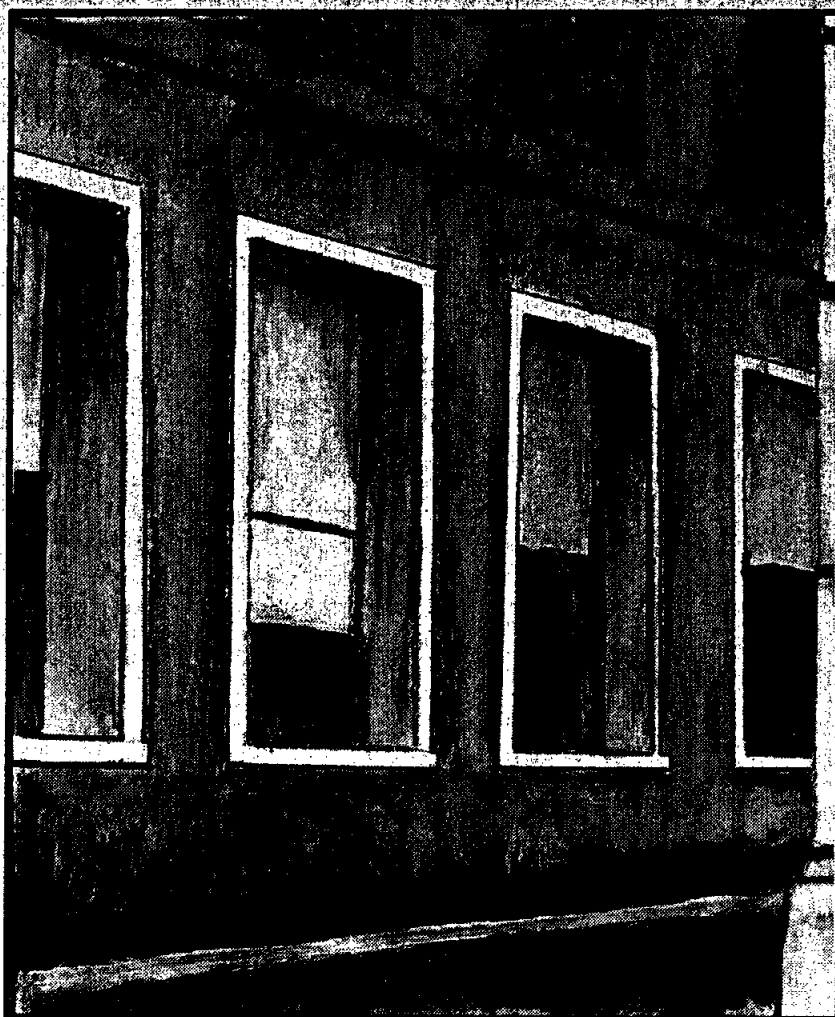


Community Services for Urban Refugees



A Change of Focus: from the individual to the community

A systematic shift of emphasis is taking place in refugee assistance, from individual case management to a community-based approach for assistance to refugees. This is the case for urban-based as well as camp-based refugees.

The reason for this shift of emphasis has been:

- to ensure the dignity of the refugees is maintained
- the need to ensure self-help from the earliest stages and the involvement of the refugees themselves in the process of problem solving, and planning for long-term durable solutions
- the prevention of dependency on UNHCR as the only source of assistance
- the increasingly large numbers of refugees
- the need to ensure that services are relevant to needs
- the need to respect culture, traditions and norms of the refugees
- the need to ensure sustainability over a period of time
- cost effectiveness in the delivery of services
- the need to integrate assistance measures for vulnerable groups as well as other refugee men, women and children in a comprehensive community-based approach.

While individuals will continue to receive relief based on specific needs, the local community (refugees and the host population) must be helped to take care of these persons with a minimum of outside assistance. Such assistance must therefore be tailored to assessed needs and will be limited in time.

The implications are that efforts will also have to be made simultaneously by the various field offices to secure the cooperation of the local governments and institutions and bring about the necessary social awareness among the local population about refugee issues in order to obtain their support.

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Community Services for refugees focus on improving the ability of refugees to deal with their immediate problems, helping them to help themselves, and at the same time restoring a sense of security.

The growing number of urban refugees in many areas of the world present UNHCR offices with the difficult task of coping with a population that is often widely dispersed, undirected, unemployed and in many instances, destitute, and whose basic needs for counselling, care and assistance cannot reasonably be met. The migration of refugees towards urban areas is a natural phenomenon in situations where possibilities do not exist for establishing centres or camps where refugees can be provided with adequate resources to be self-reliant.

In an urban environment, the main problems observed amongst the refugee population are the individual problems resulting from family breakdown, the consequences of a lack of basic amenities, and the inability to integrate into existing local structures, as well as a host of social and emotional problems connected with living in anonymity in an impersonal and often hostile environment.

The urban context makes following-up on individual refugees often an almost impossible task. Many refugees slip through the 'system'. Without human support or guidance they may turn to drugs or alcohol as a means of coping, with drastic consequences for their future. With no work or other activities to occupy their time, single people without families, especially young men, are particularly susceptible.

Despite the best efforts (within the limits of the financial and material resources available to the office) of UNHCR staff to assist individuals to meet their immediate needs, refugees may grow dissatisfied and aggressive as their basic need to be able to exercise control over their own lives and the longing to form part of a community are not satisfied. If refugees remain isolated from the local population (through language, cultural or psychological difficulties for example), prejudices growing out of the xenophobia of the host community will be reinforced. Urban refugees will be viewed as a burden to the host community and as a negative influence on society in general.

FOREWORD

Community Services are of value in assessing the needs of refugees who find themselves in an alien urban environment that can be uninviting, and even hostile. It should then be the goal of Community Services to work towards creating a community that is self-reliant, with the partnership of the host government, refugees and the local population.

While no blueprint exists to attain this objective, a creative approach is called for in each context, which would reconcile individual needs with the principles of self-help and community life.

This manual provides guidelines for UNHCR Field Offices to develop community services for refugees, by involving the refugees in the assessment of their own needs, by creating self-help activities on a small scale which would be accessible to all, and by harnessing the creative skills within the refugee community.

Separate chapters deal with the need to identify vulnerable persons amongst the refugees who would require special attention and assistance; the skills required for refugee counselling; the importance of the role of interpreters; working towards durable solutions for urban refugees; and the managerial and technical aspects of assistance to urban refugees.

The overall objective of the manual is that UNHCR staff will be provided with the means to deal with urban refugees in a realistic, humane and productive manner, in the most cost effective way possible, while working towards durable solutions in partnership with the refugees.

Case Studies: _____ Nader

Nader was a young man who had arrived in the country of asylum as a student, but, because of subsequent political problems in his country, was unable to continue his studies, as money had stopped coming in. He lived alone.

He came to UNHCR, where he was accepted as a mandate refugee. He received a monthly allowance from the Office. One day he came to meet the Counselling Officer and declared that he needed help. Nader was addicted to drugs.

Nader was given a referral letter to a detoxification clinic and was asked to return with the results of the first contact. He never returned. No one knew where he had gone.

Some two years later, an old man was found outside the gate of the Office. He was cold, badly emaciated, dressed in rags and shivering with ague. He was grey haired and had a long beard. He claimed to be a refugee and was directed to the Counselling Officer. As he stood before her, the officer had the strange impression that she met him before, but where? The man was shivering and shaking, and seemed to be very ill. He had malaria and possibly other diseases, as well as intestinal problems. His file was called for.

It was Nader - but how he had deteriorated! He said that he had not come back as he had found it very difficult to give up drugs and did not want to be seen as someone weak.

Nader was admitted to hospital. Other refugees were asked to befriend him and visit him, and report to the office on how he was progressing. After a week he felt better and left the hospital. Nobody knew where he had gone. It was winter, one of the severest that had been experienced in a long time.

A couple of weeks later the Protection Officer was called by the local police. A refugee had been found dead on a bench on the roadside. His name was Nader. Could UNHCR come and identify him and make arrangements for the disposal of the body?

The Counselling Officer went to identify the body and to arrange for a proper burial. Nader was a Catholic.

Questions:

1. What are the problems in this story?
2. How could this case have been better handled?
3. Could such an end have been averted?

Case Studies: _____ **Miriam**

Miriam came from a very traditional community, was single, highly educated and very successful in her own country. She was greatly respected by her community in exile. However the stress of being uprooted, loss of family support and the uncertainties of the future, as well as the difficulties of day-to-day living triggered off a psychiatric breakdown.

Miriam was hospitalized. During the various medical tests in hospital it was discovered that Miriam had contracted a venereal disease. The reports of her tests were left on her bedside table and were seen by persons from the community who came to visit her.

When she recovered sufficiently, Miriam was appalled to learn that she had contracted a disease. She was not promiscuous, but in all likelihood had been taken advantage of during her illness.

That the results of the report had become known had serious consequences for her future in the community. Fearing ostracism and even corporal punishment, she needed protection.

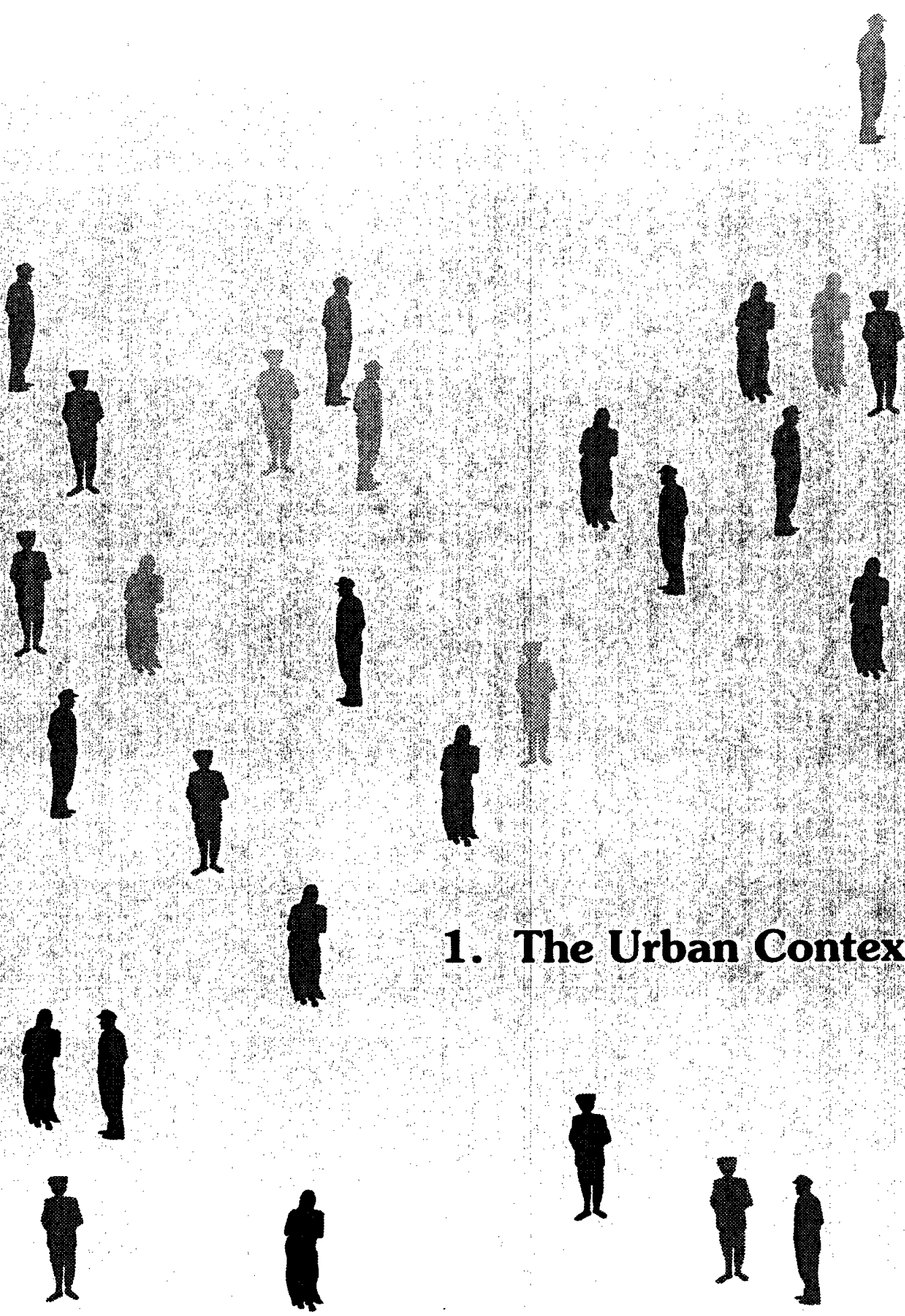
Miriam was very fragile emotionally on recovering from her breakdown. She felt alone and afraid. She came to the Community Services Worker for help.

Questions:

How could the Community Services Worker help her?

What were her needs?

What actions would meet these needs?



1. The Urban Context

Status determination

Assessment of their claim to refugee status must be carried out on an individual basis.

Self-reliance

Refugees can be self-reliant, can contribute to the economy, and given the opportunity, can help to enrich the communities in which they live.

Raising standards

While not making refugees into a privileged group, in some situations, it may be necessary to raise standards for all (i.e. the local population as well as the refugees).

Access

It is essential for those entrusted with their care to ensure that access to opportunities for their development is made possible.

Human needs

Refugees continue to experience common human needs even in a new and hostile environment.

Cultural diversity

Urban based refugees often come from diverse backgrounds, cultures, nationalities, traditions and speak different languages.

Human resources

A refugee population, as any other population, is comprised of people with creativity, ingenuity, skills, training and enterprise.

Vulnerability

The urban refugee population will include the elderly, women with sole responsibility for their families, the emotionally disturbed and the disabled.

Community

Refugees are usually dispersed in the local population and suffer from lack of family and community support. They often feel lonely, isolated and extremely depressed. Refugees need to belong to a group or community.

Expectations

The gap between refugee expectations and reality is often a large one.

Human rights

Refugees need to be given a chance to take control of their lives, to be able to exercise their human rights, to earn a livelihood, to procreate, to educate their children and to pursue activities which would enable them to become fulfilled human beings.

Part One

*The
Urban
Context*

Key Points

THE URBAN CONTEXT



Understand the people you are working with; understand their culture, their religion, their beliefs, their traditions and practices.

The diversity of an urban refugee population is compounded by differences of geographic and ethnic origin, economic status and sociocultural traditions. It is essential to discover however the common elements that exist in order to understand accurately and address appropriately the needs and problems faced by this group.

The People

Urban refugees usually represent a very small proportion of the total refugee population. Generally rural refugee populations are ethnically homogenous while urban refugee populations will include individuals and groups from several countries.

Large refugee populations frequently benefit from *prima facie* refugee status. In urban areas, the determination of refugee status is almost always carried out on an individual basis.

The age and sex ratio in urban refugee populations will vary depending on the cause of flight. For example, in cases where draft evasion is the cause, one may observe a large number of young single males. In other situations, women and children may predominate, and in still others, the population could be fairly normal (i.e. where entire families have been able to flee together). Very often however, the fabric of family life is fragmented in the process of flight.

anxiety

frustration

loneliness

Feelings: being a refugee means...

Their Needs

Refugees continue to experience common human needs even in a new and hostile environment.

- **Family Life**
To be part of a family unit, to be able to rear one's children according to traditional values and beliefs. Refugee families will probably have been affected in by death, loss, separation, divorce and misunderstandings. As a result, it is often difficult for them to retain traditional roles and standards.
- **Self-Support**
Refugees need to feel that they are in charge of their own lives. Idleness and dependency create frustration, anger and resentment, and create a good breeding ground for all forms of antisocial activity.
- **Communication**
Language can be a significant barrier. Misunderstandings easily arise when people are unable to communicate.
- **Human Dignity**
The preservation of the dignity of the human being represents the bottom line of refugee assistance.
- **Employment**
The need to engage in meaningful activity represents the need to be occupied, and constitutes the basic human requirement for mental and physical health.
- **Identity**
Belonging to a community provides a framework of solidarity and mutual support, and a source of help when needed.

The Community

The anonymity of the urban situation, the dispersal among the host population, the lack of family support, and the difficulty in establishing contact with others from the same community, all contribute greatly to a sense of isolation and extreme alienation. Refugees in urban locations suffer especially from the lack of community identity and support. Encouraging a sense of community therefore is vital in assisting refugees to help themselves.

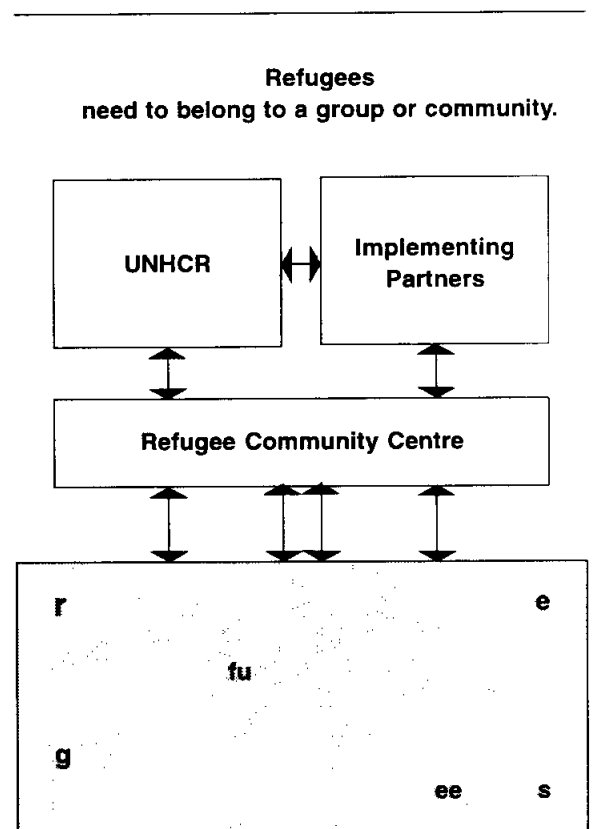
The process of community building can be assisted in concrete ways by creating appropriate structures and procedures to facilitate and encourage communication, dialogue and mutual support.

The potential benefits to refugees include:

- increased psychological wellbeing (identity, solidarity, dignity, self-worth,)
- economic support and independence (cooperative activities such as child care, home help, language and literacy classes; and income-generating activities)
- increased power (regaining direction and control of their lives)
- validation of language, culture and religion
- a basis for interaction with host community

This idea of community could be realized by the creation of a community centre for information sharing, group meetings, counselling, educational and recreational activities and as a bridge between the refugee community and the local population.

To be successful, such community activities must be planned and implemented by the refugees themselves to meet a recognized need. Assistance by outside agencies should be limited to general guidance, manpower and materials to supplement refugee inputs if required, and help with legal problems.



Functions of the Community Centre

- information sharing
- group meetings
- counselling service
- educational activities
- recreational activities
- bridge between refugees and host community

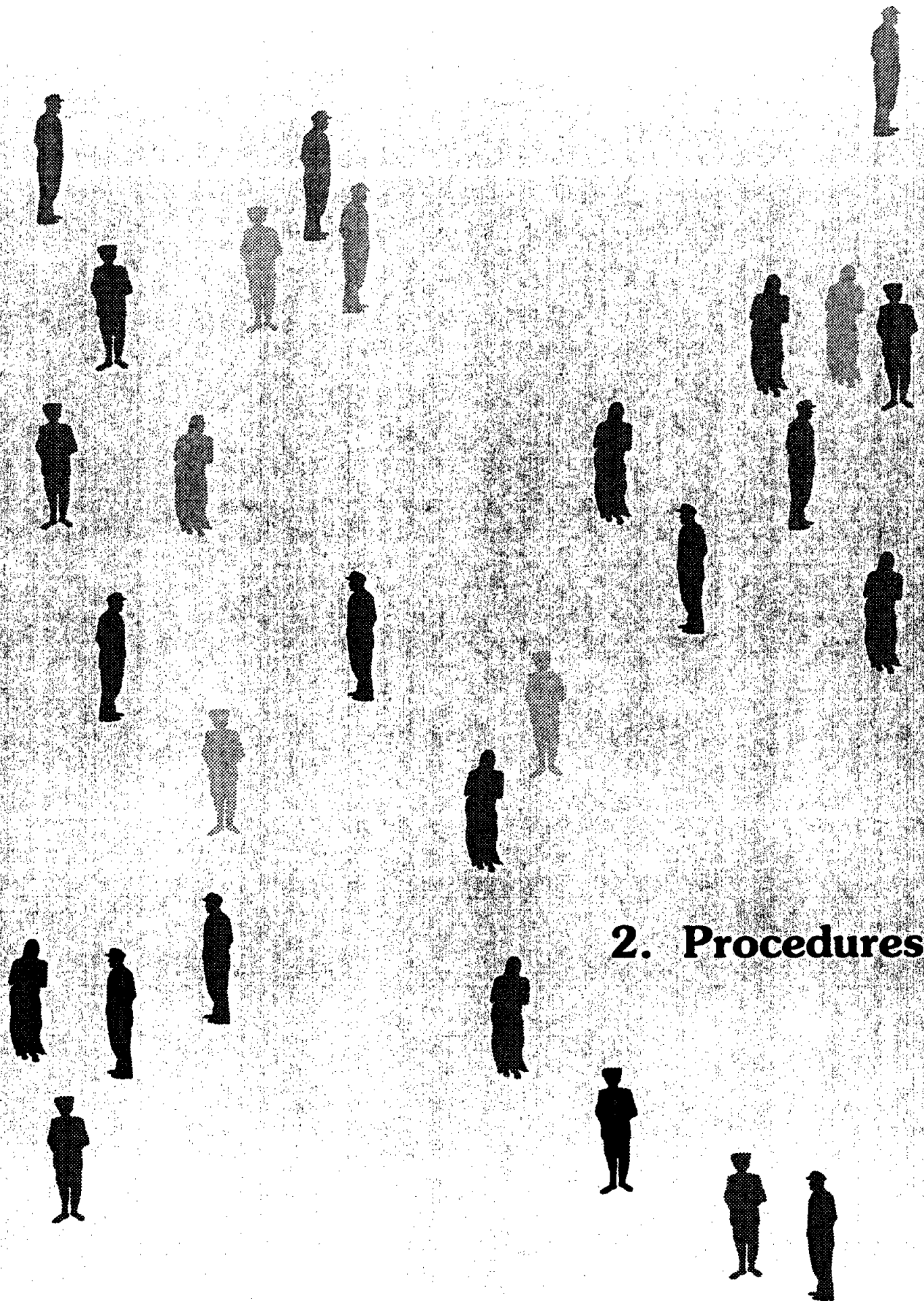
It is important to emphasize that refugees can be self-reliant, can contribute to the economy, and, given the opportunity, can enrich the communities in which they live.

A refugee population, as any other population, is comprised of people with skills, training, creativity, ingenuity and enterprise.

Community building between refugees and the host population should also be actively encouraged, not only in the interests of good relations and public order, but also in the context of local integration as a possible durable solution. Positive personal interactions between hosts and refugees, especially at the neighbourhood level, will probably be more effective in dispelling prejudice and hostility than more generalized information activities relying on the media. Cooperative activities (e.g. "working bees" to refurbish schools/recreational facilities, child care and pre-school groups, home help for the elderly, handicraft workshops and sales) would highlight the fact that refugees can be an asset rather than a burden to the community.

