

CHAPTER V

WELL-BEING AND LIVING CONDITIONS OF REFUGEES: CASE STUDIES

INTRODUCTION

Since 2003, UNHCR has been collecting statistics on living conditions and well-being of refugees in camp, urban and returnee settings through its Standards and Indicators Report (SIR)⁴⁹. With the advent of the inter-agency cluster approach in 2006, the SIR was subsequently expanded to include data on internally displaced persons. Over time, the SIR has developed into one of UNHCR's main sources of quantitative information on protection and assistance. Besides including a large number of sector-specific indicators to be collected on a yearly basis and on different themes, the SIR also sets minimum standards to assess protection, living conditions and well-being of the populations falling under UNHCR's responsibility.

Despite the fact that the statistical reporting on living conditions and well-being of UNHCR's beneficiaries has improved significantly over time, important gaps remain. These gaps pertain to the difficulty of ensuring data quality, on the one hand, and geographic and time trend comparability, on the other hand. Data from different years, camps and countries are not always fully comparable because of the different data collection methodologies and the various changes in the reporting instruments that have been introduced. As a consequence, providing a global and representative picture of the protection and assistance gaps of UNHCR's people of concern remains a challenge. Similar to previous editions of the Yearbook, selected case studies and/or countries are therefore used in this chapter to illustrate some of the protection concerns refugees face.⁵⁰ By applying this approach, the 2007 Yearbook tries to illustrate the potential of the data for evidence-based decision making in the humanitarian field.

This chapter is divided into three parts. The first presents the level of access to education enjoyed by children in refugee camps. The second discusses the sustainability of refugee returns in four countries in the East and Horn of Africa. In all cases, the analysis is based on data derived through the Standards and Indicators Report. The last part of this chapter analyses food and nutrition levels in selected refugee camps in 2007. Here, UNHCR's Health Information System and nutrition surveys form the main basis for the analysis.

A. PROVIDING ACCESS TO EDUCATION

BACKGROUND AND INDICATORS

Collecting and analyzing operational information at the field level is imperative to comparing indicators with established benchmarks, thereby identifying progress and gaps in programme delivery. UNHCR's SIRs monitor nine main indicators that gauge educational implementation of the three pillars of the 2007-2009 Education Strategy, namely: access; safety and quality; and post-primary education. These indicators

⁴⁹ See also the *Practical Guide to the Systematic Use of Standards and Indicators in UNHCR Operations* (2nd edition, February 2006) at <http://www.unhcr.org/statistics/statistics/40eaa9804.pdf>

⁵⁰ The previous Yearbooks included case studies on topics such as HIV/AIDS, water and sanitation, protection of women and children, and sexual and gender-based violence.

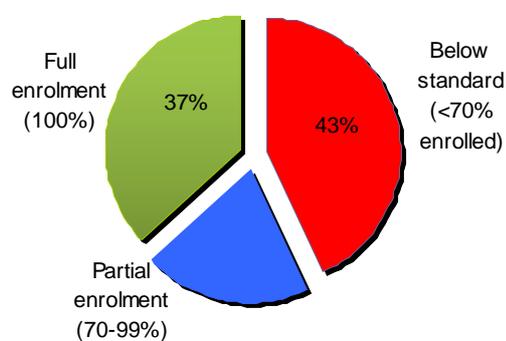
cover the following topics: enrolment in primary (grades 1-6) and secondary (grades 7-12)); gender parity; student to teacher ratio; qualified or trained teachers; female teachers; refugee teachers; school management committees; training; and tertiary education. UNHCR monitors these indicators to determine how closely refugee camps are meeting the Office's standards for education.

Because of the challenges in ensuring data quality, the analysis that follows is based on the standards and indicators data in 141 refugee camps where data quality assessments, which confirmed the accuracy of the reported information, were conducted. Due to the limited amount of data available for urban situations, only camp indicators are presented. However, information on urban situations in a limited number of countries has been included for illustration and comparison purposes.

