availability and affordability of vegetables and fruit in order to prevent deficiency diseases;
- (d) The availability and affordability of grinding facilities that enable women to make cereal-bean mixes to use as porridge or other weaning foods for children; and
- (e) The availability and affordability of cooking fuel, in order to prepare a sufficient number of meals (as young children need to eat five to six times per day).

43. Organized programmes of wet and/or dry selective (supplementary) feeding must be based on clear criteria for admission and discharge, and include procedures for case finding and monitoring.

44. Provision of food which is adequate to protect the nutritional status of pregnant and lactating women is an essential means of protecting both the survival and nutritional status of newborn infants.

(b) Protection of Breast-feeding

Background

45. Breast-feeding provides complete, hygienic food for the healthy growth and development of infants and promotes bonding between mother and child. It has anti-infective properties that help protect infants against disease. In some situations, milk powder (dried skim milk and whole milk powder) has been used as a substitute for breast milk, thus depriving infants of its benefits and causing unnecessary health risks.

46. Health risks for infants and young children are associated with the indiscriminate distribution and use of uncontrolled milk powder in relief operations. Bacterial contamination resulting in diarrhoea and dehydration is a high risk when milk powder is reconstituted in an unsanitary camp situation. Improper mixing can contribute to malnutrition when milk powder is over-diluted, or if under-diluted can lead to high concentrations of sodium and protein which can result in renal failure and death.

Policy

47. All programmes should be formulated to promote and facilitate breast-feeding for as prolonged a duration as possible among refugee women.

48. Milk powder should never be used as a breast-milk substitute among adequately lactating women, and should only be used in a controlled environment where strict hygienic methods of mixing and distribution can be implemented.

Guidelines

49. Education on the importance and benefits of prolonged breast-feeding should be provided to refugee mothers at clinics, feeding centres or wherever the opportunity for health education arises.

50. Milk powder may be a valuable product for young children in only two situations:

- (a) if mixed with cereal flour prior to distribution (eg. to be used in porridge or in baked or fried goods) or
- (b) provided in a hygienic, controlled, on-the-spot feeding programme.

51. Where milk powder is used, it should be fortified with Vitamin A. Design, monitoring and evaluation of such a programme should include:

- (a) identifying any evidence of bottles or bottle-feeding (the use of baby bottles should be actively discouraged);
- (b) preventing widespread distribution of milk powder, except where it is used by nomadic populations and is proved to be used in a hygienic manner, that it is not used for infant feeding, and that a very clean and sufficient water source is available;
- (c) ensuring that reconstituted milk powder is used in selective feeding programmes and is consumed on-site and is being discouraged from being taken home as liquid milk by beneficiaries; and

- (d) in cases of verified lactation problems, using infant formula (not dried skim or whole milk) in the first four months, with demonstration being given using a cup and spoon.

E. Prevention and treatment of disabilities

Background

52. The WHO estimates that 10 per cent of the world's population is disabled.^{1/} In a given refugee population, the question is not whether there are disabled persons, rather what is the nature of their disabilities, what can be done to help those who are handicapped to live more normal lives, and what can be done to prevent further disabilities.

53. WHO has also projected that about 70 per cent of the disabling impairments in developing countries are caused by malnutrition, communicable diseases, low quality pre- and post-natal care and accidents, including violence.^{2/} One obvious implication is that most such disabilities are preventable. Another is that many of these disabilities start during childhood.

54. Disabilities may be physical or mental. Conditions that cause disabilities common in various refugee situations in developing countries include malnutrition, vitamin deficiencies, polio, cerebral palsy, leprosy, epilepsy, burns and other accidents, injuries related to armed conflict, torture and other severe trauma, mental retardation and severe ear and eye infections.

55. While measures such as immunization, medical treatment and adequate nutrition are generally priorities, only limited efforts have been made to provide disabled refugee children with such services as physical rehabilitation, specialized education and the active promotion of social integration. When provisions have been made, they have tended to be at a high per capita cost and available only to a very small proportion of the population in need.

56. Various factors have contributed to the very limited availability of services for disabled children. Such services are often thought, wrongly, to be too expensive. The model of residential institutions have been seen by some, again erroneously, as the norm for rehabilitation services. Hence families, health workers and teachers have not seen the relevance of integrating disabled children into normal patterns of activity. In some situations, rehabilitation services are not provided because nationals do not have access to such services.

Policy

57. The General Assembly of the United Nations proclaimed 1981 as the Year of the Disabled and 1983-1992 the Decade of the Disabled, to encourage giving special attention to the prevention of disabilities, and to the treatment and rehabilitation of disabled persons. This applies as much to refugee populations as any other group.

1/ Disability Prevent and Rehabilitation, Technical Report Series 668, WHO, Geneva, 1981, p.10.

2/ Ibid, p.14.

58. Active efforts should be made to prevent disabilities.

59. Emphasis should be placed on establishing integrated systems of support. Whenever formal or informal systems of education are available for refugees, every effort should be made to ensure that children with disabilities attend. The view that segregated or special education is the only appropriate system should be actively discouraged.

60. Resources must be made available at the earliest possible time for rehabilitation. These resources must be applied to support appropriate interventions that provide broad coverage for the disabled refugees in need. Families and care givers should be regarded as the focus of the rehabilitation process, and appropriate support should be given to them.

61. Where individuals suffer disabilities related to their situation as refugees, such as injuries related to war, persecution, torture or the hazards of flight, appropriate rehabilitation services should be provided. As regards other disabilities, refugees should have access to the same or similar services as nationals.

Guidelines

62. Field Offices must initiate action to prevent disabilities at the earliest stage of a refugee situation. Immunization and adequate nutrition are foremost among direct preventive methods. The training of traditional birth attendants is another basic measure to provide wherever it is culturally appropriate. Care of pregnant women must be a special priority in health programming. In many cultures, efforts must be made to field female medical personnel to ensure good coverage for mother and child health services.

63. Site planning and construction must take the needs of physically disabled refugees into account. Hazards that may lead to accidents should, as far as possible, be reduced or eliminated.

64. At the earliest possible stage, health workers should be given simple guidelines developed by the senior health officers to help them identify disabilities in the population, particularly in the youngest age groups. A register can be established as the first practical stage of needs assessment. This provides the basic information necessary to establish priorities for service development. For example, in populations affected by war, physical rehabilitation may be a priority. The first service response would be to establish a workshop producing simple mobility aids and artificial lower limbs. In a population affected by long-term famine, infants are particularly vulnerable. The child's overall development is likely to be inhibited and individual potential significantly reduced. Under such conditions, a simple developmental screening process can be used and a structured pre-school stimulation programme introduced. It is feasible to develop both services as low-cost systems.

65. Teachers in the schools attended by refugee children should be encouraged to include disabled children in their classes whenever possible. Simple guidelines should be given to teachers on management techniques for children with hearing or visual problems. A positive attitude to disability should be encouraged at all times. Teachers should be helped to understand that even children with learning difficulties (mentally handicapped children) can

benefit from school attendance by virtue of being with their peers. Systems such as the Child to Child programme, which outlines activities that facilitate positive interaction between able-bodied children and children with disabilities, should be used.