The conditions of asylum in the host country will depend on two major factors: the ability of the economy to absorb the costs of refugee influxes, and the existing legislation regarding refugees and the way in which this is interpreted and implemented. Even in rich countries with well developed social services, especially in periods of economic depression and political change, refugees will be seen by some as competing for scarce resources, or as posing a threat to the stability of the host community. In poor countries, services may be virtually nonexistent or so overtaxed as to render them ineffective for the tasks for which they were conceived. The presence of refugees can be used to advantage if they are considered as resources to be harnessed in the development of the country of asylum.

1. How many refugees are there?
2. What is the breakdown of age and sex?
3. Where do they live?
4. *Do they know each other?*
5. What are their ethnic backgrounds?
6. Are they welcomed by the local population?
7. Do they speak the local language?
8. Do they dress and appear different from the local population?
9. Do they have their families with them? *Are the families intact?*
10. Are there sick and elderly people among them?
11. What are the local facilities and do refugees have access to them?
Are they adequate - can they bear the strain of the additional load placed on them by the refugee population?
12. Do the local facilities need to be upgraded? (e.g. additional classes, equipment and medicine for the local dispensary/hospital)
13. Are the local authorities amenable to such offers?
14. What is their attitude to outside help? Do they perceive it as supportive, intrusive, condescending, participatory, etc?



2. Procedures

Criteria

To deal effectively with an individual caseload policies and programmes must be: simple and transparent; respect the dignity of the individual; be uniform for all; be accessible to all; exceptions should prove the rule.

Integrated approach

An urban refugee programme cannot be effective without clear, consistent policies and objectives for the caseload as a whole, and an integrated approach to the provision of services and assistance.

Participation

The focus of all assistance should be self-help and long-term durable solutions, designed with refugee involvement in the planning and delivery of services.

Equal rights

Efforts should be made to secure equal rights for refugees in the country of asylum, in particular the right to work. In some cases, vocational training may be necessary to enable refugees to acquire the appropriate skills for self-reliance.

Self-help

Refugee initiatives for self-help need to be encouraged and supported. Such initiatives should aim at providing a service to their community, and help to bridge the gap between refugees and the local population.

Assistance

Assistance should be seen to be fair, and should be focused on assisting those who are most in need.

Communicating

Communication with the refugees must be systematic. Refugee committees can help in this. The limitations of the Office and the responsibilities of the refugees should be made clear from the start.

Priorities

Vulnerable cases should be assessed promptly and assistance tailored to meet their specific needs.

Timeframe

Assistance should be time bound, during which period durable solutions should be found.

Interpreting

The interpreter, should be accepted by the refugee community as a person who is neutral and capable of relaying information on a helpful and impartial basis.

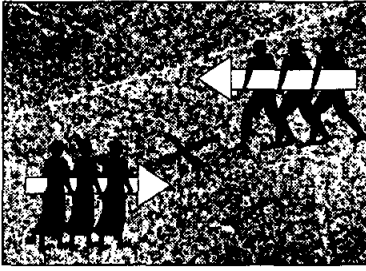
Confidentiality

Professional standards of confidentiality must be observed. This is essential to maintaining a relationship of trust with those assisted.

Part Two

Procedures

Key Points



Ideally methods and systems meeting the following criteria should be developed by each office managing an urban caseload:

- simple, transparent and uniform for all
- be acceptable to all
- exceptions will prove the rule

***Refugee Participation:**

There is a need to combine the efforts of refugees with assistance from the support agencies (governmental and non-governmental) to supplement and provide for gaps in skills, resources and capabilities.

(adapted from UNHCR Manual for Social Services)

Urban asylum seekers are usually considered on a case-by-case basis. The focus on individuals puts a strain on the resources of the Office as refugees present not merely legal problems relating to their status, but a host of very real human problems. The human dimension, the urban context and legal constraints all combine to create huge pressures on both refugees and those trying to assist them, frequently creating feelings of frustration, impotence and anger, leading sometimes to confrontation and violence, and eventually a retreat by staff behind barricades.

Without clear, consistent policies and objectives for the caseload as a whole, and an integrated approach to the provision of services and assistance, urban refugee programmes cannot be effective and the credibility of the Office will be brought into doubt.

Self-Help

An enlightened approach to the presence of refugees is to understand them as human beings, the pressures they are under, their hopes and aspirations, and to discover how to meet these within the constraints of the political and economic situation of the host country. The government of the country of asylum should therefore be advised and encouraged to adopt a liberal attitude in promoting self-help activities among the refugees in order that they do not become a burden.

“Self-Help is the best help”. In refugee situations, this refers to initiatives which are taken by the refugees themselves. Such efforts at problem-solving need to be encouraged and supported, as they represent the refugees’ efforts at retaining their humanity and self-respect. Denying such

self-expression is to deny refugees the opportunity to regain their sense of self-worth.

Participation

Refugees need to feel that they are involved in the process of problem solving. Engaging them in dialogue and in practical ways of assisting themselves is the best way to show respect and put their human resources to productive use.

Encouraging them to organize themselves for self-help is essential. The limitations of the Office and the responsibilities of the refugees should be clear from the start. The leaders should be carefully chosen and should be acceptable to all for their integrity, service, objectivity and neutrality.

Refugee committees can also be a valuable resource within the community, and if used effectively, can greatly facilitate the work of the Office. The committee can take part in outreach activities, take the lead in community organization and act as a bridge between the Office and the refugee community at large.

Workshops

The inclusion of refugees in workshops with government officials, implementing partners, NGOs, local community organizations, potential employers, the media and UNHCR staff can help to: (a) promote understanding of refugee problems, policies and programmes that concern them; and (b) to identify refugee priorities and to assess specific proposals for promoting self-reliance.

Levels of refugee participation*

Refugee responsibility	Role of refugees	Role of agency/government	Accuracy of services
full	plan, manage & implement all activities	withdraw all services	partial
high	take active part in planning & evaluation; provide or produce a major part of the resources needed; implement activities. take supervisory staff roles	guide and monitor activities; provide part of resources needed.	high
low	assist with implementation;	plan; supervise; provide all necessary resources; evaluate.	partial

Self-Help

Retail

Buying and selling of items required for daily use.

Cultural Manifestations

Music, theatre, exhibitions.

Health

Providing professional services in clinics and outreach activities (community health workers, midwives), public health education.

Interpretation

For governmental and other agencies and institutions.

Market/vegetable Gardens

Vegetables and other foods can be grown on small plots for own consumption and sale of surplus.

Orientation

New arrivals given information, support and practical assistance with housing and other matters by refugees who have already established themselves.

Sale of Handicrafts and Home-made Foods

Knitting, patchwork, clothes, toys, soap and candlemaking, preserves.

Education and Training

Language courses in local language. Language and literacy classes in own language. Training by refugee craftsmen and skilled workers. Classes for children (especially if need to follow curriculum of country of origin).

Do-it-Yourself Skills Exchange:

Household repairs, welding, painting, carpentry, shoe repair, tailoring.

Recycling

Metal and other materials for the production of basic tools.

Child Care

Creches, pre-school and play groups.

Catering

Preparation of ethnic foods for special occasions.

Benefits

- cost effective
- needs-based and appropriate to situation
- creates improved sense of self-worth and control over their lives
- encourages higher level of commitment to achieving goals
- promotes inter-sectoral collaboration and stimulates enterprise among others
- reduces pressure on host economy as community assumes responsibility for itself
- therapeutic, reduces frustration as people are busy, and see their efforts reaping results
- effects are long lasting and beneficial to the host country, as well as to the country of origin when refugees return

Activities

Participation

Benefits

Immediate

- The refugee is occupied.
- The refugee is better placed to deal with his/her own psycho-social upheaval.
- The refugee is able to contribute to family and community development.
- The refugee has increased self and family worth, and is contributing towards his/her own survival.

Intermediate

- Burden-sharing between refugee community and host community.
- Cross-cultural barriers are bridged through open dialogue.

Long-term

- Refugee contribution to development and peace.
- Development of a human solution through community response to the refugee problem.
- State of wellbeing established through use of creative faculties.
- Skills are shared and new solutions found through shared experience.
- Biases and prejudices are overcome through united activity.
- Dependency is minimised and self-reliance is developed.
- Goodwill between nations is established.

Stages in Community Participation

Identifying professionals and others who have the necessary knowledge and standing in the community, and who could be used as effective leaders.

1

This should be a goal in the earliest stages.

Involving them in the planning

2

Giving them part of the responsibility for implementation.

3

Reviewing the process with them and ensuring that they communicate ideas and plans to the rest of the community.

4

They should be enabled to do so through an effective communication system which does not leave scope for rumours and distortion of facts.

Evaluation and subsequent revamping of the programmes according to changed needs and new developments and in keeping with cultural norms.

5

This process will ensure accuracy of inputs.

Assessment

Assessment of refugee should, *inter alia*, take into account the previous lifestyle, cultural habits, norms and traditions of the person. A realistic assessment should be guided by the following principles:

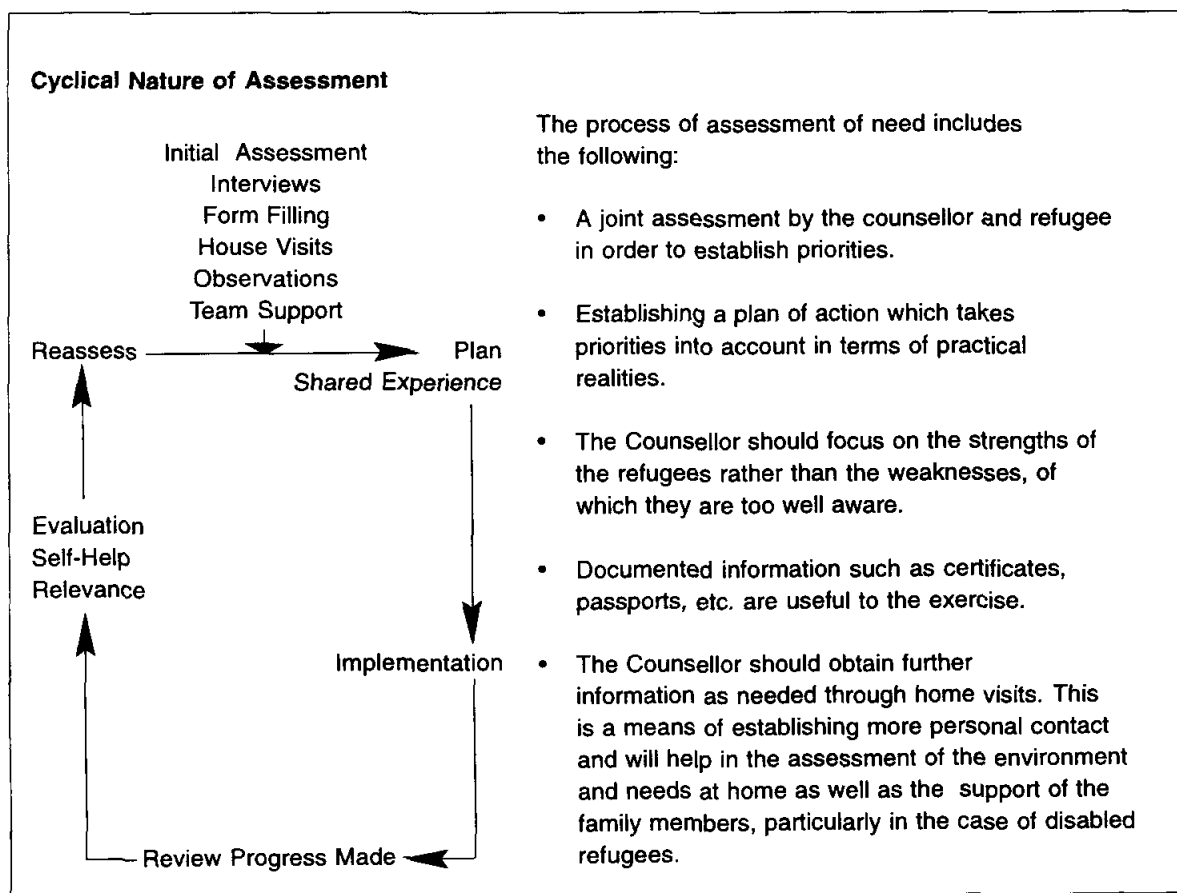
- The refugee's capacity for self-help and present source of support if any
- Family composition
- Vulnerability of family members
- Previous and current life style

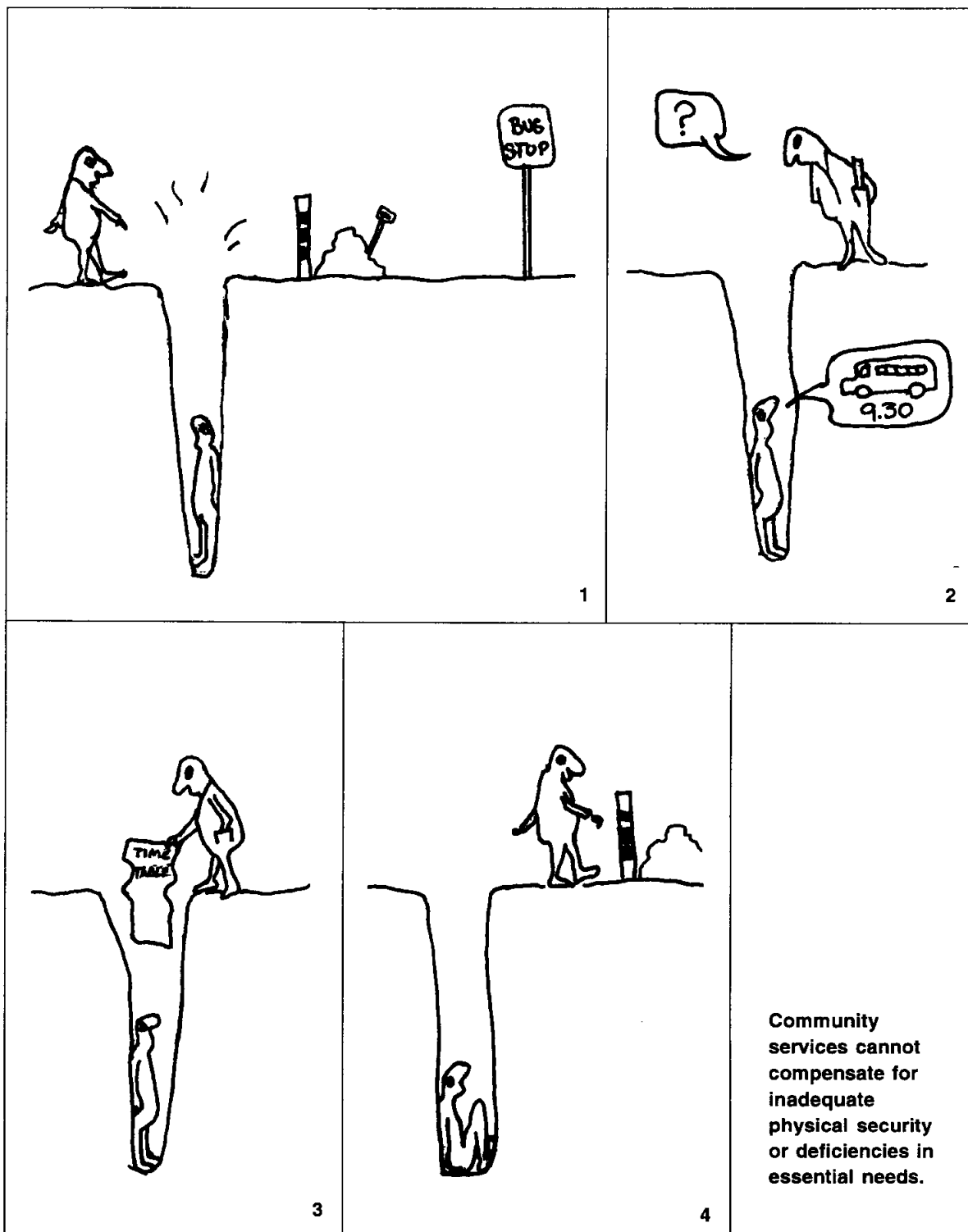
Special assistance should be provided for persons in special need, such as the disabled, elderly, pregnant and lactating women, the mentally ill and children who are not accompanied by families.

Other eventualities that should be anticipated are funeral expenses, maternity expenses and accidents that create severe hardship.

Amounts allocated should be in keeping with local standards.

Procedures to be followed should be standardised and made known to refugees. At no stage should the refugees be viewed as being more privileged than the local population.





Criteria for Assistance

Assistance should be provided in a manner which is transparent, credible, consistent, universally applicable and sustained. Each situation has to be assessed according to its merits. Clarity regarding the following questions is essential:

1. *Who qualifies for assistance?*

UNHCR provides assistance to those in need. They could be:

- Mandate refugees
- Full status refugees
- Persons of concern to UNHCR, such as the displaced and war victims
- Asylum-seekers, pending placement in a reception centre
- Asylum-seekers, pending determination of status by UNHCR
- Medical evacuation cases from the camps, for the duration of their stay in the city

In certain situations, decisions pertaining to eligibility may take time. Pressures on the Office and inadequate staffing may result in prolonged delays in implementing a status determination exercise. Procrastination by the Government over an agreed joint status determination procedure could result in the UNHCR office being burdened with large numbers of asylum seekers over an indefinite period. Priority in these instances should be given to vulnerable categories of persons, while those who are without means of their own should also be assisted, as possible, pending status determination.

2. *How are vulnerable refugees assisted?*

Families with disabled, elderly and other vulnerable persons should be helped to care for their

weaker members. Rates should be established to provide contingencies, e.g. supplementary diet for pregnant and nursing mothers, assistance with hospital costs of childbirth, special diet for the elderly, funeral expenses. These should be modest amounts based on local standards, uniformly applied and based on objective documentation, such as a medical certificate (pregnancy, state of health), birth and death certificates, copies of which should be retained in the file on the individual.

2. *What is the amount of assistance to be given?*

The amount of assistance to be given should be determined according to family size, i.e. larger families are entitled to more assistance.

The sliding scale, as illustrated here, is a useful tool for giving more to those who need it, rather than simply multiplying the assistance given according to the number of members in the family.

The sliding scale is based on a minimum income level that guarantees a refugee's survival. A scale needs to be established which permits larger families to obtain more assistance. Periodic cost of living surveys must be undertaken to ensure that assistance accurately reflects the needs of the refugee.

3. *By whom is the assistance disbursed?*

Assistance may be disbursed by an approved implementing partner. In some situations UNHCR implements its own programmes. In all instances the principles applicable are the same, and the methods of disbursement should be simple, clear, transparent and expeditious.

The method and scale of assistance should be subject to periodic review to ensure its effective-

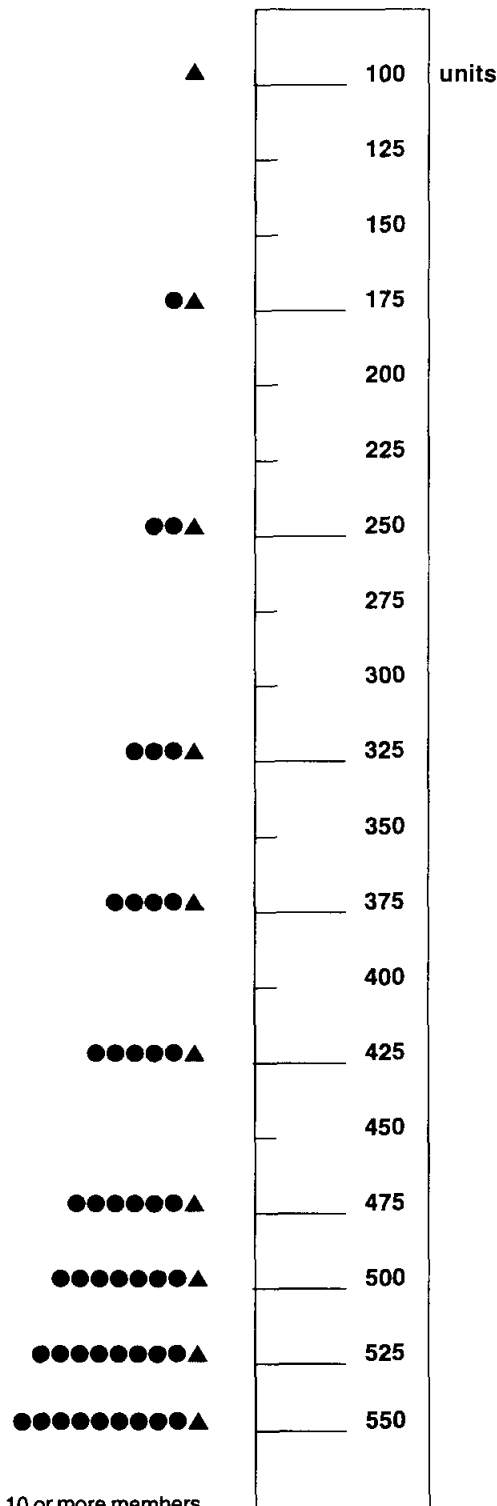
ness in reaching the needy and in streamlining procedures which would ensure efficiency and cost-effectiveness for the organization. Budgets would have to be drawn up and sub-agreements with implementing partners signed only after due discussion and agreement with the parties concerned.

4. What is the mechanism for referral and the subsequent monitoring of this assistance?

In providing assistance of any kind, it is important to establish a system whereby refugees in need of help and those who seek help are referred to the right sources for such assistance. The system should also be established to ensure that all cases are followed through in order that refugees are not lost by the wayside, and that they do benefit from the assistance provided. In an urban situation, a tracking system is particularly important especially for individual refugees who may be easily be overlooked. This is particularly true of those in need of assistance to combat drugs, AIDS victims and others. On the other hand, efficient follow-up would ensure that refugees do not take advantage of the assistance programme and seek to obtain the same material assistance from different sources.

Sliding Scale for Assistance to Urban Refugees:

Principal applicant ▲
Principal applicant plus 1 ●▲



A ceiling has to be established for large families exceeding 10 or more members.

5. What is the duration of assistance?

Assistance should be time-bound and should be provided only until a more stable situation is available to the refugee, i.e. movement to a camp, economic self-reliance or a durable solution.

Periodic Review

A continuing periodic review will help to discover ways to assist individuals to become self-reliant. Efforts at self-reliance should be encouraged and not penalised.

Termination of Assistance

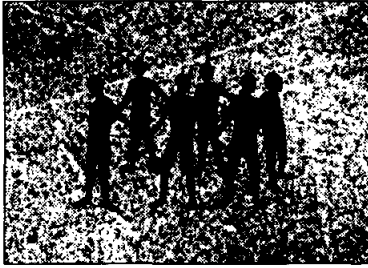
The termination of assistance should be conducted in a respectful manner whereby the refugees see the justice of such decisions and the end of a process.

In special circumstances, UNHCR is required to provide assistance to persons outside its traditional mandate, as in the case of internally displaced persons (IDPs) in war zones.

The following general principles determining assistance should be made known to the refugees from the outset:

- Assistance is a service and not a right.
- The disbursement of assistance is made according to principles of equity and non-discrimination.
- Refugees should be informed of the type, level and likely duration of assistance.
- Any change of policy concerning assistance will be made known to the refugees.
- Assistance is only a temporary measure as a means of finding a bearing in the country of asylum.
- The health status of the refugee should be taken into account in deciding on the duration of assistance.
- A refugee should not be reduced to destitution before assistance begins.
- Adequate assistance should be institutionalized in all camps (where this is applicable) to ensure that refugees are not attracted to the urban areas.
- Assistance is a measure to enable refugees as a community to rally their resources and for individuals to find ways to sustain themselves.
- Specially vulnerable persons unable to support themselves should be provided with assistance tailored to meet their specific needs.