ACCESS: ENROLMENT RATES

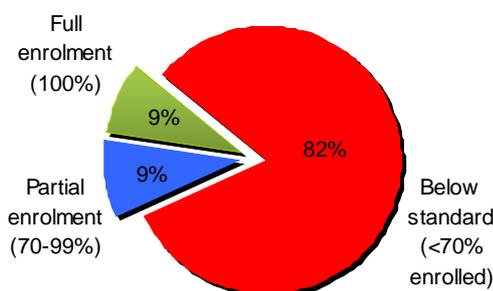
UNHCR aims to improve access to education at primary and secondary levels, as well as ensure gender parity among refugee students enrolled. Only 37 per cent of the reporting camps met the standard of full enrolment (see *Figure V.1*). Partial enrolment (70-99%) was reported by 20 per cent of the selected camps, indicating a need to focus on education initiatives and programmes (In, for example, Bangladesh, Rwanda, and Yemen). As for the 43 per cent of camps that reported below standard enrolment rates (less than 70%), education should be made a top priority, devoting resources to improving enrolment rates. This is the case, for example, in Sudan, Nigeria, and Pakistan. Data from selected camps indicate that four out of five refugee children aged 6-11 are enrolled in primary school (82%). It is important to note that the 82 per cent enrolment rate should be considered as indicative only because the number of children recorded as attending primary school might include children of the wrong age group, or non-refugee children.

Fig V.1 Primary enrolment rates by refugee camps, 2007



Secondary education is important as adolescents without access to education are at increased risk of being recruited by armed forces, sexually exploited, trafficked, and/or abused. With regard to secondary school enrolment rates, data from reporting camps indicate that 57 per cent of refugee adolescents aged 12-17 were enrolled. Only 9 per cent of the selected camps reported full enrolment rates, including camps in Nepal and the Islamic Republic of Iran. Partial enrolment rates were reported by another 9 per cent of camps. The majority of countries (e.g. Bangladesh, Sierra Leone, and Sudan) reported very low enrolment rates for secondary education which signal a need to make education a top priority (see *Fig V.2*).

Fig V.2 Secondary enrolment rates by refugee camps, 2007



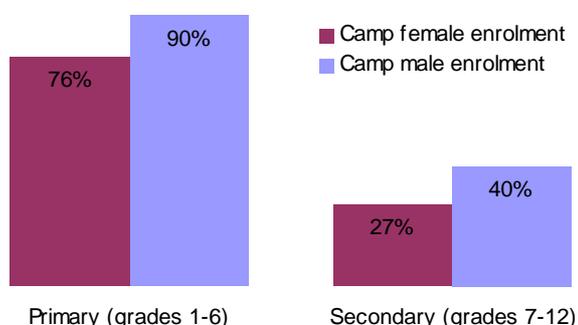
UNHCR recognizes education as a tool to protect girls and boys from sexual abuse, child labour, and forced military recruitment, as well as a tool that empowers refugee girls and helps to build human capital. UNHCR strives to achieve gender equality in

access to school. However, the available education data indicate that more efforts are needed to achieve gender parity in access to primary and secondary education.

Data from the selected camps show that of the students enrolled in primary school, only 44 per cent were female. The gap is much wider for secondary school in which less than four out of 10 (38%) were female and 62 per cent male.

Available data of urban situations in selected countries suggest that gender differences are less prominent in cities than in camps. In the Syrian Arab Republic, for instance, 48 per cent of refugee children enrolled in primary school were female.

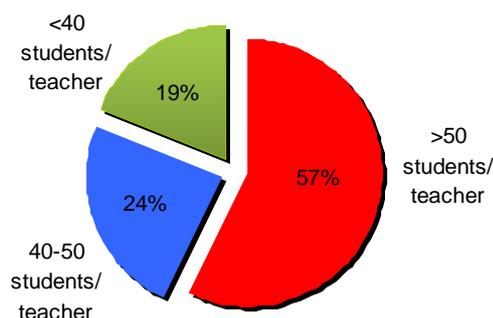
Fig V.3 Gender differences in access to education, 2007



SAFETY AND QUALITY

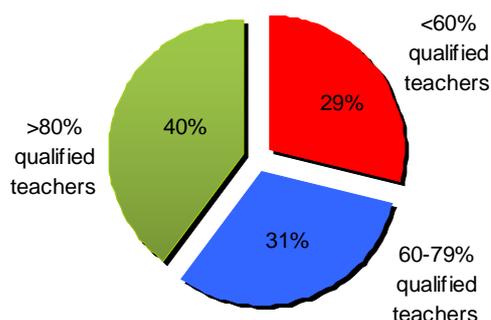
UNHCR attempts to improve safety and quality of education by decreasing the number of students per teacher and, simultaneously, increasing the number of qualified or trained teachers. Improving safety and quality also involves a commitment to learning and promoting a safe learning environment. It can be improved, for instance, with the presence of school management committees. The involvement of both refugee and local communities in the management of schools has a positive social impact on legitimating and the sustainability of refugee education. It also encourages the development and enforcement of standards such as Codes of Conduct for teachers, expectations for discipline, and ensuring the safety of girls.

