

# REFUGEE CHILDREN



## Guidelines on Protection and Care

**UNHCR GENEVA 1994**

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UNITED NATIONS  
HIGH COMMISSIONER FOR REFUGEES



# REFUGEE CHILDREN



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# **Refugee Children**

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# Preface

*Usually more than half of any refugee population are children. Refugee children are children first and foremost, and as children, they need special attention. As refugees, they are particularly at risk with the uncertainty and unprecedented upheavals which are increasingly marking the post-Cold War era.*

*In order to improve and enhance the protection and care of refugee children, UNHCR has adopted a Policy on Refugee Children, endorsed by the UNHCR Executive Committee in October 1993. The UNHCR Guidelines on Refugee Children, first published in 1988, have been updated in the light of the new Policy and are presented in this document. At their core lies the realization of the need which children have for special care and assistance.*

*Children are vulnerable. They are susceptible to disease, malnutrition and physical injury.*

*Children are dependent. They need the support of adults, not only for physical survival, particularly in the early years of childhood, but also for their psychological and social well-being.*

*Children are developing. They grow in developmental sequences, like a tower of bricks, each layer depending on the one below it. Serious delays interrupting these sequences can severely disrupt development.*

*Refugee children face far greater dangers to their safety and well being than the average child. The sudden and violent onset of emergencies, the disruption of families and community structures as well as the acute shortage of resources with which most refugees are confronted, deeply affect the physical and psychological well being of refugee children. It is a sad fact that infants and young children are often the earliest and most frequent victims of violence, disease and malnutrition which accompany population displacement and refugee outflows. In the aftermath of emergencies and in the search for solutions, the separation of families and familiar structures continue to affect adversely refugee children of all ages. Thus, helping refugee children to meet their physical and social needs often means providing support to their families and communities.*

*These are the concerns reflected in the Guidelines, which define the goals and objectives, the principles and practical measures for the protection and assistance of refugee children. By placing children in the context of the family and the community, the Guidelines focus attention on the children's developmental needs, their gender and cultural framework, the special requirements of unaccompanied minors, and the particular problems which arise in the context of repatriation and reintegration.*

*The process of producing these Guidelines has been an encouraging one for UNHCR. NGOs and UN sister agencies have contributed generously and enthusiastically to the document as have UNHCR staff in the field and at Headquarters. While the Guidelines are primarily intended as directives for UNHCR staff, enhancing their capacity to promote and design programmes which are responsive to the rights and psychological and material needs of refugee children,*

*I hope that our partners will also find the Guidelines useful in developing their own programmes and activities.*

*The ultimate value of the UNHCR Policy and Guidelines on Refugee Children will lie in their translation from words to concrete action. Just as the development of these Guidelines has been a cooperative effort, I hope that in their implementation we can also count on the full support of all concerned. I would like to invite UNHCR staff and government representatives, UN organizations and NGOs to join forces, as well as their skills and resources, in making a positive difference on the lives of refugee children.*

A handwritten signature in black ink, reading "Sadako Ogata". The signature is fluid and cursive, with the first name "Sadako" and the last name "Ogata" clearly distinguishable.

*Sadako Ogata  
United Nations High Commissioner for Refugees*





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## Chapter 1:

# Introduction

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### *I. Who this book is for and how to use it*

This book was written with several groups in mind. It is primarily for UNHCR's staff, but it is also for the staff of its operational partners, whether they be voluntary organizations, UN agencies or Governments. Each chapter takes a subject, such as Legal Status or Psychosocial Well-being, and discusses it from the point of view of children's needs and rights. Generalists working in the field will be able to gain an overview of a subject as well as guidance for addressing specific problems.

At the end of each main chapter, there is a check-list. It contains the essence of the guidelines in the chapter and can be used as a quick means of evaluating whether a field office has taken appropriate measures to ensure that the protection needs of children are met and that appropriate care is provided. There is a "More Reading" section at the end of each chapter for those who want additional information.

Planners and other specialists, both in the field and at headquarters, should also find the book useful because the Guidelines emphasize links - links between children, their family and their community, and links between different

aspects of a child's life, such as education and psychosocial well-being. By keeping these connections in mind we can increase the benefits of our work and reduce unintended consequences. In addition, setting priorities involves focusing more on one aspect than on another, and this requires keeping a broader picture - all the links - in mind.

Since most of UNHCR's work is done through operational partners, the Guidelines will assist in unifying all our efforts towards a common goal: the protection and care of refugee children.

This book was also written with Governments in mind. These Guidelines will help countries of origin and countries of asylum to understand what UNHCR is trying to do for refugee children and why, and will therefore serve as a solid basis for cooperation. Furthermore, the Guidelines will be a starting point for dialogue with the UNHCR Executive Committee and donor States on refugee children: What are the problems in implementing the Guidelines? What else needs to be done? By whom? How?

## ***II. What these guidelines are and what they are not***

This book is not a practice manual. Unlike the manual you may get when you buy a car, this book will not tell you how to fix something when it is broken or how to keep it from getting broken; it will not tell you, "In situation X, you must do Y".

By contrast, guidelines help you solve problems by pointing out things that are important for you to keep in mind. In using guidelines you must always rely on your knowledge of the local situation, your skills, and your common sense to get the job done. For example, in the chapter on Psychosocial Well-being we say, "The single best way to promote the well being of children is to support their family," and then as one of the guidelines on how to

support families there is a paragraph on extra help to single-parent families. We explain why this is important. These Guidelines do not give instructions on how to set up and run a programme to support single parents, but we want every reader of this book to know why such support may be important. Once you have this information, then we can ask you to use your knowledge of the local situation, your skills and your own best judgment to take whatever action you can to support it.

A qualification needs to be made. Guidelines are not mere suggestions that can be ignored when it is not convenient to follow them. Guidelines are tools for reaching policy objectives, so there must be good reasons for not following them in a specific situation. Sometimes you will find a statement that is more strongly worded than other guidelines. In such cases, that particular guideline is a set standard of practice that must be followed, except under the most extraordinary circumstances.

Most of the Guidelines are also "universal"; they apply in an emergency situation as well as in on-going refugee assistance programmes, both in countries of asylum and in countries of return. For example, the importance of family tracing and reunification for an unaccompanied child does not cease the moment that child crosses the border to repatriate.

### ***III. How this book came to be written***

This book of Guidelines has its ancestors. On one side of the family tree is the human rights branch, which includes the most recent forebear, the 1989 Convention on the Rights of the Child. On the other side is the UNHCR branch. In 1987, the Executive Committee requested a set of guidelines (Conclusion No. 47.), and the 1988 "Guidelines on Refugee Children" was published in the following year. In 1991, the Guidelines were evaluated in two reports, one by the International Save the Children Alliance in

cooperation with UNHCR, and the other by the U.S. Bureau for Refugee Programmes. In 1993, the "UNHCR Policy on Refugee Children" (reprinted in Annex A) was presented to and welcomed by the Executive Committee.

In preparation for a revision of the Guidelines, UNHCR field offices were sent a questionnaire asking for their suggestions. These suggestions served as a basis for writing a first draft, and also for going back to some of the field offices to ask for more details. For example, staff members working in repatriation situations on both sides of the border generously shared their experience, thus providing a basis for guidelines on what to keep in mind concerning the special needs of children in preparing for repatriation and reintegration. That same year more than 2,500 copies of a draft revision of the Guidelines were sent to UNHCR staff and to "extended family and friends" (Governments, UN agencies, NGOs, and experts), along with a questionnaire.

Non-governmental organizations, UN agencies and individuals working with refugee children, in addition to UNHCR staff in the field and at Headquarters, have generously shared their experience and given their advice and comments to the draft. These suggestions were reconciled and incorporated to the extent possible into the final text.

The revised 1994 Guidelines you are now holding are the result of combining the concept of "children's rights" with UNHCR's ongoing efforts to protect and assist refugee children.

#### ***IV. Advocates for refugee children***

Refugee children should not become only "the responsibility of the Senior Programme Officer or the Senior Protection Officer." Education and other services for children should not be seen as "somebody else's" programme. We want everyone to be advocates

for all refugees, and we hope that these Guidelines will give each one of you enough information, and encouragement, to be good advocates for the rights of refugee children.





## Chapter 2:

# Refugee Children and the Rights of the Child

### Standards set by the Convention on the Rights of the Child

*"In all actions concerning children... the best interests of the child shall be a primary consideration" (art. 3)"*

*A State must ensure the rights "of each child within (its) jurisdiction without discrimination of any kind" (art. 2)*

### *I. Treaties set standards*

International treaties are important to refugee children because they set standards. When a State ratifies a treaty, the Government of the State promises to the international community that it will conduct itself according to the standards in the treaty.

The 1951 Refugee Convention and the 1967 Protocol (Relating to the Status of Refugees) set standards that apply to children in the same way as to adults: (1) a child who has a "well-founded fear



of being persecuted" for one of the stated reasons is a "refugee", (2) a child who holds refugee status cannot be forced to return to the country of origin (the principle of non-refoulement), and (3) no distinction is made between children and adults in social welfare and legal rights. One article in the Convention sets standards which are of special importance to children: refugees must receive the "same treatment" as nationals in primary education, and treatment at least as favorable as that given to non-refugee aliens in secondary education (art. 22).

The 1969 Organization of African Unity Convention (Governing the Specific Aspects of Refugee Problems in Africa) broadened the definition of "refugee" to include persons in Africa who flee from war and other events that seriously disrupt public order. The OAU Convention makes no distinction between children and adults. The 1984 Cartagena Declaration also expanded the concept of refugee, and although the standard is not legally binding, States in Latin America do apply it.

The treaty which sets the most standards concerning children is the 1989 Convention on the Rights of the Child (CRC). While the CRC is not a refugee treaty, refugee children are covered because all CRC rights are to be granted to all persons under 18 years of age (art. 1) without discrimination of any kind (art. 2).

The Convention on the Rights of the Child is important to refugee children because it sets comprehensive standards. Virtually every aspect of a child's life is covered, from health and education to social and political rights. Some of the standards are specific, for example the articles on juvenile justice (arts. 37 and 40), adoption (art. 21) and family rights (arts. 5, 9 and 14.2). Some social welfare rights are expressly qualified by the State's financial capability. Rights to health (art. 24), education (art. 28), and to an adequate standard of living (art. 27) are called "progressive rights" because they increase along with the State's economic

development. However, these social welfare rights are not just principles or abstract goals. Because they are "rights," the prohibition against discrimination (art. 2) means that whatever benefits a State gives to the children who are its citizens, it must give to all children, including those who are refugees on its territory.

The Convention on the Rights of the Child has gained importance to refugee children because of the near-universal ratification of the treaty (155 State parties by March 1994). The CRC standards have been agreed to by countries in every region of the world, countries of every population and geographical size and stage of economic development, and representing every type of political system and religious tradition. Because the standards are universal, the CRC can be used as a powerful tool for advocacy: a country cannot claim its uniqueness as an excuse for not living up to universal standards.

The widespread ratification of the CRC is important for other reasons as well. When a State is a party to the CRC but not to any refugee treaty, then the CRC may be used as the primary basis for protecting refugee children. Even when a State has not ratified the CRC, UNHCR still advocates its observance because its standards are universal.

UNHCR also applies the CRC to its own work by using the rights as guiding principles. The UNHCR Policy on Refugee Children states, "as a United Nations convention, (the CRC) constitutes a normative frame of reference for UNHCR's action" (para. 17). One of the guiding principles in the Policy states, "In all actions taken concerning refugee children, the human rights of the child, in particular his or her best interests, are to be given primary consideration" (para. 26 (a)). (The Policy is reprinted in Annex A). At the beginning of each chapter of these Guidelines, the rights in the CRC are stated as UNHCR's standards.

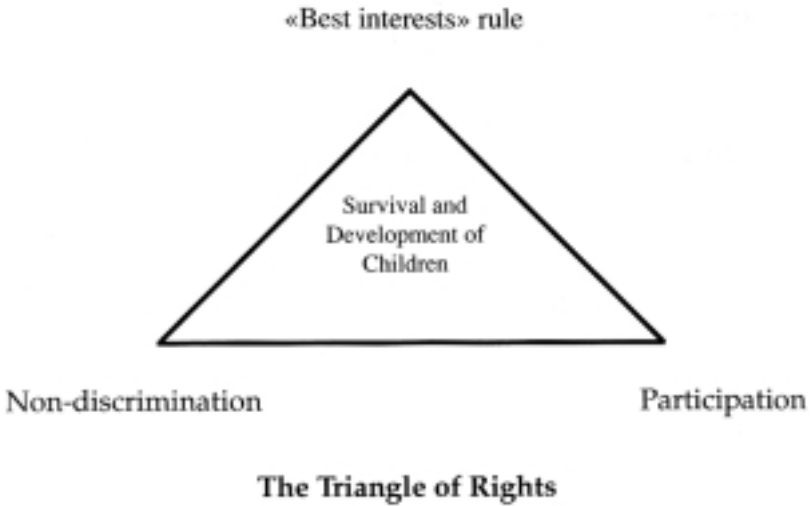
For the well-being of refugee children, UNHCR advocates the observance of CRC standards by all States, international agencies and non-governmental organizations.

In 1990, the World Summit for Children adopted a Declaration and Plan of Action. The goals of the World Summit set important standards to work towards in health and education. As follow up, States are encouraged to develop national plans of action, which should include refugee children under the category of "children in especially difficult circumstances." Although the Declaration and Plan are not treaty standards, their widespread acceptance has been a major step forward.

## ***II. Overview of the Convention on the Rights of the Child***

**The "Triangle of Rights"** The CRC's major innovation is that it gives rights to children. We are used to thinking of children as having needs that should be met, rather than as having legal rights. Because of the CRC, children now have internationally recognized human rights.

Although the rights in the CRC cover almost every aspect of a child's life, there are three rights that are so fundamental that they can be thought of as underlying the entire CRC: the "best interests" rule, non-discrimination, and the right to participate. These three rights are so important and so interrelated that it is helpful to think of them as a "triangle of rights". The three rights of the triangle reinforce each other to reach the objective: "the survival and development" of children (art. 6).



**"Best interests" rule** The "best interests" rule has two main applications: government policy-making and decisions made about children on an individual basis.