1. Does the person/group qualify as a refugee(s) or person(s) of concern to the High Commissioner?
2. What are the acceptable welfare standards within the country of asylum and will the assistance reach these standards? Are the refugees viewed as privileged by the local people?
3. Is the assistance directed at a durable solution?
4. What is the mechanism established for involving refugees, especially women, in the assistance programme?
5. Do the refugees have access: to work, health care, education and vocational training?
6. What are the identified needs of the refugee community, and can any of these needs be met by the refugees themselves?
7. Are there any refugees with special needs (unaccompanied children, handicapped refugees, single-parent families with several dependants, elderly refugees)?
8. What are the skills to be found within the refugee community and how can these be best used to benefit both the refugee and local communities?
9. What are the possibilities for home industries for refugees? What are the items that refugees are able to produce and is there a local market for them?
10. What are the possibilities for joint ventures between refugees and the local community?
11. What needs could be met by the creation of a Community Centre?



Establishing clear policies and procedures is a continuous process that implies dynamic, mutually supportive and complementary staff roles, and the involvement of the refugees.

Reception

The manner in which refugees are treated is vital to a smooth relationship with the Office. Measures should be established to ensure equal access for all refugees needing to consult staff.

The following procedures are recommended:

1. Appointments should be fixed on the basis of *first come, first served*.
2. There should be a specific time fixed during the day when persons will be seen.
3. Scheduling of appointments should be done in a realistic manner, to ensure that all who are given appointments will be seen.
4. Appointment slips should be designed to clearly indicate the date and time, as well as the person to be seen.
5. Security cases should be given priority consideration and urgent access to legal officers and counsellors.
6. Regular meetings should be held with staff to share information and make improvements as needed to enhance reception facilities for refugees.
7. Waiting and reception areas should be pleasant, simple and conducive to holding interviews.
8. Notice boards in these areas can also provide general information that does need to be communicated to refugees in person.

Interviewing

A distinction must be made between “interviewing” and “counselling”. Interviews do not necessarily involve counselling, but serve to elicit information about the refugee for eligibility and status determination; and about specific problems so that an appointment can be made for counselling.

Interviewing is also a sharing of meaning. This meaning is shared not only with the interviewer but generally with the interpreter as well. When interviewing refugees an effort has to be made to reach across cultural and linguistic barriers in order to understand the problem and help the refugee to find meaning in his/her situation. This generally constitutes a three-way communication process involving three separate persons. The goal of interviewing is to help the other to express him/herself freely and clearly with a view to problem-solving and self-help.

Counselling is a form of interview where the refugee receives advice and guidance to help him resolve problems and plan for durable solutions.

Information and Communication

Refugees need information in order to make decisions about their lives, to help them to take advantage of services and other assistance and to put them in touch with their community. It should be remembered that communication involves both the message and feedback. Giving messages to refugees does not represent the entire process, how the message is understood is equally important. Beware of telling only part of the story. Information gaps will be filled, inaccurately, by rumour and invention.

Information can be imparted in a variety of ways:

- Leaflets and brochures can be printed in the refugees’ language explaining the role and functioning of the office (see annex 12).
- Notice boards can be set up outside the office and at other strategic points (e.g. community centres) if necessary, with information on assistance, eligibility procedures, etc.
- Periodic visits to outlying refugee communities by office staff (Legal and Programme Offices as well as counselling staff).
- Routine letters should be addressed to refugees to inform them about appointments, decisions, etc.

The Statute

The Statute of UNHCR (1950) serves as UNHCR's constitution. It sets forth the High Commissioner's functions and responsibilities, and includes a definition of persons who are his/her concern.

The Convention

The 1951 Convention is an international treaty which is binding upon the signatory States. It specifies the rights to be *accorded to persons who are recognized as refugees according to the definition contained in the Convention.*

Mandate refugees

This is the term used for persons considered by UNHCR to be refugees according to the Statute. This determination is not dependent upon the State of asylum being party to the 1951 Convention or 1967 Protocol.

Convention Refugees

These are persons determined to be refugees by the authorities of States that have acceded to the Convention and/or Protocol. As such, they are entitled to claim the rights and benefits which those States have undertaken to accord to refugees.

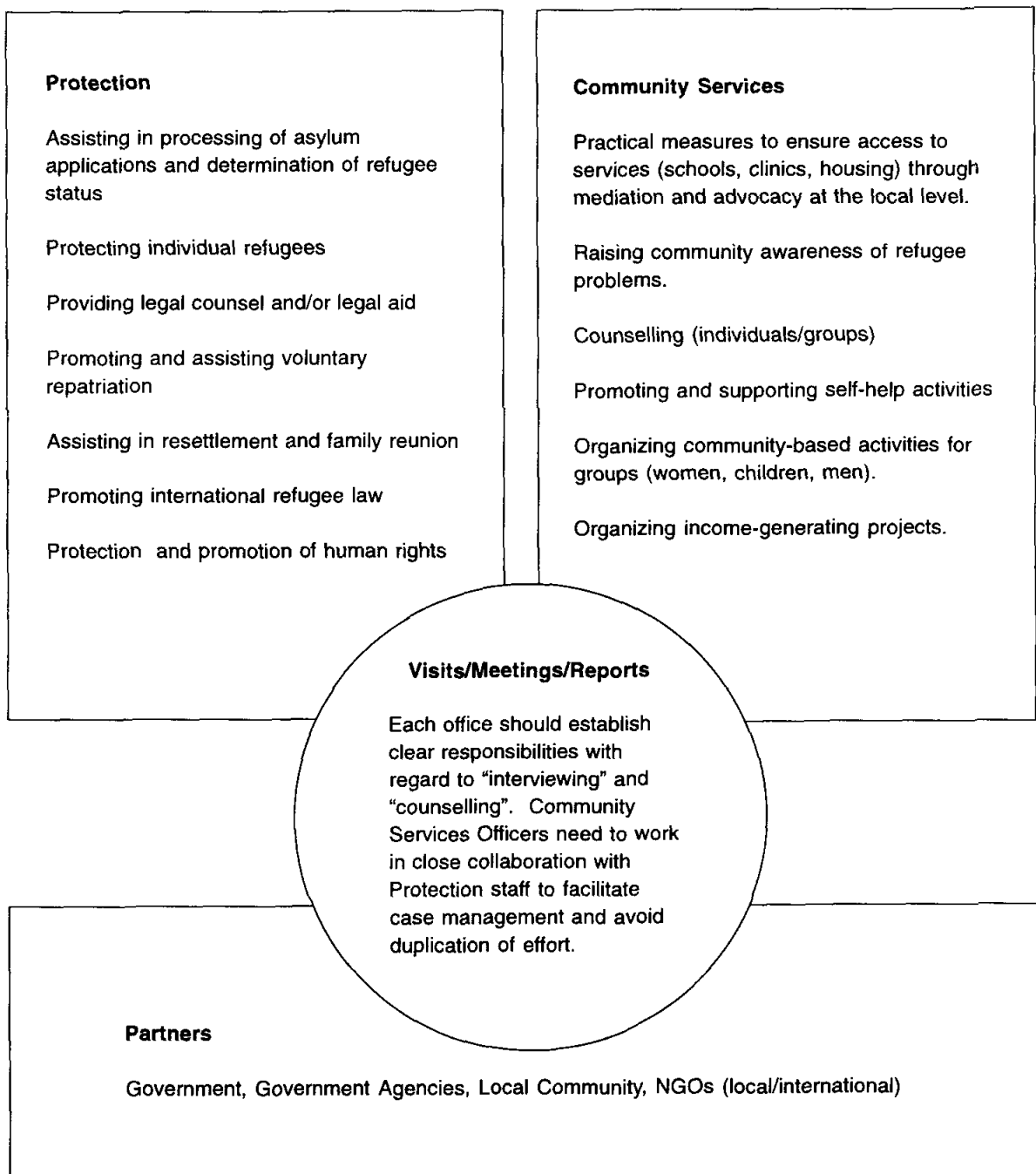
Joint Activities

The evolution of the refugee situation around the world in the 1990s is making new demands on assistance workers. Protection and community services staff faced with this challenge must draw ever deeper on personal resources of creativity, compassion and professionalism. While protection officers may base their operations on the law and the established legal system, a community-based approach must take into account the laws, traditions, culture and customs of the refugee community. Increasingly, for those working with refugees, the lines demarcating roles and responsibilities are no longer clear, calling for a continuing dialogue and team spirit.

Coordination and cooperation between services would ensure a more comprehensive approach, focusing on the whole person within his or her community rather than just the problems presented by his or her case.

From the first, it is crucial that the refugee's case be efficiently documented to avoid duplication of effort. Since both protection officers and community services officers deal directly with refugees there is a need for agreed criteria for the identification of vulnerable groups/individuals (especially unaccompanied minors and victims of violence) which will help to ensure confidentiality and the effective implementation of protection measures and other assistance. Information obtained from other partners/authorities acting on behalf of refugees should also be shared.

Protection and Community Services for Refugees



Recommended joint activities:

- Joint training of local and international staff, particularly in certain areas such as interviewing and documentation techniques, refugee law, identification of vulnerable groups, and awareness/use of community resources.
- Joint training of NGOs, authorities and community organizations on international and refugee law, human rights, and special areas of assistance to vulnerable groups.
- Establishing criteria with the emphasis on vulnerable groups, to ensure equal and safe access to humanitarian aid.
- Drawing up of common documentation and reporting mechanisms. (While confidentiality is vital, the exchange and coordination of information is essential to avoid duplication of interviews which can be stressful and embarrassing for refugees.)
- Identification of vulnerable groups with the assistance of the local community.
- Concerted community approach for the mobilization of community resources for action on identifiable problems. This will facilitate finding temporary and durable community solutions.
- Consultation and action to identify preventive activities and solutions to protect vulnerable groups from violence.
- Family reunification should be handled from both a legal and a social perspective.

Sequence and Timing of Events

STAGE 1	Asylum seekers register with UNHCR Determination of refugee status
STAGE 2	Referral to counselling Material assistance for initial period
STAGE 3	Review for continuation of supplementary assistance to vulnerable cases
STAGE 4	Referral to protection for security/resettlement Feedback to counselling on current status of case Continuing review and assistance to refugees for self-help
STAGE 5	Durable solutions: Repatriation, Local Integration, Resettlement

A streamlined procedure for reception and interviewing is not enough. It is important that measures be taken within the office to expedite decision-making, thereby shortening the waiting period for refugees.

Refugees frequently complain of having to wait long periods to know the results of their interviews, be it for status determination, assistance, resettlement or any other issue.

Status Determination Process

Although UNHCR does not delegate its international protection responsibilities, its involvement in status determination varies from country to country:

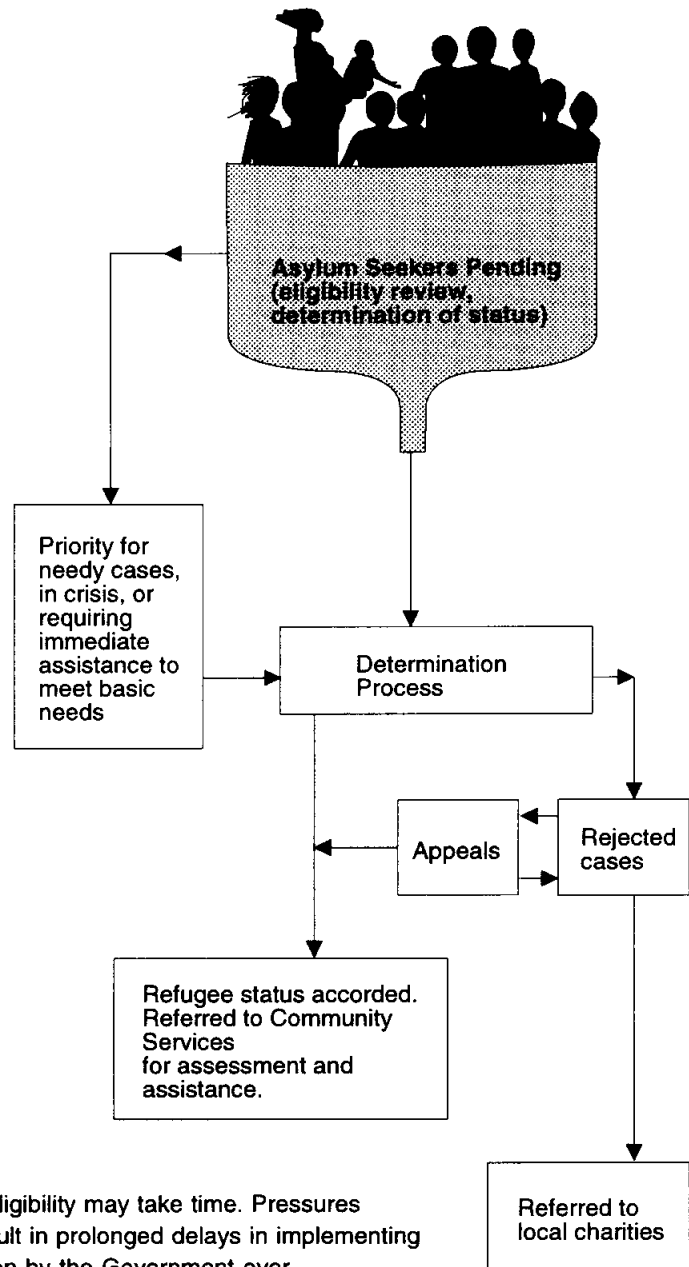
It can confer refugee status in accordance with its Statute. This is what happens when the country is not a party to the 1951 Convention or other international treaties. It can also happen in a country which has signed and/or ratified the Convention, but has not introduced national legislation to implement it;

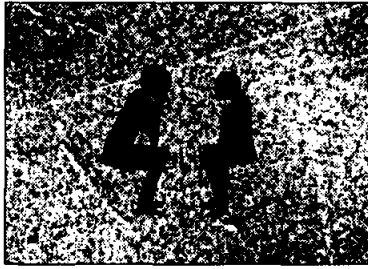
It can conduct the determination process on behalf of the national authorities, which prefer to leave this responsibility to UNHCR;

It can participate in the determination process, as an observer/adviser. This usually occurs at the appeal stage;

Outside the procedure itself, UNHCR may review rejected applicants who are due to be expelled.

In certain situations, decisions pertaining to eligibility may take time. Pressures on the Office and inadequate staffing may result in prolonged delays in implementing a status determination exercise. Procrastination by the Government over an agreed joint status determination procedure could result in the UNHCR office being burdened with large numbers of asylum-seekers over an indefinite period. Priority, in these instances, should be given to vulnerable categories of persons, while those who are without means of their own should also be assisted, as possible, pending status determination.





A large part of the work of Community Services staff is assisting refugees through a counselling process.

This activity can be on a one-to-one basis, as well as in groups and through a community process where refugees help each other.

Enabling and supporting this process of self-help, and helping each other is the task of the Community Services Officer.

Counselling

Because behaviour is based on feelings, it is essential for staff to understand the refugee's response to trauma, if productive dialogue is to take place.

Initial Contacts

It is often difficult for a refugee to take the first step in coming forward for personal counselling. This step calls for a belief in the worth of such discussion and at the same time the need to cast aside inhibitions and fears at the prospect of having to talk about matters that are of a personal and private nature. Sometimes these inhibitions and fears are expressed by a show of nonchalance, and at times even aggression. It is necessary for the counsellor to understand the underlying feelings associated with such behaviour and to reassure the refugee about the support that can be expected.

Prior Experiences

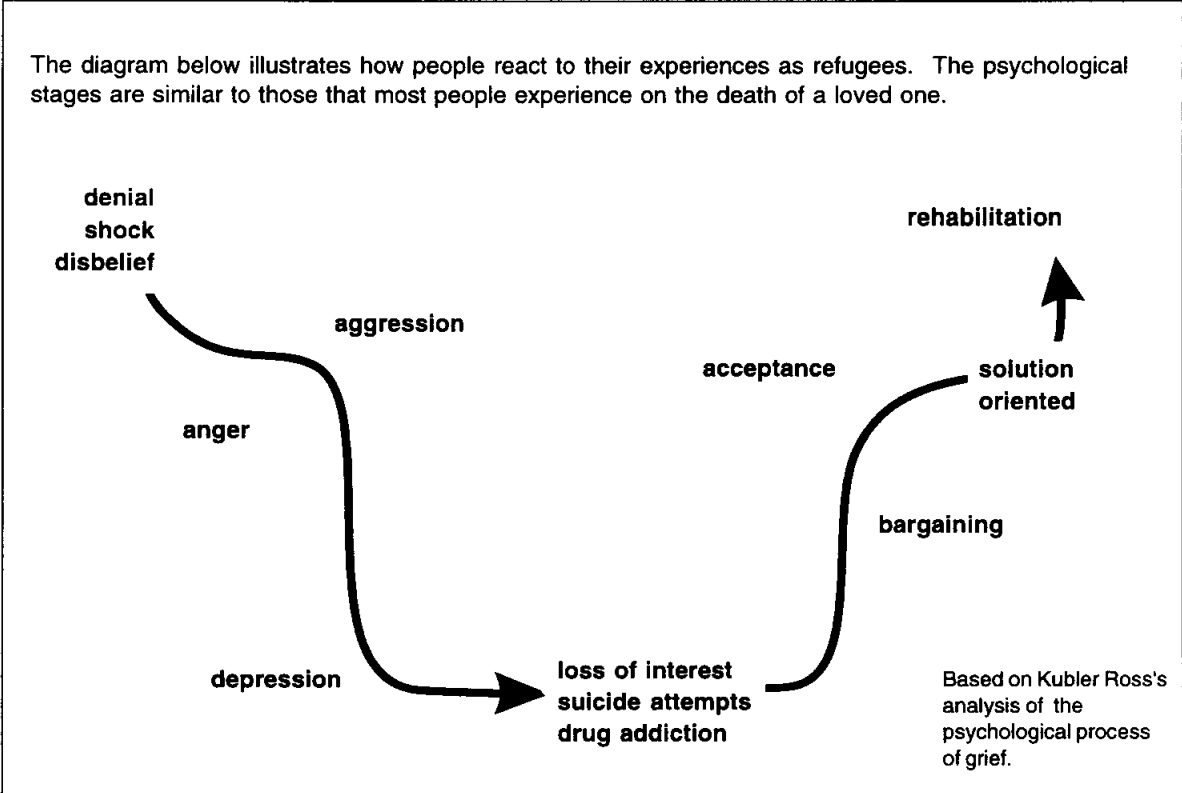
The refugees' previous experiences should not be discounted. Prior to being forced into a situation which called for flight, all these persons have belonged to families and have experienced personal relationships of different kinds. They have had expectations from life and aspirations for the future. Most of these dreams have been shattered by events that were beyond their control.

It is important to give the refugee the opportunity to talk as much as he/she wishes about the past, and even more, to express feelings about past experiences and the changes being experienced at the present time.

Bridging the Cultural Gap

The differences of culture and habits that may exist between the refugee and the interviewer must be recognized from the outset. Mannerisms, manner of speech, style of dealing with persons in authority, attitude in dealing with women, the very approach to counselling and dealing with strangers on personal issues have all to be understood and accepted. In some refugee cultures, problems of a personal nature are dealt with within the family framework. Discussing such matters with a stranger would be virtually unthinkable. If they come to a counsellor for help it is because they regard the counsellor in the same light as a trustworthy family member.

Refugees often address the counsellor in terms such as "elder sister", "mother", "brother", "father" or even "son" or "daughter". Counsellors who have undergone a training where the highly professional approach is emphasized could well view this as excessive familiarity and may be inclined to rebuff refugees for indulging in such forms of address. It is essential to live the role of professional within the context of the refugee's cultural background and accept such forms of address, which in most cases constitute an expression of confidence in the counsellor. In reality, many refugees actually do treat counsellors as their family on whom they can depend for support, as this is the only relationship that is made available to them in an alien environment.



Counselling: Basic Assumptions

Without basic assumptions to fall back on, all interviewing skills and techniques would be a bag of tricks used to manipulate others into compliance.

The following basic assumptions have to be made:

- Every person has a right to his/her dignity as a human being, irrespective of race, nationality, culture, ethnic origin, religious or political belief.
- Every person has the ability to change, no matter how low he/she may have sunk.
- Every person is entitled to help when he/she is unable to help him/herself.
- Every person has the right to self-determination.
- Every person has the capacity to find a solution within him/ herself to resolve problems with which he/she is faced.
- Every person has the right to maintain his/her identity as a minority group in an alien country.

The following skills have been found to be very relevant in counselling refugees:

Listening

This faculty is the cornerstone of interviewing and implies attending to the verbal and nonverbal communication of the refugee.

Acceptance

This implies the ability to accept and understand the other person as he/she is, whatever the appearance, personality, negative behaviour and feelings that may be manifested.

Non-judgmental attitude

This is the capacity to build a comfortable atmosphere in the face of expression of negative feelings and behaviour. The refugee will be far more amenable to ideas and suggestions for rectifying the situation if no sign is given that he/she is being judged on each count.

Cope with silences

Be comfortable with silences during the interview.

Questions and Probing:

This should be limited to clarifying what has already been said in order to obtain a deeper understanding and meaning. A barrage of quick, sharp questions should be avoided as these would suggest inquisitiveness and inhibit communication. Identify blocks in communication and areas in the person's life that are difficult to talk about.

Universalization of the Problem

This does not suggest justification of behaviour "Everyone is doing it so it is OK." The object is to enable the refugee to see him/herself as one of many other human beings who

Skills for Refugee Counselling

experience the same problem. The aim is to relieve the sense of undue guilt and isolation and empower the other to tackle the problem in a realistic manner.

Each person is unique

This principle has at the same time, to be upheld and respected. An attitude of having "heard it before" can only be counterproductive.

Use of humour

This refers to the capacity to laugh with the refugee and not at him. This contributes towards a balanced view of life.

Confidentiality

The refugee should be convinced that all information divulged is kept totally confidential. This professional requirement is equally required of the interpreter.

Physical arrangements for interview

Privacy, seating arrangements and a pleasant environment are vital to creating the correct atmosphere for interviews.

Guidance

Search for options for the refugee, where possible, to enable a selection of the most appropriate solution in resolving a particular problem.

Control of aggression and inappropriate behaviour

Controls over any type of violence and aggressiveness should be preferably through force of personality rather than with the use of physical force.

Appreciation

Respond appreciatively to personal efforts made by the refugee to cope with problems.