66. Community-based rehabilitation, as advocated by the World Health Organization (WHO) and experts in the rehabilitation field, is the basic strategy for Field Offices to promote in developing rehabilitation services for a refugee population. In this approach, care givers and peers of children with disabilities are the focus of the rehabilitation process, and the main support to any specialized services. Outreach workers show families how to encourage the mobility of a physically disabled child. The importance of this activity taking place in the home is stressed, and the participation of the family encouraged. The family of a child with a mental handicap would be shown how to develop appropriate independence skills and social behaviours, and encouraged to bring the child into the main stream of family activities.

67. Community-based rehabilitation emphasizes local construction of rehabilitation aids. The making of a wheelchair or corner seat, for example, would be contracted to the person in the community with the appropriate carpentry skills, not confined to a specialist workshop.

68. WHO has developed a detailed manual for implementing this approach, Training in the Community for People with Disabilities, copies of which are available from Headquarters. Complementary to this is Disabled Village Children: A Guide to Community Health Workers, Rehabilitation Workers, and Families, by D. Werner.^{1/} Both provide guidance which can be adapted to meet local needs in refugee camp and settlement situations.

69. Where such services are provided or are being developed for nationals, they can be expanded to benefit refugees. Conversely, where relief agencies are in a position to provide such services for refugees, Field Offices should encourage them to include nationals as well, in consultation with local health authorities.

70. Preventive and rehabilitative services should generally not be limited to children, rather children should benefit from services available to the refugee community. Disabled children should receive treatment and rehabilitation to facilitate their integration into the educational, training, cultural, social and recreational activities provided for refugee children at large, and into their new communities once a durable solution is found. Such services may be available through national systems. In some cases, new services may be required, but these should not create disparities with those available to nationals: shared projects are often the best solution.

71. For individual cases, Headquarters may be able to authorize provision of special services locally, or in another country, through the overall project for treatment, training and rehabilitation of disabled refugees, (see IOM/15/86-FOM/18/86, of 13 March 1986). Where resettlement is necessary, refugees who are disabled, medically at risk or survivors of torture, may be considered for the ten/twenty or more special quota programme. Priority is given to children who are resettled with their families. Instructions to Field Offices on the implementation of this programme are forthcoming.

^{1/} Field Offices can order Disabled Village Children from the Hesperian Foundation, P.O. Box 1692, Palo Alto, CA 94302, U.S.A.

F. Mental Health

Background

72. The mental health of children is directly affected by the level of well being of their families and communities. The uprooting, disruption and insecurity inherent in refugee situations can harm children's physical, intellectual, psychological, cultural and social development. These factors are severely compounded when, in addition, children suffer or witness violence, abuse, torture or the loss of family members. Likewise the mental health of children who are unaccompanied is particularly at risk in a refugee situation. Similarly, for children, who before their exodus suffered psychological dysfunctions or mental retardation, the refugee situation can increase their risk for further maldevelopment. Child abuse or neglect may result from the stress or specific trauma suffered by parents.

73. When lengthy or permanent disruptions of the mother-child, child and care-taker, or child and family relationship occur, the risk of future emotional disturbances is significantly increased. The loss of the mother or substitute mother figure, particularly at an early age, places a child at a higher psychological risk. Arranging for substitute family care or immediate family reunion is critical.

74. As noted in paragraphs 161 and 162, the emotional development of children may be adversely affected by an extended stay in the artificial environment of a refugee camp. Younger children suffer from the negative effects such extended stays have on the mental health and emotional well-being of adult family members and the destructive effect on the family unit.

75. Older children are also affected by extended camp stays, particularly those without accompanying family members. Effects on adolescents range from depression, apathy, delinquent behaviour or aggressive acts to situational mental disturbances, substance abuse and suicide. In many cases, suicide is the result not only of individual distress but is also a reflection of the high level of anxiety and despair within the refugee community as a whole.

76. It is important for Field Offices to be aware that mental disturbances among refugees are often reactive. They frequently are a result of particular trauma experienced and, while the symptoms can be similar to those of more severe mental illnesses, the prospects for recovery may be quite different. The delayed effects of severe trauma, which can express themselves in the post traumatic stress syndrome, require special attention from those caring for refugee children and adolescents. Problems have arisen regarding durable solutions when refugees have been inappropriately diagnosed by mental health professionals without adequate experience regarding such situational stress reactions or sufficient cross-cultural skills and understanding.

Policy

77. In planning and implementing programmes to benefit refugees, UNHCR seeks to establish conditions that will promote the mental health of refugee populations generally and children in particular. Refugee children generally should have access to the same or similar mental health services as national children. Children who suffer mental disorders or extreme mental distress as a result of their experiences or their situation as refugees are entitled to benefit from culturally appropriate mental health services and treatment, even where such services may not be available to nationals.

Guidelines

78. Field Offices should first give attention to measures that help prevent mental health problems. In general, this will include action to pursue durable solutions and to re-establish normal family and community life. Such community-oriented measures can have important benefits at the family level, helping refugees re-establish normal family roles and thus enabling children to develop and learn cultural values in a normal fashion. The risk to children's mental health and psycho-social development is to a large extent dependent upon the restoration of daily routines and activities and the resumption of educational and cultural activities. Where levels of stress or anxiety are high, Field Offices should identify specific measures to reduce these. Measures to increase refugee families' and communities' independence and to decrease their dependence on outside aid will also have important mental health benefits.

79. To the maximum extent possible, refugees should have the opportunity to control their own lives. Freedom of movement and the right to employment or other forms of self-support are basic. In refugee camps and settlements refugee, participation in planning and decision making and the implementation, management and evaluation of all assistance measures should be as extensive as possible.

80. It is also essential for Field Offices to ensure that refugees have accurate information concerning their present situation, rights and responsibilities and possibilities for durable solutions. Ensuring access to basic health, nutrition, education and social services has important secondary mental health benefits. Field Offices can also support refugee efforts to re-establish community social structures and institutions and normal cultural and religious life. In camps, enabling refugees to build structures that provide places for them to gather informally, to hold meetings or to organize activities can facilitate the re-establishment of community life.

81. Where family members have become separated, Field Offices should actively pursue tracing and family reunion. The International Committee of the Red Cross can assist in some situations. See paragraphs 137 and 145-147 on documentation, tracing and family reunion for unaccompanied children.

82. Such measures as material assistance to families, counselling and ensuring access to employment can help prevent subsequent family separations. Measures to promote the health and physical security of refugee women can help prevent mother and child separations. See IOM/FOM/4/87-FOM/4/87 on action to promote physical security of women.

83. For the healthy development of children, "play" is essential. It is a child's way of coping with what has happened, of relaxing and relieving tensions and of integrating what he/she has experienced and learned. This integration is crucial to a child's ability to cope and to learn to live and function within the family and the community. In care and maintenance situations, adequate provision must, therefore, be made for children to have the space and opportunities to play.

84. In situations where refugees have been affected by famine or other lengthy disruption of their normal lives, infant stimulation groups should be an integral part of the emergency response. In such situations, the elements necessary for the normal development of infants may be lacking, and there can be serious long-term effects unless timely intervention is made. Children of

about 10 months, who are just about to develop speech, crawling and walking, are particularly vulnerable. Screening is needed to identify children whose development is delayed. In addition to providing adequate, correct nutrition and treating medical problems, it is important to teach mothers how to, and why they should, stimulate their children, to give instruction in health and nutrition and to monitor infant's weight, height and developmental progress.^{1/}

85. Because of the possible damaging effects of trauma refugee children may have experienced, they should be screened to identify those with high risk for mental health or psycho-social maldevelopment. Some children will require specialized services or treatment. Through schools, clinics or feeding centres, systems should be established to identify such children. A model programme for prevention, screening and treatment is described in paragraphs 88-91.