- **Policy decisions** Art. 3 requires that, "In all actions concerning children" the State shall make "the best interests of the child a primary consideration." This article requires States to analyze how each course of action may affect children. Because the interests of children are not always identical to adults' interests, and can at times even conflict, the State must carefully separate out the various interests at stake. The government does not have to take the course of action that is best for children, but if any conflicts are identified, the State must make the "best interests" of children "a primary consideration." This rule applies in budget allocations, in the making of laws, and in the administration of the government.

- **Individual children** When a decision is being made about an individual child, then the child's best interests must be, at a minimum, "a primary consideration." There are some situations where the child's welfare gets higher consideration. For example, in a case of abuse or neglect, a child can be separated from parents if it "is necessary for the best interests of the child" (art. 7). In an adoption case, the "best interests of the child shall be the paramount consideration" (art. 21). In these cases, how a course of action might affect the child must be looked at closely, which is a requirement similar to that in policy decisions. What can be different in individual cases is that under some CRC articles a child's welfare must be given priority over an adult's.

For example, making a long term plan for an unaccompanied minor requires a decision about a child's best interests. A child might be an orphan living in a refugee camp, with grandparents in the country of origin, an uncle in a second country of asylum, and with an unrelated family in another country that would like to adopt the child. In deciding what is best for the child many factors would have to be considered, including "the desirability of continuity" of culture and language (art. 20), the preservation of family and nationality (art. 8), and the child's own desires, which must be considered according to the child's "age and maturity" (art. 12). The objective is to allow the child to "grow up in a family environment, in an atmosphere of happiness, love and understanding" (Preamble). The decision about a child's best interests can often be difficult; no single answer may be obviously and indisputably correct. (In the example, not enough "facts" were given to make a decision. More information would be needed: does the child have the legal status of "refugee"? How old is the child? What are the conditions in the home country? Are the grandparents able to raise the child? And so on).

The best interests rule underlies the CRC; each article is a variation on the theme of the best interests of children.

**Non-discrimination** The non-discrimination article, art. 2, requires States to "respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's ... national, ethnic or social origin ... or other status". In other words, every child within a State's jurisdiction holds all CRC rights without regard to citizenship, immigration status or any other status. Refugee children, asylum seekers, and rejected asylum seekers are entitled to all the rights of the CRC.

**Participation** Participation is a theme that runs throughout the CRC. Art. 12 provides that: "States Parties shall assure to the child who is capable of forming his or her views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child." In one way or another, nearly every article concerns some aspect of children's participation in society.

There are many forms of participation. For example, there is social participation in family (arts. 7.1, 10) and community life (arts. 15, 17), and participation of those with special needs, such as disabled children (art. 23).

The participation of children in decision-making helps adults make better choices because they are better informed of the thoughts, feelings and needs of the children. But participation also meets a developmental need. It is through participation that children learn decision-making skills and gain the confidence to use those skills wisely.

As children age and mature they have greater participation in decision-making. Three forms of participation in decision making are:



- ❑ **Information input** When primary school children draw pictures, the activity can be just recreation and self-expression. But it can also be participation, provided that adults use the pictures as a source of information about the children's thoughts and feelings in their decision making.
- ❑ **Dialogue** Children have opinions and can discuss them with adults. When adults give the opinions "due weight", according to the child's age and maturity, then the children are participating in the decision-making process, according to the CRC.
- ❑ **Decision-making** At an older age, young people can make some of their own decisions. For example, under national law adolescents may have the right to get married or to join the army. Even though these choices are usually subject to the approval of parents, the right of adolescents to decide what is in their own best interests shows that participation is a continuum: with an increase in age and maturity comes an increase in control over one's life.

**The CRC emphasizes relationships** Although the Convention on the Rights of the Child gives individual rights to children, the CRC also emphasizes relationships. The well-being of children and the enjoyment of their rights are dependent upon their families and their community. The CRC recognizes that the family is "the fundamental group of society" and places children's rights in the context of parental rights and duties (arts. 5, 14, 18, etc.). The importance of the community is constantly recognized (arts. 5, 13, 14, 15, 20, 29, 30).

Throughout these Guidelines, we stress that one of the best ways to help refugee children is to help their families, and one of the best ways to help families is to help the community. UNHCR's Policy on Refugee Children conveys the same message. See illus-

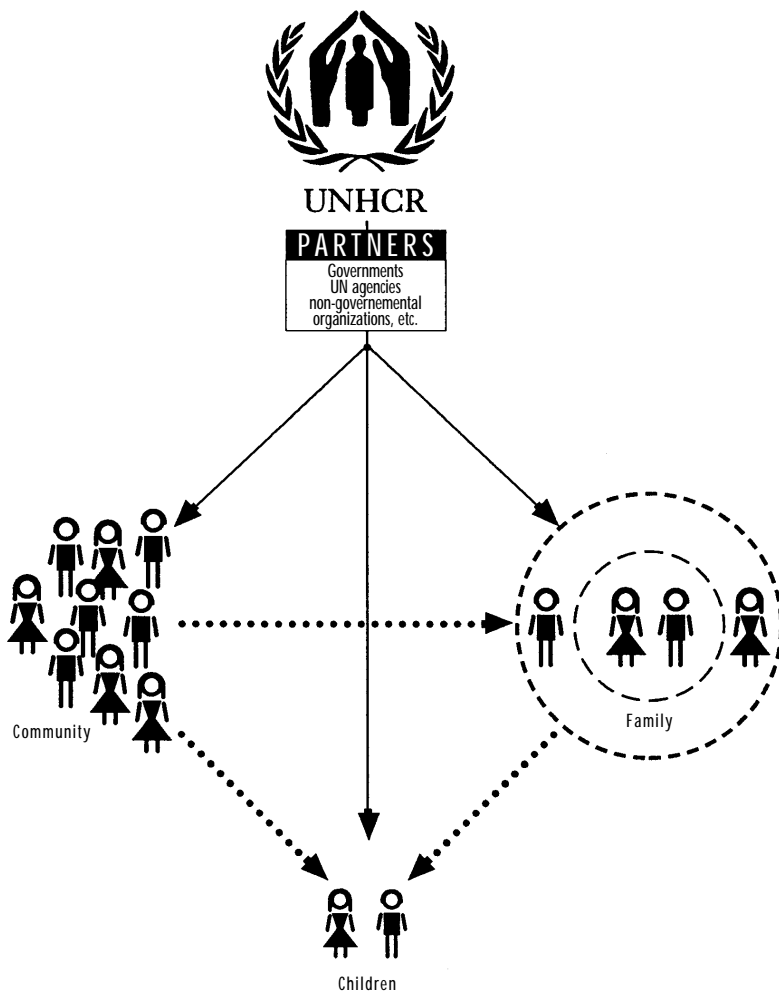
tration of UNHCR's approach to the protection and care of refugee children, on page 26.

### ***III. Adolescents are included in the CRC***

The CRC defines "child" as anyone "below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier" (art. 1). The CRC definition may cause some confusion because it equates child with "minor". The dictionary definition of "child", on the other hand, is a person who has not yet reached puberty, or sexual maturity. A person who is no longer a child but not yet an adult is an adolescent, or a young man or young woman. (UNHCR's Policy on Refugee Children uses the CRC definition (para. 3)).

In advocating "children's rights" in societies where adolescents are performing adult roles of marriage, child-rearing, work or combat, for example, you should be prepared to explain why all persons under 18 should receive the special treatment given them under the CRC.

## UNHCR's approach to protect and assist refugee children



*The best way to help refugee children is to help their families, and one of the best ways to help families is to help the community. The figure illustrates how UNHCR, often through operational partners in some cases protect and assist refugee children directly. More often, programmes are designed to help the family assist and protect their children and to assist the community in supporting the family and thereby protecting the child.*

One reason why 18 is the dividing line is because that is the widely accepted age of legal majority, that is, the age a person assumes the legal rights of adults. But there is a more practical reason why adolescents are included under the CRC. Although adolescents may have adult bodies and perform many adult roles, generally speaking they have not fully developed the emotional maturity and judgment, nor achieved the social status, of adults that come with life experience. In refugee situations, adolescents do need the "special care and assistance" given them by the CRC: they are still developing their identities and learning essential skills. When the refugee situation takes away the structure they need, it can be more difficult for them to adjust than for adults. Their physical maturity but lack of full adult capabilities and status also make them possible targets of exploitation, such as in sexual abuse and military recruitment.

In advocating for adolescents it may at times be more useful to focus on their needs in a given situation, rather than the CRC's legal language of "rights of the child," which might be misunderstood unless carefully explained.

#### ***IV. Standards of practice***

All UNHCR staff are encouraged to use the Convention on the Rights of the Child in all aspects of their work, to use the language of children's "rights," and to stress the "triangle of rights" the "best interests" rule, non-discrimination, and participation.

It is good practice to be familiar with the CRC, to know whether the country you are working in has ratified the Convention and whether it has made any reservations, to know whether it has been translated into the language(s) of that country, and to have ready access to a copy of the Convention. Copies can be requested from Headquarters.

It is important that you not base your advocacy for CRC standards only on the fact that they are legal rights. Each right has been placed in the Convention on the Rights of the Child because it helps answer a developmental need of children. Successful advocacy reaches out to people's better nature - their natural desire to protect children and their sense of justice - and offers practical solutions to problems. The CRC is not just a legal treaty, it is a moral statement and a practical guide to the welfare of children.

## Chapter 3:

# Culture

### Standards set by the Convention on the Rights of the Child

*"The importance of the traditional and cultural values of each people for the protection and harmonious development of the child" must be taken into account (Preamble).*

*Every child who belongs to an "ethnic, religious or linguistic" minority or indigenous group has "the right, in community with other members of his or her group, to enjoy his or her culture, to profess and practice his or her own religion, or use his or her own language" (art. 30).*

### *I. Why culture is important*

The conservation of culture and the right to take part in a cultural life are recognized as human rights. Culture provides children with identity and continuity. By learning the values and traditions of their culture, children learn how to fit into their family, community and the larger society. Each society has a unique body of accumulated knowl-



edge, which is reflected in its social and religious beliefs, and ways of interpreting and explaining the world around them.

Culture determines the values held by a social group as well as the rules and controls which ensure that such values are upheld. This includes a society's approach to the raising of its children. Each social group has its particular rules concerning who takes care of children, what they are taught at which age, what is expected of children, how they should be disciplined, and what should be done when things go wrong, such as when children are abused or neglected or their parents are unable to take care of them.

Culture is not static, but is constantly developing and adapting to change. To remain healthy, however, a society must incorporate change gradually to ensure that the various aspects of its culture evolve in a coherent and consistent manner.

A refugee movement can disrupt nearly every aspect of a culture. The social upheaval caused by the involuntary movement of individuals, families and communities, can dramatically affect the coherence of their culture. Normal social rules, values and controls begin to break down when the social group which provides the framework for their application disintegrates.

## ***II. How the refugee experience affects children***

The consequences of this disruption for children, in particular, can be extremely serious. When a society's guiding and regulating mechanisms are lost, individuals find themselves deprived of their normal social, economic and cultural environment. As a consequence, human relationships often suffer. Parental distress and anxiety can seriously disrupt the normal emotional development of their children.

Moreover, children often lose their role models in a refugee situation. Under normal circumstances, parents provide the primary

role model for their children, contributing significantly to the development of their identities and to their acquisition of skills and values. Separation from one or other parent, very often the father in circumstances of flight, can deprive children of an important role model. Even when both refugee parents are present, their potential for continuing to provide role models for their children is likely to be hampered by the loss of their normal livelihood and pattern of living. (See also Chapter 4: Psychosocial Well-being).

Children's roles also change in refugee situations. If one parent is missing, a child may have to take on adult responsibilities. When a mother has to take over a missing father's productive tasks outside the home, for example, an older daughter may have to substitute for the mother in caring for younger children. As a result, the daughter's developmental needs might be neglected because of overwork, or lack of opportunities for play or to attend school.

The continuity of experience required for normal development may be further undermined for refugee children when they come into contact with different cultures. In many refugee situations, the language, religion and customs of the local population in the country of asylum, as well as that of officials and aid workers may be quite different from those of the refugee community. In such cross-cultural situations, in particular in the context of resettlement, children frequently "lose" their culture much more quickly than adults.

There is a natural tendency for children to try to adapt and conform to a new environment. The mother-tongue is often the first thing to be lost, and with it a vital part of the children's identity. The longer-term impact of such changes will, of course, depend on whether the child and family are temporarily in a country of asylum pending repatriation or are permanently resettled. In



either situation, however, a serious consequence is likely to be a growing alienation between child and parent, particularly if the parent is finding difficulty in adjusting to the changed condition and is economically inactive.

### ***III. Restoring cultural normalcy***

The social and mental well-being of all refugees, but particularly of refugee children, can be most effectively assured by the quick re-establishment of normal community life. Voluntary return to the country of origin is likely to be the easiest way to achieve this. In many refugee situations, however, children and adults alike are obliged to stay for long periods of time in temporary asylum while for others the only solution is resettlement in a third country.

Resettlement is dealt with elsewhere in the guidelines, so this section focuses on the important issue of restoring the cultural normalcy of a refugee population remaining for extended periods of time in a country of asylum. The extent to which cultural normalcy can be restored will depend principally on the degree of fragmentation of the refugee population and on the willingness of the host government to permit refugees to determine their own activities. The following are ways in which the aid worker can assist refugees in re-building a healthy cultural life.

Identifying these factors in their particular context is essential for determining programme priorities and anticipating how these factors can affect the outcome of your plans.

**Community Development** Community development is an extremely important mechanism for regenerating normal social organization.

- ***Traditional leadership*** A refugee population may already include part, if not all, of its traditional leadership. The aid worker can help to strengthen and reinforce traditional

leaders by consulting and working through them. Preservation of the refugees' traditional form of social organization enhances not only their well-being but also the effectiveness of assistance efforts.