Qualities required for effective counselling

- Knowledge of human behaviour
- Clarity of thinking
- Analytical ability
- Sensitivity
- Perceptiveness
- Flexibility
- Authenticity
- Capacity to rise above differences
- Skill in identifying resources within and outside the refugee
- Tact
- Positive sense of humour

Mistakes to be avoided when counselling

- False Assurances
- Discounting negative feelings
- Taking on responsibility for the other party
- Excessive story telling
- Over-identification with the other
- Strong agreement or disagreement
- Passing judgement
- Over-facile interpretations
- Preconceived notions
- Unwarranted generalizations
- Suppressing emotions
- Biases and prejudices

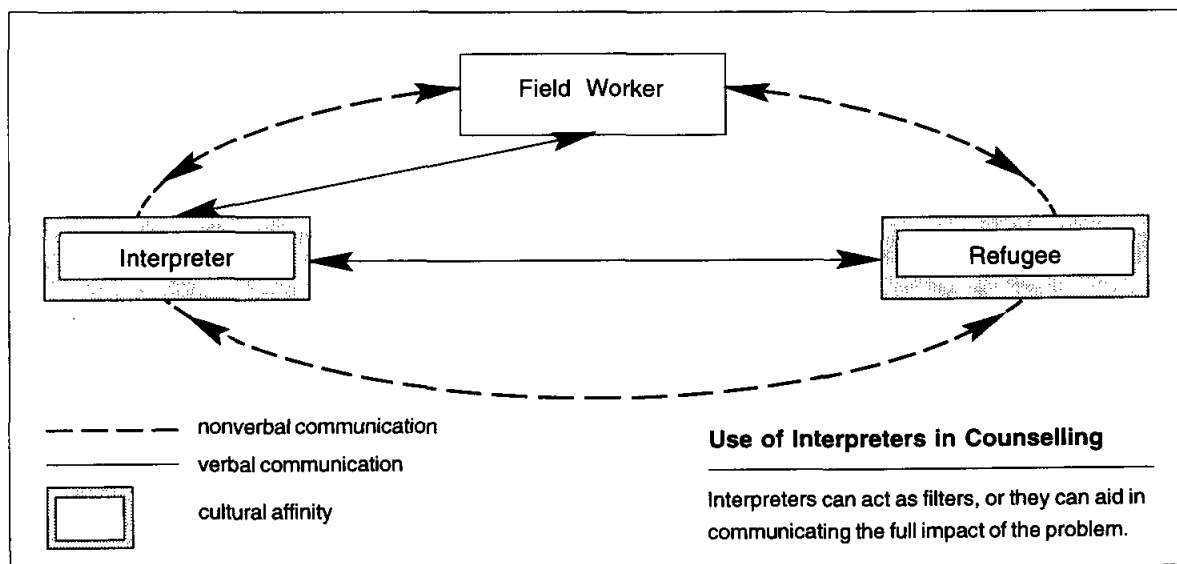
Counselling Issues

Counselling of refugees is a service that calls for the capacity for sharing, and the ability to provide some measure of relief to those with problems. The refugees' situation is generally of a complex and difficult nature, within which the refugee counsellor has to be prepared to deal with the following issues:

- Clarify to the refugees what they can expect from the Office, what are the limitations under which the refugees and the Office have to work, and what is expected from the refugees themselves.
- Apply the different policies of the Office towards the different groups of refugees, i.e. government recognized, mandate refugees, etc.
- Find ways and means of ensuring access to the most needy amongst the refugee population, particularly the vulnerable groups such as widows, the disabled,

children, victims of torture.

- Stimulate motivation for self-help in refugees who have long been dependent on UNHCR to meet all their needs.
- Help refugees to concentrate on learning even when they are resistant to such activities because of preoccupation with their personal problems.
- Communicate with refugees who are aggressive and those who engage in deceitful acts. and help them to change their behaviour.
- Explain to refugees the conditions governing assistance and the criteria used to determine the need for such assistance.
- Use the best possible means for communicating negative results to refugees who have set their hearts on the positive outcome of resettlement submissions and interviews.



The Role of the Interpreter

Interpreters are usually selected from the refugee community mainly for their language ability. However, other considerations should be taken into account, such as maturity, personality, relations with others, educational background, level of intelligence, patience and enthusiasm. An interpreter should also be accepted by the refugee community as a person who is neutral and capable of relaying information on a helpful and impartial basis.

The role of the interpreter is therefore vital to the process of problem-solving. Interpreters bridge the gap created by cultural, national, linguistic and racial differences. With the inclusion of interpreters as a link in the counselling exercise, the "participatory approach" to problem-solving is thereby introduced.

Interpreters can represent a factor of stability and assurance in negotiations and communications between the Office and the refugees as the rest of the community expect these persons to look after the interests of the refugees and explain in the best possible way, any differences which may exist.

After a while interpreters begin to serve as co-therapists and facilitate the counselling process by interpreting behaviour and even suggesting possible avenues for solution. This brings about a cross-cultural richness to the process of help. The interpreter also occupies the position of an aide and is therefore far more than only a linguistic interpreter.

Counselling refugees is a strenuous job. Working through and with the aid of a third person allows time for a meaningful rhythm of work to be established. This pattern can however be re-

peatedly disrupted by the departure of the interpreter for resettlement. Fresh starts with new interpreters impose severe demands on the counsellor. This, combined with the fact of regular turnover of office staff tends to hamper smooth functioning.

From a management perspective, frequent changes of personnel are negative and to be avoided. However, these changes are inherent to refugee work. Moreover, the challenge of working with and for changing groups of people lends a dynamic approach to the work. Such change could be treated as the veritable 'leaven in the dough' that gives freshness and prevents staleness and a stereotyped approach - what has been termed "compassion fatigue" in relation to the problem of refugees.

Problems Faced by Interpreters

The fact that interpreters are generally selected from the refugee community has obvious advantages in terms of an inside knowledge of the general background, culture and habits of the persons who are interviewed. By the same token, the position of the interpreter could be open to abuse and manipulation.

Whether from the refugee community or outside, interpreters are an important link in the problem-solving process. There are, however, certain hurdles to be surmounted in ensuring that the task is carried out in the most effective manner possible:

1. Dual loyalties and incomplete or distorted understanding of the respective roles of counsellor and interpreter could lead to argument between the counsellor and interpreter. e.g. the interpreter could take

on the role of mediator and advocate for the refugee in instances where a negative decision for the refugee is upheld.

2. The interpreter could inadvertently omit some vital information which he/she believes is not important and thus prevent an accurate and fair decision being reached.
3. Inadequate understanding of the therapeutic process such as the involvement of the refugee, can also lead to conflict over the values and approaches to the helping process.
4. Emotional problems of interpreters can interfere with their functions in effectively relaying the information to the parties concerned.
5. The personal security of interpreters could at times be endangered as they could be intimidated by refugees; if they do not present their cases as they would have wished, or if the interview does not yield positive results.
6. Differences of dialect can create explosive situations as similar words can have different meanings in different dialects.
7. Lack of understanding of the message can result in distorted communication.
8. Potential for bias and prejudices relating to refugees of other nationalities can prevent smooth interaction.

The following strategies for employment of interpreters have been found to be effective:

Selection procedures for interpreters

As interpreters are paid, generally anyone who speaks a few words of English would like to work as an interpreter. Those who apply for work should be required to work initially in a purely unpaid voluntary capacity, while their abilities are assessed. In a refugee situation, the motivations to work can be many, aside from the obviously humanitarian interest in helping fellow refugees. Time should therefore be taken to carefully assess the motivations.

Counselling of interpreters

The availability of the counsellor for individual counselling sessions with interpreters helps the interpreters to first work with their own problems and experiences. They are then able to use this experience in their daily dealings.

Staff training

To bring together the various participants of the programme to work with a common vision.

Staff relations

Organizing social events for interpreters and other staff creates a cordial climate wherein cultural differences may be overcome.

Strategies for Working with Interpreters

Communication

To ensure clarity of communication, messages should be brief, clear and to the point, devoid of jargon and pitched at the appropriate level of comprehension for the refugee.

Language instruction

Basic language classes for counselling staff could enable basic communication between counsellor and refugee in instances where there are refugees of only one or two different nationalities. This could be partially bridged by indicating interest in the language and culture of the other.

Preparing the interview

Preliminary guidance of the interpreter before an interview usually helps the interpreter to anticipate and understand the situation and handle it in a culturally acceptable manner.

Summary translation

In a culturally loaded situation, giving the gist of the communication to the interpreter and requesting that the meaning be transmitted in the best way possible to the refugee could be more effective than a verbatim translation.

Verbatim translation

In psychologically loaded situations, a verbatim translation is found to be more effective, as one is better able to directly handle the thought processes involved.

Consistency

Using the same interpreter for subsequent interviews helps to maintain confidentiality and keep the relationship consistent.

Feedback

This is essential to ensure that communication has been complete and accurate without any possibility of misunderstanding.

Debriefing

Discussing the case with the interpreter after the session helps to identify mistakes made by an inadequate understanding of the culture. It also helps to understand how the interpreter feels about the case. Such periodic evaluations help to level out differences of approach and values which could exist.

Advantages of three-way communication:

- Screening out unacceptable messages
- Reflective pauses
- Emotional release
- Supportive presence of a third party
- Inappropriate behaviour controlled through presence of a compatriot

Referrals and Documentation

Given the potentially large number of agencies and organizations which may be involved in providing services and assistance to refugees in an urban programme, efficient record-keeping and a coordinated system for the exchange of information are essential to the efficiency of the operation.

Minimum requirements of such a system would include:

- immediate access to complete dossiers on each case
- systematic follow-up
- easy review of the entire caseload for analytical, statistical and reporting purposes
- standardized referral procedures across organizations

Confidentiality

Professional standards of confidentiality must be observed for all case records. Only those people involved in handling or supervising a case should have access to the material. Case information is not provided to anyone other than community services staff of the implementing partner or UNHCR, without the permission of the refugee concerned. This is essential to maintaining a relationship of trust with those assisted.

When a request for assistance is received from a refugee believed to have arrived from another country of asylum, the field office in that country should be asked to provide background documents. Such information, case summaries, records or other communications mentioning refugees by name, must be sent through the UNHCR field offices in the countries concerned rather than directly between implementing agencies. All such information should be treated as confidential.

A SIMPLE FILING SYSTEM

Where there is more than one nationality, it is useful to use a system combining alphanumerical and colour coding, to facilitate storage and retrieval.

Nationality	Series Code	Colour
Iranians	IR 000001	Blue
Iraqis	IQ 000001	Red
Somalis	SO 000001	Green
Others		Brown

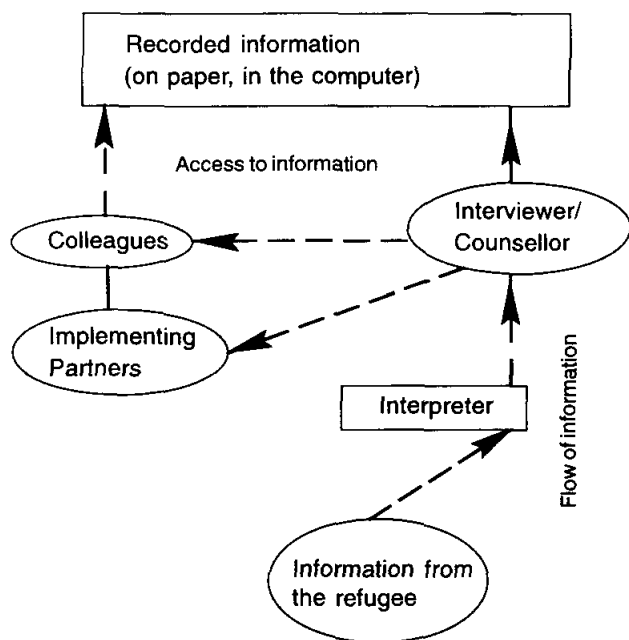
Closed cases can be kept in similar order in separate filing cabinets.
A register or computerised record of the series will support the filing system.

Within individual dossiers, information can be classified by sections in accordance with type of assistance provided (e.g. education, health, vocational training, etc.).

As complete confidentiality of documents cannot always be guaranteed, there is a grave responsibility on staff to ensure that no information recorded can at any time be used as evidence against the refugee.

Information that may have damaging effects on the refugee's future prospects, or integration into the community should be handled carefully.

Information given by the refugee in confidence relating to personal matters should be recorded only with the permission of the refugee (e.g. matters relating to marital life, personal and private affairs which have no relevance to their refugee status).



Sharing Information with:

- **The Press**
Information given to the press should highlight the situation, not the person. Information about individuals should be anonymous and used only where essential. Disclosure of such information must never harm the person concerned or the people associated with him or her.
- **Colleagues**
Oral communications should be controlled. Staff should consider how much needs to be said and what use will be made of the information passed on in this way.

Staff should be aware that they have limited control over written communications held in a common filing system. Information provided by refugees can be recorded only with their consent.

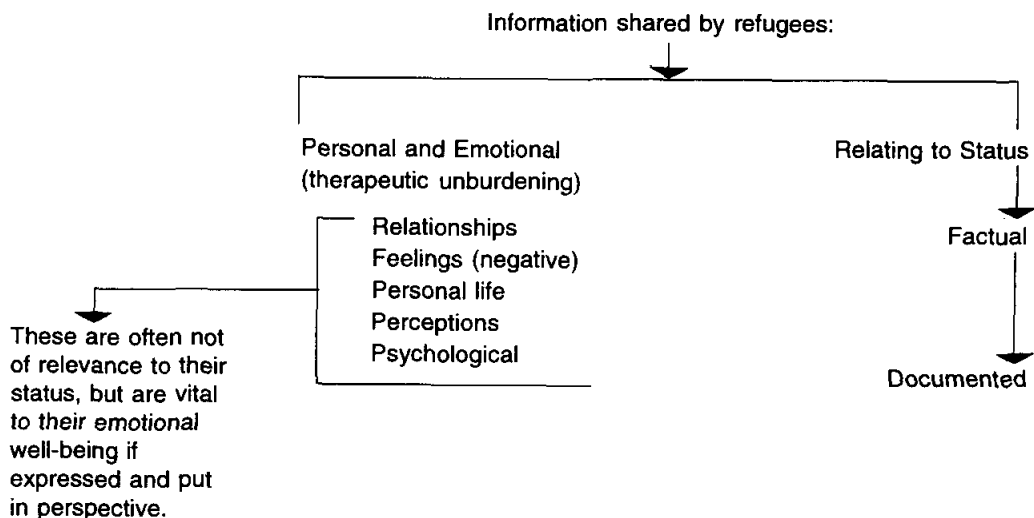
- **Other Organizations**
Decisions to share information (what and how much) with other organizations should be determined by considerations such as, the situation of the refugees in general (the need to create an awareness of their problems); what would be of help to the beneficiary. It is the staff member's responsibility to weigh the implications of sharing information. Information can only be thus shared with the consent and approval of the parties concerned.

Confidentiality of information provided by refugees must be systematically maintained at all times and by all involved in assisting refugees.

Staff should be aware of areas where leaks may occur. Information about refugees can be vital to their security and safety.

Confidentiality and Information Sharing

Refugees often share information with staff relating to their total life situation. Such information should be carefully sifted and weighed.



Mental health problems and emotional distress can lead to distorted information which may affect status determination. It is essential to be alert to abnormal reactions.

What information is retained and may be shared with others should be determined by:

- its use for others as part of the larger refugee problem
- its use for the person and his/her efforts at problem resolution
- whether it will enhance the dignity and respect of the person or make him/her an object of curiosity and a target for ridicule or communal rejection
- if it will protect the person
- if it will protect others
- sensitivity to the person's feelings - has confidential information been revealed because a relationship of trust has been built up with the refugee; will revelation violate his/her dignity?

1. Does the existing filing system allow for immediate access, tracing and referral of individual cases?
2. Does the refugee reception procedure guarantee equal and fair treatment for all refugees with minimum waiting periods?
3. What are the means used for communication with refugees on a daily basis?
4. Do refugees who approach the Counselling Service have confidence that differences of nationality, culture and religion do not present any barrier in communicating with and obtaining help from UNHCR?
5. What are the measures taken to ensure that refugees are at ease when they are being interviewed?
6. What are the qualifications required of interpreters and what are their conditions of service?
7. What is the selection process for interpreters and what are their terms of reference?
8. What are the means used to prepare interpreters for participation in the counselling and problem-solving process?



3. Special Groups

Medical needs

A thorough medical and psychiatric examination is necessary for all torture victims.

Trauma

Refugees most often have to leave their country under circumstance which may leave them physically and psychologically traumatized.

Understanding

Understanding the extent of the refugees' trauma is essential for those assisting them.

Rehabilitation

When a family is present, it is necessary to involve the members of the family in the process of healing and rehabilitation.

Identification

Physically and mentally traumatized persons should be identified from amongst the general refugee population in order that they may be given special consideration and help.

Durable solutions

As resettlement is not always possible, nor necessarily advisable, for the very large numbers of refugees who have been traumatized, alternative strategies have to be developed.

Community support

Community support should be encouraged and developed for those who do not have family

Women's needs

For women, a thorough gynaecological checkup is necessary at the earliest by a female doctor who is trained and is sympathetic to women who have undergone sexual abuse.

Trust and confidence

Persons who have been traumatized are often too shocked and humiliated to wish to narrate the details to strangers. It is important to create a climate of trust and confidence.

Professional knowledge

A systematic, knowledgeable and compassionate approach to victims of torture requires a sound professional base, training and experience.

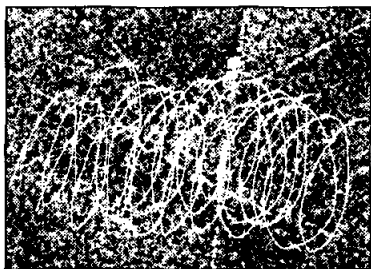
Support

Group support is necessary for vulnerable refugees, and this should be monitored by qualified and trained staff.

Part Three

*Special
Groups*

Key Points



"The real tragedy
in life is what dies within a
man while he lives..."

Community-based Support System

The deep human trauma experienced by refugees on being uprooted from their homes under violent circumstances is not always apparent to persons entrusted with their care. Those assisting refugees need to be aware of the types of experiences that are particularly traumatic, and which call for a sensitive and understanding approach.

Refugees are often left to face their problems alone. The wounds of the past do not easily heal, and feelings such as hatred, revenge and anger fester, like an abscess waiting to burst.

The normal support systems which sustained people are no longer in existence. The family, in most instances has been disrupted and broken through death, separation, loss and divorce. The resulting reversal of roles in many cases leaves the household incapacitated. In refugee situations the problem is compounded by the fact that language is most often a barrier to seeking help, in addition to the cultural barriers, which prevent help from neighbours.

A community-based support system is aimed at meeting the needs of special and vulnerable groups on two fronts:

Individually

Help the victim to cope with immediate health needs, as well as activities of daily living, shelter, food and clothing. It is important that such persons are kept occupied and are helped to establish a routine for daily life.

At Group Level:

Create a group support system which will provide the person with the needed social support. Enabling people to share their problems in a supportive atmosphere can create a climate of mutual support and help. It is only in a supportive atmosphere that people can face their tragic circumstances and find the courage to go on.

Victims of Torture

Torture has been known throughout the history of man. There is evidence that brutal torture and ill-treatment continues to be practised by many governments. Many refugees, particularly those who have been in prison and have been forcefully detained have experienced torture.

While the medical treatment for torture began only 15 years ago, the psychological and social treatment of torture victims is even further behind in providing adequate answers to ways and means of identifying, understanding and coping with the torture victim. Thus, a systematic, knowledgeable and compassionate approach to victims of torture requires sound professional base, training and experience.

The torture process is often a perversion of the relationship between a person and his/her doctor, confessor or counsellor. It is particularly destructive of the healing relationship that needs to be established between the victim and those trying to assist him. This incapacity for relationships may be a serious obstacle to rehabilitation.

Article 5 of the UN Universal Declaration of Human Rights (1948) defines torture as follows:

“The inter-human infliction of significant, avoidable pain and suffering by an organized group according to a declared or implied strategy and/or system of ideas and attitudes. It comprises any violent action which is unacceptable by general human standards and relates to the victim’s feelings.

Organized violence includes, inter alia, torture, cruel, inhuman or degrading treatment or punishment”

Some of the questions often asked by staff in the field:

1. *Is all violence torture?*

According to the above definition, all violence is not torture. Torture can be both physical and mental. However, it is not easy to separate the two, as in either case they affect the whole person. In many instances, physical and mental torture are inflicted simultaneously, e.g. during interrogation, when a person is beaten and receives threats at the same time. While given electric shocks in the genital region the person is often told that he will become sterile and lose his manhood. In the case of purely physical torture as in beating, the victim is powerless in the hands of the torturers and thereby experiences tremendous feelings of frustration, defencelessness and humiliation. Threats and sham executions are examples of purely mental torture.

Mental torture alone can have physical consequences. Torture victims who have been asked what was the worst experience during detention have often responded that it was not the torture itself but the moment of arrest, or the period between torture sessions, when they were frightened and did not know what would happen to them next.

2. *What is the aim of torture?*

The aim of torture is to break down and shatter the victim's psychological defence mechanism by causing psychic pain.

Torture victims often describe the psychological methods as being the most difficult to defend themselves against and survive. It is an integral art of the torturers' choice of methods that no one will believe the stories that are related. The authorities would never provide confirmation of torture. On the contrary, prisoners are generally forced to sign a declaration upon release to certify that they have not been subjected to torture.

3. *What are the physical, social and psychological effects of torture?*

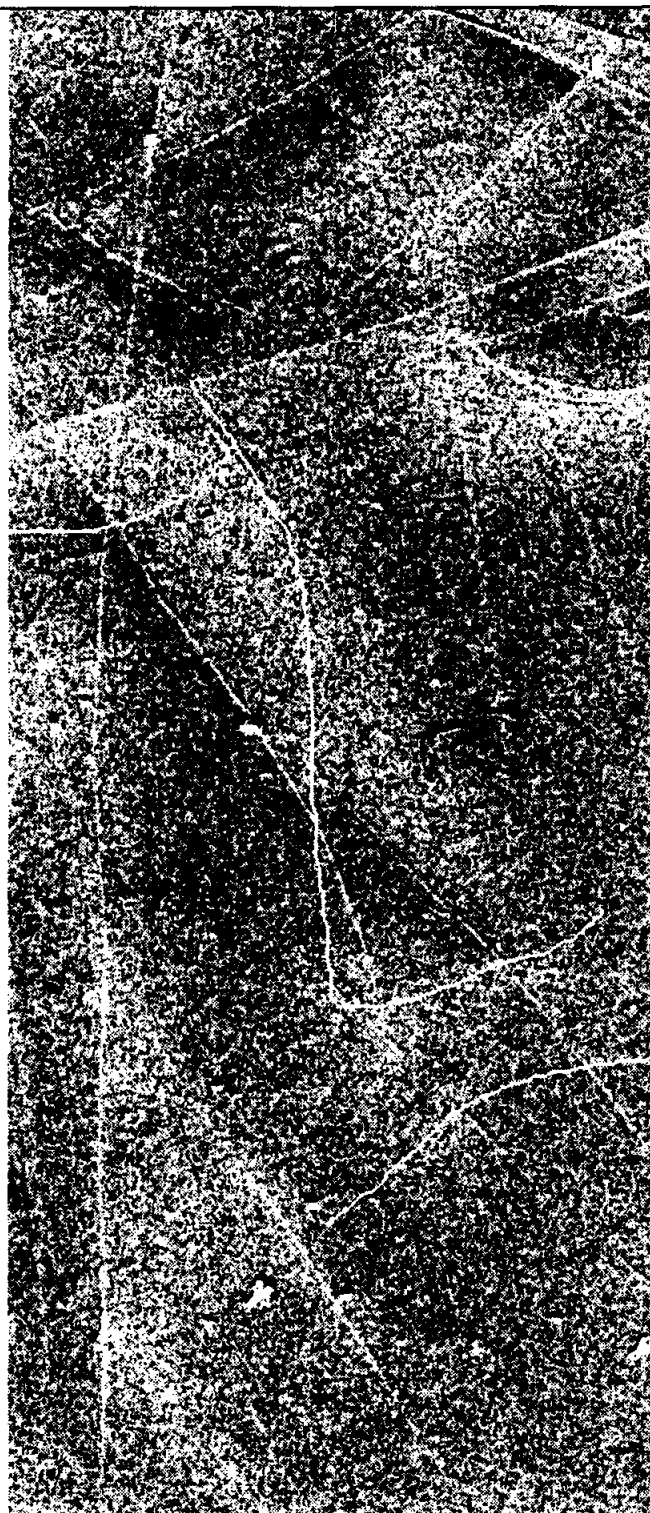
There are often physical sequelae of specific physical torture; marks of beating, difficulty in walking, loss of consciousness due to head injury, impaired memory and headache, rupture of the eardrum, damage to peripheral nerves because of handcuffs, skin lesions due to electric torture, cigarette burns and other bodily injury. The mental symptoms include loss of memory, sleep disturbances, with or without nightmares, irritability, changes of mood, anxiety, impaired concentration, headaches, and withdrawal.