86. Treatment services should be introduced in a culturally appropriate manner, planned and provided with the involvement of the refugee community and qualified personnel. Treatment should be provided with careful attention to the language, culture, and developmental stages of the children concerned. In some situations, traditional healers have proven effective in treating mental disorders among refugee children. Unless it is necessary to prevent abuse or neglect, a child should not be separated from his family and community for treatment.

87. Services that address such special difficulties as trauma related to witnessing or being a victim of torture, violence or sexual assault require the involvement of a qualified mental health professional with a background in working with children. Preferably such a professional would be of the same ethnic background as the refugees or at least have good cross-cultural skills. His/her role could be either to provide treatment directly or to guide and support members of the family or community to do so. Field Offices that identify a need for such services should inform Headquarters. See also paragraph 26 (g - h).

A Programme for Prevention, Screening and Intervention

88. A programme to address the mental health and developmental needs of children, adapted to the culture and situation of the refugee group, should be seriously considered wherever Field Offices assist groups of refugees, whether in rural or urban areas. Such a programme can be carried out by refugees with limited outside support and guidance and use local materials for equipment and toys. Its aims include prevention, screening and intervention with individual problems. The specific activities carried out vary according to the age of the children and their levels of emotional, intellectual, social and physical development.

89. One or more experienced child-welfare workers should be involved in planning a programme, training refugee personnel and, preferably, in guiding and developing the programme. Examples of activities and the age groups to which they are normally appropriate are given below:

0 to 1 year	Activities for mothers and children such as infant stimulation exercises; promotion of breast feeding and mother-child bonding; relactation and wet nursing. These can be carried out in mother-child health clinics, feeding centres or sites easily accessible to mothers.
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^{1/} Based in part on "Psychosocial Factors in Relief Work During Famine and Rehabilitation", Dr. E. Jareg, Redd Barna, Norway, 1987, copies of which are available from Headquarters.

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|--------------|--|
| 1 to 4 years | Mother-toddler play groups incorporating pre-school activities and pre-school for children whose parents are working or engaged in training. |
| 5-10 years | Community adults organizing such activities as games, dance, music, drawing, painting, story telling and singing with small groups of children. (See paragraph 126) These can be incorporated with primary school programmes or carried out as extracurricular activities. |
| 11-17 years | Age-appropriate group activities with particular emphasis on peer education and peer leadership. Sports, group discussions and community projects are examples. Support in making the transition to adulthood, such as help with finding employment, is important for adolescents. |

90. Such activities should be appropriate to the culture of the refugees and use locally available materials and resources. Through these activities children with developmental, emotional or psychological problems can be identified. (Field Offices can request from Headquarters guidance regarding such screening.) Trained child welfare or mental health personnel can work with parents and group leaders in planning activities that will help address the problems identified.

91. Specialized, culturally-appropriate treatment should be arranged for children with more severe disorders where this can be done without removing them from their families. In some situations projects have been established specifically to make such services available.

G. Education

Background

92. A substantial proportion of refugee children do not have access to basic education despite the international recognition of elementary education as a basic human right and the recognition by the Executive Committee in 1966 that basic education is a right of refugees. According to the 1951 Convention relating to the Status of Refugees, the provision of educational services for refugees is, in the first instance, the responsibility of the government of the country of asylum. Many governments in the developing countries, however, are unable to provide universal primary education for their own children. Even with contributions from the international community, such factors as limited infrastructure, inadequate resources, lack of trained teachers and unwillingness to provide services to refugees that nationals do not enjoy, serve to limit the access of refugee children to education.

93. In some situations, where some provision has been made for education for refugee children, it is not of adequate quality. In some cases, hours of instruction may be very limited, teachers are not adequately trained, school materials are limited and infrastructure is poor. Also, while UNESCO research has indicated that, at least in the initial years, primary level instruction should be in the mother tongue of the children concerned, in some countries refugee children do not benefit from instruction in their own language.

94. In some situations, refugee children have no, or very limited, access to post-primary education or other types of training, without which their prospects for attaining economic self-sufficiency are severely hampered. It should be noted that in some situations "basic education" includes some post-primary education or training.

95. Education for children must be considered a priority activity. Access to education can be the determining factor in a child's life. Its absence sets into motion a lifetime of disadvantages. Educating refugee children to be prepared to live constructively, in the unknown future, is an enormously complicated task and one to be addressed thoughtfully and comprehensively.

Policies

96. Article 26 of the Universal Declaration of Human Rights states that:

"Everyone has a right to education. Education shall be free, at least at the elementary and fundamental stages. Elementary education shall be compulsory."

In 1966, the Executive Committee of UNHCR cited this statement when it "recognized that ... education was a right that should certainly apply to refugees" (Document A/AC.96/344).

Article 22 of the 1951 Convention relating to the Status of Refugees provides that:

"(1) The Contracting States shall accord to refugees the same treatment as is accorded to nationals with respect to elementary education.

(2) The Contracting States shall accord to refugees treatment as favourable as possible, and in any event not less favourable than that accorded to aliens generally in the same circumstances, with respect to education other than elementary education and, in particular, as regards access to studies, the recognition of foreign school certificates, diplomas and degrees, the remission of fees and charges and the award of scholarships."

The Executive Committee at its Thirty-Eighth session:

"(O) Reaffirmed the fundamental right of refugee children to education and called upon all States, individually and collectively, to intensify their efforts, in co-operation with the High Commissioner, to ensure that all refugee children benefit from primary education of a satisfactory quality, that respects their cultural identity and is oriented towards an understanding of the country of asylum;

(P) Recognized the need of refugee children to pursue further levels of education and recommended that the High Commissioner consider the provision of post-primary education within the General Programme of assistance."

97. In addition to its policy to support primary education as a basic right, UNHCR assists needy refugees at the post-primary level to increase their potential to attain durable solutions. Criteria for the provision of such assistance are given in IOM/56/83-FOM/52/83. Similarly, assistance with non-formal education, eg. practical skills training, is also provided to facilitate the attainment of durable solutions.

98. Where host governments lack the resources to provide primary or other education needed by refugees, UNHCR first seeks to identify other resources. Where these are not available or are insufficient, UNHCR may directly support needed educational services.

Guidelines

99. UNHCR action regarding educational assistance for refugee children must be based on careful planning, conducted by technically qualified professionals, that directly involves refugees and representatives of the host government. Such planning should begin during the initial phase of a refugee influx, and should be revised in subsequent stages in response to changing requirements.

100. Field Offices must make provision for primary education through ensuring access of refugee children to local schools or through establishing separate schools. Field Offices should also seek to ensure that the proportion of refugee children having access to post-primary academic and vocational education is comparable to that of nationals.

101. The potential for including refugee children within the national educational system should be assessed at the outset. Only where this is inappropriate or impossible should a separate education programme be established for refugee children.

102. In addition to formal education, Field Offices should assess children's needs for such non-formal education and training as:

- pre-school,
- nutrition, health education and sanitation education,
- skills training (eg. agriculture, carpentry, tailoring),
- language training,
- cultural orientation, and
- remedial education.

103. Such non-formal and extra-curricular activities should be designed to complement other refugee assistance activities.