- ❑ ***New leaders*** Where a fragmented refugee population lacks traditional leaders, it may be necessary to assist the community in identifying new ones. In this situation it is of critical importance to ensure that the non-traditional leaders given support and credibility by the aid worker have the best interests of their community at heart rather than their own self interest.
- ❑ ***Living together*** Community re-building or development can be achieved most easily if refugees are able to live in groupings which approximate those in the country of origin. This process can be helped considerably by promoting living arrangements whereby extended families and members of the same village of origin are able to settle close together. Serious problems have arisen in the past by filling up camps or settlement sites on a "first come, first served" basis. On the one hand this is likely to impede the reforming of coherent social groups, and on the other hand it can result in the inappropriate mixing of distinct tribal groups or clans, sometimes with devastating consequences.
- ❑ ***People-Oriented Planning*** To restore cultural normalcy, the aid worker will have to know the background of the refugees. "The Framework for People-Oriented Planning in Refugee Situations, Taking Account of Women, Men and Children" provides a framework for analysing who the refugees are (demographic profile) and determining factors shaping the context within which refugees conduct their daily lives. These broad interrelated factors may include, inter alia: community norms, social hierarchy, family and

community power structures including mechanisms for protection especially for women refugees and for child refugees; economic activity including division of labour according to gender; religious beliefs and practices; demographic considerations; national attitudes towards refugees in both the country of origin and the receiving country; and attitudes of refugees to development/assistance workers.

**Refugee Participation** Refugee participation - or permitting refugees to take back control of their own lives - is fundamental to developing, or re-building, a healthy community. Through participation, refugees can regain influence and control over their lives which, in turn, will have a positive impact on the raising of self-esteem. Consulting refugees on matters such as house construction and layout, food preferences, or requirements to regenerate religious activities, can make a critical difference in the restoration of cultural normalcy.

There are many ways in which UNHCR and its implementing partners can seek and encourage refugee participation: through formal representation by traditional or elected leaders; through refugee committees; through informal contacts between refugees and staff, or through the employment of refugees, especially in decision-making positions. In many traditional communities where the leadership tends to be exclusively male, special efforts will be needed to encourage the participation of refugee women, to ensure that all aspects of community life are appropriately addressed.

- ❑ **Language** Maintenance of the mother tongue is a critical factor in retaining identity. Refugee children should be encouraged to use and preserve their own language. If refugee children attend national schools in the country of asylum, and if the language of instruction is different from the mother tongue, special provision may be necessary to

enable them to retain, and become literate in, their mother tongue.

- ***Religion and Ritual*** A crucial element in regaining cultural normalcy is the renewed practice of religious and ritual activities. The disruption of such practices, so common during a refugee movement, can seriously interfere with the opportunities of refugee children to learn about the physical manifestations of their culture. Religious festivals and rites of passage such as birth, transition into adulthood, marriage and death are extremely important in unifying a community and in conferring identity on its individual members. The importance of such activities to community mental health should not be underestimated. For example, the provision of extra food for communal meals, or other material assistance for funerals (burial cloths, coffins, firewood, etc.) can give vital emotional support and sustain culture through a crisis.
- ***Arts and Recreation*** Traditional music, dance and other arts are important representations of culture and permit the communication of its values from one generation to the next. In a refugee situation, it is important to encourage the continued practice and training in such traditional skills as well as the celebration of traditional events and festivals. Such activities play an important role in restoring and maintaining social cohesion. Sports, games and other recreational activities also have an important part to play in building up community spirit as well as providing entertainment and relieving stress.
- ***Avoiding Coercive Practices*** The instability and uncertainty which characterizes many refugee populations makes them extremely vulnerable to coercion by agencies and individuals wishing to impose alien religious beliefs. It is

extremely important, in choosing operational partners, to make every effort to ascertain how an agency intends to support the culture and religion of the refugee community.

### Check-list

- Are cultural, religious and social preferences of refugee families respected in assistance programmes?
- Are participatory strategies being implemented in the planning and implementation of refugee services?
- Are refugees able to practice their religion and do they have the facilities to do so?
- Do living arrangements enhance and protect cultural, social and religious values?
- Is the children's native language used and taught to the children?
- Is the economic self-sufficiency of refugee families being promoted as a means of enabling them to live the life they prefer?
- Are sports events and recreational activities promoted?
- Is adaptation to the cultural and social values of the host country and community being promoted?
- Are coercive religious and cultural practices by assistance agencies monitored and countered?

### More Reading

Anderson, Mary B., Ann M. Howarth (Brazeau) and Catherine Overholt. 1992. *A Framework for People-Oriented Planning in Refugee Situations Taking Account of Women, Men and Children*. Geneva: UNHCR.

## Chapter 4:

# Psychosocial Well-being

### Standards set by the Convention on the Rights of the Child

*Every child has the right to "such protection and care as is necessary for his or her well-being" (art. 3.1).*

*Every child who is a victim of "any form" of abuse or neglect has the right to "physical and psychological recovery and social reintegration" (art. 39).*

Refugee children's psychosocial well-being is as important as their physical health. The term "psychosocial well-being" is used to reflect the intimate relationship between psychological and social factors. Consequently, protecting and promoting the psychosocial well-being of refugee children has two main thrusts. First, it involves as a preventive measure, enhancing all those factors which promote the well-being of children. Second, it includes providing the special remedial assistance necessary to ensure that children who have been harmed or have special needs are provided assistance to ensure a full recovery.



## ***I. Why psychosocial well-being is important***

One psychological factor is unique to children; they are developing. Their personalities are being formed and coping skills being learned almost daily. The transition from total dependency at birth to the interdependency of adulthood is a process of development. Children are never on hold: developmental needs do not wait for an emergency phase of a refugee situation to end. Children do not develop in isolation: the family is essential in providing the sense of self-esteem, security and identity that is necessary for the child to successfully learn from, and fit into, the rest of society.

The uprooting, disruption and insecurity inherent in refugee situations can harm children's physical, intellectual, psychological, cultural and social development. These factors are severely compounded when, in addition, children suffer or witness the torture or murder of family members or other forms of abuse or violence. Unaccompanied children are particularly vulnerable.

First and foremost, the emotional well-being of children is influenced by the protection and care they receive from their families and communities. Adults often suffer greatly in refugee situations; this can influence their ability to provide for their children. Sometimes parental distress results in child abuse, abandonment, family strife and other forms of family disintegration.

During refugee situations, children face greater risks to their psychological development. Hardships in refugee situations are chronic. Children may be living in constant fear or anxiety; parents may be too stressed or traumatized to give good care; children may suffer from malnutrition and illness. Children are affected not only by what happens to them, but by what they are deprived of, for example missing out on developmental essentials such as play and school.

**How to help** UNHCR's approach to protection and care is three pronged: direct services to the child; helping the child through services to the family; and assisting the child and the family through services to the community. This approach is illustrated on page 26.

The assistance might be prevention, such as preventing the break up of a family. Or the assistance might be to promote individual, family or community strengths. In times of hardship, families and communities often unite in ways that bring out the best in human nature and allow children to gain personal strengths.

Becoming a refugee is stressful for all involved. It has a variable impact and some will show more symptoms of distress than others. In most cases efforts to restore normalcy and community approaches will address many of the problems. Field staff need, however, to be alert to exceptional cases of children who need more specialized services.

Children need more than services which are directed just to them. Preschool play groups, for example, serve an important purpose, but if a parent cannot meet the child's emotional needs because the parent is too physically weak or emotionally stressed, then the child's greater developmental need is for the parent to receive help.

**Prevention** First, give emphasis to identifying factors which may cause distress and help to prevent them.

- ❑ **Restore normalcy** Our first objective must be to restore normalcy, that is, to help the family function as normally as possible. (Because they are refugees, life cannot be normal).
- ❑ **Ensure predictability** Refugee children need a daily routine that is predictable. When life becomes stable, when they can rely on good things happening on a predictable basis, such as eating, going to school, playing, the sense of normalcy gives psychological security.



- ❑ **Assist families to pursue durable solutions** and establish normal living conditions. This will be the single most important contribution to their psychosocial well-being. Ensure that also children have accurate information concerning their present situation, rights and responsibilities and possibilities for durable solutions.

Field staff will find practical advice in *Refugee Mental Health (Draft Manual for Field Testing)*, written by WHO together with UNHCR.

## ***II. Helping children directly***

Activities that aim at helping the child directly may include:

- ❑ **Play** Play is vital to the healthy development of a child. It is a child's way of coping with what has happened, of relaxing and relieving tensions and of assimilating what (s)he has experienced and learned. This process is crucial to a child's healthy development, ability to cope and to learn to function within the family and the community.
- ❑ **Playgrounds** Refugee camps, settlements or reception centres should have play areas from the outset. The play areas must be free from hazards and must fit in with the rest of the community. Play can be promoted by simple material contributions, such as footballs, and by encouraging community animators.
- ❑ **Infant stimulation** Consider the possible need to provide support to parents in caring for their infants. Breast feeding should be facilitated. In some severe situations, such as famine or extreme hardships, some parents are so affected themselves that they may fail to provide sufficient attention and interaction for the healthy development of infants, a risk with potential long-term effects. Children of about 10

months (who are just about to develop speech, crawl and walk) are particularly vulnerable.

In such situations the integration of infant stimulation programmes in other emergency services, such as feeding programmes, has proven helpful. Screening is needed to identify children whose development is delayed. This involves knowledge about what normal development in this specific culture means. A group of refugee mothers may be able to help you.

- **Intervention** if there is abuse or neglect. The more trauma or stress the parents or care-taker has been subjected to, the greater the danger that children risk neglect or abuse. Although children often receive good care from non-relatives, there is a risk of maltreatment (e.g. taking the child's food ration, emotional neglect, abusive work assignments, etc.). Intervention to counsel and support the care-giver, or to place the child with another family may be needed to prevent further harm and promote good care. (See CRC art. 19 for the child's right to be protected from all forms of abuse and neglect in the home.)
- **Right to participate** Under the CRC, each "child who is capable of forming his or her own views" has the "right to express those views freely in all matters affecting the child ..." (art. 12.1). Children will become anxious when they do not understand what is happening to them. There are many aspects of refugee life that children need to have explained to them: why their family had to run away, why a parent was killed, the fate of a loved one, tracing efforts, refugee status determination, repatriation and resettlement plans, the rules of camp life and so on.

There is a link between the right to participate and psychosocial well-being. When a child becomes depressed,

anxious or upset, the right to participate may effectively be lost: a child may not be able to process the information, and may not be able to make realistic decisions. Counselling to reduce stress may be necessary before children can focus on and absorb information fully.

- **Support groups** Encourage the creation of support groups where children have an opportunity to talk about problems and ways of addressing them. It is important that they understand that they are not alone and that they are not responsible for what has happened. See suggested activities, page 47.

**Unaccompanied children** Restoring normalcy for unaccompanied children requires that tracing for parents begin immediately. When parents or relatives are located, children need help in maintaining communication with them until they can be reunited. (See Chapter 10, on Unaccompanied Children, page 128).

The threat to psychosocial well-being is inevitably increased when lengthy or permanent disruptions occur between child and primary care-giver, or child and family. The loss of the mother, or substitute mother figure, particularly at an early age, places a child at a higher psychological risk. Arranging for substitute family care or immediate family reunion is critical

### ***III. Helping children by helping the family***

The single best way to promote the psychosocial well-being of children is to support their families. Refugees bring with them their personal resourcefulness and they come with other refugees – relatives, friends and neighbours – who have a tradition of helping each other. A family that is split apart or under serious stress may not fully meet the physical and emotional needs of their children. These families may need assistance in using their own coping techniques and rebuilding their support links.

- ❑ **Preserve family unity** Actively work to preserve family unity. Depending upon the cause, problems threatening family separations can sometimes be overcome through counselling, ensuring access to employment or other assistance. Measures to promote the health and physical security of refugee women can help prevent separation of mother and child. See UNHCR's Guidelines on the Protection of Refugee Women for suggested action to promote physical security of women.
- ❑ **Tracing for the other parent** Where family members have become separated, active tracing, re-establishing and maintaining contact, and family reunion should be pursued. ICRC can assist in some situations. A single-parent family has a hard time meeting the needs of children. An absent parent means less protection and care, less food or income generated, a loss of skills, and an overload of work. Anxiety or grief over the absent parent adds to the overall stress on the family.
- ❑ **Family support** Give priority to helping parents and other child care-givers to meet the emotional and developmental needs of their children. Also, recognize the parents' own needs. Make every effort to preserve or reconstitute family-help networks. Family groups wishing to live together should be helped to do so.
- ❑ **Single parents** Extra help should be given to single parent families, such as help in physical tasks (building a shelter, collecting wood and water, planting gardens, etc.) and child-care. For example, a single father may be unfamiliar with domestic tasks and therefore unable to feed the child properly.
- ❑ **Isolated parents** When parents are socially isolated they may need support to meet the developmental needs of their

children. This may be a particular problem for urban refugees: their living quarters may be distant from other refugees and community services, and in addition language barriers keep them isolated. Urban refugees may need community outreach services.

- ***Parental support networks*** Parents can be organized to assist each other in child-care, and these networks can be used to teach parental skills. For example, social workers in Malawi taught Mozambican refugee women basic child-care and early education skills. The women became Play Group leaders, and Parent's Committees were formed to run play centers for preschool children.
- ***Prepare families for reunion*** When children have been away for a long time both the children and the parents may need counselling to ease the reunification. Counselling may help the parents know or understand what their child has been through, how to handle difficult behavior, and how to help the child.

#### ***IV. Helping children by helping the community***

The community is essential to children because adults are important in their day-to-day instruction and protection. The community is also the support system for the extended family.

- ***Self-sufficiency*** Strive to make refugee families and communities as self-sufficient as is possible. The opportunity to manage one's own life has important mental health benefits, whereas the feeling of powerlessness is distressing and debilitating. Freedom of movement and the right to employment or other forms of self-support are basic.

- ❑ **Participation** In refugee camps and settlements, refugee participation in planning, decision-making, implementation, management and evaluation of all assistance measures should be as extensive as possible.
- ❑ **Foster families** Most unaccompanied children are taken care of spontaneously by the community through informal foster care. By looking for unaccompanied children, the needs of the children and their informal foster families can be identified.
- ❑ **School** School is one of the best ways to give children the structure and predictability they need. School can focus children's attention, stimulate their creativity, and develop their social skills. Teachers can be trained to look for signs of emotional problems and to help children talk about their experiences.
- ❑ **Amnesties and community acceptance** When children have been used as soldiers they need amnesties, demobilization and rehabilitation as do adult soldiers. After a civil war, extra efforts at community reconciliation may be necessary in order for these children to be accepted back. See also Chapter 7, page 85, on military recruitment.

See also Chapter 3 on Culture, for ways to help children through supporting the community.

