KEY FINDINGS AND RECOMMENDATIONS

OPERATIONAL CONTEXT

3,172 refugees and asylum-seekers have been forcibly transferred by Australia to 'offshore processing' facilities in Papua New Guinea and Nauru since the introduction of the current policy in 2013. Of these, some 800 remain in Papua New Guinea.

Following the Australia-United States relocation arrangement, UNHCR has endorsed the referral of more than 1,200 refugees to the United States of America since December 2016. Another 500 people still require a review of their refugee status determination process by authorities in Papua New Guinea and Nauru, under the Australian arrangement.

Long-term solutions remain needed for all people transferred by Australia to Papua New Guinea and Nauru. Neither Papua New Guinea nor Nauru are appropriate places for local integration for the majority of refugees and asylum-seekers, particularly given their acute needs as a result of prolonged detention and harsh conditions. UNHCR’s last monitoring mission to Manus Island took place from 9 to 13 January 2018. This visit followed UNHCR’s continued monitoring presence on Manus Island from 28 October to 13 December 2017.

PROTECTION

KEY FINDINGS

- Physical security remains a concern at Ward 1 of Lorengau, Manus Island, where both West Lorengau Haus and Hillside Haus are located. Despite a continuing increase in community tensions, and three separate security incidents in December 2017, current fencing is inadequate to prevent unauthorized individuals from entering the respective sites by breaching the perimeter. UNHCR staff were informed as of January 2018 that there is no current intention to construct additional perimeter fencing to enhance security at Ward 1.

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2 See UNHCR, UNHCR Fact Sheet on Situation of Refugees and Asylum-Seekers on Manus Island, Papua New Guinea, 15 December 2017.
With regard to physical security outside of accommodation sites, most refugees and asylum-seekers travel in groups, and have reported to UNHCR staff that these measures are intended to ensure their safety. While no formal curfew is in place, local police have advised all refugees and asylum-seekers to return to their accommodation by 6 p.m. each evening to mitigate security risks.

One asylum-seeker was physically attacked in Lorengau by local youths during the evening on 17 December 2017. This follows two earlier attacks in 2017 against this asylum-seeker; one which required him to be medivacced to Port Moresby due to life threatening machete wounds. Although the local police advised that they have investigated this matter and apprehended one of the alleged offenders, the other alleged offender remains at large.

A marked inequality between the standard of living available at East Lorengau Refugee Transit Centre versus lesser living space, communal space, water and sanitation facilities at West Lorengau Haus and Hillside Haus remains unaddressed. No outdoor recreational space is available for refugees and asylum-seekers in the latter two sites, where indoor accommodation space is also insufficient (see Shelter, below). UNHCR staff were informed as of January 2018 that there is no current intention to provide such space, or even to shade existing small areas. A lack of or adequate equipment or maintenance for basic infrastructure including leaking water pipes and washing machines has increased frustration for those living at Ward 1.

While some case worker support by JDA Wokman has commenced at a local hotel in Lorengau town, the unavailability of the service at accommodation sites renders it inaccessible to the most vulnerable refugees and asylum-seekers, who are unable to leave the sites to receive assistance. This is particularly problematic given critical torture and trauma counselling services remain discontinued. Further, the seven case workers now employed (with limited experience) represent a drastic reduction to the previous workforce at the Manus Island ‘Regional Processing Centre’, despite increasing needs. UNHCR was advised in September 2017 by former senior case workers at the Manus Island ‘Regional Processing Centre’ that experienced case workers should provide support to around 20 asylum-seekers and refugees each as less experienced case workers require a smaller caseload. Further, that a case worker mentor is required for every five case workers to provide expertise and support. None of these conditions are being met at present.

While services are predominantly implemented by Australian-contracted providers, the Government of Australia is no longer playing a coordination role on the ground on Manus Island, in contrast to previous arrangements at the former Manus Island Regional Processing Centre. UNHCR staff have observed a consistent and ongoing lack of clarity as to designated roles, as well as confusion among refugees, asylum-seekers and service providers alike. It remains unclear how adequate performance by service providers is monitored or managed.
Community tensions at both East Lorengau Refugee Transit Centre and Ward 1 are of increasingly serious concern. Refugees, services providers, local police and local community members have all provided consistent reports to UNHCR of the blocking of access to the East Lorengau Refugee Transit Centre by local residents from the morning of 19 December until 21 December 2017. During this period, refugees were prevented from entering and exiting, and food trucks were denied access to the site. International Health and Medical Services (IHMS) were similarly denied entry to clinic facilities, meaning that critical medical services were interrupted throughout the blockade, aside from a period of approximately one hour. While the road block at East Lorengau Refugee Transit Centre was removed on 21 December 2017, community members concerns remain unresolved.