Fig V.4 Student/teacher ratio by refugee camps, 2007



The standard for student to teacher ratio is 40 students or less per teacher. A number of camps reported very high values in 2007. This includes Eritrea (on average more than 75 students per teacher) and Bangladesh (on average 60 students per teacher). In contrast, camps in Nepal and Thailand had on average less than 36 students per teacher. The quality of education also depends on the number of qualified or trained teachers. Training a teacher requires a minimum of 10 days per year of in-service training for each teacher who is not fully qualified. Among the reporting camps, 6 out of 10 teachers were qualified or trained on average. However, 60 per cent of the reporting camps did not meet the standard for qualified teachers (80% qualified or trained teachers, see Figure V.5).

Fig V.5 Qualified or trained teachers by refugee camps, 2007



Over the past few years, UNHCR has increasingly focused on improving enrolment rates for girls through a number of retention initiatives. The presence of both female and refugee teachers tends to increase girls attendance rates, empower refugee women and communities. Among the reporting

camps, four out of 10 teachers (40%) were female and 85 per cent were refugees.

School management committees are also an indicator for safety and quality. In 2007, 106 of 141 selected camps (75%) reported having school management committees. This constitutes a significant increase compared to 2006 when 55 per cent reported the presence of school management committees.

IMPLICATIONS AND RESPONSE STRATEGY

The analysis of the data has clearly demonstrated that important gaps persist with respect to access and quality of education as well as gender parity. UNHCR seeks to uphold the right to education, recognizing its importance in strengthening the protection of children and adolescents. The Office covers the full spectrum of education from early childhood through to tertiary education, including formal, non-formal, and informal education activities. The findings indicate that although UNHCR efforts in recent years have generated positive results in terms of refugees having access to education, especially girls, more needs to be done to improve enrolment rates and the quality of education in camp settings.

UNHCR's Education Strategy 2007-2009 sets seven objectives to improve access to education. The strategy also aims to develop a safe and qualitative learning environment, promote post-primary education through increased partnerships, target fundraising initiatives, and to improve monitoring and evaluation.

For instance, as part of a comprehensive response to education challenges, UNHCR has, in collaboration with other UN agencies and NGOs, established a Safe Learning Environment Initiative to promote quality and safety of learning environments. To lead this initiative, the Office has signed a sub-agreement with the International Rescue Committee. The Inter-Agency Group on Safe Learning Environment has developed a joint action plan, including field missions to pilot countries (for example Malawi, Namibia, and Rwanda) for assessments, as well as technical and financial support. Increased capacity of staff, a mentoring system, training sessions, counselling, and active participation of parents were identified as required to improve the safety of learning environments.

UNHCR also promotes self-reliance for refugees through tertiary education, where one of the main programmes is the Albert Einstein German Academic Refugee Initiative Fund (DAFI). The DAFI Programme is an integral part of UNHCR's Education strategy 2007-2009 as it promotes access of young girls and boys to some forms of post-primary education. The programme grants scholarships at various post-primary levels. In its fifteenth year (2007), and in 34 countries, DAFI offered higher education scholarships for 1,082 refugees, of whom 42 per cent were female and 58 per cent male.

UNHCR's Education Field Guidelines⁵¹ emphasize the importance of quality of education and support systematic enrichment of the school curriculum with life skills and values education. They also promote teacher training and the development of quality learning materials. The Guidelines give guidance on planning, monitoring, and evaluation of education programmes to ensure they are in line with established standards and indicators.

⁵¹ <http://www.unhcr.org/protect/PROTECTION/40586bd34.pdf>

B. SUSTAINABILITY OF REFUGEE RETURNS

BACKGROUND AND INDICATORS

When peace returns to formerly troubled communities, UNHCR and its partners usually provide information to refugees so they can take decisions on whether they return to their home countries through assisted voluntary repatriation or spontaneously. Returnees may tend to go back to their original communities, or sometimes the authorities may wish to relocate them to other parts of the country that are more suitable in terms of security, infrastructure and services. Many of the returns are usually successful in that people are integrated into their communities. However, some returns may result in secondary displacement as returnees move to other places in the country in search of better livelihood conditions, as the communities of origin may have been destroyed during the conflicts. Factors that usually influence this include availability of water, food, education and health services, shelter and other social amenities.