## ***V. Extended stay in camps***

The emotional development of children may be adversely affected by remaining for years in the artificial environment of a refugee centre or camp where normal life activities are impossible. In such circumstances, refugee children are restricted in their freedom of movement, grow up dependant on care and maintenance support, and often live in poor conditions with lit-

tle to keep them occupied. The situation and limited day-to-day occupation of parents and the refugee community have changed, leaving children feeling lost and isolated and without traditional role models.

Children suffer from the negative effects of extended stays on the well-being of adult family members and the destructive effects on the family unit. Extended residence in a camp may lead to extremes of behaviour in children, who may become either passive and submissive or aggressive and violent. Effects on adolescents, particularly those without accompanying family members, range from depression, apathy, delinquent behaviour or aggressive acts to situational mental disturbances, drug abuse and suicide which in many cases may also be a reflection of the high level of anxiety and despair within the refugee community as a whole.

Refugee children sometimes face serious adaptation problems when they finally leave the camps. This is especially true for those who have been born in camps and who have spent their entire lives there.

- **Camp environment** Where camps are unavoidable, measures which enable families and refugee communities to live as normally as possible in economic, social and cultural terms will benefit refugee children. Models of previous community life may be replicated through economic activities of adults, home gardening and workshops for training and production. Opportunity for at least primary education must be ensured. Access to the wider world by allowing freedom of movement outside of camps can be extremely valuable for children.

## ***VI. Suggested activities***

Experienced child welfare workers should involve refugee parents and community members in planning activities such as the ones suggested below. Refugee personnel can be trained in guiding and developing the programme. If one involves elders from the refugee community it can help promote continuity of identity and culture. Older children should be encouraged to talk about their traumatic experiences.

Such activities should be appropriate to the refugees' culture and use locally available materials and resources. Through these activities children with developmental, emotional or psychological problems can be identified.

Examples of activities and the approximate age groups to which they are normally appropriate:

- |               |   |
|---------------|---|
| Below 1 year  | Activities for parents and children include infant stimulation exercises; promotion of breast-feeding, mother child bonding and wet-nursing. These can be carried out in health clinics or feeding centres. Sites must be easily accessible to parents. |
| 1 to 4 years  | Mother-toddler play groups incorporating pre-school activities and kindergarten for children whose parents are working, engaged in training or unable to give adequate care to their children because of their own emotional difficulties.              |
| 5 to 10 years | Games, dance, music, drawing, painting, story telling and singing with small groups of children. These can be incorporated with primary school programmes or carried out  |



as extracurricular activities, organized and run by refugee adults. Older children can help care for younger ones.

11 to 17 years Group activities should emphasize peer leadership. Sports, group discussions and community projects are examples. Support adolescents in making the transition to adulthood by discussions on issues such as sexuality and adjusting to the host country culture and help with finding employment.

## ***VII. Some children need specialized services***

Because of the possible damaging effects of trauma that refugee children may have experienced, some children will require specialized services or treatment. Through schools, clinics or feeding centres, systems should be established to identify such children. Some suggested activities for prevention, screening and treatment are described above under VI.

Ensure that children who suffer emotional distress or mental disorders benefit from culturally appropriate mental health services and treatment. Because certain trauma-related psychosocial problems result directly from the conditions that have led some individuals to become refugees, such services should be provided to refugee children even if they may not be available to nationals. In such cases, refugee children will need extra advocacy if their rights to rehabilitation are to be respected. (CRC art. 39.)

Treatment should be provided with careful attention to the language, culture, and developmental stages of the children concerned. In some situations, traditional healers have proven effective in treating mental disorders among refugee children. Problems have arisen regarding durable solutions when refugees

have been inappropriately diagnosed by mental health professionals without adequate experience regarding the situational stress reactions or sufficient cross-cultural skills and understanding.

- ❑ **Specialized services** Special difficulties such as trauma related to witnessing or being a victim of torture, sexual assault or other forms of violence, require the involvement of a qualified mental health professional trained to work with children. Such a professional should preferably be of the same ethnic background as the refugees or at least have good cross-cultural skills. Her/his role could be either to provide treatment directly or to guide and support members of the family or community to do so.
- ❑ **Avoid removal** Unless it is necessary to prevent abuse or neglect, a child should not be separated from her/his family and community for treatment.

Even if you cannot get the specialized help the child needs, do not despair. Keep in mind that all positive action you take to normalize the life of the child is good.

## Check-list

### General conditions

- Are families living together?
- Do they have sufficient privacy?
- What is being done to enable refugee families to live in dignity and provide care and protection for their children?
- What more can be done?
- What are the normal activities in the community to assist children who have difficulties?
- How do the general living arrangements and social organization of the refugee population affect the protection and care of children?
- What measures could be implemented to improve the living conditions of the children and their families?
- Are there persons among the refugee community who could provide regular activities for refugee children such as non-formal education, play and recreation?

### Parents

- What is the nature of hardship and stress that refugee parents face which are affecting their well-being as well as how they care for their children?
- What measures can be implemented to reduce this hardship?
- Are parents seen beating their children more than is normally permissible within their cultural framework?
- Are there opportunities in place for parents to discuss and seek support for distressing difficulties that they and their children must deal with?

### Children

- Are there children being provided inadequate nurture and care? What measures might be taken to improve the care that such children receive?
- Are there children who are alone?
- Are there children who are behaving in an aggressive and violent manner?
- Are children provided culturally appropriate opportunities to talk about concerns, ideas and questions that they have?
- Are the special needs of unaccompanied children, long-stayers in camps and children in confinement being addressed?
- Do children have the opportunity to play?

## Services

- Are education and other activities provided so that children are able to participate in predictable and regular development enhancing activities?
- Do refugee adults and children have access to social services and other specialized efforts to help address difficulties?
- Are systems in place to identify and assist children experiencing psychosocial distress?
- Is training and support being provided to teachers, primary health care personnel and other service personnel to help them better support children in distress?
- Do specialized mental health services exist to which children in severe distress might be referred?

## More reading

UNHCR. 1991: Guidelines on the Protection of Refugee Women. Geneva: UNHCR.

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## Chapter 5:

# Health and Nutrition

### Standards set by the Convention on the Rights of the Child

*Each child has the right to the "highest attainable standard of health" (art. 24).*

*States must take action "to diminish infant and child mortality," to develop "primary health care," and to teach "child health and nutrition" (art. 24).*

This section addresses basic material assistance, nutrition and health for children in refugee situations. Each constitutes a critical component of the health matrix. The right of children to humane living standards and adequate health services, (CRC arts. 23, 24 and 27), are well established.

When children are cold, hungry and without shelter, they do not develop well and they become ill quickly. If services related to food, water, environmental sanitation, shelter and basic health services are not properly planned and delivered, children are the first to die.



Refugee health and nutrition should be approached from a multi-sectoral standpoint. In refugee settings more than anywhere else it is unreasonable to expect that medical expertise and technical inputs alone can ensure the adequate health of a population. The ultimate determinants of a child's health status are factors involving food, water, environmental sanitation and shelter. Where the food ration is inadequate, clean water scarce, defecation indiscriminate and shelter against the elements inadequate, refugee children will suffer extremely high rates of morbidity and mortality.

## ***I. Water, environmental sanitation, shelter and clothing***

**Assessment** Put in place systems at the onset of emergencies to assess the availability of potable water, adequacy of sanitation arrangements, sufficiency of shelter and availability of basic material resources for refugee children. While estimating the needs does not always require special expertise, assessment of supply possibilities does. See Chapter 12, Technical Support, page 156. The following are elements to keep in mind from a child's perspective when planning.

- ❑ ***Water and Sanitation*** Give priority to ensuring availability of clean water and adequate sanitation; diarrhoea is one of the single most common and most serious threats to the lives of young children.
- ❑ ***Water containers*** In camps and settlements where children are expected to carry water from watering points to their homes, the size and type of water containers must be considered. Children cannot lift and carry large and heavy containers.
- ❑ ***Protection from accidents*** The design and construction of wells, drainage ditches and other infrastructure must take

into account that special care is necessary to protect children from accidents.

- ❑ ***Water to essential services*** Give priority to providing potable water to community infrastructure with a direct impact on children's welfare. Good water is essential in supplementary feeding centres, health centres and schools. For more information on water, please see UNHCR's Water Manual for Refugee Situations.
- ❑ ***Children can help*** The environmental sanitation programme must be supported and accompanied by a strong health education component. Children can help keep water clean and they can also help pass the message about clean, safe water and adequate sanitary habits on to other children and to their own families.

**Shelter and environment** Ensure the availability and an adequate standard of shelter and environment, with particular concern for space, privacy and security. Increasingly, the shelter and spacial environment imposed upon refugees, particularly when families are forced into shared facilities, is so minimal and crowded as to violate all humane standards; conditions are so low that families are unable to maintain any semblance of normal family life and are without a minimum of privacy. (See also Chapter 4 on Psychosocial Well-being).

With the well-being of children particularly in mind, either directly or as a consequence of threats to their mother's personal security, Field Offices are expected to take strong positions in defence of a humane standard of shelter, accommodation and size of individual family homesteads.

- ❑ ***Playgrounds and Space*** The general refugee camp layout should have enough space for playgrounds and other needs of children. The availability, distribution and location of



shelter, schools, playgrounds, waterpoints, health centres and recreational facilities all affect the safety and well-being of refugee children. They should be planned in such a way that children are protected from accidents away from heavy traffic, canals, garbage dumps etc.

The camp should be laid out in community entities and groups of entities. Each such group should have, to the extent possible, all the communal basic facilities for the children. This will ensure that the children are close to all basic facilities and are provided with protection. Keep in mind the need to take into account in the overall camp layout cultural factors and the roles and daily tasks of mothers and children, especially girls. See also Chapter 3 on Culture.

Lack of space for play may force children away from their parents into remote places and streets. In certain refugee situations where refugees are concentrated and marginalized, refugee children may suffer from social isolation and slip into anti-social activities. For the importance of play, see Chapter 4 on Psychosocial Well-Being.

- ❑ **Urban areas** Give particular attention to the material needs, water, sanitation and shelter needs of refugee children living in urban areas. Refugee families increasingly seek refuge in urban areas and, due to extreme poverty and other difficulties related to their refugee status, may live in situations which put children's health at great risk. Overcrowding and lack of space often create problems affecting children such as, for example, very limited possibilities to play.
- ❑ **Clothing** Ensure that children have adequate clothing and blankets. Where such essentials are lacking, attempt to find participatory ways in which parents and children contribute

- to producing or acquiring them. Give special consideration, even in the emergency period, to preferences and traditions.
- ❑ **Cold climate** Children require better and more efficient clothing than adults. The frequent lack of warm winter clothes and adequate nutrition make children extremely vulnerable to the cold. They may also, in certain situations, need sleeping bags or extra blankets.

**Standards** Every effort is to be made to establish and maintain healthy, humane standards. To ensure an environment which can adequately sustain health, UNHCR uses as its guide the environmental health standards recommended by WHO. These standards are detailed in UNHCR's Handbook for Emergencies; selected standards include:

- ❑ **Water** A minimum of 20 litres of potable water per person per day for cooking and drinking.
- ❑ **Shelter** A minimum of 3.5 square meters living space per person within a shelter and 30 square meters per person gross area for the overall camp site. This overall figure, however, does not include playgrounds and sports fields.
- ❑ **Sanitation** At least one toilet or latrine for every 20 persons. However, family latrines serving 6-8 persons are preferable.

## ***II. Food and nutrition***

The single most important factor in predisposing refugee children to high mortality during the emergency phase is an inadequate food ration. Refugee adults have the primary responsibility for providing food and ensuring the health of their children. In situations of upheaval, however, they are often unable to fully meet their children's food needs by themselves, thereby necessitating

some form of intervention. Refugee children must receive appropriate food to ensure nutritional adequacy, acceptability and palatability. Childhood malnutrition inhibits mental and physical development and increases vulnerability to infections.

- **Standards** The World Food Programme is the responsible UN agency in resource mobilization of basic food commodities, and UNHCR for other essential commodities which are called complementary commodities. The basic food commodities include: cereals, oil, sugar, salt, blended foods, and a protein-rich food such as pulses/beans or fish and meat in dry or canned form. Complementary food items include: fresh meat/fish, vegetables, condiment and spices, dried skimmed milk and high energy-high protein biscuits, etc. A new Memorandum of Understanding between WFP and UNHCR (January 1994), available in all Field Offices, clarifies the roles and responsibilities of the two organizations.

In planning and providing food, WFP and UNHCR "Guidelines for Calculating Food Rations for Refugees", in line with WHO/FAO Recommended Daily Allowance are adopted as the standard.

- **Surveillance and Monitoring** To maintain a satisfactory nutritional status of the children, it is necessary to monitor the quality and quantity of food, and access to other needs like water, shelter, and health services like immunization. Regular monitoring of micro-nutrient deficiencies such as anaemia, scurvy, pellagra, beri-beri, or kwashiorkor should be made an integral part of the surveillance system.

An initial nutrition survey must be carried out to assess the situation and the planning of interventions. Such surveys may be carried out jointly by the NGOs, host governments,

UNHCR and the refugee community. Periodic surveys are necessary to follow the trends. However, it is essential to set up health and nutritional surveillance systems for on-going monitoring.

- ❑ **Monitoring** UNHCR, together with operational partners, is responsible for the adequate distribution and delivery, storage and distribution of food. The system for food monitoring should be set up at the very beginning of an emergency. Monitoring could be done at the distribution site by randomly selecting families after receiving the food and measuring it against their entitlement and actual receipt. At the household level, surveys could be done by enquiring about food utilization, consumption and monetization.
- ❑ **Trading food** There is a misconception that "trading food is sinful". It is not a policy of the UN system to discourage trading. The fact that some foods may be traded so as to add variety to the diet is no reason whatsoever for reducing the ration.
- ❑ **The right food** Another misconception is that refugee children can eat anything. Not only adequate quality and quantity, but also cultural acceptability and palatability are crucial in combatting malnutrition.

**Selective feeding programmes** These are established in an emergency to save lives and prevent further deterioration of the nutritional status of the children. However, selective feeding programmes cannot and must not be established to substitute for inadequate basic rations in the general feeding programme.

- ❑ **Supplementary and Therapeutic** Selective feeding programmes are classified into supplementary and therapeutic programmes. Therapeutic feeding programmes are life-saving measures for severely malnourished children, normally

organized by an NGO or local institutions with special expertise.