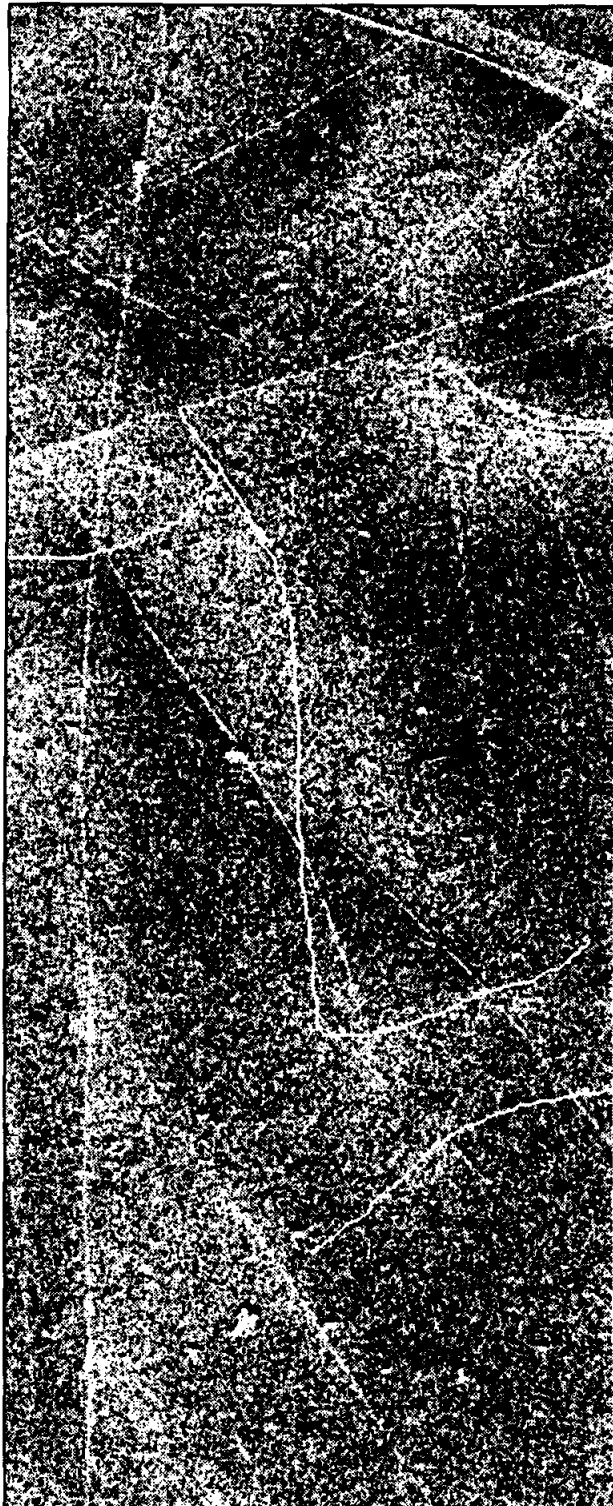
Torture victims often lose the ability to socialize normally and display the fear of establishing normal relationships. The fear of having lost manhood, guilt feelings, sexual confusion, particularly if the torture experienced involved forced homosexual intercourse or having to rape a family member; all these experiences contribute to abnormal introversion, isolation and guilt. These traits are also compounded by depression and regressive and agitated behaviour.

4. *How does one interview and identify a torture victim?*

Most victims of torture do not wish to describe the experience, as it is too painful. Some may even deny it. It is also likely that due to physical and psychological damage there may be loss of memory and the person could invent details to fill the gaps. This can be interpreted as 'lies' or 'deliberate distortion'.

It is necessary to look for other symptoms suggesting experience of torture, such as the physical insignia of burn and bruising, or the mental insignia such as absent-mindedness, withdrawal or 'the very good guy' syndrome (i.e. going all out to please and being nice to people so that nobody suspects that there is an underlying problem).





5. *What are the types of torture used?*

PHYSICAL TORTURE:

Falanga

Severe beatings on the soles of the feet.

Telefono

Beating with the palms of the hands on both ears.

Heat

Burning inflicted by means of cigarettes, cigars or flame.

Electricity

Application of naked cables connected with a generator to sensitive parts of the body, including the genital region. This is usually accompanied by a loud sound. Alteration in heat intensity is also reported. Sometimes an electrode is attached to one extremity and another electrode moved around to other parts of the body.

Suspension

Suspension by the arm and legs. Sometimes the wrists are tied together and then lowered in front of the legs which are in maximum flexion at the knees and the hips. A bar is then pushed behind the knees and in front of the elbows. The bar is lifted and suspended so that the victim is left hanging head downwards.

Physical exhaustion

Standing, forced abnormal positions or forced gymnastic exercises. Standing can extend to more than 24 hours, with a circle drawn around the person. Abnormal positions imposed could be kneeling, standing handcuffed by one hand to the wall during interrogation. Gymnastic exercises including being forced to walk around the interrogation room on flexed knees, with hands handcuffed behind the back.

Torture

Climatic stress

Exposure to hot and cold environment. Sleeping on a cement floor, confinement in a cold cell without mattress or blanket.

Asphyxiation

Obstruction of normal breathing by forcing the victim's head into a bathtub filled with a mixture of water, blood, vomit, excrement and food remnants and keeping the victim in that position until almost suffocated. This is termed 'wet submarino'. Sometimes a plastic bag is forced over the head of the victim and kept there until he/she is almost suffocated. This is termed 'dry submarino'.

Sexual violation

Subjection to rape, heterosexual and homosexual. Sometimes instruments such as bottles and sticks are inserted in the vagina of women and anus of men.

Other methods used

Tearing out of nails, pulling of fingers, light torture, tearing out of hair; infliction of excruciating pain with sticks, ropes and notched rods.

MENTAL TORTURE:

Threats

Of death, arrest of family members, execution of family members.

Sham execution

This varies. In some cases, a revolver is placed against the temple of the victim who is told that he/she will be executed. When the trigger is pressed it is seen that the revolver

is not loaded. In other cases the person is placed against a wall and guards are ordered to fire. When they do, the bullets do not hit the victim.

Interrogation (changing attitudes)

The friendly interrogator tries to persuade the victim to tell the truth by promising that the torture will soon end, by offering special privileges such as cigarettes and coffee, etc.

Deprivation of sleep

Partial or total deprivation of sleep for as long as five days.

Deprivation of water

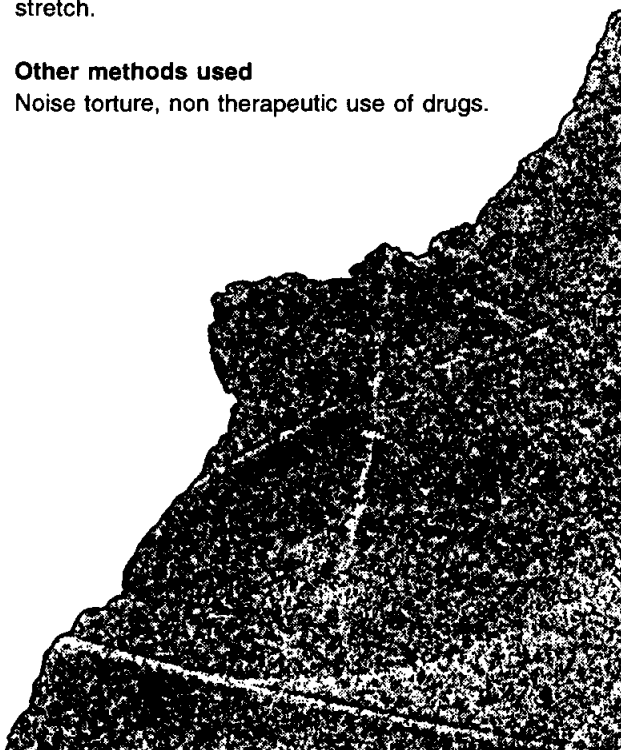
For more than 24 hours

Interrogation (constant)

Continued interrogation for more than 8 hours at a stretch.

Other methods used

Noise torture, non therapeutic use of drugs.



"In war some countries have seen the use of systematic sexual violence against women as a weapon of war to degrade and humiliate an entire population. Rape is the most despicable crime against women. Mass rape is an abomination. It is a symptom of the unrestrained and vicious new form of warfare which is appearing in the wake of the cold war. War today involves more civilian deaths and casualties - including women - than at any time in history. The eradication of such criminal forms of warfare is high on the Agenda for Peace of the United Nations."

UN Secretary General's
Message on Women's Day
8 March 1993.

Assistance for Victims of Torture

- The victim of torture is very sensitive to the need for confidentiality of what he/she has shared and this need must be given total respect.
- Prompt response to someone who has undergone torture is important as prolonged waiting and delays could induce stress.
- The person should be accepted without judgement or conditions.
- A complete medical and psychiatric checkup is warranted at the earliest.
- A holistic approach should be adopted, by gradually involving the family and the community in the treatment process for victims of torture.
- The breakdown of trust must be understood and respected and time allowed for the rebuilding of trust.
- The victim has to be motivated to accept the experience as an event of the past and be helped to move on to a constructive and full life.
- Helping the victim to keep busy and occupied is a means of overcoming the memory of the experience.
- It may be necessary to seek the advice of a psychiatrist in subsequent counselling.

Victims of Rape and Sexual Violence

Rape is a crime of violence. It is a criminal act, whether or not visible injury occurs or is documented. Studies of rapists have shown that they are motivated by hostility, anger, the drive for control and dominance and generally not by sexual desire. Rape is most often provoked by a desire for power and domination and is therefore a common incident in situations of war and armed conflict.

Victims of rape can be of any age from the very young to the very old; and belong to any social group. The reactions to the experience vary with age, prior sexual experience, cultural background and personality. However, all rape victims experience trauma after the episode.

The consequences of rape are physical, psychological, social and legal.

Medical attention should be provided at the earliest to the rape victim to deal with any hurt and the likelihood of conception. The termination of pregnancy should be a possibility even in the case of conception. If the pregnancy is sustained, the woman should have the possibility of choosing what she should do with the child. Some women may wish to keep the child and some may need help in placing the child in an institution for adoption.

Follow up with the mother after birth is very important. The mother should be helped to nurture the child and be accepted by the family and the community.

The social consequences for a rape victim can be far-reaching as the experience could well result in the person being permanently stigmatised by society. In some cases the mother may have to be

Questions related to the issue of rape and sexual violence:

What is the community's response to the rape victim?

What are the options available to a victim of rape?

What solutions are available to a woman who has conceived a child as a result of having been raped?

What is the cultural significance of a decision to keep a child born of a rape incident?

**The Psychological
Consequences of Rape
often reflect the
following:**

Shame
Guilt
Anger
Humiliation
Preoccupation with the
episode
Fear of strangers
Loss of appetite
Hopelessness
Fear of the future
Helplessness
Isolation
Sleeplessness and
nightmares
Depression and devaluation
of self
Suicidal thoughts
Suicide attempts and
self -destruction
Loss of trust
Hysterical crying
Disorganization
Loss of control

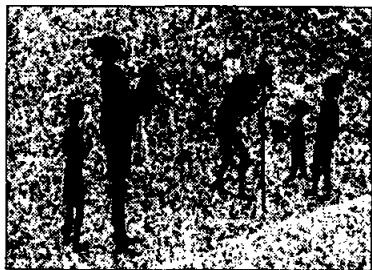
helped to leave her present location in order to start life afresh with her child in a new environment where she would be afforded the opportunity to lead a normal life. As a single parent she would need help to cope with the consequent demands of such a situation. She may also need help to accept the child as her own and care for the child, bearing in mind that the experience of rape cannot be forgotten and there is the possibility that she could develop pathological and hostile feelings towards the child, whom she may see as an instrument that has marred her life.

At no stage should the mother be counselled to give up her child.

The legal consequences should not be ignored. The incident should be documented as soon as the victim is prepared to do so. Absolute confidentiality should be guaranteed in documenting the case. Such documentation should accompany the assistance in order that the dignity of the woman is respected. The victim could very well wish to take legal steps against the assailant, should such a possibility exist.

Assistance

- Confidentiality
The services for rape victims should be carefully integrated into services such as health care and other services for women.
 - Time
Patience and respect in listening to the slow unfolding of the story.
 - Security
Organize support groups for the woman and provide a safe and secure place for her to stay.
 - Information
Bring the problem in general to the attention of the community, in order that they become more aware and compassionate.
 - Choices
Provide the victim with options giving the pros and cons of each.
 - Health
Provide information on sexually transmitted diseases as well as HIV and give the victim the possibility of test and treatment if needed.
 - Relocation
Help the woman to leave the current location if it is too difficult to change the attitudes of those around.
 - A Team Approach
This is the best approach; include a social worker, female doctor and psychiatrist.
- Outreach
The use of mobile dispensaries and medical care may be necessary in some instances in order to reach women in their homes, as it is unlikely that traditionally-minded women will come to a health centre to disclose such problems.
 - Community Support
Religious heads and community leaders can play an important role wherever possible in influencing the attitude of the community.
 - Record-keeping
Record the case carefully and keep the records confidential.



It is important to create a climate of trust and confidence.

Some half of the world's refugee population are children.

The special needs of children are determined by their dependence, vulnerability and developmental needs.

Women Heads of Household

The circumstances that precipitate the flight of refugees from one country to another often result in families leaving at least one member behind; in time of war, it is inevitably the male head of household who is either engaged in battle or has lost his life. This means that the woman is compelled to take on the role of head of household and carry out duties and functions for which she often has neither the experience nor the upbringing.

Women who have to see to the needs of the family on their own represent a special category which is considered to be at risk. This is especially true of urban situations, where the risk of exposure to a variety of social ills is all too evident. Young women are, for obvious reasons, particularly liable to exploitation in such a situation. Pressures could be put on them to provide sexual favours in exchange for material resources. Some women may resort to prostitution in order to provide for their families, especially if they do not have any skills to earn a livelihood.

Economic necessity could very well cause women to put themselves into situations which are compromising and at times in conflict with traditional norms and prescribed behaviour.

Ironically life in a refugee camp may be easier for single-parent families headed by women than life in a city. In urban areas refugees sometimes do not even know where other people from their country are living. Urban refugees lack the support of friends, family and community. Women with children, in particular, miss the help and support provided by other women. One way to alleviate these problems is to establish a community centre. The mutual support which invariably springs from meeting others gives people hope.

Women Heads of Household Children and Unaccompanied Minors The Elderly

Assistance

Assistance to women heads of household should include the following:

- Activities for women which would enable them to earn the extra money which they need for their families.
- Mutual support groups among women.
- Availability of health services with female personnel.
- Educational and recreational facilities for children.
- Prevention of sexual exploitation by providing avenues wherein women can report such episodes.
- Enlist the support of men and elders within the community on whom such women can count with certainty.

Children and Unaccompanied Minors

It is clear that children are the most affected by traumatizing experiences because their personalities and their sense of identity are still in the stage of formation. The threat to their wellbeing is most apparent in an alien urban environment. Amongst refugee children, the most vulnerable are those not accompanied by a parent or an adult who is responsible for their care, i.e. unaccompanied minors.

Refugee children arrive with a psychological, and often physical and social burden which even adults have difficulty in bearing. The capacity of the child to adapt is the only shield against such trauma. Urban refugees without basic living facilities have to face the responsibility of caring for children in an environment that is not only alien but exposed to the social ills that are found in most urban situations.

Effective protection and assistance for refugee children requires that their particular needs be identified as early as possible by experienced child welfare personnel and that their situation be regularly reviewed. Once assessed, their needs should be met through culturally appropriate responses. This can best be done with the active involvement of the refugee community.

Traumatized refugee children are often unable to cope with the demands of schooling, learning and mixing socially with other children. This may be reflected in poor educational performance, withdrawal, aggression, or anti-social activities such as stealing and vandalism. Bed wetting, crying spells, a regression to previous childish behaviour, loss of appetite and eating disorders are also symptomatic. Causes will be found in the child's experience prior to leaving his home, the experience of flight and life in exile which is likely

to be characterized by violence, uprooting, family breakdown, deprivation, and a loss of a security.

Refugee children are deprived of the opportunity to lead a normal life. The security of family and other social relationships is disrupted. Their physical environment is alien, threatening and dangerous. In these conditions normal development, (physical, psychological and emotional) is at risk. Thus activities for children should aim at normalizing their life by:

- providing a new supportive framework (educational activities that provide a routine and social structure)
- providing appropriate adult role models
- organizing activities for self-expression (e.g. drawing, music, clay modelling, dance)
- helping parents (through organized activities) to understand their children's behaviour

Because of their receptiveness to change, children are particularly vulnerable to psychological and emotional damage from experiences with which they are unable to cope. The effects will not always be evident but, if left untreated, may have a life-long impact on the child.

Communication with children has to be at their level of understanding (this does not mean talking down to them). A sensitive, creative and professional approach needs to be adopted. Play, drawing, music and other activities allowing self-expression are not only therapeutic but can provide valuable information about what the child is thinking and feeling.

Assistance

The following measures are essential to the care of children in an urban refugee population:

- A statistical profile of the refugee population, with an age/sex breakdown is the first and necessary element in organizing suitable care arrangements for children in an urban community.
- Mother and child activities for infants, play groups for 1-4 year olds, primary school programmes for 5-10 year olds and age-appropriate educational and sports activities for 15-17 year olds represent the ideal care arrangements for children.
- The creation of children's groups, surrounded and supported by adults is of therapeutic effect in building solidarity and support amongst children. These structures are designed to help children to give expression to their emotions in a context of security, affection, respect and acceptance of each other.
- UNHCR should seek, wherever possible, the needed expertise of relevant government ministries, other UN agencies and NGOs engaged in related fields.
- All efforts should be made to encourage the local schools to include refugee children in the schooling system, with UNHCR arranging for separate language classes to strengthen the abilities of the children, leading to normality in their daily relations at the earliest opportunity.
- The involvement of children in local community projects will create an awareness of the opportunities that are available to them in a new environment.
- The community is a support system of enormous value to children. Community, cultural values and practices, and familiar adult faces afford children a measure of security and predictability that can increase their capacity to cope with upheaval.
- Being part of a group or a small community, participating in its ceremonies, rituals and activities, the sharing of ideas, the moral support provided, allow children to deal with their difficulties from a positive angle and enjoy themselves in the process. It is therefore important that all resources available within the refugee community as well as the local community are harnessed and put to productive use in developing community services for refugee children.

By the year 2001, the world population is expected to reach 6.3 billion and one in every 10 persons will be 60 years or older.

The Elderly

Elderly refugees tend to make up a smaller proportion of the total refugee population than that of national populations. They might have been left behind because of their physical handicaps or they might have chosen to remain in a familiar environment despite the difficult circumstances. Many die soon after their arrival in an asylum country. The shock, the trauma, the losses, the difficulty in adapting to a new environment, but above all, the loss of hope and the sense of being needed causes many to give up and lose the will to live.

Elderly refugees constitute a particularly vulnerable group as they are often confronted with a number of problems arising from their diminishing physical and mental ability to deal with the requirements of life. It is also evident that the effect of displacement experienced by the aged is more pronounced than on the others.

In urban areas, problems such as loneliness and isolation are more severe among the elderly in the refugee population, cut off from friends, family and society. Such problems are multiplied by language difficulties and what are seen to be overwhelming obstacles to understanding and managing in a new culture and environment. Problems related to the new environment, combined with the loss of family and the traumas of exile often result in severe depression among some elderly.

Assistance

Services for elderly refugees call for the organization of activities which provide remedial, rehabilitative and developmental services. Such activities should take into consideration the following:

- National authorities should be encouraged to incorporate elderly refugees in national schemes, where these exist.
- Subsistence/living allowances should be granted to elderly refugees without any source of income.
- Home care services should be provided to benefit destitute elderly refugees who, due to their age and health condition, cannot look after themselves.
- There should be follow-up, on a regular basis, of all elderly refugees, with a view to ensuring orientation and satisfactory adjustment between identified needs and proposed solutions.
- The assistance, expertise and volunteering spirit of older persons should be used to the maximum in serving society: in so doing they will be serving themselves.

In principle, UNHCR assistance is primarily aimed at facilitating durable solutions for refugees and not at permanently supporting them by taking the place of a welfare system.

However, it has proved extremely difficult to identify and obtain durable solutions for elderly refugees.

Thus, a flexible and generous approach is needed when dealing with the complex situation of elderly refugees.



The World Health Organization estimates that 10% of the world's population is disabled. The incidence of disabilities in the refugee population tends to be lower because the disabled, who are unable to cope with the demands of the flight into exile, are often left behind.

Aside from the disabilities common to any population, particularly in the developing world, conditions which commonly cause disability in refugee population include severe ear and eye infection, burns, injuries caused by violence (war, torture) and other severe trauma.

Disabled: Physically and Mentally Handicapped

The strategy on disability is two-pronged, aimed at prevention and rehabilitation, through a community-based approach. Access to basic amenities in the form of food, shelter, clothing and health services is made doubly difficult for disabled refugees in an urban environment, where they may be isolated amongst the local population. Early diagnosis and assessment of a refugee population for the presence of disabling conditions is therefore essential.

The success of a community-based programme of prevention and rehabilitation for disabled refugees will depend on the understanding and participation of the whole community, and not only those immediately affected. UNHCR does not have sufficient resources to fully address the prevention and rehabilitation needs of all disabled refugees. It is therefore essential for field offices to identify and mobilize all related existing resources in the form of expertise, personnel, finance and infrastructure at the local and national levels, taking into account the all-important resources within the refugee population itself.

Identification and assessment of disabled refugees should be done by screening all refugees, generally as soon as they arrive, in order to determine those who need assistance and those who should be followed up later. A combination of house-to-house visits and information from refugee leaders can be adopted when engaging in the exercise of screening and identification. In both instances trained refugee community workers could help to overcome the barriers of culture and language faced by outsiders.

Disabled: Physically and Mentally Handicapped AIDS Victims

Assistance

- Prevention - three levels of preventive care can be identified:

1. Primary Prevention

Initial preventive measures should target the special needs of infants and children. Inadequate food supplies lead to malnutrition. Overcrowding facilitates the spread of communicable diseases and inadequate prenatal care creates increased incidence of birth trauma.

2. Secondary Prevention

Where impairment has already occurred, long-term disability should be prevented through provision of appropriate drugs and early rehabilitation measures.

3. Tertiary Prevention

Measures should be aimed at preventing disabilities from becoming handicaps, with emphasis on rehabilitation. Other preventive action would include screening, public health education and provision of appropriate aids.

- Rehabilitation

The goal of rehabilitation is to restore the disabled to the community in an effort at re-integrating them into the mainstream of the community. Active participation of the disabled in general activities of the community could be promoted by employing the following measures:

1. Education

Teachers in local schools should be encouraged to include disabled refugee children in their classes whenever possible. At the same time disabled refugee children should be encouraged and helped to complete as much of their schooling as possible.