The government of the country of return, UNHCR and development partners facilitate the integration of returnees in the communities with a goal of enabling them to live a normal life after the challenging refugee experiences. In order to assess progress towards attaining this goal, measures are put in place to track integration and reconstruction programmes. The office formulated a set of indicators and expected standards to be measured on annual basis in returnee areas to provide a picture of the sustainability of the return process. In this section, indicators on access to water, availability of sanitation facilities, adequacy of dwelling units and access to education and primary health care services have been assessed to give an indication of the level of progress in implementing sustainable returnee programmes. Table V.1 below shows the eight indicators and the expected standards, and these have been analysed for the Eastern, Horn of Africa and Great Lakes region. These indicators were assessed in four countries with returnee programmes (Burundi, Democratic Republic of the Congo, Somalia⁵² and Sudan) over a three-year period (2005-2007).

Table V.1: Indicators and standards for assessing sustainability of refugee return

Indicator	Standard
Percentage of families with improved water supply at an adequate level of service	100%
Percentage of returnee families with latrines	100%
Percentage of returnees living in adequate dwellings	100%
Access to emergency and primary health care services without discrimination	Yes
Measles vaccination coverage	≥90%
Percentage of school aged population in returnee areas living within reasonable distance from primary school (as per national standard or less than 5 km)	100%
Recognition of education diplomas/certificates obtained in asylum country by country of origin	Yes
Percentage of returnee area students enrolled in grades 1-6	100%

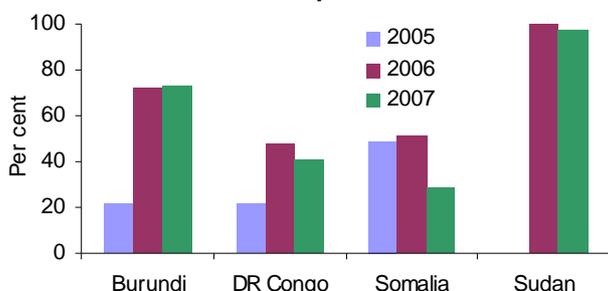
ACCESS TO SOCIAL SERVICES AND INFRASTRUCTURE

Insufficient access to potable water and sanitation services will inevitably increase water-borne diseases and compound malnutrition problems. Figure V.6 shows a diverse situation faced by returnees with respect to access to water. In Sudan, the standard of 100 per cent has, in principle, been achieved over the past two years. In Burundi, improvements were registered between 2005 and 2007 where the

⁵² The information in this chapter is limited to Puntland and Somaliland.

percentage of returnees having access to adequate water supply increased from 22 to 73 per cent. This can by and large be attributed to the support from many operational partners, including the International Rescue Committee and *Action Contre la Faim* that contributed to the construction of water sources in the returnee communities.

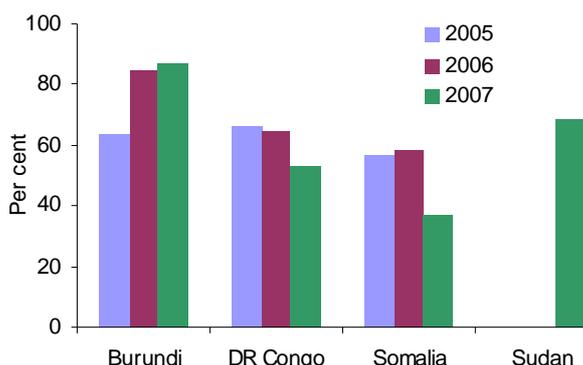
Fig V.6 Families with improved water at an adequate level



The Democratic Republic of the Congo and Somalia, however, still have a big challenge in providing adequate water to returnee families (41 and 29 per cent respectively). This means that in these countries, less than half of the returnee population had access to adequate water supply according to UNHCR standards. In Somalia, drought has been cited as one of the general causes of the shortage as most of the water sources dried up, in particular during 2007.

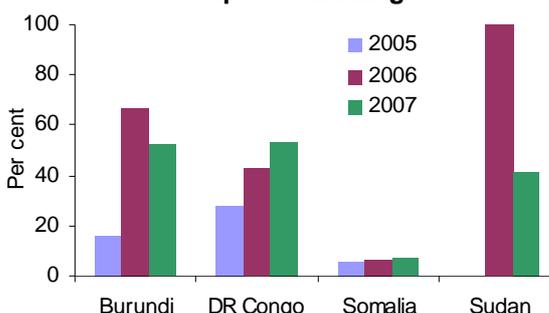
Sanitation in returnee areas also poses a big challenge in most of the four countries analysed. Burundi registered good improvement in latrine availability among returnee families between 2005 and 2007 (from 64% to 87%). This was a result of a housing programme for returnees that included a component of latrine construction for each family. Additional sensitization on sanitation matters, coupled with provision of some materials for latrine construction by UNICEF, greatly improved the level of sanitation among returnees in Burundi.