In Ward 1, the seepage of waste water from the septic tank at accommodation sites has heightened tensions that have been ongoing since November 2017. UNHCR staff observed a road block by frustrated and upset local residents impacted by the noxious smell and other issues on 13 January 2018. Continued tensions were once again apparent on Monday, 17 January 2018, with the Australian-contracted security provider prevented from entering both Ward 1 sites.

UNHCR staff noted a worsening sense of helplessness and hopelessness among asylum-seekers and refugees at all facilities on Manus Island as of January 2018. This is linked to uncertainty with regard to long term solutions, deteriorating mental health, an absence of any organized activities, minimal case worker support and, in the case of those at Ward 1, very basic living conditions.

Asylum-seekers currently at Hillside Haus may not have been recognized as refugees for a variety of reasons, including due to mental health conditions, changes in their circumstances or those of their home country since 2013, or non-engagement with the Papua New Guinea refugee status determination process. It would be misleading in this context to refer to these individuals as “failed asylum-seekers” or “non-refugees”. A review of negative decisions is needed to ensure that those with international protection needs are appropriately recognized as refugees and not returned to danger and persecution.

The last population figures provided by the Papua New Guinea Immigration and Citizenship Service (ICSA) indicated a total population of 781 refugees and asylum-seekers in Papua New Guinea. Figures (currently unverified by UNHCR) estimate 539 persons accommodated in the three separate facilities on Manus Island: 283 refugees currently at East Lorengau Refugee Transit Centre, 142 refugees at West Lorengau Haus, and 114 asylum-seekers at Hillside Haus. Comprehensive registration is needed to confirm these estimates.

Recommendations

The Government of Australia should assume a clear coordination role with regard to the service providers it has retained, and adequately monitor the fulfillment of agreed obligations.

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3 See also UNHCR, UNHCR Fact Sheet on Situation of Refugees and Asylum-Seekers on Manus Island, Papua New Guinea, 15 December 2017.
Serious issues around peaceful co-existence between refugees, asylum-seekers and the Manusian community at Ward 1 and Ward 2 need to be addressed as a matter of urgency, with an emphasis on de-escalation and dialogue.

At least 27 experienced case workers and around six case worker mentors are required. Outreach case worker support also needs to urgently be provided at all three accommodation locations.

Torture and trauma counselling and interpreters, should be established on-site at all three accommodation locations immediately.

Registration of all refugees and asylum-seekers currently in Papua New Guinea is needed to ensure a reliable population record as well as to allow individual protection needs such as medical or other vulnerabilities to be documented and appropriately addressed.

Asylum-seekers with new substantive refugee claims should be given the opportunity to have their claims assessed. Re-instatement of access to phone credit for asylum-seekers and access to an allowance is necessary to ameliorate current tensions.

**WATER AND SANITATION**

**Key Findings**

As of 13 January 2018, UNHCR staff observed 15 squat toilets available at West Lorengau Haus for 142 refugees. One additional toilet remains permanently locked and out-of-order. This ratio of 1:9 represents an improvement since December 2017, while remaining below the accepted standard of 1:8 for accommodation intended for over three months. As previously observed, squat toilets pose accessibility issues for refugees with physical impairments. During UNHCR’s visit, hand sanitizer dispensers were introduced to the bathroom blocks and an additional bathroom block was under construction.

As of 13 December 2017, UNHCR staff observed 11 showers available at West Lorengau Haus for 150 refugees. One additional shower was not functioning. This ratio of 1:14 is well below the accepted standard of 1:8 for accommodation intended for over three months.
As of 12 January 2018, 10 showers, 10 seated toilets and six urinals were available for 114 asylum-seekers now at Hillside Haus. However, the ceiling of the shower room on the ground level had exposed pipes dripping waste water, compromising sanitation and restricting access. Accordingly, only five showers and 10 toilets were in use for 103 asylum-seekers currently living at Hillside Haus. This ratio of 1:23 showers and 1:11 toilets is significantly below the accepted standard of 1:8 for accommodation intended for over three months, and represents a deterioration since December 2017.