2. Training

Efforts should be made to incorporate the disabled in vocational training and income-generating activities for the general refugee population.

3. Mental Health

Refugees who are victims of violence should be given priority attention for recovery and long-term rehabilitation and should have the guidance of qualified experts, to help restore their equilibrium.

4. Resettlement

A refugee in the vulnerable group category, i.e. with serious physical or mental disability requiring extensive medical treatment and specialised rehabilitation not available at the local level would be eligible for resettlement.

AIDS Victims

The need to promote sexual health is increasingly more urgent in the world of today. Refugees are likely, as are all other people, to be affected to a certain extent by the AIDS epidemic, and ways must be sought, particularly in an urban situation, to target assistance programmes which afford preventive and supportive facilities commensurate with those available to nationals.

HIV, or human immunodeficiency virus, has now been recognized as the cause of AIDS. The risk of exposure to HIV confronts individuals at every level in society. The virus is transmitted by three main routes: blood and blood products, perinatal transmission and sexual intercourse. AIDS and HIV infection are unlike other diseases, in that there is no cure, little chance of stabilization and no vaccine. The modes of transmission are, however, limited, and susceptible to responsible control, provided education is given and resources are made available. National and international efforts aim at combating the spread of AIDS initially through public education.

Insofar as they have an impact on refugees, national and other measures taken to combat AIDS and to prevent the spread of HIV infection must be related to the overall objectives of international protection. The principle that must underlie every decision and action concerning AIDS is that refugees should not be singled out as a group at special risk.

People in general, and this includes refugees, are often more concerned about Sexually Transmitted Disease (STD) with visible symptoms than they are about HIV. Discussing how to treat and prevent STD can provide the opportunity to talk about HIV.

HIV/AIDS counselling is a process with the objectives of:

- a) preventing HIV infection, and
- b) providing psycho-social support to those already affected.

The need for continued help and problem-solving is a common feature of most HIV-related situations and should be a key aspect of most counselling relationships.

Being diagnosed with, or suspecting the possibility of personal HIV infection brings with it profound emotional, social, behavioural and medical consequences. Adjustment to HIV infection is a lifelong process that exerts new demands on individuals, their families and the immediate communities in which they reside. These strains may threaten the loss of identity, independence, privacy and social status. They can also involve fears of loneliness, of dying and death, guilt and anger. Much of the stress experienced by people infected with HIV may also reflect underlying anxiety about family obligations.

Counselling therefore has to take into account not only the immediate social and medical environment but also social relationships and attitudes and beliefs about HIV/AIDS. Factual information and education should be provided in a way that is truly relevant to the day-to-day life of the person concerned. Families with AIDS victims need special help: children who may be orphaned, as well as the elderly who are left alone, would need support and active assistance to cope with the demands of daily living.

Assistance

- All refugees should have access to adequate and appropriate health promotional information.
- Material assistance to individual cases may be necessary in order to afford refugees suffering from AIDS the same level of care available to nationals.
- Community services staff should draw up inventories of treatment resources available in local hospitals and health centres with a view to identifying a systematic referral system for HIV-infected persons.
- The principles of confidentiality and informed consent must be enforced and the handling of individual case files must be the object of special precaution.
- Advocacy of the rights of AIDS patients and HIV-seropositive persons is all-important, to ensure that they are not subjected to discriminatory practices.
- Outreach to families in the community is essential to identify persons suffering from debilitating diseases and assistance to their families needs to be organized.

Note:

For a detailed approach, please refer to: Guidelines on Assistance to Disabled Refugees (UNHCR 1992), including the bibliography. Additional copies (available in French, English, Spanish and Farsi) may be requested from Community Services Unit, PTSS/ UNHCR Headquarters.

Special Groups

Check List

1. What are the special arrangements made for interviewing and identifying victims of torture?
2. In what ways are the refugee and local communities involved in providing assistance to victims of torture and victims of violence?
3. Are there sufficient support groups amongst the refugee and local community to deal with the problems of women who have been victims of sexual violence.
4. Are disabled refugees involved in the planning and organization of programmes for the refugee community?
5. Is there adequate factual information and educational material available to the refugees on STD, HIV and AIDS?
6. Are the counsellors for vulnerable groups provided with the training required for dealing with victims of torture, victims of sexual violence and AIDS victims?
7. What is the system of referral and follow-up on vulnerable groups?
8. Have the local schools been approached to admit refugee children?
9. Who are the caretakers appointed to see to the needs of unaccompanied children?
10. What are the measures taken to involve the elderly in the life and work of the community?
11. Is the local population aware of the special needs of the vulnerable groups amongst the refugees? In what ways do they show their support for these persons?



4. Education and Training

Rights

Refugee children, like all other children, have the right to education, primary and secondary. (Convention on the Rights of the Child). Higher education may be provided on the basis of capacity.

Access

Promoting access to schooling may require negotiations with the host government. Providing access may also entail financial assistance for vulnerable families.

Cooperation and coordination

Those concerned with refugee education need to work in close cooperation with protection officers in order to help eliminate any legal or administrative barriers to refugee education. Coordination with counsellors and employment guidance services should also be ensured.

Convention

Countries party to the 1951 Convention have a commitment to providing equal access for refugees to basic schooling, and to facilitating further studies (e.g. access, recognition of foreign certificates or diplomas, remission of fees, provision of scholarships).

Training

Vocational training should be related to real employment opportunities in the asylum situation and for the return home.

Schooling

Refugee children in urban areas may be assisted to attend host country schools. Assistance may also be provided for language tuition in the new language of instruction.

Self-help

Refugee groups or organizations should be encouraged to develop education and training programmes to meet the needs of their children.

Informal sector

Apprenticeship is often a better introduction to informal sector employment than is a vocational training course.

Benefits

Resources should be used to benefit a maximum number of refugees (especially in terms of acquiring skills and knowledge leading to self-sufficiency), rather than supporting a smaller group of advanced students.

Gender balance

The education/training programme should have gender balance - female participation should be promoted.

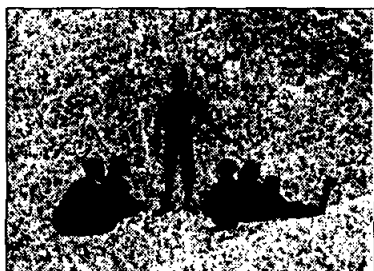
Objectives

Educational programmes for refugees will have two distinct objectives: an adequate level of physical and social well-being, and self-support and integration.

Part Four

*Education
and
Training*

Key Points



Refugees themselves can make major contributions toward their education and training.

Entitlement to Schooling

Like other children, refugee children are entitled to schooling throughout the primary and secondary (or at least lower secondary) stages. UNHCR adopted this policy in the 1970s, as similar standards became the norm among Third World countries generally. It is true that many non-refugee children in Third World countries attend school for only a few years (or not at all). This is due to many factors including the home situation of the children (e.g. poverty, illiterate parents, family size). For similar reasons, not all refugee children will remain in school for 10 years, even if facilities are provided. However, the international community should help to ensure access to schooling for all refugee children, if the host government does not have the resources to do so.

While refugee children are entitled to schooling there are many problems that prevent them from engaging in educational activities. These problems may include: poverty, illiteracy of the parents, language and cultural difficulties in the host country, lack of resources and overcrowding in existing schools, lack of access to educational institutions (because of delays in status determination), and uncertainty about the future (e.g. whether the refugee will be repatriated, can be settled locally, or must be resettled in another country).

In urban areas, when children are lucky enough to attend school, these problems are often compounded by adjustment problems (e.g. inability to cope with a new curriculum; language, and cultural difficulties; age differences between children in the same class - refugee children are frequently older than their classmates). In these conditions, refugee parents are likely to be unable to

Formal and Informal Education

provide the support and guidance that their children would normally expect.

Educational options for refugee children may include:

- attendance at government or private schools for nationals;
- the setting up of separate schools for refugees
- attendance at schools for nationals, with extra classes (culture/language) organized by and for their own community
- special remedial classes organized to enhance language and other skills to help refugee children to cope with the demands of the new curriculum.

While self-help is the goal, refugees may need assistance to cope with the demands of their children's education. Support should be made available to provide the following as may be necessary:

- fees
- text books and equipment
- uniforms
- transportation.

Rates should be worked out in consonance with local standards and should be uniformly applied, i.e. refugees enrolling children at more expensive schools should pay the extra amount from their own resources

Refugee children should not be perceived as a privileged group and accorded facilities not available to local children. Attendance at schools for

nationals should serve to promote their integration with the local population. If facilities are lacking, or refugee numbers are likely to cause overcrowding, efforts must be made to enhance conditions for all.

While integration is important, the process will be facilitated for children by the support of the family and the wider refugee community. This implies continued links with the language and culture of the country of origin. In cities and towns where the refugee population is scattered, community centres for refugees can help fill this need by acting as a meeting place, as well as providing facilities for educational, cultural and recreational activities.

Where access to education requires advocacy, the legal instruments that can be invoked concerning rights to education will vary between countries.

The 1951 Convention stipulates that,

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

"That 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."

Nowadays UNHCR is guided by the *Convention on the Rights of the Child*, which emphasises that all children should have access to primary and secondary schooling.

Those concerned with refugee education need to work in close cooperation with protection officers in order to help eliminate any legal or administrative barriers to refugee education.

Education, Training and Employment

Educational programmes for refugees will have two distinct objectives: an adequate level of physical and social well-being, and self-support and integration. For this reason, counselling on educational matters needs to be coordinated with other refugee assistance services (i.e. protection, community welfare, employment, training and income-generation).

Counselling

Counselling on educational issues should direct refugees towards fields of study most appropriate to their most likely durable solution, (i.e. matching manpower requirements and facilitating integration in the country concerned). In addition, counselling should also be available to help students overcome obstacles to the completion of their studies.

Those advising refugees on education, training and employment need to be familiar with:

- employment opportunities
- projected manpower requirements
- laws and regulations concerning the employment of refugees
- appropriate courses of study
- quality of courses and institutions

A comprehensive education and training programme should include an appropriate range of formal education (from primary to higher levels) and non-formal educational and training activities. Resources should be allocated to benefit a maximum number of refugees (especially in terms of acquiring skills and knowledge leading to self-sufficiency), rather than supporting a smaller group of advanced students.

Formal and Informal Education

Formal education (academic and vocational/technical) leads to the conferring of recognized diplomas or certificates. UNHCR assists refugees to participate at all levels from primary to a first university degree.

Post secondary education should lead directly to self-sufficiency. However, a special Refugee Education Account and the DAFI (Albert Einstein) scholarship fund provide for education at the post-secondary level. UNHCR does not provide educational assistance at the post-graduate level. Eligibility for scholarships depends on a number of factors, including financial need, ability and academic record, age, refugee status, motivation, maturity, stability, and the proposed course of study (also previous scholarship assistance, duration and cost) and its relevance to possible durable solutions (e.g. future employment prospects, legal restrictions in the country of asylum, duration). For further details, please see "Guidelines for Educational Assistance to Refugees" (PTSS/UNHCR, 1992).

Informal (or non-formal) education refers to courses and other activities through which skills and knowledge may be acquired. Informal educational activities do not lead to recognized diplomas or certificates. Non-formal education

activities that may be supported by UNHCR include: training in basic vocational skills, training in self-help skills, adult education (especially literacy and numeracy skills), language training, cultural orientation for resettlement, health education, pre-school and parent education.

Vocational Training

Vocational training should be targeted at enabling refugees to become self-sufficient while matching the needs of the country in which they will finally settle. In developing countries, there is likely to be greater employment potential for skilled workers and middle to high-level technicians. Therefore secondary student leavers should be directed towards courses such as electrical wiring, fitting and turning, vehicle maintenance, plumbing, construction, technical drawing, as well as courses in accountancy, computing, electronics and telecommunications, etc. Primary school leavers may be encouraged to seek vocational training through courses, or as apprentices. Informal apprenticeships to tradesmen in the informal sector of the economy may be most useful to many refugees. Placement as an apprentice (with an apprenticeship allowance) may be the most appropriate option for orphans, children from one parent households, and disabled young people.

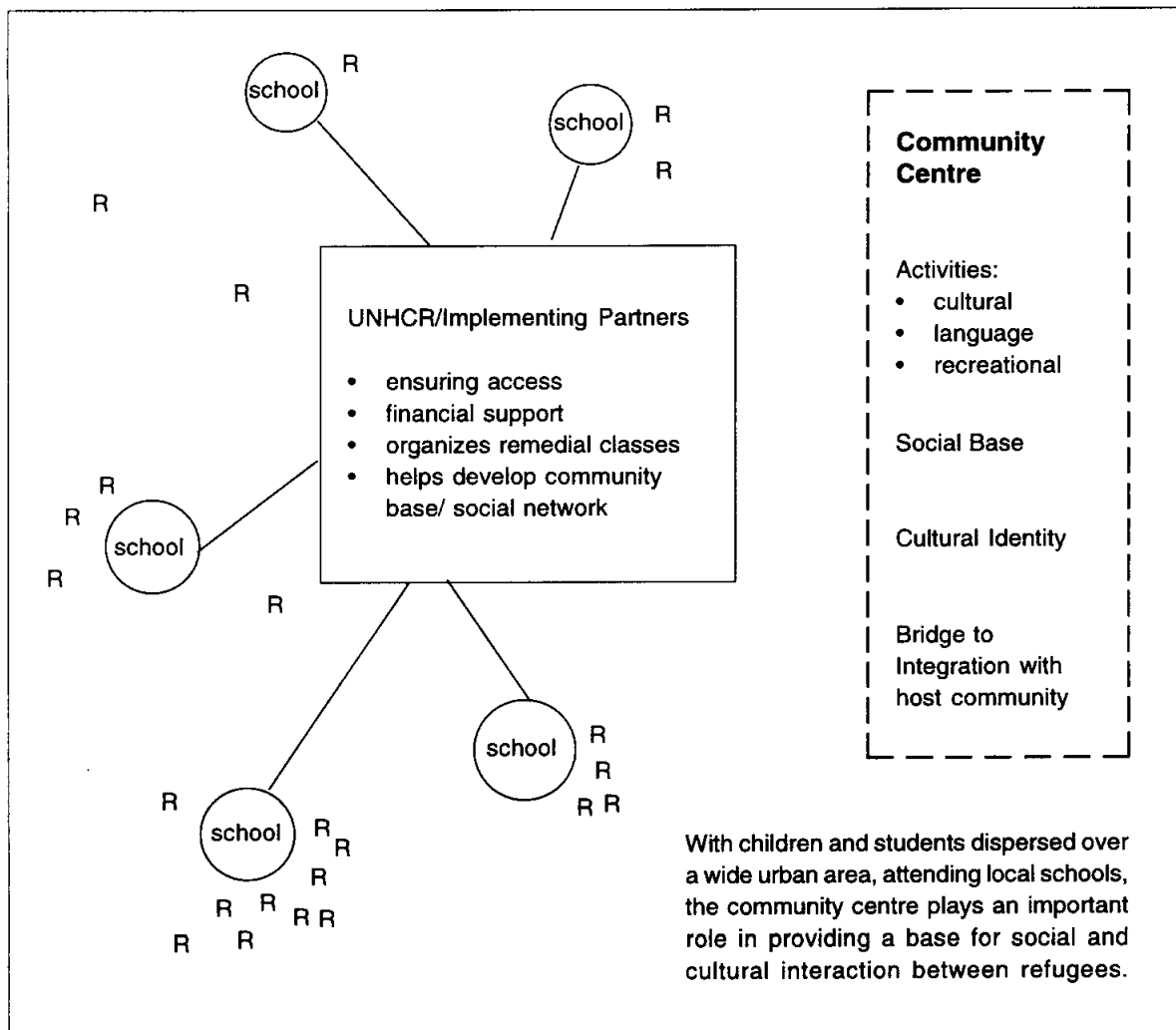
Criteria for the selection of urban refugees for vocational/skill training will vary according to the composition of the urban refugee population. The following criteria could be considered:

- Priority to those who are directly under the UN urban assistance programme.
- Provide opportunities for those who have never been considered for any training in the past.

- Recommendation.
- Priority should be given to women (particularly where they represent a large proportion of the refugee caseload).
- Neediness (requirement for additional income). To what degree is the monthly subsistence allowance inadequate to meet the refugee's needs?
- Priority for refugees between 15 and 30-40 years of age.
- Opportunities to be extended to idlers.
- Potential employment opportunities/market.
- Level of educational attainment and language proficiency.
- Other potential sources of assistance available to the refugee.

Female Participation

Female participation in education and training programmes should be encouraged through community motivation programmes, while respecting cultural traditions. Care should be taken to disburse resources equitably between males and females. If there are few female applicants for higher level courses, support may be given to female literacy and skill training projects instead. Training for income-generating activities that can be exercised in the home, for example, hairdressing, personal care services (manicures, beauty treatments, etc.), sewing and catering should be considered for women who are homebound.



Differential approach to education depending on likely durable solution:

Short stay in country asylum (repatriation possible within 12 months) → Curriculum of country of origin (depending on the number of children, and their location)

Stay in country of asylum indefinite → Local programmes/curriculum to assist in integration and employment opportunities.

Note: current experience shows that no refugee situation is short lived

Education and Training of the Disabled.

The refugee community should be encouraged to identify disabled children, youth or adults, who could benefit from education and training programmes. Disabled children should preferably be educated alongside the able-bodied. Advice should be sought from host country experts on the special education needs of the disabled. In some cases a refugee child may be given a scholarship to attend an appropriate host country educational institution. Disabled youth or adults may be given priority access to professional/vocational/apprenticeship training since they may not have the option of labouring work.

- encouraging refugee initiatives
- matching education/training to job market
- identifying priorities for future action.

Needs Assessment and Coordination

There may be several or many agencies helping refugees in urban areas. A coordination committee for refugee education, training and employment may need to be established with the purpose of:

- reviewing the requirements of the refugee community or communities
- exchanging information about services provided
- planning complementary assistance activities
- promoting access to schools, training, jobs
- promoting education/training/employment opportunities for girls and women
- coordinating scholarship programmes

Education and Training

Check List*

1. What is the make up of the refugee population, where do they live and what are their needs in terms of education, training and employment? Are they in contact with each other?
2. What schools do refugee children attend? Are there admission problems? What other obstacles are there for refugees wishing to study (lack of motivation, language and/or cultural difficulties, unfamiliar curriculum, poverty)?
3. What durable solutions are possible/likely and are children being prepared accordingly (language skills, appropriate documentation/ counselling if they are leaving?)
4. Is there a balanced programme of formal (academic and vocational) and informal education, appropriate to employment opportunities? Do existing and proposed programmes meet the objectives of physical and social well-being, and self-support and integration?
5. Is there a balance between male and female participation in education and training programmes?
6. Are the needs of the disabled cared for?
7. Is there coordination with other agencies assisting refugees in education, training and employment, as well as with refugee groups and organizations?
8. Do vocational training courses relate to actual needs: refugee self-sufficiency, general manpower requirements in the country of asylum and/or the country of final settlement? What are the criteria for selecting refugees for training?
9. Are there opportunities for instruction in the refugees' mother tongue?
10. What employment opportunities are there for refugees? What are the laws and regulations concerning the employment of refugees?
11. What types of courses/training are available? Have institutions been assessed for quality of courses and instruction?
12. Is scholarship information available to all refugees?

* See also:
Check list for
'Education' in
Guidelines for
Refugee Children,
UNHCR, 1994.

A collection of black silhouettes of people in various poses scattered across the page. The silhouettes are of different heights and are shown in various standing and walking poses, some facing forward, some in profile, and some with arms slightly out. They are distributed across the entire page, with a higher concentration in the upper and lower portions.

5. Durable Solutions

Education for durable solutions

Vocational training, continuing education, both formal and informal, are essential components of a programme for refugees.

Preferred solution

Voluntary repatriation is the preferred solution, as it restores citizenship and ends the pain of exile. In many instances it is the choice made by refugees when faced with a shrinking range of options.

Local integration

Where voluntary repatriation is unlikely, the best solution is local integration, which entails education, training and counselling to help refugees to adapt and integrate with the local population.

Preparation

In all instances refugees should be prepared for the possibility of eventual return and the participation in nation-building activities.

Well-being

Pending the achievement of durable solutions, it is essential to keep refugees in a state of well-being and preparedness for the eventual time when they will be able to re-establish themselves as citizens of a country.

Three durable solutions

The three main durable solutions for refugees are: voluntary repatriation, local integration and resettlement.

Intermediate measures

There is a need for intermediate measures to help refugees to retain old skills, acquire new ones and to improve their current circumstances.

Humanitarian protection

Resettlement is also used to provide humanitarian protection to particularly vulnerable groups, or for purposes of family reunion, to reunite refugees with close relatives.

Resettlement

For those who are unable to repatriate or remain in safety in the country of asylum, the only solution remaining is resettlement, for which refugees must receive appropriate counselling and preparation.

Initial planning

It is necessary to plan and work towards durable solutions for refugees from the very beginning of the operation.

Part Five

*Durable
Solutions*

Key Points



Voluntary repatriation is the preferred solution.

Some reasons why refugees wish to return:

- Unexpected family news, (e.g. a sick parent, wife or child) and the need to return to assume responsibilities.
- The promise of UNHCR's presence and guaranteed security upon return.
- Information about the assistance given to return and the possibilities for a new start.
- New skills learned which could be of profitable use upon return.
- Sense of patriotism.

A focus on the ending of a person's refugee status is essential for those working with refugees, and all efforts should be directed towards helping refugees to achieve an appropriate durable solution.

In general, there are three main solutions available to refugees, i.e. voluntary repatriation, local integration and resettlement.

Refugees who find themselves in an urban situation need early and special counselling for a better understanding of the limits to the options that are available to them. The unsettled nature of urban life lends an urgency to the need for a solution to the refugee problem and the various options have to be carefully examined in each case, with the help of the Social Counsellors.

Voluntary repatriation depends on a number of factors, most importantly, conditions in the country of origin. Unless UNHCR is convinced that refugees can return in reasonable safety, the organization does not actively promote return. Where refugees return home in accordance with a plan that has been worked out in advance with the support of home and asylum governments, there is a degree of care guaranteed at the return end. However, even in these circumstances, refugees should be prepared to face a situation of continuing instability and insecurity, and should be counselled in such terms.

Where voluntary repatriation cannot be envisaged within a foreseeable time-frame, local integration is the most reasonable solution. Community Services in the country of asylum, if geared towards self-help and the building of the

community, would prepare the way towards self-reliance, while at the same time making the refugees and refugee resources acceptable to the local community. In the event that the country of asylum agrees to allow refugees to integrate locally, the promotion of refugee participation in community life is in itself a policy which will help towards the acceptance of the refugee community in the long term. Refugees should therefore be counselled, from the outset, to live and be ready to work with the local population as members of a community, thus making local integration a reality.

For refugees who can neither return to their country of origin nor safely remain in the country of asylum, the only solution is resettlement. It should always be made clear to refugees that resettlement is the last and least desired solution, except in the case where refugees are reunited with their families in a third country.

Cases in the vulnerable group category merit special attention and counselling in order to determine their particular need for resettlement, which would be justified only if their conditions represent a serious obstacle to leading a safe and normal life in the country of asylum.

It is important that refugees understand that the resettlement solution applies only to a minute fraction of the international refugee population, and is governed by very strict criteria. It is only fair to refugees that the limits of what might seem to many as the best and most attractive solution, are clearly defined and explained to them.