Fig V.7 Returnee families with latrines



However, deterioration in access to sanitation facilities among returnee families was observed in the Democratic Republic of the Congo (67% to 53%) and Somalia (57% to 37%) during the three-year period. The main contributing factor for this in Somalia was the limited income that returnees have as they are obliged to pay both rent and for latrine access (especially in Puntland where landlords charge separately for latrines). In the Democratic Republic of the Congo, the unstable security and political environment in most of the returnee areas has resulted in a limited number of aid workers and a general lack of community support programmes.

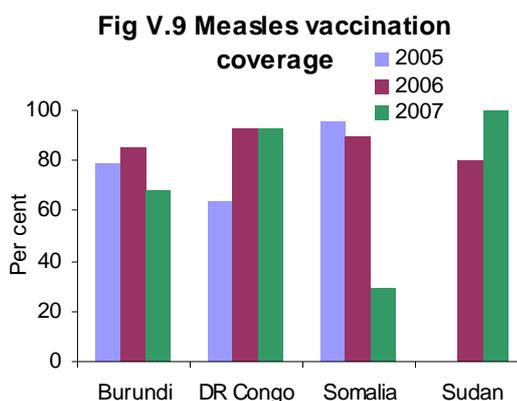
Fig V.8 Returnees living in adequate dwellings



An improvement in housing for returnees was observed in Burundi and the Democratic Republic of the Congo. At least half of the returnee population in these two countries had adequate accommodation by 2007. This can be attributed to the fact that UNHCR and other partners continued to build houses for returnees in these communities. Somalia registered the poorest level of performance in accommodation for returnees with performances ranging

between 5 and 7 per cent during 2005 to 2007. This is probably due to the persistent lack of building materials in the country and is aggravated by the high insecurity. It should also be noted that because of the limited sources of income, some returnees sell the building materials provided by aid agencies.

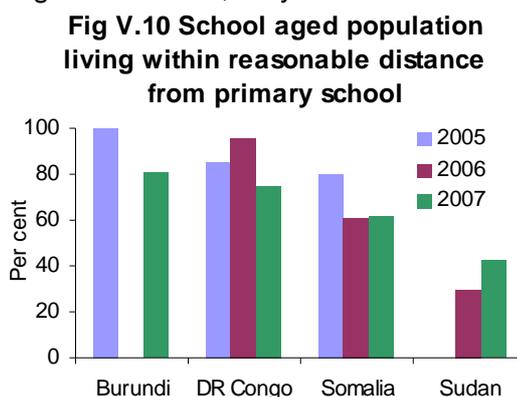
Access without discrimination to health services for returnees was observed to be very good in most of the returnee areas in all four countries. This was further strengthened by good measles vaccination coverage rates in returnee areas across most of the countries. Apart from Somalia which registered a poor coverage in 2007 (29%), despite an impressive performance in the past years (meeting the expected standard of at least 90%) and Burundi which slipped from the 'near standard' performance in 2006 (85%) to 69 per cent in 2007, most of the other countries in the region appeared to be on good track in ensuring universal immunization for children. Health services are usually a crucial component of the returnee reintegration package and are complemented by promotion of vaccination and provision of other incentives like mosquito nets to all mothers with children under five years. However, when such support reduces due to shortages, there is a tendency for the population to reduce the uptake of health services and this is usually manifested in the reduction in child vaccinations as demonstrated in Burundi.



ACCESS TO EDUCATION⁵³

Access to education for children in school-age is a crucial contributing factor for the sustainability of the return process. Parents wish to have good quality education for their children and failure to have this, in terms of nearby schools with qualified teachers, proper infrastructure and safe learning environment, may lead to relocation to areas where such services are available or refusal to return. In the four countries with returnee programmes, education diplomas/certificates obtained in asylum countries were recognized. This meant that returnees could easily use these certificates to acquire further education or look for employment.