Local authorities and residents have consistently reported to UNHCR staff that water provided to the East Lorengau Refugee Transit Centre is sourced from the mains of Lorengau Town (Water PNG) and then treated. Water for both West Lorengau Haus and Hillside Haus is sourced from the local stream within Lorengau Town, and is tanked to the Ward 1 area, untreated. Tanking arrangements have also been observed first-hand by UNHCR staff. Local authorities expressed concerns that the untreated water may present public health concerns at Ward 1.

Bottled water for drinking is being provided to refugees and asylum-seekers at Ward 1. A minimum quality of water for bathrooms and kitchen facilities is nevertheless necessary to ensure basic sanitation and prevent health risks.

Recommendations

Current bathroom facilities should be expanded to ensure a minimum of 18 toilets and 18 showers needed for 142 refugees currently residing at West Lorengau Haus.

Current bathroom facilities should be expanded to ensure a minimum of 14 toilets and 14 showers needed for 114 asylum-seekers currently residing at Hillside Haus.

As water currently being tanked to Ward 1 is untreated, testing should take place at both the source and distribution points to ensure quality and prevent water-borne health risks.

HEALTH

Key Findings

As of 31 October 2017, all services provided within the former ‘Regional Processing Centre’ including health, pharmaceutical, counselling, case management and activities programmes were terminated. These have been replaced by a business-hours primary care clinic and a reconstituted but limited mental health service. Medical care relies on an agency model of services, rather than outreach. It is critical for people with specific vulnerabilities, including mental health to have an outreach model.

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6 Ibid, at p. 51 and p. 58.
7 See also UNHCR, UNHCR Fact Sheet on Situation of Refugees and Asylum-Seekers on Manus Island, Papua New Guinea, 15 December 2017.
The International Health and Medical Services (IHMS) clinic is significantly physically smaller, less well-equipped and with fewer staff than the previous clinic at the 'Regional Processing Centre' and its range of services limited to primary care issues. Although UNHCR understands that there has been a small increase in medical staff and the establishment of emergency equipment for use only during operating hours, these minor improvements are not comprehensive enough to address the health care concerns for asylum-seekers and refugees on Manus Island. A further concern is that the IHMS contract terminates at the end of February and it remains unclear whether IHMS will continue, whether a new medical service provider will take over or whether there will be no medical service providers going forward. This creates considerable uncertainty for a very unwell population.

IHMS does not have an ambulance, and their patient transport vehicle is not available after hours. An ambulance is not available to transport patients to the Lorengau General Hospital on a regular and consistent basis.

After-hours primary care, emergency service provision and surge service provision in the event of any major health crisis are to be provided by the 120-bed Lorengau General Hospital. Capacity at this facility is very limited, with no anaesthetist, surgeon or psychiatrist.

Access to pharmaceuticals has been improved by allowing asylum-seekers and refugees to obtain medication from the local Pharmacy, but over the festive period supply issues did arise with some medications that should be resolved by mid-January. The absence of on-site interpreters (as above) also presents a serious obstacle to proper medical treatment for those who do not speak fluent English.

Given the known level of psychological distress among refugees and asylum-seekers, the abrupt termination of torture and trauma counselling and the lack of any proposed replacement is inappropriate and exposes them to experiencing severe psychiatric and psychological harm.

The limited capacity of both the IHMS Clinic and the Lorengau General Hospital and the seriousness of medical conditions among the persons of concern requires a rapid transfer process off Manus Island. UNHCR understands that 50 asylum-seekers and refugees on Manus Island require transfer to Port Moresby or elsewhere for medical care, but as of 12 January 2018 this had not been facilitated.

Overcrowding at the East Lorengau Refugee Transit Centre, West Lorengau Haus and Hillside Haus, as well as concerns regarding inadequate toilet facilities in both Ward 1 sites, pose risks for individuals of rapid spread of infectious gastrointestinal illnesses.

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The lack of any appropriate and safe rooms to allow for confidential consultations to take place with medical and other service providers at Ward 1 creates a serious barrier for refugees and asylum-seekers in need of this support. The absence of a purpose-built facility for refugees and asylum-seekers for whom large group accommodation is unsuitable is highly problematic. This is particularly the case for those with serious mental health concerns (who may need to be admitted into a mental health facility) and protection concerns.