More reasons why refugees wish to return:

- Life in exile has become intolerable.
- Feelings of homesickness and the longing to be with loved ones.
- Information about reforms in the country.
- Optimism over the improving situation in the country.
- Curiosity about the situation at home and the need to verify rumours of change.
- Fear of being sent back by the host country.

It is important to recognize that, because of the complexity of human affairs and institutions (beliefs, expectations, prejudices, memories, desires), and despite changes in governments and laws, successful repatriation movements must encompass much more than the logistics of return.

Even if UNHCR believes repatriation to be premature, repatriation assistance should be given to those who wish to return home.

Voluntary repatriation is of two kinds, organized and spontaneous. Organized repatriation implies a resolution of the conflict which gave rise to the flight of the refugees and the conclusion of repatriation agreements between the countries of asylum and origin, as well as UNHCR, to facilitate the process.

Spontaneous repatriation could take place before the cessation of hostilities, without formal agreement and without involving UNHCR. It could be the result of the refugees' new conviction that the situation has changed. It could also be motivated by the desire to take part in the reconstruction and reconciliation process at home. In many instances it is because refugees have spent long and unhappy years in the country of asylum with no sign of an alternative solution.

The needs of prospective returnees may include:

- The guarantee of human support in the shape of family and friends who will return to the country of origin with them and the confirmed presence of those who are already in the country of origin, waiting for their return.
- Sharing of information with regard to the conditions in the country, employment opportunities, security hazards and other problems; what might be expected on the way, and upon return.
- It is useful to be have some financial and material resources upon return, as countries that have been engaged in prolonged warfare are usually materially devastated.
- The return movement may be expedited by provision of transport facilities.

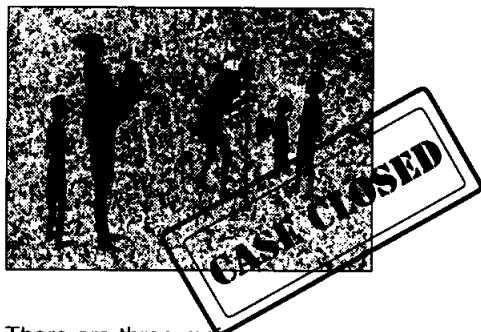
Preparing Refugees for Repatriation:

1. Identify families who may need special help and vulnerable persons without families for special assistance.
2. Identify practical skills available in the community, e.g. carpentry, plumbing, electrical fitting, agricultural skills, etc., which could be used in the construction of a settlement.
3. Identify professionally skilled persons such as doctors, teachers, health workers and others who would be needed to assist the community in building social services for reintegration.
4. Refugees should be counselled about the realities of return and possible problems with which they might be confronted, e.g. the following:
 - dual identity (as exile and returnee)
 - employment problems (often widespread unemployment greets former refugees)
 - disillusionment
 - feeling strange in a place once familiar
 - housing problems
 - difficulties in reintegrating within families and communities
 - possible alienation from families
5. Identify social problems of refugees, such as the following:
 - a) Refugees who are isolated or dependent on public/UNHCR assistance and may feel helpless without a support group in the country of exile.
 - b) The different circumstances of refugees

could have resulted in unconventional methods of survival, such as theft, alcoholism, fraud, lies, etc.

- c) Lack of trust. Some refugees would find it difficult to believe that the same government that has killed members of their family has changed significantly.
- d) Identify emotional problems of refugees such as the following:
 - fear
 - withdrawal
 - anxiety
 - inadequacy
 - alienation
 - shattered Expectations
 - suspicion
 - loneliness

Assistance to refugees ready for repatriation should be multi-pronged, with sensitive handling of the political, legal, social, economic and emotional problems of the returnees as well as the special needs of those who are vulnerable.



There are three main reasons why refugees may not accept the solution of local integration:

1. The longing for home and the lingering hope that repatriation is a feasible solution.
2. The belief that a resettlement solution can be obtained.
3. The 'dependency syndrome' or the reluctance to embark alone on a life without the guarantee of UNHCR's ongoing assistance and protection.

Local integration, the logical culmination of which is the granting of citizenship to refugees, depends very much on the legislation of the country as well as its capacity to absorb refugees and give them the rights provided to the citizens of the country.

Community Services form part of a larger whole, supporting and complementing other activities such as protection and programmes of material assistance, which should interact to ensure the success of local integration, in countries where the political situation allows for this durable solution. Thus, it is important for the Office to negotiate with the Government to allow for the integration of refugees into the economy, and to permit education and employment, at the least, for a given number of refugees, in a situation where repatriation clearly does not exist for the foreseeable future and refugees have already spent long periods in a state of limbo in the country.

Programmes of assistance should be planned so that refugees do not become dependent on the assistance but could use such assistance to gradually make themselves self-reliant. Where the country of asylum allows local integration, the duration of assistance should be clearly defined, to allow refugees to become independent at the earliest opportunity.

A community-based approach geared towards self-reliance which exploits the resources of the refugee community, also for the benefit of the local community, would normally result in the refugee population being accepted by the local population, thereby paving the way for the eventual return to the country of origin prove to be impossible.

In some countries of asylum, refugees are allowed to integrate locally without formal acclaim to this process given by the Government, for fear of undue publicity, which could lead to possible new arrivals. In such situations refugees should be encouraged to quietly mingle in the local scene,

without the Office going out of the way to seek official sanction from the government authorities. The fact that a country of asylum decides to allow refugees to integrate locally does not necessarily mean that refugees will readily decide to opt for this durable solution.

Concrete Steps towards Local Integration

1. Work with protection staff in negotiating with the authorities for refugees to remain in country of asylum and be equipped with the necessary credentials for this purpose.
2. Work with programme staff in ensuring that refugee children and other refugees are given places in the local schools and training services along with the local people.
3. Identify professionally qualified refugees who could be introduced into the services of the general economy and thereby use their experience and qualifications for the benefit of the local population as well as the refugees.
4. Initiate income-generating projects which would help the refugees to become self-sufficient as early as possible.
5. Prepare an assistance package - as the final assistance provided by UNHCR - which would help refugees in the settling-down process in the country of asylum, e.g. household items, seeds, tools, etc.

The success of local integration depends on:

- Knowledgeable and careful counselling of the feasibility or otherwise of the three durable solutions and the inevitable likelihood of the one durable solution for each individual case.
- Refugees should be made aware at the outset of the limits to material assistance which should be geared towards the goal of self-reliance at the earliest opportunity.
- The community-based approach should emphasize the importance of working with and helping the local community.
- The professional and other skills of the refugee community should be used, wherever possible, to benefit the national economy.
- Joint activities and participation in local groups should at all times be encouraged.



Resettlement is the least preferred of the three durable solutions, and is to be considered only as an instrument of protection.

Resettlement refers to the permanent settlement of a refugee in a third country. The decision to resettle a refugee should therefore be taken only in the absence of all other options, and when there is no alternative means to guarantee the legal or physical security of the person concerned.

Many countries offer asylum to refugees only on a temporary basis, on condition that they are subsequently resettled.

It may be necessary to work on a resettlement solution for refugees for the following reasons:

- Political
Where a country grants asylum only on condition that the refugee will be resettled within a certain time-frame.
- Family Reunion
Where the refugee can be reunited with close relatives.
- Security
In a situation where a refugee is in danger of being deported to the country of origin.
Where the physical safety of the refugee is seriously threatened.
- Vulnerability
 - If a refugee suffers from a serious physical disability or illness which calls for important surgical intervention and/or specialised rehabilitation.
 - Survivors of torture or other forms of ill-treatment (e.g. sexual violence, aggression by family members, refugees. etc.) are given priority for resettlement.

- Refugee women unaccompanied by an adult male and facing protection problems which endanger their continued stay in the country of asylum.

Preparing refugees for Resettlement

Refugees falling under any one of the above categories and qualifying for resettlement should be carefully counselled and prepared for the cultural adaptation that such a solution entails.

Refugees should be helped to dispel unreasonable hopes and unrealistic expectations pertaining to resettlement. Information on the possibilities for resettlement, the criteria and quotas of the respective resettlement governments and the time-frame within which decisions may be taken, should all be painstakingly explained to ensure that refugees understand all the implications of the resettlement solution.

The success of resettlement depends on the result of a submission of a case to a resettlement country. The decision is made either on the basis of the submitted facts alone, or after an interview of the refugee by representatives of the resettlement country. It is important that refugees be counselled to present their stories with honesty, and without seeking to add or embellish facts in order to make their cases more appealing to a resettlement country.

Practical preparation for resettlement should include the following:

- Vocational and skills training programmes to better the resettlement prospects and

guarantee more independence in the country of resettlement

- Language classes to enable the refugee to communicate in a more widely used language than his/her native tongue
- Country orientation programmes which provide an understanding of the cultural, social and economic aspects of the major resettlement countries.
- Special counselling and training of the disabled and handicapped as preparation towards future self-reliance and independent lifestyle.

It is in the interests of all refugees to return to their country of origin, where they have their roots, traditions, native culture and familiar faces; where they can best contribute to peace and national development. The feasibility of this solution can only be determined in terms of the safety and security of the refugee on return, and the decision for return should only be voluntary. Integration in a country of asylum, where usually the environment is not very different, lifestyle and cultural links often not dissimilar, is a second best solution, where voluntary repatriation is impossible. Resettlement as a durable solution should be treated for what it is, the least desired solution to be used uniquely if it constitutes the one viable means of protection.

Check List

1. Are refugees provided with all available information relating to the present situation in the country of origin?
2. What are the means used to help prepare returnees for the possible problems that they might encounter upon return to the country of origin?
3. What are the measures anticipated to help vulnerable groups amongst the refugees after return to their homeland?
4. What are the practical means employed to collaborate with protection and assistance services in working towards the local integration of refugees?
5. What are the refugee resources that are being used for the benefit of the community?
6. What are the programmes planned to ensure the joint participation of the refugee and local communities?
7. What are the means employed to identify refugees in need of resettlement?
8. What are the programmes being implemented to assist refugees who will eventually be resettled?



6. Management Issues

Results

Community Services are result-oriented, not ends in themselves. They concern resolving immediate problems as well as achieving adequate conditions over the long term.

Focus

What distinguishes community services from other assistance activities is the focus on improving the refugees' own capacity to meet their needs and solve their problems.

Stress

It is necessary to understand the causes of stress and help staff to cope with stress in a manner that is in the interest of the individual and the organization.

Responsibilities

UNHCR is responsible for ensuring that assistance is provided appropriately and fairly, but should avoid taking an arbitrating role between refugees and implementing partners.

Solidarity

A spirit of solidarity amongst all those working with refugees and the refugees themselves is essential to the effective management of a refugee population.

Improving staff skills

There is a need to help those working with refugees to improve counselling and interviewing skills and learn about related issues of protection, resettlement and programming.

Coordination

Community services must be planned and coordinated among themselves and in relation to other refugee protection and assistance measures.

Part Six

Management Issues

Key Points



Social services are result-oriented, not ends in themselves.

They concern resolving immediate problems as well as achieving adequate conditions over the long term.

UNHCR is responsible for ensuring that refugees receive the assistance necessary to meet their basic needs and to achieve durable solutions. The direct provision of such assistance, community services included, is made in most cases by UNHCR's "operational partners". These can include:

- the government of the country of asylum
- international intergovernmental organizations
- non-governmental organizations (NGOs)
- private firms and technical consultants.

Only in exceptional cases where no suitable implementing agency is available does UNHCR consider carrying out services with its own staff.

Community services are measures taken to improve the ability of refugees:

- to prevent, reduce or resolve their immediate problems, and to achieve adequate and lasting physical, social, psychological and economic well-being.

What distinguishes social services from other assistance activities is the focus on improving the refugees' own capacity to meet their needs and solve their problems.

Social services are used to:

- involve refugees in projects through which they can meet their own basic needs
- teach useful knowledge and skills
- link refugees with available resources
- guide refugees towards durable solutions

- provide information refugees can use in making decisions and taking action.

An integrated approach

Community services must be planned and coordinated among themselves and in relation to other refugee protection and assistance measures. Refugee needs and problems are seen comprehensively, since action in one area is likely to affect others.

The success of community services largely depends on ensuring that:

- their objectives are complementary, both among themselves and to other assistance and international protection activities.
- duplication of effort is avoided
- there are no inappropriate gaps in the population served or services provided
- referrals are easily made between those providing protection and different types of assistance.

Time Management

Although urban refugee populations are relatively small, the advantage of working with a reduced caseload is offset by a management approach focused on individual cases. Follow up and outreach activities are essential to this approach and are particularly time consuming in the urban context (e.g. dispersal of refugees over a wide area, frequent changes of domicile).

Community services staff must:

- have a clear, overall picture of protection and assistance efforts
- ensure that all staff working in other areas of assistance and protection understand how social services will contribute to meeting immediate needs and achieving durable solutions
- plan and implement social services in coordination with other activities

Management Issues

Effective time management depends on good organization. Ensure that:

At the office level:

- the objectives and priorities are clear
- basic guidelines are drawn up on methods and procedures
- all staff have clear, specific job descriptions
- assignments are matched to staff skills and strengths
- workload is evenly distributed among staff (this does not necessarily mean the same number of cases)
- activities are coordinated within the office and with other organizations
- record-keeping and other administrative tasks are simplified to the extent possible while still meeting the needs of the programme
- there is a regular group review of activities in relation to objectives (adjustments in objectives or specific activities may be required by changes in the caseload, the legal situation of the refugees in the country of asylum or opportunities for durable solutions).

At the individual level:

- see refugees by appointment
- set clear priorities for attention to individuals and groups with the greatest needs

- handle other responsibilities by priority
- concentrate on doing and completing one task at a time
- develop contacts with organizations in the community and establish referral links
- if possible, organize group sessions with refugees to help solve common problems (this will reduce the time spent with individuals and will promote mutual support among refugees who can help each other to identify solutions to problems)
- information pamphlets and notice boards can also reduce time spent on general enquiries not requiring a personal interview.

Coordination

Coordination involves:

- setting policies and procedures and standards for all programme activities
- ensuring that consistent information is given to refugees and implementing partners
- establishing roles and functions
- delegating responsibilities
- identifying short, medium and long-term objectives
- establishing reporting and evaluation requirements and procedures

- alerting local agencies and authorities to needs of refugees
- working with existing agencies to expand their services to include refugees
- mobilizing local resources for refugee needs not covered by existing services
- informing refugees of resources available in the community
- maintaining an up-to-date resource file for staff and refugees

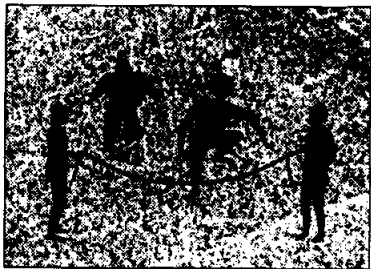
Feedback on coordination can be obtained through:

- regular meetings
- periodic reporting
- special reports
- general correspondence
- annual self-evaluation reports
- consultation on specific cases/ problems

Note: UNHCR is responsible for ensuring that assistance is provided appropriately and fairly, but should avoid taking an arbitrating role between refugees and implementing partners.

The Role of the Community Services Worker

The community services worker takes on the dual role of advocating on behalf of refugees while ensuring that the system is fair to all refugees. Procedures, in keeping with the cultural norms, must be established and applied in a uniform way. The system must be made accessible to vulnerable groups; those most in need must not be left on the sidelines. A systematic outreach service for the most needy has to be established in order to maintain the credibility. The system should not exclude women because of cultural and traditional norms and practices. The experience gained from access to the refugees should guide the community services worker and assist the Office in making policies which are meaningful, supportive and acceptable to the refugee community.



A spirit of solidarity amongst all those working with refugees and the refugees themselves is essential to the effective management of a refugee population.

Team-building Activities

Work with refugees cannot be carried out in isolation, and covers a variety of disciplines, namely, legal, programme, administration and community services. There is also the need for a supportive network of agencies within the city providing education, health, vocational training and other services. It is therefore necessary to build a cohesive and supportive network within and outside the office.

Team-building is a continuous process. Efforts have to be made to develop the right atmosphere and the right spirit amongst colleagues, which is essential to the handling of a dynamic situation with all its ambiguities, stressful situations and unforeseen emergencies, which call for resourcefulness, creativity and a readiness to take appropriate risks in the service of refugees.

In-service Training

Few persons who enter the field of refugee service have the necessary training or experience for it. There is therefore a need to help staff to acquire the skills needed for the job and to build upon their experience.

Some areas of training would be as follows:

- Clarification and acknowledgement of role and function
- Record-keeping, for purposes of reliable, accurate statistics
- Knowledge of related procedures and matters, such as counselling, legal and resettlement issues, policies and practices.
- Skills training such as interviewing, coping with critical incidents, community organization.
- Recording and reporting on issues relating to refugees.
- Interdisciplinary problem-solving with regard to effective management of refugees.
- Stress management
- Crisis management

Procedures for Developing a Team Approach

- Clarification of roles and functions
- Regular contact and consultations with each other
- Accurate referrals and feedback on assistance received
- Shared decision-making
- Occasional social contacts which help to strengthen support
- Case conferences to discuss difficult issues and decide on policy issues
- Ensure the support for each other in times of crisis
- Information sharing on issues of mutual concern
- Mutual respect and trust
- Guaranteed confidentiality

Dealing with Staff Stress

Staff working directly and continuously with refugees are often subjected to stress, which can lead to burnout. Excessive demands on energy, strength and resources can create conditions of stress.

It is important to understand the causes of stress and assist staff to cope with stress in a manner that is in the interests of the individual as well as the organization.

Symptoms

1. Negative view of own achievements: personal expectations are not met
2. Developing of negative and callous attitude towards refugees.
3. Loss of appetite
4. Tremors of hands and feet and anxiety symptoms such as a cold sweat and feeling of impending doom.
5. Tendency to blame others and deterioration in interpersonal relations.
6. Emotional exhaustion: depletion of own resources and feeling of nothing left to give psychologically.
7. Poor sleep and physical disturbances such as indigestion, skin ailments, blood pressure, tension, dryness of throat...

Stress

Causes:

1. Pressure from the government to move refugees out quickly
2. Pressure from refugees due to:
 - fear of refoulement
 - delays in resettlement and eligibility procedures
 - lack of information on status and procedures
 - frustration over inactivity and long waiting periods and general anger at being a refugee (targeted at the person who is nearest)
 - confidentiality of information is not safeguarded
3. Language, social and cultural barriers, which limit the possibilities for direct communication and aggravate tension.
4. Lack of experience in dealing with aggression in others
5. Absence of a support system in the office to air difficulties and share problems
6. Communication with refugees tends to be "one-way" and hence turns into aggression and confrontation
7. Time constraints, with too many persons and too little time to deal with them.
8. Absence of clear goals and a means to achieve them and unreasonable expectations.
9. Overwork, physical exhaustion, repeated exposure to threats and life-threatening situations.

How to Cope:

1. Recognize it, in yourself and others.
2. Evaluate the roots of stress and its duration.
3. Create a mutual support system.
4. Take proper care of basic health during times of added stress.
5. Take periodic breaks from work to do something totally different.
6. Seek to develop other interests.
7. Try to understand your own stress tolerance level and anticipate your threshold.

At the Organizational Level:

While much depends on the individual's own ability to recognize and cope with conditions of stress, it can be avoided to a large degree if appropriate changes are made within the office itself. The following conditions are important for the avoidance of stress:

1. Supervisor support, ability to motivate and ability to help with work-related problems.
2. Adequate organizational support in terms of staffing and professional personnel to handle paperwork, allowing for time needed with refugees.
3. Availability of necessary resources to complete job tasks.
4. Structured work environment.

Management Issues

Check List

1. Are there sufficient safeguards established to prevent excess stress and burnout amongst colleagues?
2. Do the staff dealing with refugees have the necessary overall skills to cope with all the problems with which they are regularly faced?
3. Do the staff in the office share information with each other on the major aspects of their work?
4. Is there sufficient interaction amongst colleagues and refugee related agencies to ensure team action in dealing with the refugee problem?



Annexes

TERMS OF REFERENCE
COMMUNITY SERVICES OFFICER
Annex 1

Under the supervision of the UNHCR Representative/Chargé de Mission, the Community Services Officer in will undertake the following functions:

1. Coordinate all community services activities for refugees.
2. Provide technical guidance and support to NGO Social Workers working with refugees.
3. Assess the needs of the refugee community and organize programmes of assistance accordingly.
4. Provide training to community volunteers: involve them in structured activities; help define work to be done.
5. Act as Focal Point for tracing and family reunification activities until such services are established.
6. Identify vulnerable groups and individuals, in particular the elderly, unaccompanied minors, victims of violence, disabled, mentally ill, women-at-risk, drug addicts, etc. and arrange programmes of special care for these persons.
7. Ensure that women refugees are involved in community-based decision-making and are taken into account in the overall planning of programmes.
8. Develop a referral network and maintain continuous liaison with programme and protection staff, as well as other agencies and governmental bodies involved in refugee activities.
9. Initiate self-help activities for refugees and encourage those already engaged in such activities.
10. Develop joint activities for refugees and the local community in collaboration with the local authorities.
11. Organize appropriate counselling services for refugees.
12. Provide training for staff and volunteers engaged in work with the refugee community.
13. Prepare regular reports indicating work undertaken, tasks accomplished and plan of action for the future.
14. Any other duties which may arise in providing community services for refugees.

JOB DESCRIPTION
COMMUNITY WORKER
Annex 2

Under the supervision of the Community Services Officer, the Community Worker will organize activities for different groups of refugees as follows:

1. Conduct needs assessments for the entire community and establish priorities for specific groups of persons.
2. Identify group leaders who can be spokespersons for the sector.
3. Plan meetings for the community to identify problems and seek solutions.
4. Identify skills within the community which can be used for community building, e.g. teachers, doctors, nurses, carpenters, plumbers.
5. Prepare brief reports on a daily basis and keep the Coordinator informed about the situation on a weekly basis. In case of a crisis, the Coordinator should be informed immediately.
6. Organize the volunteers in the sector and plan activities, e.g. classes, organized recreational activities and hobbies, etc. for the children to keep them busy and engaged in regular work.
7. Ensure that women are engaged in regular activities and that their problems are addressed, e.g. provide them with better skills to handle their children and families in their new, difficult situation.
8. Identify vulnerable groups and plan with them ways of coping with their situation. Prepare concrete plans for each person and discuss these with the Coordinator for implementation purposes.
9. Liaise with the other staff within the sector to ensure that coordination of services takes place and that no one is left out of the programme.
10. Any other duties that may be assigned by the Community Services Coordinator.

Qualifications and Requirements:

Social work background and community social work experience. Knowledge of the languages and ability to work with people who are of a different background and experience.

Local residents, as well as qualified refugees, may apply for these posts.