Burundi, the Democratic Republic of the Congo⁵⁴, and Somalia achieved between 80 and 100 per cent coverage among children of school-age who are living within reasonable distance from primary schools in 2005 (see Figure V.10). In other words, the majority of children resided within a five km radius to the nearest school. By 2007, this value had dropped to about 80 per cent in Burundi, and below that in the Democratic Republic of the Congo and Somalia. For the latter, it is believed that the high level of insecurity in the country has driven away most of this foreign assistance needed for constructing new schools. In Sudan, this indicator stood at 42 per cent in 2007, showing an improved situation compared to the previous year (30%).

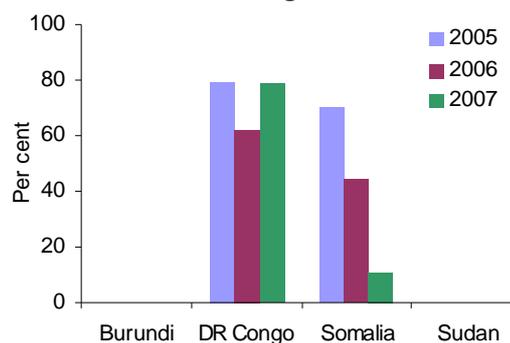


⁵³ See also pp. 54-57.

⁵⁴ Data is limited to areas where UNHCR has access to and may therefore not include all returnee children.

Of the four countries analysed in this section, data on returnee children enrolled in school grades 1-6 are only available for the Democratic Republic of the Congo and Somalia. While in the former it varied between 60 and 80 per cent, depending on the year, in the latter a steady deterioration has been observed. Here, only every tenth child was enrolled in primary school during 2007 (against 70% in 2005), despite 62 per cent of school-aged children living within a reasonable distance to the schools. This is attributed to the insecurity and drought in most of the areas in Somalia which impeded children to attend school. Some parents increasingly prefer their children to stay at home to avoid the dangers that might occur on the way to school, while others tend to send their children to look for scarce water instead.

Fig V.11 Returnee area students enrolled in grades 1-6



IMPLICATIONS AND RESPONSE STRATEGY

Continuing insecurity and political instability in some parts of the countries analysed in this section are contributing factors to the deterioration or lack of improvement in social services in returnee communities. The restoration of services and infrastructure is curtailed by insecurity in some regions and this may be a catalyst for secondary displacement. Additionally, the unstable situation in such communities tends to curtail development assistance programmes, making the return process less sustainable.

While progress has been achieved in some sectors, data from UNHCR's Standards and Indicators Report have clearly shown that more has to be invested in strengthening return and reintegration policies and programmes, in particular in providing adequate social services to returnees. However, this can constitute a significant challenge for governments, UNHCR and partners, with the numbers of refugees returning to their country varying from year to year.

Finding durable solutions for refugees is part of UNHCR's core mandate. This can take the form of supporting reconstruction programmes and providing adequate information to refugees. Countries such as Burundi, for instance, have demonstrated that providing social services and infrastructure in returnee communities promotes sustainable returnee programmes. The overall goal is to ensure sustainability of the return programme so that no further displacement occurs.

C. FOOD AND NUTRITION

BACKGROUND AND INDICATORS

The provision of food and prevention of malnutrition among refugees and other persons of concerns remains a priority activity for UNHCR. About two million refugees and five million internally displaced persons benefited from food aid and related assistance in 2007, mainly through UNHCR's operational partner, the World Food Programme (WFP). The Global Acute Malnutrition (GAM) rate among refugees was brought down by almost half in some operations where alarmingly high prevalence had previously been reported. However, GAM among refugees continues to be a serious problem in many countries.

Nutritional data on refugees have been collected and consolidated on a more regular basis since the introduction of the Health Information System (HIS) in 16 countries. The system compiles data from health centres and nutrition services, and is able to detect trends in the results of child growth monitoring in camp situations. One of the challenges in the current HIS deployment is its application in more unstable refugee situations. In these camps, especially during emergency stages, UNHCR uses cross sectional nutrition surveys that use anthropometry (body measurement) on a sample of children that are representative of the general child population.