104. Three issues to which Field Offices must give attention in planning education for refugee children are access, quality and relevance.

105. Field Offices must ensure that all refugee children have access at least to basic education, including, at a minimum, literacy and numeracy. The proportion of refugee children having access to full primary education should be as great as that of national children. Where access to primary education for nationals is less than universal, Field Offices, after consulting with the refugees, should pursue collaborative efforts with governments, international organizations and NGOs to expand access to primary education for both refugee children and nationals living in the same areas.

106. The quality of education for refugee children should be as high as that for nationals of the same age. Where education is of a high standard in the country of origin, and the possibility of voluntary repatriation is foreseen, the higher standard should be adopted. UNHCR should not perpetuate inadequate standards of education. Instead, UNHCR Field Offices should encourage improvement in host country education by initiating an awareness of national education problems to the international community and by designing the refugee education programme to have a positive impact on the national system.

107. Education must also be relevant to the particular needs and situation of refugee children. It should support children maintaining their own language and culture as well as facilitate their understanding of the asylum country and, as appropriate, their ability to integrate into it. It should provide practical knowledge and skills relevant to the economic life of their own communities. Basic education and other children's activities should be offered in a way that enhance personal and cultural identity and promote the psycho-social stability and development of children, their families and communities.

108. To plan a good quality education programme, a Field Office should arrange for the active involvement of a qualified professional in the field of education. Planning should be done in close consultation with refugees, appropriate government offices, potential implementing partners and the Technical Support Service at Headquarters. Field Offices may be able to obtain technical assistance from their regional UNESCO office.

109. Key elements in developing a plan for educational assistance for refugees include:

- assessing the specific educational needs of the refugee population;
- determining any rights to education refugees can claim under national or international law;
- identifying human and material resources for education both from within the refugee population and from local and national authorities;
- establishing clear objectives and identifying specific priorities;
- designing a comprehensive plan for implementation, including a system for monitoring the programme.

110. At a minimum, Field Offices should monitor the following aspects of all structural education services:

- enrolment rates by age and sex,
- attendance rates by age and sex,
- completion rate by age and sex,
- educational facilities available,
- student/teacher ratio,
- availability of text books and education materials,
- numbers of trained and non-trained teachers,
- number of refugee teachers and
- number of refugees in teacher training.

111. In addition, for formal academic and vocational education the following must be monitored as well:

- levels of performance,
- drop-out rate by grade and type of education,
- repetition rate, and
- numbers and percentages of refugee children in the terminal grade of each level obtaining certificates, continuing for further studies and obtaining employment.

112. Field Offices must ensure that the design and implementation of education services facilitates the participation of refugee girls. Female teachers and separate facilities may help increase girls' participation.

113. To provide a basis for planning projects and selecting and guiding candidates for post-primary education, Field Offices, with the support of Headquarters and relevant specialized agencies and organizations, should compile existing data that indicate which types and areas of study offer the best prospects for facilitating durable solutions. Such information may be available from such sources as government offices concerned with economic development, relevant university departments or the regional offices of appropriate United Nations or other international organizations.

114. UNHCR assistance for refugee education can include such elements as:

- construction and maintenance of schools;
- equipment, materials and educational supplies;
- teacher training;
- curriculum development;
- development of appropriate educational and training materials;
- school fees;
- transport;
- uniforms;
- support for manual and physical educational activities; and
- salaries.

115. For formal academic or vocational education Field Offices should seek to ensure that refugee children will obtain recognized certificates upon completion of a particular level or course of study. Where this proves impossible and separate educational services are established for refugees, Field Offices should ensure that the implementing agency maintains records on students' progress and that graduates receive certificates indicating successful completion of the relevant courses and describing their content.

116. The refugee community has a number of important roles to play in its children's education. When assessing educational needs and planning for appropriate services, Field Offices should actively consult and involve relevant members of the refugee community.

117. Where refugee children attend local schools, qualified refugee adults may be hired as teachers or as special assistants if their credentials are not recognized. Refugee adults may also carry out extra-curricular activities or instruction to support maintenance of their cultural identity and language.

118. Where separate educational services are established for refugee children, as far as possible, administrative, teaching and support positions should be filled by refugees. If a sufficient number of refugee teachers are not available. Field Offices should build teacher training into the education programme from the outset.

119. The language of instruction, particularly for primary education, requires careful consideration. Given that children learn better and more quickly in their mother tongue, it is strongly recommended to use it as the primary medium of instruction, particularly in the early grades. When prospects for local integration or resettlement justify learning a second language, it can be introduced initially as a subject and gradually become the medium of instruction. Field Offices, where appropriate, are encouraged to support extra-curricular instruction in the refugee group's own language.

H. Cultural, Social and Recreational Needs

Problems

120. Disruption and change are basic facts of life for a refugee child. In most cases, the roles and economic activities of parents and other adult refugees have had to change radically. This severely limits their capacity to pass on to children traditional knowledge and skills. Also, refugee children in rural situations are often fully-occupied with subsistence tasks (eg. carrying water, gathering fuel) and minding younger siblings. The importance of such activities may keep some children from attending school, if available, and limit their opportunities for normal play activities. These changes in their social, economic and cultural environment disrupt the normal growth and development of refugee children. As a consequence of these changes, a refugee child may develop a sense of powerlessness and a lack of confidence in his or her parents.

121. Culture provides identity and continuity for children. Together with religious teaching, culture conveys the beliefs and values necessary to integrate in one's society or ethnic group. Refugee children face two kinds of difficulties regarding culture. Not only are the opportunities for refugee children to learn and maintain their own culture severely limited, but also they must learn to function within the culture of the asylum country. Significant changes can occur in parental attitudes and values, and in children's social behaviour due to their uprooting and their need to adapt to the host culture. Both parents and children may experience culture shock in which the new environment has little or a distorted meaning, and anxiety and depression result.

122. The most profound impact on children in this area results from changes in child-rearing practices, which stimulate early social and learning capacities of the child. The fact that in many refugee situations a disproportionate number of families are headed by single-parent mothers, coupled with the survival tasks demanded of mothers and children, serves to undermine normal mother-child relationships.

Policies

123. The 1951 Convention relating to the Status of Refugees provides basic points of departure for defining policy guidelines on the subject of cultural and religious aspects concerning refugee children. The application of "the provision of the Convention without discrimination to race, religion or country of origin" points out the need to develop practical activities towards that goal. Within this direction, the Right of Association of Refugees (Article 15 of the Convention) as regards group cultural religious activities of a non-political nature is instrumental in promoting and implementing practical measures.

124. Resolution 35/187 of the General Assembly on Refugee and Displaced Children, made on 15 December 1980, defines UNHCR's role as the competent United Nations body to "ensure as far as possible that the cultural and family identity of the minors settled is preserved".

125. Further, at its Thirty-Eighth session in 1987, the Executive Committee:

"(n) Recognized the importance of meeting the special psychological, religious, cultural and recreational needs of refugee children in order to ensure their emotional stability and development..."

Guidelines

126. Enabling refugee parents to recover from the impact of economic, social and cultural losses and to re-establish a normal pattern of life should facilitate the normal development and acculturation of their children. In addition to helping refugees to regain the capacity for economic self-support, Field Offices can support refugee groups in preserving their culture through enabling them to initiate such measures as re-establishing traditional music, dance and other arts; organizing non-formal skill training activities; celebrating traditional events and festivals; constructing facilities necessary for the practice of their own religion(s); organizing sports games and recreational activities. Support provided by Field Offices may include providing material assistance, as well as recognizing, communicating with and, as appropriate, consulting legitimate refugee committees or other leadership structures.