- ***Principles of Selective Feeding*** The organization and management of selective feeding programmes must be integrated with maternal and child health programmes, based strictly on nutritional needs, ensuring appropriate food to the vulnerable population (children, pregnant women, and lactating mothers. Special attention should also be given to fathers alone with babies and small children). The community and the mothers must understand the objective and the need for the programme, and take as much responsibility as possible in its planning and organization. It should be seen as a health programme and not a welfare programme. Health and nutrition education must always be integrated into the selective feeding programme.

It can happen that children who receive supplementary feeding receive less food at home, as a result. The parents' reason may be that the child already got enough at the children's clinic. For supplementary feeding to be really supplementary, monitor that the regular ration reaches the child.

**Breast-feeding** is more important than ever in emergencies to ensure the health of infants. This method of nutrition provides complete, hygienic food for the healthy growth and development of infants.

- ***Promote breast-feeding*** by refugee mothers and ensure that food assistance encourages and facilitates breast-feeding for as long as possible, while gradually introducing complementary weaning foods. Promote the stimulation of lactation of mothers not able to produce sufficient milk by teaching the mothers to frequently put the child to the breast.
- ***Support*** For infants whose mothers have died or cannot

lactate, seek substitute mothers (wet nurses) from among the community who have been breast-feeding their own infants. Their milk production can be reinstated by frequent sucking and supplementary feeding to the mothers. Traditional and cultural infant feeding practices should be explored. Encourage the development of support groups with community participation for breast feeding.

- ❑ ***Breast milk substitute*** Arrange for breast milk substitute to be prepared and fed, by cup, until a wet nurse is found and the lactation of the mother is restimulated. Ensure that clear instructions on preparation and feeding are given and understood by mothers and attendants. Discourage the use of bottles or bottle-feeding.
- ❑ ***Education and support*** Promote education on the importance and benefits of sustained breast-feeding to refugee mothers at clinics, feeding centres or wherever the opportunity for health education arises.

**Control the distribution and use of milk products** Health risks for infants and young children are associated with the indiscriminate distribution and use of milk powder in relief operations. UNHCR has a policy for the control of the use of milk powder. This policy is endorsed by WHO/UNICEF/WFP and other international organizations and NGOs.

#### **UNHCR POLICY FOR ACCEPTANCE, DISTRIBUTION AND USE OF MILK PRODUCTS IN REFUGEE FEEDING PRODUCTS**

1. UNHCR will accept, supply and distribute donations of milk products only if they can be used under strict control and in hygienic conditions, e.g. in a supervised environment for on-the-spot consumption.
2. UNHCR will accept, supply and distribute milk products only when received in dry form. UNHCR will not accept liquid or semi-liquid products including evaporated or condensed milk.
3. UNHCR will accept, supply and distribute dried skim milk (DSM) only if it has been fortified with vitamin A.

4. UNHCR supports the principle that in general ration programmes protein sources such as pulses, meat or fish are preferred to dried skim milk. UNHCR notes that DSM pre-mixed centrally with cereal flour and sugar is useful for feeding young children especially if prepared with oil.
5. UNHCR will advocate the distribution of dried milk in a take-away form, only if it has been previously mixed with a suitable cereal flour, and only when culturally acceptable. The sole exception to this may be where milk forms an essential part of the traditional diet (e.g. nomadic populations) and can be used safely.
6. UNHCR will support the policy of the World Health Organization concerning safe and appropriate infant and young child feeding, in particular by protecting, promoting and supporting breast-feeding and encouraging the timely and correct use of complementary foods in refugee settings.
7. UNHCR will discourage the distribution and use of breast-milk substitutes in refugee settings. When such substitutes are absolutely necessary, they will be provided with clear instructions for safe mixing, and for feeding with a cup and a spoon.
8. UNHCR will take all possible steps to actively discourage the distribution and use of infant-feeding bottles and artificial teats in refugee settings.
9. UNHCR will advocate that when donations of DSM are supplied to refugee programmes, the specific donors will be approached for cash contributions to be specially earmarked for operational costs of projects to ensure the safe use of this commodity.

### ***III. Health services***

Protection and promotion of children's health requires that children have access to the essential services of a health system. Refugee children should have access to the national health services of the host country. Sometimes supplementary health mechanisms must be established specifically for refugee populations. Special efforts are always required to address the unique health needs of refugee children.

Irrespective of who provides health services, the health risks unique to refugee children must be recognized and appropriate safeguards put in place. Children under five years of age usually constitute 15-20 per cent of a refugee population and are the group at greatest risk. The special health risks to these children are often related to over-crowding, poor nutrition, unsafe water, unsanitary environments, injuries, disruption or absence of basic immunizations against vaccine-preventable diseases such as

poliomyelitis, whooping cough, tetanus, diphtheria, tuberculosis, and hepatitis B.

No amount of health care infrastructure or medical personnel will adequately protect the health of refugee children if cover age is limited. Services to all children should be the goal, as it is their right. To reach all children emphasizes implementation of community-based primary health care services, which, through outreach, focus on monitoring risks to health and on preventive health interventions. The following is a checklist of the critical policies and programmes required to ensure that refugee children's health is protected and promoted.

**Health care** To avoid preventable deaths and to promote health, strive to ensure that appropriate health care is available to all refugee children.

**Assess and monitor** Ensure that dependable health assessment and monitoring mechanisms are put in place from the onset of a refugee emergency. Epidemiological surveillance is particularly important in health management for the establishment of baseline data, identification of disease patterns, determining health risks and defining appropriate actions.

**Emergency initiatives** Ensure that the following health interventions are provided to refugee children as essential first initiatives in an emergency and appropriately thereafter:

- ❑ **Vaccination against measles** During any movement of people resulting in the congestion of children, ensure that children are promptly vaccinated against measles which is by far the bigger killer amongst vaccine-preventable diseases.
- ❑ **Oral rehydration** Ensure that families have access to Oral Rehydration Therapy (ORT) in order to avoid preventable deaths from diarrhoea/dehydration. Oral Rehydration Salts



(ORS) are easily available, for example, through UNICEF or health NGOs.

- ❑ **Vitamin A prophylaxis** Ensure that all refugee children up to 15 years of age receive a Vitamin A prophylaxis every 4-6 months to prevent morbidity and deaths. Vitamin A is crucial and deficiency can lead to blindness. The prophylaxis is a simple solution, a capsule, which is easily available in most countries. If UNHCR does not have it in stock, it may be provided, for example, through UNICEF.
- ❑ **Prepare a contingency plan** for the control and management of any outbreak of diseases of public health importance. This must be done by specialized staff. Refugees should be encouraged to take part in all aspects of a diseases outbreak control effort.

**Primary health care** Ensure that refugee children have the benefit of an effective primary health care programme, implemented with the full participation of the community. Primary health care programmes will usually include the following services:

- ❑ **Family health services**, including the health monitoring of children. Give special emphasis to the appointment of women health professionals.
- ❑ **Basic curative care** for major killer diseases, particularly diarrheal diseases control, respiratory tract infections; malaria (where prevalent).
- ❑ **Immunizations** In addition to the measles vaccine which should be applied immediately upon arrival, an Expanded Programme of Immunization (EPI) for the five other vaccine-preventable diseases (poliomyelitis, diphtheria, tetanus, pertussis (whooping cough) and tuberculosis) should be started as soon as possible.

- ❑ **Training** of community health workers and traditional birth attendants.
- ❑ **Hygiene and sanitation** including monitoring and support for clean water, latrines, vector control and garbage disposal.
- ❑ **Child spacing** as part of mother and child health services.
- ❑ **Health education** for families, including the risks and means of preventing diseases with public health importance; including sexually transmitted diseases (STD)/HIV infections. Give particular attention to the need of adolescents for such information. Give high priority to health education regarding harmful traditional practices such as female genital mutilation and the health implications on girls of early marriages and early pregnancies. Special attention should be paid to services needed by adolescent girls.
- ❑ **Child-to-Child** Children can be involved in helping to prevent disease; they are good at passing on information to other children and to their families. "Child-to-Child and Children Living in Camps" can give you ideas on involving children in health activities. See More Reading, page 69.

**Traditional health practices** Respect and promote traditional health practices that are healing and helpful by identifying community traditional healers and establishing a collaborative working relationship with them. In accordance with the World Health Organization Resolution (A46/VR/12, 12 May 1993), strive to eliminate harmful traditional practices affecting the health of women, children and adolescents such as child marriages, dietary limitation during pregnancy and female genital mutilation through mutual education process between the traditional healers and professional medical practitioners.

**Reporting** Ensure that effective health reporting systems exist to monitor and report on the health and nutritional status of refugee children: mortality, morbidity, demography.

**Medical Evacuation** Due to the limited medical facilities in some countries of asylum, evacuation of refugee child patients to specialized medical centres abroad may be considered in exceptional cases. A project for International Medical Referrals of Refugees does exist, the purpose of which is to preserve life and improve the patient's health in the most efficacious and economical manner. Priority is given to children and young people whose illness has a favorable prognosis. Detailed guidelines are found in IOM/15/86-FOM/18/86, and PTSS at Headquarters can give you more information. See also Evacuation, page 88.

## Check-list

### Water, Sanitation, Shelter and Clothing

#### Water

- Do refugee children have access to adequate potable water?
- Is water collected from a protected source? Are there seasonal variations? How is it stored?
- Is adequate water available for bathing and washing?
- What role do children play in collecting water?
- Are additional measures required to improve availability of potable water, particularly for young children?

#### Environmental Sanitation

- Is the sanitation programme accompanied by a health education programme?
- Is the site safe from flooding?
- Have clinics and schools been provided with sanitary facilities?
- Is the general cleanliness of the camp satisfactory?

- Is there adequate drainage around water points (particularly around tap-stands and/or washbasins)?
- Is soap distribution organized on a regular basis? If not, why not?
- Have appropriate measures for solid waste collection, transport and disposal been established?
- Have women been consulted and their cultural practices respected in the design and location of latrines?
- Have latrines been constructed, located and lighted to ensure their safety and usability by children and their mothers?
- Have children been sensitized to and involved in the cleaning and maintaining of sanitary facilities?
- Have the children been trained in minimal personal hygiene e.g. washing hands after the use of latrines?

### **Shelter**

- Does available shelter provide adequate protection for refugee children and their mothers?
- Are the standards of space, privacy and freedom of movement adequate for parents to meet the developmental needs of their children and to raise them with dignity?

## **Check-list**

### **Food and Nutrition**

- Are children receiving adequate quantity and quality of food?
- Is food provided culturally and socially acceptable, palatable and digestible?
- Are cooking fuel and utensils made available?
- Have nutrition monitoring and surveillance systems been set up?
- Is there evidence of any deficiency diseases among children, especially girls, or among pregnant or lactating women?
- Is breast-feeding being promoted and the use of bottles discouraged?
- Is the use of milk products being monitored and adhered to according to UNHCR policy?

- Are appropriate measures being taken to prevent and reduce micro-nutrient deficiencies?
- Is there a need for training of nutrition staff in carrying out necessary interventions?

## **Check-list**

### **Health Services**

#### **Monitoring**

- Is an epidemiological health surveillance system in place?

#### **Emergency interventions**

- Have measles immunizations been provided to all children six 0 months (booster at nine months) to five years of age (and if there is evidence of poor vaccination coverage in older children, for those up to 12 years of age)?
- Is sufficient Oral Rehydration Solution (ORS) available and is Oral Rehydration Therapy (ORT) actively promoted, with the establishment, if necessary, of ORT centres for early treatment of dehydration cases?
- Is the appropriate Vitamin A prophylaxis being provided to protect children from Vitamin A deficiency and is a mechanism available for early detection and treatment of Vitamin A deficiency?

#### **Health services**

- Do refugees, whether rural or urban, have access to primary health care services which provide for the monitoring of the health of pregnant and lactating women; tetanus toxoid immunization for pregnant women; parent and child health services; basic treatment of common diseases among children; immunization; training of community health workers and traditional birth attendants; an active hygiene and sanitation program; child spacing services and health education.
- Are the health services meeting the health needs of children and adolescents?
- Are additional female health professionals/or community health care workers required?

### **Health education**

- Are education and other measures being provided to prevent and control diseases of public health importance?
- Are counter-measures in place to address harmful traditional health practices affecting children and adolescents?
- Is there a need for training an implementing agency or officials in primary health care?

### **More Reading**

#### **Water, Sanitation, Shelter and Clothing**

UNHCR. 1992. *Water Manual for Refugee Situations*. Geneva: UNHCR.

UNHCR. 1982. *Handbook for Emergencies: Field Operations*. Geneva: UNHCR.

WHO. 1971. *Guide to Sanitation in Natural Disasters*. Geneva: WHO.

#### **Food and nutrition**

UNHCR. 1989. *Policy for Acceptance, Distribution and Use of Milk Products in Refugee Feeding Programmes*. Geneva: UNHCR. (IOM/88/89;FOM/76/89).

UNHCR. 1991. *Provisional Guidelines for Calculating Food Rations for Refugees*. Geneva: UNHCR. (IOM/66/91;FOM/68/89).

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Appleton, Judith. 1987. *Drought Relief in Ethiopia—Planning and Management of Feeding Programmes: A Practical Guide*. London: Save the Children.

Ville de Goyet, Claude (de), J. Seaman & U. Geijer. 1978. *The Management of Nutritional Emergencies in Large Populations*. Geneva: WHO.

OXFAM. 1984. *Oxfam's Practical Guide to Selective Feeding Programmes* (Revised edition).

### **Health Services**

Mental Health Manual for Refugees (UNHCR/WHO), 1993 (final draft has been circulated for field testing).

UNHCR Essential Drugs Manual. *Guidelines for Use of Drugs in Refugee Settings and UNHCR List of Essential Drugs*, Geneva, (1989).

Simmonds, Stephanie, Patrick Vaughan and S. William Gunn. 1983. *Refugee Community Health Care*. Oxford: Oxford Medical Publications.

UNICEF. 1989. *Facts for Life: What every family and community has a right to know about child health*. New York: UNICEF.

WHO. 1992. *The Use of Essential Drugs: Model List of Essential Drugs (7th list): (5th Report of the WHO Expert Committee)*. WHO Technical Report Series 825. Geneva: WHO.