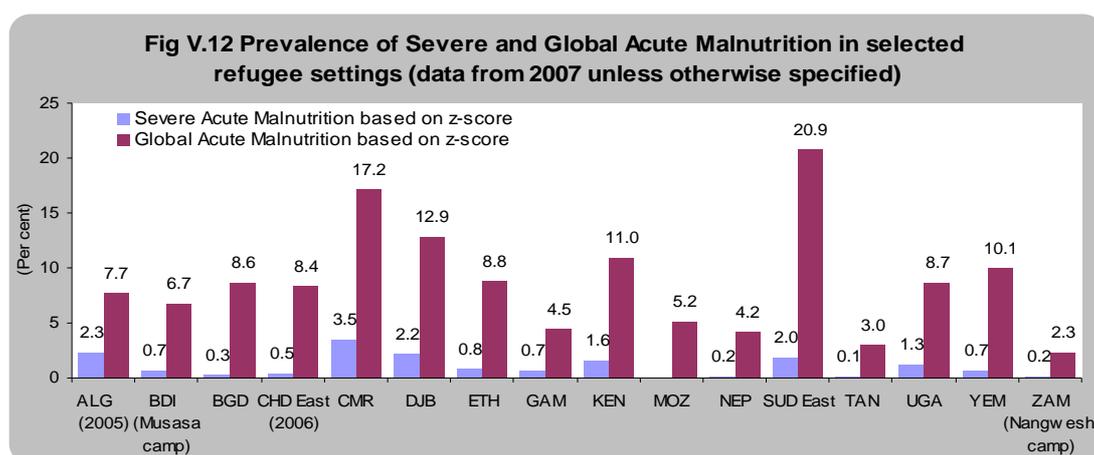
NUTRITION

In 2007, additional funding was provided to operations in Bangladesh, Chad, Djibouti, Ethiopia, Kenya, Nepal and Sudan to improve nutrition and food security.

Table V.2: Nutritional status in Bangladesh, 2006 and 2007

Year of survey	Anemia in children <5 years	Anemia in pregnant women	GAM in children <5 years	SAM in children <5 years	Lactating mothers
2006	65.4%	59.8%	16.8%	1.2%	Not measured
2007	64.2%	55.2%	12.1%	0.5%	Not measured

As a consequence, some of these operations were able to reduce malnutrition rates. In Bangladesh, for instance, the Global Acute Malnutrition⁵⁵ rate dropped from 17 per cent in 2006 to 12 per cent in 2007, while the Severe Acute Malnutrition (SAM) rate was reduced from 1.2 to 0.5 per cent during the same period.



UNHCR, together with partners, has made important efforts to improve refugee's nutritional status. These included the provision of complementary foods, improved infant and young child feeding practices, better management of acute malnutrition through selective feeding, strengthening of technical capacity through provision of additional staff, and supporting public health measures (e.g. measles vaccinations, insecticide-treated net distribution). Figure V.12 provides an overview of the nutritional status of refugees, by selected country, based on 16 nutrition surveys conducted in 2007 or earlier. It can be noted that in 12 out of 16 countries, UNHCR was unable to reduce levels of acute malnutrition below the 5 per cent GAM level, which is considered acceptable by international standards. Very high values of malnutrition were recorded in eastern Sudan, Cameroon and Djibouti. This was often because of the loss of livelihood, lack of diversity in the food basket, lack of access to fresh food, and the public health and water/sanitation problems that are often characteristic for crowded refugee camps.

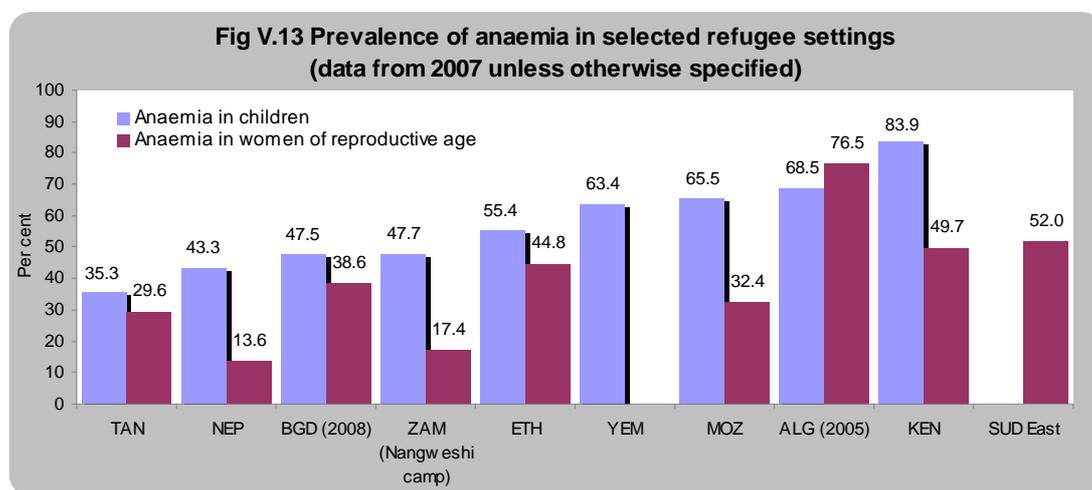
Poor infant and young child feeding (IYCF) was identified as one of the main