Salary Scale: (According to local standards)

Under the supervision of and the overall guidance of the Counsellor will perform the following duties:

1. Counselling as follows:
 - a) General counselling relating to refugees' adjustment in country of asylum.
 - b) Counselling related to durable solutions, i.e. repatriation, resettlement and local integration. (Durable solutions for refugees of different nationalities will vary according to the political situation)
 - c) Counselling relating to security cases, women-at-risk, disabled, drug addicts, elderly, medical care and educational opportunities.
2. Assessment of individual needs of refugees.
3. Assistance:
 - a) Medical care referrals to treatment centres, processing of medical claims, follow-up.
 - b) Educational assistance, identification of institutions, negotiation for provision of training facilities for refugees at primary, secondary and higher educational level.
 - c) Non-formal training:
 - i. Vocational training for various skills (e.g. motor mechanics, metal work, carpentry, etc.)
 - ii. Language training.
4. Community Outreach
 - a) To individual refugees, such as house visits.
 - b) To institutions, to provide services to refugees (e.g. schools, medical centres, landlords for accommodation)
 - c) Visits to gaols and hospitals to follow up on individual refugees.
 - d) Organizing activities for different groups of refugees in the community.
5. Continuing communication with refugees (individual interviews).
6. Liaison with UNHCR on status and problems relating to individuals and groups of refugees.
7. Administration of the project including disbursement of financial assistance to refugees, reimbursement of claims for medical care and educational assistance.
8. Organizing medical evacuation of individual cases within the country and outside the country.
9. Processing cases for resettlement under special programmes for resettlement, such as the TOM Plan.
10. Preparing periodic quarterly reports and continuous individual reports.
11. Other duties which will emerge in the process of service to refugees.

Under the supervision of the Community Services Officer, the Protection Officer and Resettlement Officer, the Interpreter will be assigned the following duties:

1. Assist the Community Services Officer with interviews with refugees.
2. Provide information regarding the cultural background of refugees and asylum seekers.
3. Translate correspondence from refugees.
4. Provide assistance to refugees in translating documents.
5. Assist staff of the Branch Office with translations when meetings are organized with refugees.
6. Accompany Community Services staff on house visits whenever necessary.
7. Act as liaison between the Branch Office and the refugee community.
8. Assist refugees in filling out forms and writing applications.
9. Other duties, such as assistance in managing the reception of refugees and any other exigencies that may arise.

Qualifications and Experience:

A good working knowledge of written and spoken English.

A good working knowledge of some of the refugee languages (e.g. Amhara, Arabic, Somali, Tigrean, French, Italian)

A pleasant personality, mature and stable, as well as an ability to get along with others.

Ability to handle conflicts and aggression in others and work for unity without regard to differences of race, nationality or ethnic background.

Sense of humour.

Recruitment:

As this is a very sensitive job, it is necessary that a trial period is agreed upon, without any commitments on either side. A two-week period would be recommended.

COUNSELLING SERVICE
BRIEF REPORT ON INTERVIEW
Annex 5

Name: _____

Address: _____

Age: _____ Sex: M / F Nationality: _____

Date of arrival in the country: _____

Date of referral to counselling service: _____

Problem stated:

A. _____

B. _____

C. _____

D. _____

Assistance requested:

A. _____

B. _____

C. _____

D. _____

Suggested plan of action:

A. _____

B. _____

C. _____

Subsequent developments: _____

Date: _____ Signature: _____

COUNSELLING SERVICE
 FORMAT FOR REPORTING
 Annex 6

Report for the month of:

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1. Number of persons seen: _____

Carry over from previous month: _____

Total caseload: _____

2. Average daily attendance: _____ persons

3. Breakdown by age and sex:

	0-18	19-35	36-45	46-55	56+	Total
Male						
Female						
Total						

4. Problems:

Protection _____

Resettlement _____

Housing _____

Accommodation _____

Financial _____

Other: (specify) _____

Total: _____

5. Referrals made:

Protection _____

Resettlement _____

Community Services _____

Across _____

Medical _____

Other (specify): _____

Total: _____

.../2

COUNSELLING SERVICE
FORMAT FOR REPORTING
Annex 6 /2

Report for the month of:

199.../page 2

6. Breakdown by nationality:	7. Activities
e.g. Somalis	_____
South African	_____
Zairean	_____
Others	_____
Total:	_____

8. Problems encountered:
- A. _____
 - B. _____
 - C. _____

9. Suggestions made:
- A. _____
 - B. _____
 - C. _____

10. Plan of action for the next month:
- A. _____
 - B. _____
 - C. _____

Signature: _____ Date: _____

Forwarded to: UNHCR Community Services Officer (cc: Programme Officer, Deputy Representative)

COUNSELLING SERVICE
REFUGEE VISIT CARD
 Annex 7

Name: _____ File Number: _____

Date	Purpose of Visit	Person Met	Remarks

- Notes:
1. Status of case: Active, closed
 2. Special attention to:

Guidelines for Reporting

This reporting format is intended as a tool to facilitate the regular evaluation and adaption of the programme to the changing needs of the caseload. The information reported should help to identify gaps, to justify current or increased staffing levels, negotiations with NGOs, and budget revisions.

A. Statistical

There is a need to review Community Services in the context of the overall existing population. As this format is meant to be a planning tool, the impact and inputs in the area of Community Services should be reviewed in comparison with what still needs to be done.

To do this the following information is required for items 4,5,6,7.

- the total number of refugees in the overall refugee population
- the estimated number of refugees still needing, but not yet receiving assistance.
- the total number of refugees already receiving assistance

B. Narrative

A narrative report should always accompany such a statistical presentation and should include the following:

1. A brief description of the situation and beneficiaries
2. Types of assistance needed by the refugee population
3. Possibilities for refugee participation
4. Refugee training (needs, resources)
5. Local population response
6. Resources available (in both local community and refugee community)
7. Outside resources required
8. Lessons learned
9. Planning for future
10. Estimated time frame
11. Support needed.

Narrative reports can also be written on special issues, events and ideas.

Notes:

1. Budget codes have been included in item 6 as an aid to planning, in order ensure that special funds are made available as needed and to monitor their use.
2. Age grouping: 0-5 yrs (infants and toddlers); 6-14 (childhood until onset of puberty); 15-44 (childbearing age in women and indicates the need for gynaecological support and maternity and child care facilities); 45-65 and 65+ (onset of aging - in refugee situations, because of stress, hardship and psycho-social factors, the aging process is accelerated and the traditional norms for grouping people may not always be accurate).

UNHCR COMMUNITY SERVICES
 REPORTING FORMAT
 Annex 8/2

Report for the period ending _____ 19____ Office Location: _____

1. Total number of refugees registered during current period. _____
 Carry over from previous reporting period: _____
 Estimated total number of refugees: _____
2. Estimated total number of refugees needing but not yet receiving assistance: _____
 Carry over from previous reporting period: _____
3. Total number Community Services caseload assisted during current quarter: _____
 Carry over caseload from previous quarter: _____
 Total number of refugee Community Services caseload (Sector H): _____

For the current period:

4. Number assisted by age/sex

Total		Age/Sex	In Need: Not yet Assisted		Now Assisted		Remarks
m	f		m	f	m	f	
		0-5					
		6-14					
		15-44					
		45-65					
		65+					

5. Number assisted by nationality

Total	Nationality	In Need: Not yet Assisted	Now Assisted	Remarks
				e.g. languages used

UNHCR COMMUNITY SERVICES
REPORTING FORMAT
Annex 8/3

For the current period:

6. Number assisted by (vulnerable)group

Total	Vulnerable Group	In Need: Not yet Assisted	Now Assisted	Remarks
	Unaccompanied minors (H.21)			
	Single-headed household (H.24)			
	Elderly (H.25)			
	Chronically ill/ Disabled (H.26)			
	Victims of violence & mentally ill (H.27)			
	Other (specify)			

7. Number by type of assistance:

Total	Type of Assistance	In Need: Not yet Assisted	Assisted	Remarks
	Housing			
	Employment			
	Financial			
	Security			
	Psychiatric			
	Physical health			
	Education/ Training			
	Community/ recreational activities			
	Counselling			
	Other (specify):			

UNHCR COMMUNITY SERVICES
REPORTING FORMAT
Annex 8/4

Routing Slip:

1. Prepared by:
2. SO(Community Services):
3. Head of Sub-Office:
4. BO (Community Services):
5. BOffice (Programme):
6. Representative:
7. HQ (Community Services):

Proposed Plan of action:

Objective(s):

Activities:

Timeframe:

Requirements:

Proposed by (name and designation): _____ Date and place: _____

Signatures: _____
Community Services Officer Programme Officer Representative

Please enclose your narrative report with this form. If you need more space to complete any of the above, please use a separate sheet and attach firmly.

COMMUNITY SERVICES STAFF
WEEKLY SCHEDULE OF WORK
Annex 9

Daily Schedule of Work for the Week of		
	A.M.	P.M.
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

Weekly planing should include the following:

- A. Meeting refugees on an open door policy
- B. Meeting with refugees on an individual basis with appointments
- C. Staff meetings
- D. Individual staff meetings with supervisor on routine matters and for emergencies
- E. Reporting on individual cases, processing of bills and accounting
- F. House visits
- G. Community contacts and development of referral system
- H. Group meetings with refugees
- I. Community programmes for refugees
- J. Hospital visits, gaol visits
- K. Emergencies
- L. Other matters that may arise

Notes:

1. Regular contact with focal point in UNHCR on weekly/bi-weekly/monthly basis is to be determined.
2. Continuous sharing of information between UNHCR and counselling service.
3. Continuous in-service training of staff.

COMMUNITY SERVICES
PROCEDURES FOR MONITORING
THE WORK OF IMPLEMENTING PARTNERS
Annex 10

1. Monthly reports as per the format attached (see annex 6).
2. Beneficiary cards with sample signatures and photographs.
3. File on each beneficiary should be maintained, which should include the following:
 - a) Referral letter from UNHCR indicating the problem and the need for assistance.
 - b) The status of the beneficiary and the approximate duration of assistance to be provided.
 - c) The efforts being made for a durable solution.
 - d) Other problems that the beneficiary may have, e.g. health or aging problems.
 - e) Every payment made should be signed by the beneficiary.
4. The beneficiary cards should be made available whenever the Community Services staff or the Programme staff wish to see the cards, usually this will be done in prior consultation but may be done as a spot check without prior notification.
5. Monthly reports accompanied by the accounts for the month should reach the Office by the 6th of each month.
6. Instalments should be paid upon receipt of the accounts and evidence that the amount in hand does not exceed 30% of the previous instalment.
7. Periodic meetings should be held between staff of UNHCR and the agency to discuss issues and sort out problems. This should normally take place every month around the 10th of each month and upon receipt of the monthly report received from the agency. Minutes of these meetings should be maintained and kept as a record for future planning and decision-making.
8. Lists of beneficiaries must be forwarded together with the reports.

C. Domestic Needs/Household Support Sector

C.01	Plan/survey/research/evaluation
C.21	Relief substitution
C.22	Household fuel/goods
C.96	Individual/family support
C.97	Training/orientation/seminar, etc.
C.98	Other domestic needs/household support (specify)
C.99	Sector support management

H. Community Services Sector

H.01	Plan/survey/research/evaluation
H.21	Special services (unaccompanied minors)
H.22	Special services (children)
H.23	Special services (women)
H.24	Special services (single parents)
H.25	Special services (elderly)
H.26	Special services (disabled)
H.27	Mental health services
H.28	Community development services
H.29	Cultural/recreational activities
H.30	Fire prevention/fighting services
H.31	Social work services (counselling)
H.96	Individual/family support
H.97	Training/orientation/seminar, etc.
H.98	Other community services
H.99	Sector support management

Information Sheet

A. SUPPLEMENTARY AID (SA)

1. Supplementary aid is a service not a right, which may be provided to refugees, based on need and for a limited period of time.
2. Supplementary assistance will be paid, where possible, through the bank, on a monthly basis according to a set schedule.
3. Non-collection of supplementary assistance for two consecutive months will result in discontinuation of the assistance unless valid justification is given.
4. Supplementary assistance may be paid according to size of family and up to a maximum, which will be fixed annually.
5. Transfer of payment to other cities will have to be approved by the Counselling Service.
6. Supplementary assistance may be suspended because of misuse of the refugee card or fraud in any form.
7. Authorization for collection of supplementary assistance may be given to other refugees by refugees in writing and approved by the Counselling Service.
8. In principle, no supplementary assistance/ loans will be paid in advance.

B. MATERNITY ASSISTANCE

1. Maternity assistance may be paid to needy refugees.

C. MEDICAL CARE

1. The refugee is responsible for his/her own and his/her family's health.
2. Refugees are expected to use Government hospitals for medical treatment.
 - a) Registration at Government hospitals for a nominal fee is open to anyone seeking health care.
 - b) Laboratory tests are performed on payment.
 - c) Medicines are sometimes required to be purchased from pharmacies.
 - d) Patient care only in General wards and in General hospitals will, in principle, be considered for reimbursement.
3. Other medical/psychiatric care:
 - a) Dental care is restricted to fillings and extractions in General hospitals.
 - b) Psychiatric treatment may be provided through the Counselling Service.
 - c) Cost of eye glasses may be reimbursed up to
4. Refugees are expected to make their own arrangements for transport to and from hospital.
5. Medical bills may be partially reimbursed on production of:
 - a) Genuine prescriptions from the doctor.
 - b) Genuine bills in the original.
6. Bills from private practitioners will not be reimbursed.
7. Genuine original bills for reimbursement should be presented to the Counselling Service within two months after expenditure by the 15th of the month. Bills for the last three months of the year should be presented, at the latest by 31 December.
8. In case of need, please contact the Counselling Service.

D. EDUCATIONAL ASSISTANCE

I Formal Education

1. Eligible refugees may be entitled to educational assistance as follows:

Primary, Secondary, Higher Secondary.
2. Refugees having obtained admission for higher education may apply to the Counselling Service for a UNHCR Scholarship. Scholarship holders are not entitled to receive supplementary assistance.
3. Referral letters may be provided to eligible refugees.
4. Follow up of scholarship holders will be conducted to ensure regular progress.

II Non-formal Education

5. Language training is provided at the Community Centre. For details contact your Counsellor.
6. Skills training is conducted in a variety of skills, such as computer management, typing, electronics, accountancy, as well as activities for women, such as baking, cooking, sewing, beauty culture, knitting and other skills. For details, please contact the Counsellor.

III Pre-school Classes

7. Preparatory classes may be provided at the Community Centre for children 4-7 years of age to prepare for school.

E. REPATRIATION

1. Refugees wishing to return to their country of origin will be facilitated to do so.
2. To ensure the voluntary nature of the move, the refugee will have to sign a form "Voluntary Repatriation Form" (VRF) in the presence of an officer of the UNHCR.
3. Travel will be arranged for returnees needing assistance.

F. MEDICAL EVACUATION

1. Refugees who are unable to return home and are in need of special medical care for life-saving measures will be assisted to obtain treatment in neighbouring countries.
2. They will have to return to the country of origin after the treatment is over.
3. A thorough assessment of their medical situation will have to be made by recognized doctors in the country before they can be assisted outside.

I. The Social Worker's Conduct and Comportment as a Social Worker

A. PROPRIETY

The social worker should maintain high standards of personal conduct in the capacity or identity as social worker:

1. The private conduct of the social worker is a personal matter to the same degree as is any other person's, except when such conduct compromises the fulfilment of professional responsibilities.
2. The social worker should not participate in, condone, or be associated with dishonesty, fraud, deceit, or misrepresentation.
3. The social worker should distinguish clearly between statements and actions made as a private individual and as a representative of the social work profession or an organization or group.

B. COMPETENCE AND PROFESSIONAL DEVELOPMENT

The social worker should strive to become and remain proficient in professional practice and the performance of professional functions.

1. The social worker should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.
2. The social worker should not misrepresent professional qualifications, education, experience, or affiliations.

C. SERVICE

The social worker should regard as primary the service obligation of the social work profession.

1. The social worker should retain ultimate responsibility for the quality and extent of the service that individual assumes, assigns, or performs.
2. The social worker should act to prevent practices that are inhumane or discriminatory against any person or group of persons.

*Code of Ethics of the National Association of Social Workers,
as adopted by the 1979 NASW Delegate Assembly, effective July 1, 1980. Reprinted by permission.

CODE OF ETHICS

Annex 13/2

D. INTEGRITY

The social worker should act in accordance with the highest standards of professional integrity and impartiality.

1. The social worker should be alert to and resist the influences and pressures that interfere with the exercise of professional discretion and impartial judgement required for the performance of professional functions.
2. The social worker should not exploit professional relationships for personal gain.

E. SCHOLARSHIP AND RESEARCH

The social worker engaged in study and research should be guided by the conventions of scholarly inquiry.

1. The social worker engaged in research should consider carefully its possible consequences for human beings.
2. The social worker engaged in research should ascertain that the consent of participants in the research is voluntary and informed, without any implied deprivation or penalty for refusal to participate, and with due regard for participants' privacy and dignity.
3. The social worker engaged in research should protect participants from unwarranted physical or mental discomfort, distress, harm, danger or deprivation.
4. The social worker who engages in the evaluation of services or cases should discuss them only for professional purposes and only with persons directly and professionally concerned with them.
5. Information obtained about participants in research should be treated as confidential.
6. The social worker should take credit only for work actually done in connection with scholarly and research endeavours and credit contributions made by others.

II. *The Social Worker's Ethical Responsibility to Clients*

F. PRIMACY OF CLIENTS' INTERESTS

The social worker's primary responsibility is to clients.

1. The social worker should serve clients with devotion, loyalty, determination, and the maximum application of professional skill and competence.

2. The social worker should not exploit relationships with clients for personal advantage, or solicit the clients of one's agency for private practice.
3. The social worker should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, colour, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition or status.
4. The social worker should avoid relationships or commitments that conflict with the interests of clients.
5. The social worker should under no circumstances engage in sexual activities with clients.
6. The social worker should provide clients with accurate and complete information regarding the extent and nature of the services available to them.
7. The social worker should apprise clients of their risks, rights, opportunities and obligations associated with social service to them.
8. The social worker should seek advice and counsel of colleagues and supervisors whenever such consultation is in the best interest of clients.
9. The social worker should terminate service to clients, and professional relationships with them, when such service and relationships are no longer required or no longer serve the client's needs or interests.
10. The social worker should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects.
11. The social worker who anticipates the termination or interruption of service to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

G. RIGHTS AND PREROGATIVES OF CLIENTS

1. When the social worker must act on behalf of a client who has been adjudged legally incompetent, the social worker should safeguard the interests and rights of that client.
2. When another individual has been legally authorized to act on behalf of a client, the social worker should deal with that person always with the client's best interest in mind.
3. The social worker should not engage in any action that violates or diminishes the civil or legal rights of clients.

CODE OF ETHICS
Annex 13/4

H. CONFIDENTIALITY AND PRIVACY

The social worker should respect the privacy of clients and hold in confidence all information obtained in the course of professional service.

1. The social worker should share with others confidences revealed by clients, without their consent, only for compelling professional reasons.
2. The social worker should inform clients fully about the limits of confidentiality in a given situation, the purposes for which information is obtained and how it may be used.
3. The social worker should afford clients reasonable access to any official social work records concerning them.
4. When providing clients with access to records, the social worker should take due care to protect the confidences of others contained in those records.
5. The social worker should obtain informed consent of clients before taping, recording, or permitting third party observation of their activities.

I. FEES

When setting fees, the social worker should ensure that they are fair, reasonable, considerate, and commensurate with the service performed and with due regard for the clients' ability to pay.

1. The social worker should not divide a fee or accept or give anything of value for receiving or making a referral.

III. *The Social Worker's Ethical Responsibility to Colleagues*

J. RESPECT, FAIRNESS AND COURTESY

The social worker should treat colleagues with respect, courtesy, fairness and good faith.

1. The social worker should cooperate with colleagues to promote professional interests and concerns.
2. The social worker should respect confidences shared by colleagues in the course of their professional relationships.
3. The social worker should create and maintain conditions of practice that facilitate ethical and competent professional performance by colleagues.

4. The social worker should treat with respect, and represent accurately and fairly, the qualifications, views and findings of colleagues and use appropriate channels to express judgements on these matters.
5. The social worker who replaces or is replaced by a colleague in professional practice should act with consideration for the interest, character and reputation of that colleague.
6. The social worker should not exploit a dispute between a colleague and employers to obtain a position or otherwise advance the social worker's interest.
7. The social worker should seek arbitration or mediation resolution for compelling professional reasons.
8. The social worker should extend to colleagues of other professions the same respect and cooperation that is extended to social work colleagues.
9. The social worker who serves as an employer, supervisor, or mentor to colleagues should make orderly and explicit arrangements regarding the conditions of their continuing professional relationship.
10. The social worker who has the responsibility for employing and evaluating the performance of other staff members should fulfil such responsibility in a fair, considerate and equitable manner, on the basis of clearly enunciated criteria.
11. The social worker who has the responsibility for evaluating the performance of employees, supervisors, or students, should share evaluations with them.

K. DEALING WITH COLLEAGUES' CLIENTS

The social worker has the responsibility to relate to the clients of colleagues with full professional consideration.

1. The social worker should not solicit the clients of colleagues.
2. The social worker should not assume professional responsibility for the clients of another agency or a colleague without appropriate communication with that agency or colleague.
3. The social worker who serves the clients of colleagues, during a temporary absence or emergency, should serve those clients with the same consideration as that afforded any client.

IV. *The Social Worker's Ethical Responsibility to Employers and Employing Organizations*

L. COMMITMENTS TO EMPLOYING ORGANIZATION

The social worker should adhere to commitments made to the employing organization.

1. The social worker should work to improve the employing agency's policies and procedures, and the efficiency and effectiveness of its services.
2. The social worker should not accept employment or arrange student field placements in an organization which is currently under public sanction by NASW for violating personnel standards, or imposing limitations on or penalties for professional actions on behalf of clients.
3. The social worker should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.
4. The social worker should use with scrupulous regard, and only for the purpose for which they are intended, the resources of the employing organization.

V. *The Social Worker's Ethical Responsibility to the Social Work Profession*

M. MAINTAINING THE INTEGRITY OF THE PROFESSION

The social worker should uphold and advance the values, ethics, knowledge and mission of the profession.

1. The social worker should protect and enhance the dignity and integrity of the profession and should be responsible and vigorous in discussion and criticism of the profession.
2. The social worker should take action through appropriate channels against unethical conduct by any other member of the profession.
3. The social worker should act to prevent the unauthorized and unqualified practice of social work.
4. The social worker should make no misrepresentation in advertising as to qualifications, competence, service or results to be achieved.

N. COMMUNITY SERVICE

The social worker should assist the profession in making social services available to the general public.

1. The social worker should contribute time and professional expertise to activities that promote respect for the utility, the integrity and the competence of the social work profession.
2. The social worker should support the formulation, development, enactment and implementation of social policies of concern to the profession.

O. DEVELOPMENT OF KNOWLEDGE

The social worker should take responsibility for identifying, developing and fully utilizing knowledge for professional practice.

1. The social worker should base practice upon recognizing knowledge relevant to social work.
2. The social worker should critically examine and keep current with emerging knowledge relevant to social work.
3. The social worker should contribute to the knowledge base of social work and share research knowledge and practice wisdom with colleagues.

VI. *The Social Worker's Ethical Responsibility to Society*

P. PROMOTING THE GENERAL WELFARE

The social worker should promote the general welfare of society.

1. The social worker should act to identify and eliminate discrimination against any person or group on the basis of race, colour, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap or any other preference or personal characteristic, condition or status.
2. The social worker should act to ensure that all persons have access to the resources, services and opportunities which they require.
3. The social worker should act to expand choice and opportunity for all persons, with special regard for disadvantaged or oppressed groups and persons.
4. The social worker should promote conditions that encourage respect for the diversity of cultures which constitute society.

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5. The social worker should provide appropriate professional services in public emergencies.
6. The social worker should advocate changes in policy and legislation to improve social conditions and to promote social justice.
7. The social worker should encourage informed participation by the public in shaping social policies and institutions.



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