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## Chapter 6:

# Prevention and Treatment of Disabilities

### Standards set by the Convention on the Rights of the Child:

*Every disabled child has a right to special care, education and training in order to enjoy full and decent life in dignity and to achieve the greatest degree of self-reliance and social integration possible (art. 23)*

*A child "victim of torture or any other form of cruel, inhuman or degrading treatment or punishment, or armed conflicts" has a right to "physical and psychological recovery and social reintegration" (art 39).*

### ***I. Most disabilities can be prevented***

In a refugee population, the question is often not whether there are persons with disabilities, rather it is what is the nature of their disabilities, what can be done to help those who are handicapped to live more normal lives, and what can be done to prevent further disabilities.



UNHCR/A. Hollmann



The World Health Organization has estimated that about 70 per cent of the disabilities in developing countries are caused by malnutrition, communicable diseases, low quality pre- and post natal care and accidents, including violence. One obvious implication is that most such disabilities are preventable. Another is that many of these disabilities start during childhood.

Disabilities may be physical or mental. Common causes of disabilities in refugee situations are malnutrition, vitamin deficiencies, polio, cerebral palsy, leprosy, epilepsy, burns and other accidents, injuries related to armed conflict, torture and other severe trauma, mental retardation and severe ear and eye infections.

Children with disabilities often do not get the support and services they need. Physical rehabilitation, specialized education and social integration are sometimes neglected. Sometimes families, health workers and teachers have not understood the importance of including disabled children in normal patterns of activity. In some refugee situations, rehabilitation services are not provided because nationals do not have access to such services

Because certain disabilities result directly from the conditions that have led some individuals to become refugees, such services should be provided as integral parts of the programme of protection and care. All efforts must be made to meet the special needs of disabled refugee children.

**Landmines** Landmines are "blind" weapons which indiscriminately kill and maim innocent civilians including children long after armed conflicts have ceased. A significant number of the victims of landmines and other unexploded objects are children. They are exposed to such hazardous weapons in their daily routines such as collecting firewood, fetching water, or playing.

In view of their vulnerability and their inability to protect themselves from danger, children should be given priority for

preventative assistance and support for rehabilitation. Mine surveys and demarcation of mine fields are essential, as is mine clearance.

Other measures to benefit children include:

- ❑ **Mine awareness** Preparation of mine awareness education programmes for children which could be transmitted through formal training in schools or informal training such as sensitization campaigns in the form of role plays and drama.
- ❑ **Training** Teacher training and seminars on mine education and distribution of related education and information materials for children.
- ❑ **Rehabilitation** Access to physical and psycho-social rehabilitation and readaptation.

## ***II. Plan of action***

The first step is to know the local situation: what are the major causes of disabilities in the population with which you are working? What is the cultural attitude towards different types of disabilities?

- ❑ **Prevention** Since most disabilities can be prevented, action must be taken. The two most effective preventive steps are immunization and nutrition. (See Chapter 5 on Health and Nutrition). The training of traditional birth attendants and the care of pregnant women are also basic measures. In cultures where female medical personnel are required for effective care for women, their training and staffing should be promoted.
- ❑ **Assessment** Early identification and registration of children with disabilities is important. Registration should include reference to families who have a disabled child.

This will permit a rapid initial estimate of the number of children who require further assessment. A registry is necessary for planning, establishing priorities and implementing services. Health workers should, for example, be given clear guidelines to help them identify children with disabilities. Guidance can be sought from health NGOs and from the UNHCR Guidelines on Assistance to Disabled Refugees (PTSS, 1992).

- **Priorities** Establish priorities based on local needs. For example, in populations affected by war, physical rehabilitation may be a priority need; the establishment of a workshop to produce simple mobility aids and artificial limbs may be required. In a population affected by long term famine, the development of infants may be inhibited; the introduction of an infant stimulation programme may be helpful.

**Intervention concepts** Two mutually reinforcing intervention concepts are recommended: community-based rehabilitation and integration.

- **Community-based rehabilitation** In community-based rehabilitation, adult care-givers and peers of children with disabilities are primary participants. For example, outreach workers show families how to assist the rehabilitation of children with disabilities, how to encourage the mobility of children with physical handicaps, and how to develop skills and social behaviour of children with mental disabilities. Such training should take place also in the child's home, and the family should participate. Families should be encouraged to include their disabled children into as many of the family activities as possible. Families with disabled children may need extra support services. The local construction of rehabilitation aids is also a part of community-based rehabilitation.

- ❑ **Integration** To the extent possible, persons with disabilities should be treated as equal members of the community and be served by the same services rather than be physically segregated from the community or treated separately. For example, children with disabilities should be integrated into existing schools rather than provided with separate schooling. The view that segregated or special education is the only appropriate system should be actively discouraged; institutionalization of disabled children must be avoided. Disabled children need school not only for education but also to be with other children.
- ❑ **School** Teachers should be encouraged to include disabled children in their classes whenever possible. Clear guidelines should be given on the physical needs of children with various types of disabilities. A positive attitude towards children with disabilities must be encouraged. For example, the Child-to-Child programme outlines activities that facilitate interaction between able-bodied children and children with physical disabilities stressing that often there are certain things that a disabled child can do better or at least as well as the others. And all children learn and develop through play.
- ❑ **Shared services** Refugees should have the same or similar services as nationals. Where services for persons with disabilities are provided for nationals, encourage their expansion to benefit refugees. Conversely, in consultation with local authorities, services for refugees should be extended to nationals as well.

**Site planning** Make certain that the needs of physically disabled refugees are taken into account in site planning and construction. Hazards which may lead to accidents must be avoided.

**Repatriation** requires planning which should begin as early as possible to ensure that the reintegration of disabled children and their families is taken into account in the overall planning of the repatriation process.

**Special cases** For a limited number of individual cases, Headquarters may be able to authorize provision of special services locally, or in another country, through the overall project for treatment, training and rehabilitation of disabled refugees (see IOM/15/86-FOM/18/86, of 13 March 1986).

**Resettlement** Where resettlement is necessary, refugees who are disabled, medically at risk, or survivors of torture, may be eligible for special quota programmes. See also Chapter 11 on Durable Solutions.

## Check-list

### Prevention and treatment of disabilities

#### Facts

- Have disabled children been registered and assessed?
- What is their gender and age?
- What are the nature and extent of their disabilities?
- What are the cultural attitudes towards different disabilities?
- Are families of disabled children provided with help to cope with the specific needs of the child ?

#### Intervention

- Are steps being taken to allow each disabled child to reach their potential?
- Are there community-based, family-focused rehabilitation services?
- Are children with disabilities integrated into the usual services and life of the community, such as schooling?
- What additional measures are required to ensure the rehabilitation and well-being of refugee children with disabilities?

## **More Reading**

UNHCR. 1992. *UNHCR Guidelines on Assistance to Disabled Refugees*. Geneva: UNHCR PTSS.

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## Chapter 7:

# Personal Liberty and Security

### Standards set by the Convention on the Rights of the Child

*"No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment" (art. 37).*

*Children are to be protected from economic, sexual, military and all other forms of exploitation (arts. 32, 33, 34, 36 and 38).*

*Detention must be "used only as a measure of last resort and for the shortest appropriate period of time" (art. 37).*

Children's safety is sometimes threatened or violated in normal society; even more so in refugee situations. Refugee children are sometimes victims of military and armed attacks, recruited into armed forces or groups, used as forced labour, abducted, irregularly adopted, physically and/or sexually abused including through torture, exploited, discriminated against, abandoned, neglected and subjected to arbitrary and inhumane detention. Many die; many others sustain serious physical and psychological injury.



UNHCR/J. Becket



Threats to the physical security of refugee children are often aggravated by lack of protection by their own governments, their lack of personal identity documentation and the disruption of traditional family, clan and community structures. Threats to personal security may come from a variety of agents (both from within and outside the country of asylum) including bandits, military or irregular forces, political factions, police, border guards, elements of the local population and other refugees. Some children experience abuse and other violations within the home.

The personal security of refugees, particularly of women and children, is an essential element of international protection. The term "refugee" used herein includes a person in need of international protection, regardless of the legality or illegality of her or his status in the country of refuge and whether or not refugee status has been recognized formally. This includes asylum-seekers whose claims to refugee status have not been definitively evaluated and other persons of concern to the High Commissioner's Office.

Assuring physical protection is often extremely difficult. Sometimes refugee populations live in remote areas, and are threatened by becoming victims of banditry or suffer from reprisals when bandits allegedly hide in camps. UNHCR has in recent years been faced with extremely difficult challenges where it has been called to assist populations living amidst conflict. Clearly, a basic level of security is needed and should be provided for humanitarian action; but there are times when the Office has had to act in its absence. As UNHCR and other organizations have shown, even during ongoing conflict, basic needs of children can be met through extraordinary and creative efforts.

Not infrequently refugee populations suffer violence as a result of abuse of power by military, police, guards and other government personnel of the country of refuge itself. In some cases, rigorous

enforcement of "closed camp" policies has led to violent abuses on the perimeters and inhumane conditions and violence within. Some cross-border raids have involved abduction of refugee children for military recruitment. Refugees in some places are subject to xenophobic attacks on foreigners and resentment by the local population. Refugees in urban areas, particularly if they lack proper documentation or if their presence is not officially authorized, run the risk of arrest, detention, mistreatment or extortion by police or others.

## ***I. Personal security***

Recognizing that the government of the country of asylum or refuge has the primary responsibility for ensuring the safety of refugee children residing within that country, UNHCR has an obligation to intervene with governments to ensure that they defend the safety and liberty of refugee children. UNHCR assumes direct responsibility in many situations for protecting the safety and liberty of refugee children. The Office must act when the safety and liberty of refugee children is at risk, either directly or indirectly.

- ❑ ***Monitor and investigate*** Awareness is the foundation for preventive or remedial action. Monitor, investigate and document abuses and violations of refugee children's rights. Give highest priority to investigating and monitoring refugee children's safety, in particular the death and abuse of children, their detention or military recruitment and other serious violations of their rights.
- ❑ ***Presence*** Strengthen UNHCR's presence in locations where the physical safety and liberty of refugee children is at risk. Presence enables authorities to be alerted rapidly to problems, facilitates preventive action by refugees themselves and may serve to deter attacks. Strengthening

physical presence may include ensuring a presence along escape routes, in reception centres, camps, or settlements. A presence at night may be necessary. In addition, the increased presence of other third parties such as NGOs and media representatives can also enhance the protection of children.

- **Advocacy** Field Offices are expected to act as strong advocates for the protection of refugee children against all forms of abuse and harm. Work with, encourage and facilitate actions by governments, other UN organizations, NGOs and refugee groups to inform the public of the need to protect refugee children and to assist those who have been harmed.
- **Training** Arrange for the training of refugee leaders, other UN agency and NGO personnel, government officers and security personnel in matters relating to international protection where the safety of refugee children is at risk. Where threats come from banditry or other criminal activity, improved law enforcement by national authorities may be required. Advocacy and training are sometimes necessary to ensure that refugee children and their families receive full protection of law enforcement systems.
- **Treatment** Give priority to the immediate treatment for psychological, social and/or other physical rehabilitation and recovery of children who have suffered trauma due to torture, abuse or other violence. Given the highly specialized and confidential character of such interventions, Field Offices should seek the guidance of qualified experts in developing rehabilitation projects. Further guidance is provided in Chapter 4 on Psychosocial Well-being.

- ❑ **Report** incidents of abuse, assault, abduction, detention and military recruitment of children to the national authorities and also to UNHCR Headquarters to enable intervention as appropriate in support of relevant Field Office interventions. Since corrective measures to protect refugee children from such action are difficult to achieve and may call for public condemnation, Field Offices must provide detailed reports, substantiated with as much proof as is possible.
- ❑ **Camp/Settlement character** Maintain the civilian and humanitarian character of refugee camps or settlements. The presence of armed resistance fighters in or near refugee camps or settlements increases security challenges and other problems.
- ❑ **Location** Locate camps or other accommodation at a safe distance from the border of the country of origin or conflict areas to minimize the danger of armed attacks, harassment or military recruitment.
- ❑ **Safe living environment** Promote safe living arrangements for refugee children and their families. Provide living facilities that offer families and communities the most opportunities to protect children. Consider the needs for privacy, adequate space, spatial configuration of camps, lighting at night and special security arrangements. See also Chapter 5 on safe living environment, and Chapter 6 on injuries caused by landmines.
- ❑ **Special accommodation** Where necessary, organize special accommodation for individuals at particular risk, such as unaccompanied young women, families headed by women, or abused children. Creative solutions include protected housing, whistles, camp guards and crisis rooms.

## ***II. Abuse and exploitation***

Make every effort to protect refugee children from abuse and to ensure that victims of abuse receive remedial assistance for their recovery. Evidence of torture, physical and sexual assault, abduction and similar violations of the safety and liberty of refugee children call for extraordinary measures. Spare no effort to collect all the relevant facts, including corroborative evidence and identification of the culprits with a view to their apprehension. Retain legal counsellors and ensure that offenders are prosecuted. Take measures which may prevent further incidence of such abuse.

In some refugee contexts, it may be very difficult to obtain reliable information about what goes on within families or communities. Often, such information reaches field staff as a result of other activities for example, needs assessments for income-generating projects or family reunification processing. Close cooperation between protection and community services staff is necessary, both in the identification of abuse and in deciding on the most appropriate intervention.

**Sexual violence** A "Note on Certain Aspects of Sexual Violence against Refugee Women," presented to the Executive Committee in 1993, addresses rape and other forms of sexual violence in refugee situations. Women and girls are most often victims of sexual violence, but sexual abuse of refugee boys is also reported. The note presents legal and practical measures to prevent sexual violence and will be helpful to field staff also in protecting children against sexual exploitation and abuse (CRC, art. 34).

**Child labour** Protect refugee children from employment that is likely to be hazardous to their health or to interfere with their education and development (CRC, art. 32).

### ***III. Military recruitment***

It is a violation of international law to recruit a child under 15 years to be a soldier. States also have an obligation to ensure that a child under 15 years does not "take a direct part in hostilities." It is a violation regardless of whether the child volunteered or was conscripted, or whether the war is an international or civil war, or whether it is a government or opposition army. (CRC art. 38; 1977 Protocol I (art. 77) and Protocol II (art. 4) to the 1949 Geneva Conventions).

Military service is a serious problem for many refugee boys and young men. Sometimes they are conscripted, or forced, into combat duty in government or opposition armies. Sometimes they join voluntarily, for a variety of reasons: physical protection, food and other care, belief in a cause, social pressure, revenge, and adventure. In some conflicts, refugee girls and young women occasionally are conscripted or volunteer.