127. Also important are measures that Field Offices can initiate or support to help refugees to function well within the social and cultural environment of the host country. This may include language and/or orientation courses. Field Offices must give particular attention to the integration of refugee children into schools. Where refugees are able to attend national schools, some special provisions may be necessary to enable them to retain, and become literate in, their mother tongue, if it differs from that of the asylum country.

128. A protection issue Field Offices face in some situations is to ensure that implementing partners do not use assistance programmes as a means of imposing alien religious beliefs on refugees.

III. PARTICULARLY VULNERABLE GROUPS OF REFUGEE CHILDREN

129. Certain groups of refugee children are at risk due to their particular circumstances and, consequently, require special attention from Field Offices. Both protection and assistance measures are required adequately to address their needs.

A. Unaccompanied Children

Background

130. Unaccompanied children are those who are separated from both parents and are not being cared for by an adult who, by law or custom, has responsibility to do so. Action to assist such children must take into account the many different reasons that may have caused them to become "unaccompanied". Children may have been accidentally separated, abducted or orphaned. They may have run away, been abandoned, or live independently with or without their parents' consent. Some may have become street children in larger urban areas. (Some children may have been sent to the country of asylum by parents who have remained in their country of origin, whilst others may be children left in the country of asylum by parents who have returned home or resettled elsewhere. In conflict situations, children may have been separated as a result of conscription. Children have become separated as a result of their being removed by aid workers. Different causes of separation have different implications for the care of the child and the potential for family reunion.

131. The physical security and well-being of such children may be at serious risk, largely depending upon the social mechanisms at work within the refugee community to respond to their needs. Family reunion is an obvious priority.

Policies

132. The special vulnerability and consequent care and attention required by unaccompanied children have been recognized in several international instruments.^{1/} At its Thirty-Eighth Session in 1987, the Executive Committee in its Conclusion on refugee children:

"(i) Underlined the special situation of unaccompanied children and children separated from their parents, who are in the care of other families, including their needs as regards determination of their status, provision for their physical and emotional support and efforts to trace parents or relatives; and in this connection, recalled the relevant paragraphs of Conclusion No.24 (XXXII) on Family Reunification;

(j) Called upon the High Commissioner to ensure that individual assessments are conducted and adequate social histories prepared for unaccompanied children and children separated from their parents, who are in the care of other families, to facilitate provision for their immediate needs, the analysis of the long term as well as immediate viability of existing foster arrangements, and the planning and implementation of appropriate durable solutions;

(k) Noted that while the best durable solution for an unaccompanied refugee child will depend on the particular circumstances of the case, the possibility of voluntary repatriation should at all times be kept under review, keeping in mind the best interests of the child and the possible difficulties of determining the voluntary character of repatriation..."

133. Conclusion No.24 (XXXII) on Family Reunification referred to above states that:

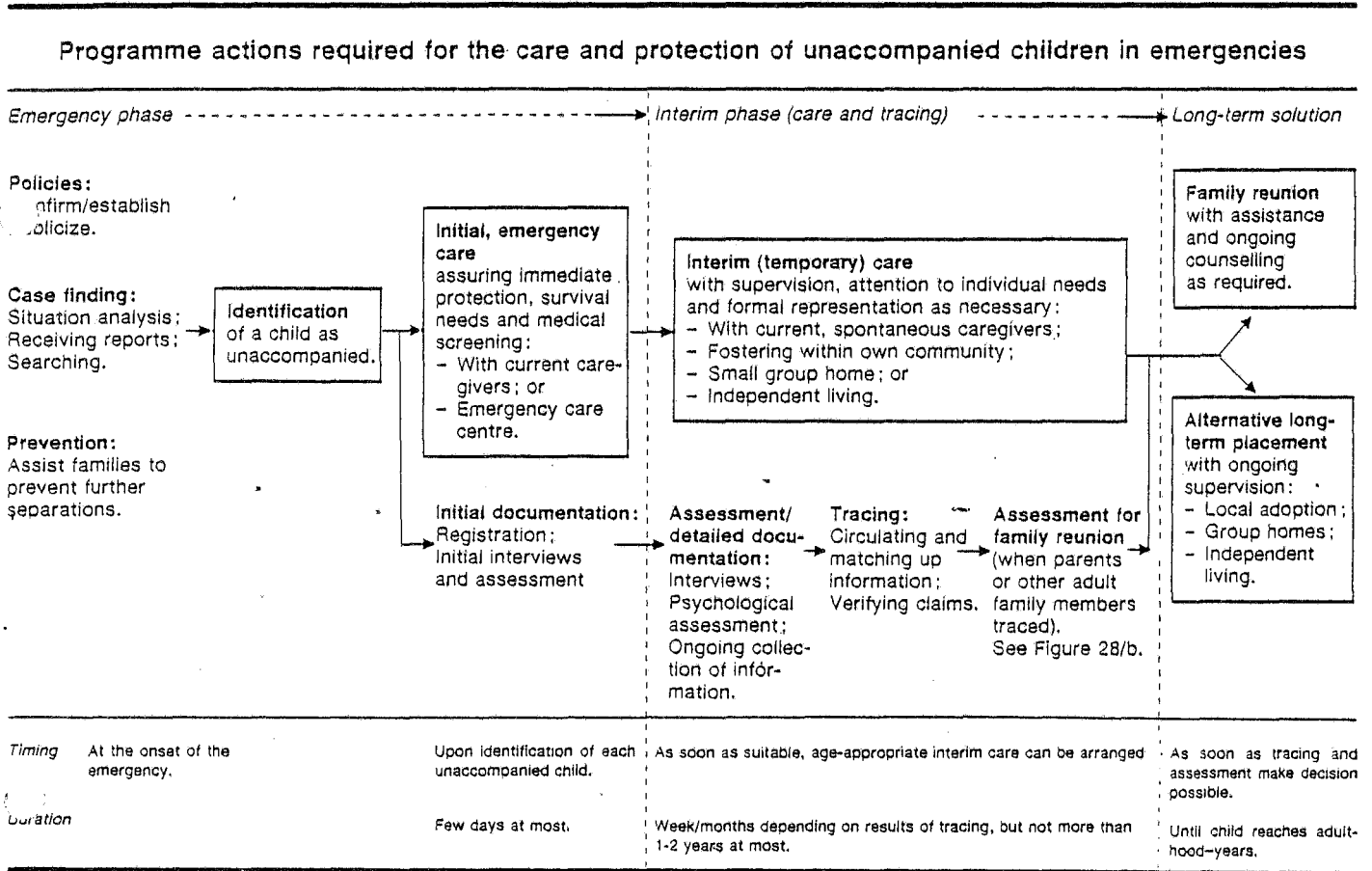
"7. ... Every effort should be made to trace the parents or other close relatives of unaccompanied minors before their resettlement. Efforts to clarify their family situation with sufficient certainty should also be continued after resettlement. Such efforts are of particular importance before an adoption - involving a severance of links with the natural family - is decided upon."

134. The objective of tracing parents or other close relatives of unaccompanied minors should be considered applicable whether or not resettlement is an issue.