⁵⁵ Measured in z-scores which is the deviation of an individual's values from the mean value of a reference population taking into consideration the standard deviation of the reference distribution.

contributing factors to malnutrition in refugee settings. The majority of nutritional surveys, as listed in Figure V.12, showed a 30 to 50 per cent higher level of malnutrition in children aged six months to two years, compared to children over three years for example. This shows how essential it is to reinforce the introduction of complementary foods to this age group. IYCF has thus become one of the main features of UNHCR's nutrition programme. As a result, additional funds and support were provided to the field. It was recommended to mainstream IYCF in UNHCR programmes during the ensuing years.

ANAEMIA

Despite efforts to control and reduce anaemia among refugees, extremely high levels of anaemia continued affecting young refugee children and women worldwide. Figure V.13 shows that in the 10 refugee operations in which surveys were recently carried out, the prevalence of anaemia in young children is above internationally accepted levels.⁵⁶ The high prevalence of anaemia in women of reproductive age is also a cause for major concern. Renewed efforts and innovative approaches such as use of micronutrient powders or fortified relief items are required to effectively tackle the problem of anaemia among refugees.



FOOD SECURITY

There is a need to emphasize the non-medical aspects of combating anaemia and other nutritional problems through increasing the diversity and access to a non-vegetarian diet. This will entail the support of livelihoods, access to land and productive inputs to generate income and purchasing power. A significant number of refugees continue to receive food aid. In some countries, however, food rations have been reduced and, instead, support for self-reliance type of activities has been provided, either in the country of asylum or in returnee situations. However, self-reliance activities continue to be a challenge, as a legal framework is often missing and refugees become third-class citizens working in the informal sector or in wage-earning activities that do not adequately remunerate for labour. Where refugees are receiving food rations, challenges in ensuring regularity and quantities that will meet the 2,100 kilo calories per person/per day international standard continue. In 2007, for instance, refugees received an average of 1,900 kilo calories per person/per day due to insufficient funding, food pipeline breaks, logistical constraints and security

⁵⁶ The World Health Organization defines more than 20 per cent of a population with anaemia as a "public health problem", more than 40 per cent as a "serious public health problem", and over 60 per cent with anaemia as a "public health emergency".

problems. In addition, the general food package as supplied by the World Food Programme is still lacking in diversity and micronutrients, and is not always culturally acceptable.

Strategic global partnerships have been strengthened in 2007 through Joint Assessment Missions, which were conducted in eight countries. These missions are organized by WFP and UNHCR – and involve other partners: NGOs, donors and governments. Such activities enhance the working relationships between all partners and increase awareness of food and nutrition issues. The reports highlight an evaluation of the nutritional and food security of refugees and recommend various actions in the general feeding and non-food areas. Repeating such Joint Assessment Missions on a yearly basis has created a more harmonious relationship between partners on the ground and an ability to fill programme gaps.

IMPLICATIONS AND RESPONSE STRATEGY

Even though many gaps remain, progress has been made in reducing some of the most pertinent problems. This is, for instance, the case for reducing malnutrition in selected refugee settings. In the case of combating anaemia, however, more efforts are needed. To this end, UNHCR is developing a strategic plan focusing specifically on anaemia to reach eventually 18 countries to prevent and control anaemia. Similarly, a Nutrition and Food Security Strategic Plan was developed in coordination with operational partners to improve the nutrition situation among persons of concern to UNHCR. The Strategic Plan aims to guide operations in camp, urban and other non-camp settings during all stages of an emergency, as well as in local integration and returnee situations for the period of 2008-2012.

In the past years, food security, i.e. activities to increase access and availability to food in adequate quantity and quality, has been identified as a major challenge for both UNHCR and WFP, as well as the many NGO partners that implement programmes for refugees. Food security has been identified as a main activity to be scaled up. Moreover, since the price of basic food items continues to rise, UNHCR offices in more than 30 countries have been requested to provide detailed information and data on this phenomenon. This will not only provide the Office with a better understanding of the impact of rising food prices, but also with the necessary evidence for an informed decision.