International law permits each State to decide whether adolescents 15 years old and over can be soldiers, but, when this happens, older adolescents must be recruited before younger ones.

UNHCR advocates that no refugee, neither adult, nor adolescent nor child, be conscripted. Under its mandate, UNHCR's work is "entirely non-political" and is "humanitarian and social." Forcing refugees to be soldiers violates the principle that refugees are a neutral population in an asylum country.

- ❑ ***Incompatibility*** Military activities are incompatible with refugee status; once a refugee voluntarily takes up arms or otherwise takes direct part in hostilities, (s)he can no longer enjoy UNHCR's protection. However, children who may be constrained to take up arms, even if they do so voluntarily, may as minors not be considered as responsible for their own actions.

- ❑ **Former combatants** Also keep in mind that former combatants of any age who lay down their arms and who otherwise meet the definition of a refugee under art. 1 of the 1951 Convention are eligible for protection.

Refugee children must be protected from military recruitment. The following measures may be helpful:

- ❑ **Relocate camps** or settlements if they are in danger of being raided by military forces.
- ❑ **Increase staff** in camps and settlements in order to deter and monitor recruitment.
- ❑ **Provide proper security guards** for camps and settlements.
- ❑ **Convince** political and military leaders not to recruit refugee children, and to demobilize those who are soldiers.
- ❑ **Publicly condemn** the recruitment of refugee children.
- ❑ **Cooperate** with efforts to rehabilitate refugee children who have been used as soldiers. UNICEF is the lead UN agency for this. See also Chapter 4 on Psychosocial Well-being.

## IV. Detention

It is UNHCR's policy that refugee children should not be detained. Unfortunately, refugee children are sometimes detained or threatened with detention because of their own, or their parents', illegal entry into a country of asylum. Because detention can be very harmful to refugee children, it must be "used only as a measure of last resort and for the shortest appropriate period of time" (CRC art. 37(b)).

- ❑ **Alternate accommodation** If refugee children are detained in airports, immigration holding centres or prisons, they must not be held under prison-like conditions. Special

arrangements must be made for living quarters which are suitable for children and their families. Strong efforts must be made to have them released from detention and placed in other accommodation. Families must be kept together at all times, which includes their stay in detention as well as being released together.

- ❑ ***International standards*** Protection and assistance should make sure international standards are complied with whenever children are in detention.
- ❑ ***Lawfulness*** Detention must be in conformity with the State's law (CRC art. 37(b)). A distinction must be made between refugees/asylum seekers and other aliens.
- ❑ ***Proper justification*** Detention must only be used as a last resort and must always have a proper justification. For example, when identity documents have been destroyed or forged, a State might choose to detain an asylum seeker while identity is being established, but detention must be for the shortest period of time possible (CRC art. 37(b)). Executive Committee Conclusion No. 44 (1986) discusses the limited circumstances when asylum seekers can be detained, and sets out basic standards for their treatment. Detention must never be used to punish asylum seekers or to deter or scare off other potential asylum seekers.
- ❑ ***Humane conditions*** The conditions must be humane, which means that the needs of refugee children must be met (CRC art. 37(c)). These needs are defined throughout these Guidelines, and include protection from physical abuse, keeping the family together, access to education, and play. Asylum seekers and refugees should never be placed with common criminals.



- ❑ **Detailed standards** The UN General Assembly has adopted detailed standards that apply whenever juveniles are deprived of their liberty. See the UN Rules for the Protection of Juveniles Deprived of their Liberty (1990) (UN General Assembly Resolution 45/113, 14 December 1990).
- ❑ **Juvenile delinquency** Refugee children must comply with the laws of the country of asylum, in the same way as adults. When children are deprived of their liberty because of violations of criminal or delinquency laws, the standards of CRC arts. 37 and 40 should be applied. In addition to the UN Rules referred to above, the General Assembly has adopted detailed standards especially for situations where minors are accused of violating the law. See the UN Standard Minimum Rules for the Administration of Juvenile Justice (1985), commonly referred to as "The Beijing Rules" (UN General Assembly Resolution 40/33, 29 November 1985).

## V. Evacuation

**Caution is advised** The potential need for the evacuation of children from danger is a serious protection issue. Family initiated evacuations of children sometimes result in children being stranded, unaccompanied or in unsatisfactory circumstances. Individuals and groups, with varying motives, often attempt unauthorized, informally organized evacuations. Massive evacuations of children, occasionally with government support, are sometimes proposed; public support may even be mobilized in defence of proposed evacuations. Regrettably, most evacuation efforts are mounted with the intent to move only children, not their primary care-givers as well.

The evacuation of children may be a preventive movement to reach safety, a rescue movement in the midst of threat, or a movement

during recovery efforts. Protection and care issues include consideration of the needs to evacuate children, its possible consequences and the actions required to protect the rights and well-being of evacuees.

One must consider the wishes of parents and children, the potential harm if people are not moved and the likelihood of suffering and harm if children are separated from families in general and primary care-givers in particular. Experience confirms that many evacuations are ill-conceived and poorly implemented, causing the children's rights to be grossly violated. Moving children without proper documentation of their social history can, for example, result in the loss of nationality. Satisfactory alternative placements are sometimes not found and children are unhappy. Separations have often been much longer than families or organizers assumed. In many past emergencies, a significant proportion of evacuated children could not or did not return to their families once separated.

UNHCR advises caution because of the possibility that children's rights may be violated and because evacuation can be harmful to some children.

**The "Three Rules"** of evacuation are: first, to protect and assist in the place where the child and his or her family are physically located; second, if evacuation cannot be avoided, a child must be moved with a primary care-giver; and third, never evacuate unless a plan has been made that will protect children's rights and well-being.

- ❑ ***Protect and assist in place*** Identify the possible reason why parents deem it necessary to send a child away. Take action to eliminate the need to separate the child.
- ❑ ***Preserve family unity in evacuations*** If evacuation is necessary, move the family together as a unit. The child must

be moved with at least a primary care-giver. Exception may be made only under life-or-death circumstances.

- ***No evacuations without careful planning*** In exceptional situations, it may be seen as necessary to evacuate a child without a family member. For example, parents may feel so desperate that they believe their child will die if not evacuated. When this happens, ensure that the evacuation is carefully planned, including social history and personal identity documentation; destination, reception and care arrangements; maintaining contact with the family; and early family reunification.

**Evacuations** In anticipation of informal or organized evacuations, assist national authorities to develop comprehensive plans. The following safeguards were developed jointly by UNHCR and UNICEF, and are supported by the ICRC and the IFRC.

- The basis on which a choice is made as to whether children are to be evacuated must be reasonable and fair, and according to established criteria. The needs of each child must be individually assessed.

Children are not to be entrusted to any agency or individual unless the qualifications and ability to care for the children have been proven.

The decision of parents to send their children away must be based on full information and must be free and without coercion. They must be provided with information about the evacuating agency to whom they are entrusting their children, the intended child care arrangements and the risks and possible consequences of evacuation.

Every effort should be made to abide by the parents' wishes, including instructions as to care, culture and religious training.

Children must be given an opportunity to have their opinions heard and considered.

Parents or guardians (by law or custom) must give written consent prior to evacuation.

For each child, personal and family particulars, with photos, must be recorded in a personal file. This file should also include full particulars of the agency to which the child is entrusted and copies of the written consent of the parents. There must be five copies of the file: one copy should be given to the parents; one should travel with the child; one should be retained by national authorities; one copy should remain with the agency to whom the child is entrusted, and one copy should be placed with a neutral monitoring agency (such as the Central Tracing Agency of the ICRC).

Children should be moved to safe areas as close as possible to their homes and families. The destination should be determined by the best interests of the child, not only by the availability or interests of the donor organizations or families.

Evacuation, reception and care arrangements must be verified prior to movement of the children. Every possible measure should have been taken to assess travel conditions and ensure safety and care *en route*. If entry into another country is involved, the necessary approval, including visas, should be obtained before children are separated from their parents.

Guardianship of the children (that is, determination of who will be legally able to act in place of the parents and under what limitations) must be established prior to the movement of the children.

Adults known to the children should accompany those who are evacuated without their families

Siblings must be moved together.

**Reception and Care** The reception of the children should be well-planned, positive and humane to meet the needs of each child.

- Unaccompanied children should be provided with all the social services and legal protections available to children in the host country who are not in the care of their parents (CRC, art. 22.2).

The care and placement of unaccompanied children should be supervised by national or local child welfare services to ensure that they receive care that meets at least the minimum standards provided for national children.

Siblings must be kept together. Children who have developed close ties should also be kept together.

The most appropriate form of placement must be determined for each unaccompanied child. The age, personality, needs and preference of the child must be considered. For some children, family care will be most desirable. For other children, group care may be more appropriate. The most important criterion is that children are provided care that is age-appropriate, loving and nurturing, by continuous care-givers.

Every effort must be made to place children in foster families or groups of similar ethnic, cultural, linguistic, and religious background (CRC, art. 20.3).

Communications between the child and the family are vital. Special efforts must be taken to facilitate such communication.

**Family reunification** All actions must be planned with the objective of family reunion. Guardians and foster parents must understand this objective.

- ❑ Children's personal files should include the travel papers required for return to the country of origin
- ❑ Make sure that children who have been informally evacuated are identified and documented. They have the same needs and rights as officially evacuated children, including family communication during separation and family reunion.

**Medical evacuation** See Chapter 5, page 66. The principle of evacuating children with a primary care-giver also applies to medical referrals for treatment in another country.

## Check-list

### Threats to security

- ❑ What are the security threats to refugee children?
- ❑ Have any refugee children died? If so, from what causes? What actions might have prevented these deaths?
- ❑ Are any refugee children physically or sexually abused, tortured, abducted, recruited for military service or are they victims of any other forms of abuse or exploitation? Is there significant risk of such?
- ❑ Are any refugee children in jail, prison, long-term, closed camp confinement or in any other form of detention?

### Intervention

- ❑ Have effective steps been taken to prevent further abuse of children?
- ❑ Are effective remedial services available to all victims of abuse?
- ❑ Are national authorities fully aware of threats to personal security of refugee children?
- ❑ Are national law and order systems providing the protection required?
- ❑ What additional measures would strengthen security systems?
- ❑ Is an effective UNHCR presence being maintained in situations where there are threats to refugee children's security?

- What advocacy efforts would enhance the safety and liberty of refugee children?
- Is training being provided for refugee leaders, government officials, security personnel, other UN agencies and NGOs on special protection considerations for refugee children?
- Are incidents of abuse, military recruitment and detention of refugee children being monitored and reported?
- Is it necessary to change the location of the camp or place of residence of refugee families to protect children from abuse, exploitation or military recruitment?
- Can improvements in accommodations or security arrangements enhance families' capacity to provide secure environments for their children?
- Are special accommodations or security arrangements needed for especially vulnerable groups of children or youths?

### **Evacuation**

- Are threats to family unity being assessed and remedial assistance provided so as to help families avoid separation?
- Are any evacuations occurring? If so, is every effort being made to ensure that children are moved with their primary care-giver?
- Do effective national systems exist to ensure the protection of children from wrongful or harmful evacuations?
- Do effective systems exist to ensure that children evacuated outside the protective systems are identified and documented, that their care and well-being are assured and that they have the benefit of family tracing, communication with their family and, when in their best interests, opportunity for reunification?
- If the evacuation of a child is seen as necessary, are the proper conditions being observed so as to ensure children's protection and well-being?

## **More Reading**

UNHCR. 1993. Note on Certain Aspects of Sexual Violence against Refugee Women (A/AC.96/822).

UNHCR. Guidelines on the Protection of Refugee Women.

Cohn, Ilene and Guy S. Goodwin-Gill. 1993. "Child Soldier: A Study for Institut Henry Dunant." Geneva.

Ressler, Everett. 1993. "Evacuation of Children from Conflict Areas: Considerations and Guidelines." Geneva. 1992: UNHCR and UNICEF.

Ressler, Everett, Joanne Marie Tortorici and Alex Marcelino. 1993. "Children in War: A Guide to The Provision of Services." New York: UNICEF.

United Nations Rules for the Protection of Juveniles Deprived of their Liberty, adopted by the United Nations General Assembly resolution 45/113 of 20 November 1989; entry into force: 2 September 1990.





## Chapter 8:

# Legal Status

### Standards set by the Convention on the Rights of the Child

*"In all actions concerning children ... the best interests of the child shall be a primary consideration" (art. 3).*

*Each child "shall be registered immediately after birth" and has "the right to acquire a nationality" (art. 7)*

*Every child who is seeking refugee status has a right to "protection and humanitarian assistance in the enjoyment" of the rights that are contained in treaties and declarations pertaining to refugees (art. 22.1).*

### *I. Determination of refugee status*

The 1951 Convention and 1967 Protocol relating to the Status of Refugees define a refugee regardless of age, and make no special provision for the status of refugee children. Applying the criterion of "well founded" fear of persecution to children does not normally give rise to any problem when, as in the majority of cases, they are accompanied by one or both of their parents. Determining the refugee status



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of unaccompanied children is more difficult and requires special consideration.

Depending on the law of the State, a child seeking asylum may be granted:

- ❑ Refugee status for having a "well-founded fear of being persecuted," as defined in the 1951 Convention and the 1967 Protocol.
- ❑ Refugee status as defined in the 1969 OAU Convention or the 1984 Cartagena Declaration.
- ❑ If the refugee claim is denied, the child might be permitted to stay with an immigration status granted for an other humanitarian reason, or receive rejection or deportation order.

Regardless of what law a child may be seeking asylum under, there will be a procedure to determine the claim. The three basic methods are: (1) group determination, (2) determination based on an adult's claim, and (3) determination based on the child's own claim.

- ❑ ***Group determination*** If a refugee movement is too large to make individual status determinations possible, the State might grant refugee status to all members of the group. Each child in the group would automatically receive refugee status.
- ❑ ***Determination based on an adult's claim*** When the head of a household is granted refugee status, the common practice of States is to grant refugee status to the dependents. This is not required under any article of the refugee treaties, but States do it in order to promote family unity. (See the Handbook on Procedures and Criteria for Determining Refugee Status, paras. 181-188).

When a child is with one or both parents, the family unity principle clearly applies and, in most cases, a dependant child will be accorded with the parent's status.