^{1/} See the 1924 Geneva Declaration of the Rights of the Child, Principle II; the 1949 Geneva Convention IV, Article 24; the 1959 UN Declaration on the Rights of the Child, Principle 6; the 1961 Hague Convention on the Protection of Infants, Article 4; the 1986 United Nations Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally, Part A, Article 4; the United Nations Draft Convention on the Rights of the Child, Article 10.

Guidelines

135. Field Offices should actively seek to prevent the separation of children from their parents or guardians. Outreach and special assistance should be provided to single parent families, those with disabled children, and other vulnerable families. Appropriate responses to the special needs and problems of such families can prevent children from being abandoned. Care must also be taken in determining whether a child is truly unaccompanied before he/she is removed from an area. In an organized evacuation, each child should be accompanied by at least one parent. The major actions required on behalf of unaccompanied children are summarized in the chart below:



Reproduced from Assisting in emergencies: a resource handbook for UNICEF field staff; United Nations Children's Fund, May 1986, p.400 and adapted from Unaccompanied children: care and placement in wars, natural disasters and refugee movements, E. Ressler, N. Boothby and D. Steinbock - draft Redd Barna (1985).

136. It must be stressed that in situations of armed conflict or significant social uprooting and disruption, Field Offices should anticipate that unaccompanied children are likely to be present and make active efforts to identify them in a way that does not disrupt existing care arrangements within the refugee community. Unaccompanied children should be "the first among the first" to receive protection and care.

137. Careful documentation of the situation of each unaccompanied minor must start from the point at which each is initially identified. Field Offices are required to ensure that these records are preserved carefully and on a permanent basis. A copy should precede or accompany a child in the case of resettlement. Refugees and former refugees often must obtain information on their origins and history much later in life. UNHCR has produced "Guidelines on Interviewing Unaccompanied Minors and Preparing Social Histories" (1988)X which are available on request from Headquarters.

138. For guidance regarding status determination for unaccompanied minors, see paragraphs 16 and 17.

139. In arranging emergency and interim care, it is imperative that careful attention be given to arrangements that exist or could be established within the refugee community. As far as possible and appropriate, the refugee community should be responsible for arranging care. (Appropriate placements of unaccompanied children are of vital importance not only in order to meet immediate needs, but also to provide for the developmental and mental health needs of children who remain in the placement over long time-scales.) The care provided must be nurturing and appropriate to the age-related developmental needs of the child.

140. Family care within the child's own community is generally the preferable option, particularly for younger children. It is critically important that wet nursing be arranged for younger infants. Interim foster placements, based on individual assessments of need, should be arranged as quickly as possible to meet children's basic physical and developmental requirements. Such arrangements must leave open the possibility of family reunion.

141. Where family placements are not possible for all children in need of placement, small group care within the community can be used, but this should normally be only an interim measure, especially for younger children. For more mature adolescents, supervised and supported independent living may be appropriate, in some cases with the adolescent taking a parental responsibility for younger siblings. Institutional placements should be avoided.

142. Placement arrangements should normally build upon and be consistent with the traditional ways in which the particular cultural group would ordinarily meet the needs of unaccompanied children according to their age and sex. Siblings, and children who have developed particularly close ties, should be kept together. Medical and nutritional screening should be carried out as quickly as possible and repeated periodically.

143. In arranging placements, care must be taken to prevent further separation of children from families. Food and other assistance for unaccompanied children should be similar to, and integrated with, that of the larger refugee community. Unaccompanied children should not be seen by other refugees as being separate and relatively advantaged in terms of material assistance, as this may encourage further separations. This, however, does not preclude the special legal or psychological assistance they may require.

Separate schools, health services and orphanages generally should be avoided. The term "unaccompanied child" or "unaccompanied minor" should be used rather than "orphan" in referring to such children, as the latter may encourage adoption-oriented initiatives rather than family reunion and community-based approaches. Also, to help prevent separations, the evacuation of children without at least one of their parents should be avoided.

144. As early as possible in an emergency, responsibility for the immediate and longer term care of unaccompanied children should be assigned to a particular body with the necessary child welfare expertise. Legal responsibility for unaccompanied children rests with the government of the country of asylum. Field Offices must seek to ensure that the policies and principles set out in this paper are observed by the designated body. Responsibility for selecting an appropriate group has, in some situations, been delegated to UNHCR.

145. Family tracing efforts must begin as early as possible and will depend upon thorough documentation of each unaccompanied child. Such measures as the following have proven effective in locating family members:

- posting photographs on bulletin boards;
- preparing books or "newspapers" with children's pictures and basic information on each to circulate among the refugees;
- interviewing adults who have lost children; and
- taking children to locations they have described.

146. Care must be taken that the collection and circulation of information on refugee children is done in a way that does not endanger them or their families. Tracing efforts should be made even for unaccompanied children who report their parents are dead. It has not been unusual in such cases to find that at least one of their parents is, in fact, still alive. There is also the possibility of locating other family members or adults who know a child and could possibly provide care or relevant information regarding the parents.

147. Claims by adults requesting family reunion must be carefully verified. Depending on the duration and reasons for separation, casework - and in some situations material assistance - may be required to effect a reunion and support the child and family for some period afterward. In cases of lengthy separation, during which a child has integrated into another family, or where a child may have been abused by the parents, careful assessment must be done by a child welfare expert to determine whether family reunion is in the child's best interests. In some situations, the location of family members in the country of origin, or elsewhere, may be determined or already known, but family reunion not possible. In such cases, it is important for Field Offices to assist unaccompanied children to maintain communication with their family members. In some situations, the ICRC can facilitate this.

148. Where family reunion is not possible, particular attention is required regarding durable solutions for unaccompanied children. In seeking solutions, careful regard must be given to the principles of family unity and the best interests of the child. The latter requires that decisions on durable solutions for unaccompanied refugee children be taken by competent bodies that include qualified experienced child welfare personnel. Cases must be thoroughly assessed on an individual basis. The procedure should permit the effective participation of the refugee child and, as with status determination, arrangements may be made for him or her to be represented. Where possible, the views of the parents or others in loco parentis should be obtained.

149. The best durable solution for an unaccompanied refugee child will depend, of course, on the particular circumstances of his or her case, in the light of the guiding principles. The possibility of voluntary repatriation should at all times be kept under review, and actively pursued whenever appropriate. Where this is not possible, in a child's best interests, local integration should be explored. Resettlement should only be considered where other solutions are not appropriate.

150. Unaccompanied refugee children over the age of 15 are generally sufficiently mature to take their own decisions regarding durable solutions. Depending on their degree of maturity, children over the age of nine or 10 may be able to make rational choices about durable solutions if provided with adequate information; their preferences should, therefore, receive appropriate consideration. Children below nine or 10 years of age may not be sufficiently mature to make an independent judgement; they should always be given the opportunity to express their views, but the competent decision-making authority must determine which durable solution is likely to be in the best interests of the child. In each case, a minor's mental maturity must be determined in the light of personal, family and cultural background and his/her evolving capacities. Qualified child welfare workers should be involved in the process of interviewing unaccompanied minors.

151. The question of adoption may arise in connection with any of the durable solutions. As noted in Executive Committee Conclusion No.24 (XXXII) on Family Reunification, adoption involves the "severance of links with the natural family". It is generally recognized that adoption should not be encouraged as long as the family situation of an unaccompanied refugee child has not been satisfactorily determined. Many unaccompanied children, in fact, have living parents or close relatives with whom they can one day be reunited. As a general rule, a minimum of two years should be allowed for tracing parents or relatives before a refugee child in a foster placement can be considered for adoption.