**Recommendations**

- Torture and trauma counselling services, along with necessary interpretation services, should be immediately reinstated on-site at all three accommodation facilities.

- Appropriate resourcing and support for Lorengau General Hospital should be urgently provided commensurate to increased demands in order to address the health needs of the asylum-seekers and refugees after hours, as well as those requiring hospitalization.

- Procedures for medical evacuation should be streamlined to allow for immediate transfer of the approximately 50 individuals who can neither be adequately treated at IHMS nor the Lorengau General Hospital.

- The need for outreach medical care and especially specialist mental health support is critical.

- A strategic operational plan or road map that identifies operational gaps including those above and provides timelines and processes to address them should be completed as a matter of priority.

- Planning of uninterrupted medical services for refugees and asylum-seekers beyond February 2018, including adequate handover arrangements as required, are urgently needed.

- A purpose-built facility for refugees and asylum-seekers for whom large group accommodation is unsuitable should be constructed as a matter of urgency.

**Key Findings**

- Overcrowding is currently a concern at all three facilities for refugees and asylum-seekers on Manus Island.

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9 See also UNHCR, *UNHCR Fact Sheet on Situation of Refugees and Asylum-Seekers on Manus Island, Papua New Guinea*, 15 December 2017.
In East Lorengau Refugee Transit Centre, up to four refugees are accommodated in shared bedrooms measuring 4.0 x 2.8 metres. In addition, each group accommodation unit has a cooking and dining space measuring approximately 4.0 x 7.0 metres which is shared between 8 or 12 refugees, depending on the bedroom configuration of the unit. This space of 6.3 m² for 8 person units or 5.1 m² for 12 person units is just at or below the accepted standard of 6 m² for accommodation intended for over three months.¹⁰

At West Lorengau Haus, two refugees are intended to be accommodated in each room measuring 2.9 x 3.2 metres. This space of 4.6 m² per person is significantly below the accepted standard of 6 m² for accommodation intended for over three months.¹¹ No appropriate indoor communal space is available notably for their meals that they collect from the canteen at Hillside Haus. There is no outdoor recreational space or any appropriate space for gym equipment.

At Hillside Haus, two asylum-seekers are intended to be accommodated in each room measuring 3.9 x 2.6 metres with some asylum-seekers having three men to a room. This space of 5.1 m² per person is below the accepted standard of 6 m² for accommodation intended for over three months.¹² Some rooms UNHCR observed had water leaking from the roof. While UNHCR has observed a communal recreational area upstairs, there is no recreational equipment for the men to engage in activities, nor is the space appropriate given the very close proximity to the rooms of other asylum-seekers. There is no outdoor recreational space or any appropriate space for gym equipment.

Recommendations¹³

- Living space for refugees and asylum-seekers at East Lorengau Refugee Transit Centre, West Lorengau Haus and Hillside Haus requires expansion to meet a minimum standard of 6 m² per person.

- Communal space for recreation outside of small bedrooms is urgently needed at West Lorengau Haus and Hillside Haus.

- For 114 asylum-seekers at Hillside Haus, a minimum 5,130 m² should be available. For 142 refugees at West Lorengau Haus, a minimum 6,390 m² should be available. It should be noted that the total planned capacity of West Lorengau Haus (300 individuals) would require 13,500 m².¹⁴

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¹⁰ International Federation of Red Cross and Red Crescent Societies - Emergency Sheltering – Guidelines on Emergency Sheltering of Refugees in Germany, 2016, p. 45.
¹¹ International Federation of Red Cross and Red Crescent Societies - Emergency Sheltering – Guidelines on Emergency Sheltering of Refugees in Germany, 2016, Ibid.
¹² International Federation of Red Cross and Red Crescent Societies - Emergency Sheltering – Guidelines on Emergency Sheltering of Refugees in Germany, 2016, Ibid.
¹³ See also UNHCR, UNHCR Fact Sheet on Situation of Refugees and Asylum-Seekers on Manus Island, Papua New Guinea, 15 December 2017.
¹⁴ International Federation of Red Cross and Red Crescent Societies and German Red Cross, Emergency Sheltering – Guidelines on Emergency Sheltering of Refugees in Germany, 2016, p. 24.