152. In the event that foster placement or adoption is eventually decided to be in the best interests of a refugee child, the process must conform to the General Assembly Resolution A/RES/41/85, "Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally", copies of which are available from Headquarters. It is emphasized that the paramount consideration in placement and adoption should be the best interests of the child and no inter-country adoption should be considered before it has been established that the child is legally free for adoption.

153. Materials that provide more detailed guidance on interviewing unaccompanied minors and on their care and protection are available on request from Headquarters.

B. Children Living with Families Other than their Own

Background

154. Very frequently in a refugee situation, there are children who have been separated from their own parents and who are living in the care of another adult or family. Such children may be in need of assistance for tracing and family reunion. Where refugees have been living without adequate resources, such children, and the families with whom they are living, may be nutritionally at risk or have other material needs. This is particularly

likely where additional children are in the care of a single parent family or a family with a large number of children. In some cultures, where there is not a tradition of caring for children other than one's own, such children may receive less than adequate care.

Policies

155. Points (i) and (j) quoted in paragraph 132 above from the Conclusion on Refugee Children adopted at the Thirty-Eighth Session of the Executive Committee are applicable to children separated from their families.

Guidelines

156. As with unaccompanied children, Field Offices should recognize that they have a responsibility towards such children to make efforts to trace their parents or other family members, to assess their living conditions and, with due consideration to the best interests of a separated child, to promote family reunion. Where a separated child is living voluntarily with a family or an adult, and the child's needs are being met adequately in this situation, it should be respected. Such care arrangements are normal in many cultures. In some situations, it will be appropriate to consider formalizing such foster care through invoking guardianship legislation in the country of asylum.

157. Separated children should be identified, documented and their needs and those of the caretaker family assessed. This process must be done carefully so not to encourage caretaker families to abandon nor hide the presence of such children, fearing they may be taken away. Work to identify children separated from their families is generally done best by refugee leaders or trained refugee workers. Special attention should be given to situations where such children are found to be abused, exploited or neglected, and appropriate alternative arrangements made for them.

158. Where the resettlement of a family caring for a child other than their own is being considered, the Field Office must ensure that the nature and durability of the relationship between the child and the family is carefully assessed by a qualified and experienced child welfare worker to help determine whether they should remain together. It is important to balance the child's need for continuity of care, and length of time spent with the foster family, against the possibility of ultimate family reunion.

C. Children Staying for Extended Periods in Camps

Background

159. There are a number of situations in which refugees have had no choice but to remain in the artificial environment of camps for years on end. Refugee children are restricted in their freedom of movement and grow up dependent upon care and maintenance support, often living in poor conditions with little to keep them occupied. The situation and limited day-to-day occupations of parents and the refugee community have changed, leaving children disoriented and without traditional role models. The normal processes of socialization and development of children are impeded or blocked.

160. Children may also be exposed to depression and anxiety within the family, caused by extended stays in camps and, in some situations, by the failure of the family to achieve a durable solution. Extended residence in a camp leads to extremes of behaviour in children, who become either passive and

submissive, or aggressive and violent. Unaccompanied children may be particularly vulnerable. There have been reports of vandalism, drug addiction, rape, assault, robberies and other offences by refugee youth. Refugee children sometimes face serious adaptation problems when they finally leave the camp. This is especially true for those who have been born in camps and who have spent their entire lives there.

Policies

161. As indicated in the 1951 Convention, the 1967 Protocol, the Statute of the Office and numerous subsequent policy documents, one of UNHCR's basic functions is to promote durable solutions, which, obviously, offer the best alternative to confinement in camps. It is also obvious that, in some situations, extended stays in camps are unavoidable. In such situations it is the responsibility of Field Offices to promote with governments the rights of refugees as provided for in all applicable international instruments and national laws.

162. At its thirty-eighth session in 1987 the Executive Committee in its Conclusions on refugee children:

"(m) Noted with serious concern the detrimental effects that extended stays in camps have on the development of refugee children and called for international action to mitigate such effects and provide durable solutions as soon as possible..."

Guidelines

163. Where camps are unavoidable, measures that enable families and refugee communities to live as normally as possible in economic, social and cultural terms will generally benefit refugee children. Models of previous community life may be replicated through the economic activities of adults, home gardening, workshops for training and production, cultural and religious expression, and traditional recreational activities. The opportunity for primary education of a good quality should be ensured. Access to the wider world through allowing freedom of movement outside a camp can be extremely valuable for children. As possible and appropriate, particularly with a view to possible durable solutions, the introduction of new activities or skills for adults and children may be appropriate. It is particularly important that the specific needs and placement of unaccompanied children are reviewed regularly. (See section III.A. above).

164. With guidance from trained personnel certain activities for children may be carried out by parents, refugee workers or among children themselves, to prevent behavioural problems and to achieve therapeutic results. Drama, art, music, dance, recreation and sports potentially can be used in this way. More should be known, however, about ways to meet the developmental, intellectual, social and psychological needs of children confined in camp situations, including existing coping mechanisms, in order to plan beneficial activities. Field Offices may be able to identify persons or organizations with the expertise necessary to design and carry out research that will test or lead to concrete measures that could contribute to the physical, intellectual and social development of children confined in camps.

Conclusions on Refugee Children

132. The Executive Committee,

(a) Expressed appreciation to the High Commissioner for his Report on Refugee Children (EC/SCP/46) and noted with serious concern the violations of their human rights in different areas of the world and their special needs and vulnerability within the broader refugee population;

(b) Recognized that refugee children constitute approximately one-half of the world's refugee population and that the situation in which they live often gives rise to special protection and assistance problems as well as to problems in the area of durable solutions;

(c) Reiterated the widely recognized principle that children must be among the first to receive protection and assistance;

(d) Stressed that all action taken on behalf of refugee children must be guided by the principle of the best interests of the child as well as by the principle of family unity;

(e) Condemned the exposure of refugee children to physical violence and other violations of their basic rights, including through sexual abuse, trade in children, acts of piracy, military or armed attacks, forced recruitment, political exploitation or arbitrary detention, and called for national and international action to prevent such violations and assist the victims;

(f) Urged States to take appropriate measures to register the births of refugee children born in countries of asylum;

(g) Expressed its concern over the increasing number of cases of statelessness among refugee children;

(h) Recommended that children who are accompanied by their parents should be treated as refugees if either of the parents is determined to be a refugee;

(i) Underlined the special situation of unaccompanied children and children separated from their parents, who are in the care of other families, including their needs as regards determination of their status, provision for their physical and emotional support and efforts to trace parents or relatives; and in this connection, recalled the relevant paragraphs of Conclusion No.24 (XXXII) on Family Reunification;

(j) Called upon the High Commissioner to ensure that individual assessments are conducted and adequate social histories prepared for unaccompanied children and children separated from their parents, who are in the care of other families, to facilitate provision for their immediate needs, the analysis of the long-term as well as immediate viability of existing foster arrangements, and the planning and implementation of appropriate durable solutions;

(k) Noted that while the best durable solution for an unaccompanied refugee child will depend on the particular circumstances of the case, the possibility of voluntary repatriation should at all times be kept under review, keeping in mind the best interests of the child and the possible difficulties of determining the voluntary character of repatriation;

(l) Stressed the need for internationally and nationally supported programmes geared to preventive action, special assistance and rehabilitation for disabled refugee children and encouraged States to participate in the "Twenty or More" Plan providing for the resettlement of disabled refugee children;

(m) Noted with serious concern the detrimental effects that extended stays in camps have on the development of refugee children and called for international action to mitigate such effects and provide durable solutions as soon as possible;

(n) Recognized the importance of meeting the special psychological, religious, cultural and recreational needs of refugee children in order to ensure their emotional stability and development;

(o) Reaffirmed the fundamental right of refugee children to education and called upon all States, individually and collectively, to intensify their efforts, in co-operation with the High Commissioner, to ensure that all refugee children benefit from primary education of a satisfactory quality, that respects their cultural identity and is oriented towards understanding of the country of asylum;

(p) Recognized the need of refugee children to pursue further levels of education and recommended that the High Commissioner consider the provision of post-primary education within the general programme of assistance;

(q) Called upon all States, in co-operation with UNHCR and concerned agencies, to develop and/or support programmes to address nutritional and health risks faced by refugee children, including programmes to ensure an adequate, well-balanced and safe diet, general immunization and primary health care;

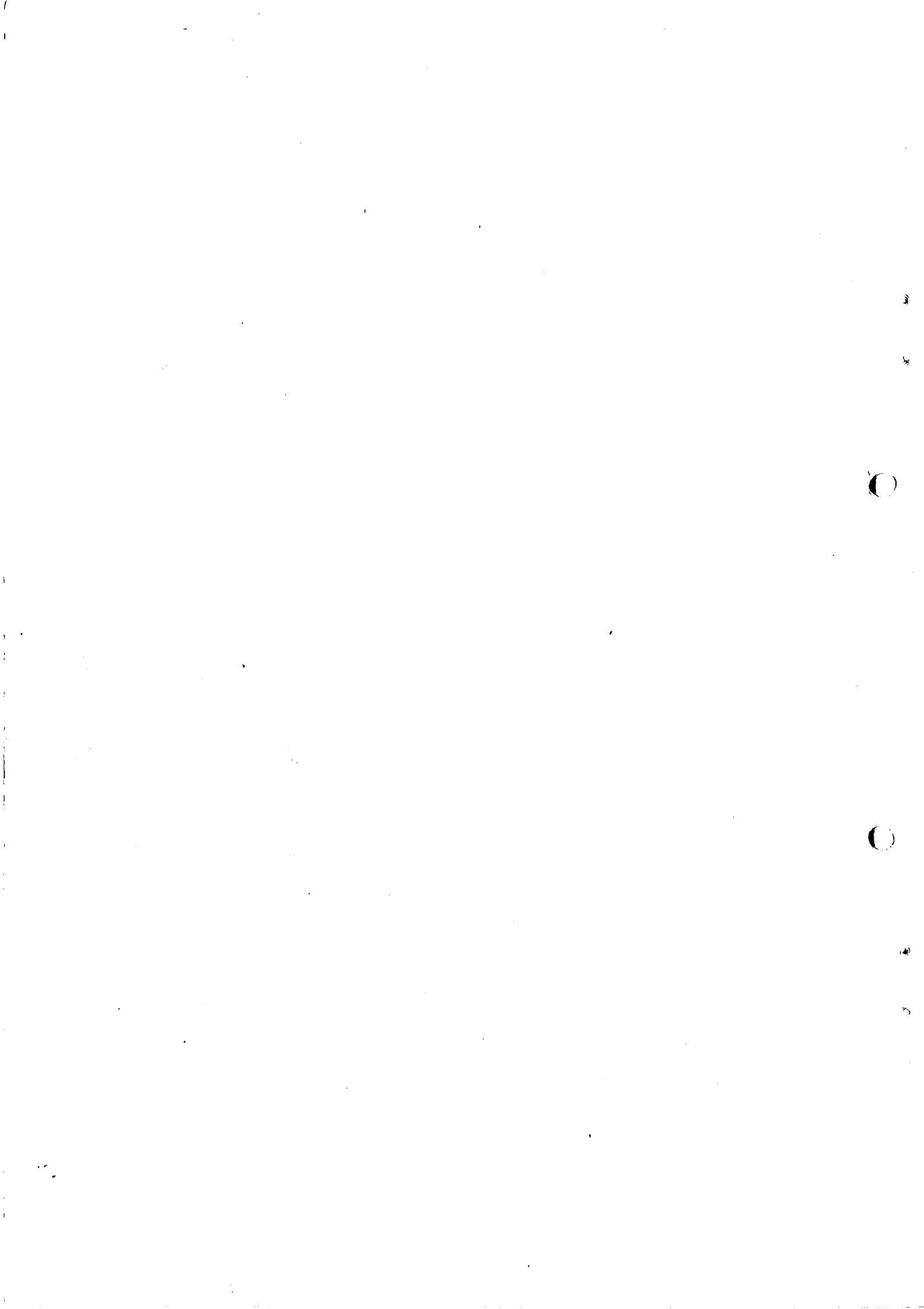
(r) Recommended regular and timely assessment and review of the needs of refugee children, either on an individual basis or through sample surveys, prepared in co-operation with the country of asylum, taking into account all relevant factors such as age, sex, personality, family, religion, social and cultural background and the situation of the local population, and benefiting from the active involvement of the refugee community itself;

(s) Reaffirmed the need to promote continuing and expanded co-operation between UNHCR and other concerned agencies and bodies active in the fields of assistance to refugee children and protection, including through the development of legal and social standards;

(t) Noted the importance of further study of the needs of refugee children by UNHCR, other intergovernmental and non-governmental agencies and national authorities, with a view to identification of additional support programmes and reorientation as necessary of existing ones;

(u) Called upon the High Commissioner to develop further, in consultation with concerned organizations, guidelines to promote co-operation between UNHCR and these organizations to improve the international protection, physical security, well-being and normal psycho-social development of refugee children;

(v) Called upon the High Commissioner to maintain the UNHCR Working Group on Refugee Children at Risk as his focal point on refugee children, to strengthen the Working Group and to inform the members of the Executive Committee, on a regular basis, of its work.



International Instruments Providing for the Rights of Children

The 1924 Geneva Declaration of the Rights of the Child,

Preamble: "Mankind owes to the child the best it has to give ..."

Principle 1: "The child must be given the means requisite for its normal development, both materially and spiritually."

The 1948 Universal Declaration of Human Rights, Article 25(2):

"Motherhood and childhood are entitled to special care and assistance ..."

The 1959 UN General Assembly Declaration on the Rights of the Child,

Preamble: "... the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection ..."

The 1966 International Covenant on Civil and Political Rights, Article

24(1): "Every child shall have, without any discrimination as to race, colour, sex, language, religion, national or social origin, property or birth, the right to such measures of protection as are required by his status as a minor, on the part of his family, society and the State."

The 1966 International Convent on Economic, Social and Cultural Rights,

Article 10B3: "Special measures of protection and assistance should be taken on behalf of all children and young persons ..."

The United Nations Draft Convention on the Rights of the Child, Article

14(1): "The States Parties to the present Convention recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development."

The 1981 African Charter on Human and Peoples Rights, Article 18(3)

The 1969 American Convention on Human Rights, Article 19

The 1961 European Social Charter, Articles 7, 8 and 17