However, when the child is with an uncle, cousin or other relative a State might not consider the relatives to be a "family," and might therefore require each person, including the child, to make an individual claim. This could result in the relative being granted refugee status, based on their own well-founded fear, but the child's claim being denied. When this happens, the child is split apart from the relative, and may become an unaccompanied minor. In practice, dependents should be considered if they are living in the same household. (Handbook, paragraph 185).

- *A claim of "family unity"* might also be made by a child in the care of a non-relative when the quality of the relationship is equivalent to a family. In some cases, the claim might describe the relationship as an informal, traditional or de facto adoption.
- *A child's individual claim* If a child who is in the care of a parent, relative or other adult care-taker makes an individual claim, the adult can be of great assistance by giving factual information to document the claim, speaking on behalf of the child, helping the child understand the procedures, giving emotional support, offering advice, or making a decision on behalf of the child.

By contrast, an unaccompanied child will have none of this support when making an individual claim.

**Unaccompanied children** Although procedures for status determination exist in many countries, they do not normally take into account the special situation of unaccompanied children. All Field Offices should be aware of this and should sensitize governments to it.

Considering the effects that a prolonged stay in camp or camp-like situations may have on children's physical and psychological developments, the refugee status determination or decision-making on the child's best interests must be made quickly, and with the appropriate special attention and procedures. Keeping children in limbo regarding their status, hence their security and their future, can be harmful to them

Determinations of the status of unaccompanied children should be guided by the following:

- ❑ (a) The question of how to determine whether an unaccompanied refugee child qualifies for refugee status will depend on the child's degree of mental development and maturity. An expert with sufficient knowledge of the psychological, emotional and physical development and behaviour of children should be called upon to make the necessary assessment, bearing in mind that children may manifest their fears in ways different from adults. When possible, such an expert should have the same cultural background and mother tongue as the child. NGOs can often provide such personnel. Guidance is provided in "Guidelines for Interviewing Unaccompanied Minors and Preparing Social Histories" which is available from Headquarters.
- ❑ (b) Where it is decided that the child is mature enough to have and to express a well-founded fear of persecution, the case may be treated in a manner similar to that of an adult.
- ❑ (c) Where the child has not reached a sufficient degree of maturity to make it possible to establish a well-founded fear in the same way as for an adult, it is necessary to examine in more detail objective factors, such as the characteristics of the group the child left with the situation prevailing in

- the country of origin and the circumstances of family members, inside or outside the country.
- ❑ (d) As children are not legally independent, they should be represented by an adult whose task it would be to promote a decision that will be in the child's best interests. In some situations, this function may be performed by persons carefully selected from within the refugee community.
  - ❑ (e) The problem of "proof" is great in every refugee status determination. It is compounded in the case of children. For this reason, the decision on a child's refugee status calls for a liberal application of the principle of the benefit of the doubt. This means that should there be some hesitation regarding the credibility of the child's story, the burden is not on the child to provide proof, but the child should be given the benefit of the doubt.
  - ❑ (f) Considering the special vulnerability of children, the determination of appropriate durable solutions in their best interests may be established following the refugee status determination.

**Legal representative** A legal representative, or a guardian, as referred to in (d) above, should be appointed immediately to ensure that the interests of an applicant for refugee status who is a minor are fully safeguarded. In many countries, the appointment of such guardians has not worked satisfactorily. Problems reported are, for example, that the appointment of a legal representative takes too long, up to several months, or that such a representative does not have the time or the skills required to protect the best interests of the child. Support to or training of guardians may be necessary.

**Interviewing children** An interview for status determination can be very traumatic for a child. Arrange to have a trusted adult

accompany the child during the interviewing process, either a family member of the child, a friend or an appointed independent person. Trained independent interpreters should be used when the interviewer does not share the child's language, even if the child appears to speak the interviewer's language adequately. See *Guidelines for Interviewing Unaccompanied Refugee Children and Adolescents and Preparing Social Histories* (UNHCR), for more information.

**Keeping children informed** Minors old enough to understand what is meant by status determination should be informed about the process, where they stand in the process, what decisions have been made and the possible consequences. Uncertainty leads to unnecessary anxiety, and if not accurately informed, a minor will be all the more receptive to rumours and bad advice, and may form unrealistic expectations and as a consequence, be more likely to falsify information.

**Determining age** It is often necessary for an asylum country to determine the age of a young person who has, or is claiming, refugee status. There may be different procedures or programmes for refugees who are below a specific age, for example, 16 or 18 years. Laws which apply to the general population may also have age limits, such as juvenile delinquency laws. In addition, the Convention on the Rights of the Child only applies to persons under 18 years.

States face practical problems in determining age. A refugee's birth might never have been registered, or identity documents never issued. Identity papers are sometimes lost, forged, or destroyed. Even when the papers are in order, authorities might question their validity.

When identity documents are not relied on to establish age, authorities usually base age assessments on physical appearance.

Sometimes "scientific procedures" are used, such as dental or wrist bone x-rays. Precautions must be taken if such methods are used. First, these methods only estimate age. Authorities must therefore make sure their methods are accurate and allow for margins of error. Second, when technology is used, it must be safe and respect human dignity. Third, special procedures or programmes usually are intended to help younger persons when their needs are greater. When the exact age is uncertain, the child should be given the benefit of the doubt.

The family vaccination cards in some countries provide age estimates, and there are also traditional methods of approximately determining the age of a child. Provided the child is with the mother, she may relate the birth of the child to a local event or a local calendar, such as the Year of the Sheep, the year of the war between countries X and Y, the year before the migration from one place to another place, the locust year or an international event such as the Gulf war.

Because States do face practical problems in applying laws that have age limits, it is important to keep the issues of accuracy, safety and dignity under constant discussion.

## ***II. Birth registration, nationality and statelessness***

As prescribed by art. 24 of the International Covenant on Civil and Political Rights and art. 7 of the Convention on the Rights of the Child, every child shall be registered immediately after birth and has the right to acquire a nationality. Birth registration is essential to enable date and place of birth to be conclusively established, thereby activating certain rights, including those rights which are dependent upon nationality and personal status. Those basic human rights can be violated in refugee situations



unless particular attention is given to ensuring the proper documentation of children.

A stateless child lacks the guaranteed protection of any state. His or her basic rights, legal status, security in the country of residence and travel outside that country are subject to state discretion. Statelessness is often caused by states' deliberate policies not to confer nationality to children born to refugees. It may also be caused by the existence of conflicting laws regarding nationality. Some countries grant their nationality to children born on their territory (*jus solis*), while others confer their nationality exclusively to children born of parents who are their nationals (*jus sanguinis*). Thus, for example, a refugee child born in a country that applies the *jus sanguinis* principle to nationals of another country that applies the *jus solis* principle, will not be able to benefit from either nationality.

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

**Birth registration** Ensure that the births of all refugee children are registered.

- **National registration** Work closely with authorities of the host government to ensure, if possible, that the births of all

refugee children are registered through the same procedure applicable to nationals. This will facilitate record keeping and tracing.

- ❑ ***Parallel mechanisms*** When there appears to be insurmountable opposition by states to integrate the registration of births of refugees with national children, encourage the national authorities to establish a parallel and similar birth registration system for registering births.
- ❑ ***Consulate registry*** Where the above would not entail any risk to the safety of the newborn or his or her family, including members remaining in the country of origin, facilitate registry of the birth with the consular authorities of the country of origin present in the country of asylum.
- ❑ ***Local registration*** Where states fail to register the births of refugee children through any form of national procedures, organize a local registration system to ensure, at a minimum, that the date, place of birth and the names and nationalities of both parents are recorded in a traceable way. Also make sure that the birth is entered into the refugee family's Family Book or other documentation kept by the refugee family.
- ❑ ***Birth certificates*** Whatever the system of registration existing, parents should receive validated birth certificates on the birth of each refugee child. Preferably, certificates should be issued by the appropriate national authorities so as to guarantee their legal validity. Local officials should be encouraged to issue them. Where this is not possible, the UNHCR Field Office should issue a written attestation of the facts of the birth. For example, in the case of Indo-Chinese refugees, midwives and doctors who delivered the babies issued certificates to the parents. The Red Cross and Red Crescent Societies were also involved.

- ❑ **Legally validated copies** should be kept in the UNHCR Office. In the case of voluntary repatriation, another set of legally validated copies should be handed over to the relevant authorities of the country of origin.

**Nationality and Statelessness** All refugee children in the country of asylum must be considered as having, or being able to acquire, including through naturalization, an effective nationality.

- ❑ **Statelessness** All feasible measures should be encouraged which would reduce statelessness and at the same time assist stateless persons, including children, to enjoy their rights. Such measures include:
  - ❑ (a) Field Offices should make themselves aware of all legislation and policies bearing on the acquisition of nationality and naturalization in host countries. Offices should also familiarize themselves closely with the terms of the 1954 and 1961 Convention concerning statelessness.
  - ❑ (b) Promotional activities aimed at reducing statelessness and mitigating its consequences should be an integral part of overall strategies. Such activities would include promotion of accession to the two Statelessness Conventions.
  - ❑ (c) Field Offices should assist in articulating claims and maintain a list of lawyers who could present the claimants' cases to the administrative and/or judicial authorities.

## Check-list

### Refugee status determination

- Is the status determination of refugee children in accordance with international law and practice?
- Has the refugee status of unaccompanied children been determined expeditiously?
- Is the determination process implemented with full protection of the children's rights and in their best interests?

### Birth registration and nationality

- Are refugee children registered at birth?
- Are parents provided with birth certificates?
- Do all refugee children have a nationality?

## More reading

UNHCR. 1979/Re-edited January 1992. Handbook on Procedures and Criteria for Determining Refugee Status. Geneva: UNHCR.

UNHCR. November 1992. Refugee Status Determination and Special Procedures Under the Comprehensive Plan of Action. Kuala Lumpur: UNHCR.

UNHCR. 1988. Guidelines for Interviewing Unaccompanied Refugee Children and Adolescents and Preparing Social Histories (draft). Geneva: UNHCR.

Unaccompanied Refugee Children in Europe. Experience with Protection, Placement and Education. Edited by Helga Jockenhovel-Schiecke. International Social Services, German Branch, Frankfurt/Main, 1990.

ISS. 1993. Unaccompanied Children and Youth in Flight: Best interest of the Child between Possibility to Stay or Return to the Home Country. By Helga Jockenhovel-Schiecke. International Social Service and Refugees. Edited by ISS, Geneva, p. 26-36.



## Chapter 9:

# Education

### **Standards set by the Convention on the Rights of the Child**

*Each child has the right to education. The goal is free and compulsory primary education, secondary education: (general or vocational) available to all, and higher education "on the basis of capacity" (art 28).*

As education is vital to the development of children, it is recognized as a universal human right. Art. 28 of the Convention on the Rights of the Child binds signatories to the Convention to fulfil their obligation in providing it. Being uprooted does not negate a child's right to education nor a State's responsibility to provide it. The 1951 Convention relating to the Status of Refugees reaffirms in art. 22 the responsibility of the government of the country of asylum to provide education for refugees.

The fact remains that the majority of refugee children do not receive basic education. Some esti-



mates put the number of refugee children receiving education at no more than 30 per cent. The absence of basic education violates their rights and proves to be a lifelong handicap. The World Declaration on Education for All (Jomtien, Thailand 1990) refers to refugees as an "underserved group." UNHCR Executive Committee in 1992 asked that "the basic primary education needs of refugee children be better addressed and that, even in the early stages of emergencies, educational requirements be identified so that prompt attention may be given to such needs" (Conclusions and Decisions 31 (d) 1992).

Attending school provides continuity for children, and thereby, contributes enormously to their well-being. For these reasons, education is a priority in terms of protection and assistance activities.

Many obstacles must be overcome to ensure that refugee children receive education. Sometimes refugee children are denied education because host governments are not providing or cannot provide universal primary education for their own children. Poor infrastructure, inadequate resources and a lack of trained teachers are common limitations. Consequently, the quality of education may be poor, the hours limited and school materials may be lacking. Sometimes the education provided is not in the refugee children's mother tongue. In some situations, refugee children have no, or very limited, access to post-primary education or other types of training, without which their prospects for attaining economic self sufficiency can be severely hampered. To ensure that refugee children have the opportunity of education, Field Offices, in collaboration with host governments and partner agencies, must try to overcome such obstacles.

**Educational goals** Strive to ensure that all refugee children have access to schooling. The 1990 World Summit for Children, making reference to the Jomtien Declaration, in its Plan of Action for the 1990s spelled out the following goals which also apply to refugee

children: "Universal access to basic education and completion of primary education by at least 80 per cent of primary school age children, with emphasis on reducing the current disparities between boys and girls". It also calls for adopting special measures for "vocational training and preparation for employment". As far as refugee children are concerned, the trauma of displacement should not be increased by the trauma of loss of educational opportunity.

- ❑ **Primary education** Ensure that all refugee children have access to primary education which includes, at a minimum, literacy and numeracy.
- ❑ **Post-primary education** Field Offices should promote post-primary education and provide information about relevant opportunities. The content of post-primary education should be linked to the search for durable solutions for the individuals concerned.
- ❑ **Non-formal education**, see page 114.
- ❑ **Timing** Endeavour to ensure that appropriate educational opportunities are available from the onset of refugee situations. This means that the refugee community should be involved early in an emergency to identify teachers among them and to organize educational opportunities for the children. It also means that education should be provided to children during the determination of refugee status or in reception centres.

**Standards** Strive to ensure that appropriate standards of educational opportunities are maintained for refugee children. Give attention to gender, access, quality, curriculum, relevance, and language.

- ❑ **Gender** Advocate the equal participation of refugee boys and girls in all levels of education. Ensure that the design



and implementation of educational services facilitates the participation of refugee girls. Female teachers and separate facilities may help increase girls' participation.

- **Access** Refugee and national children should have the same access to full primary education and post-primary academic and vocational education. Where nationals' access to primary education is less than universal, Field Offices, after consulting with refugee representatives, should pursue collaborative efforts with the host government, international organizations and NGOs to expand access to primary education for both refugee and national children in the area.

In many refugee situations, often in urban areas, arranging access for refugee children to existing schools is preferable to establishing separate schools for refugees. In mass influx situations, integration into local schools may not be possible but the Ministry of Education, perhaps with outside support, may still be able to assume responsibility.

In some mass influx situations refugee-run schools have provided educational opportunities for many children for whom access to regular schools was not immediately possible. Even where such schools operate with minimal infrastructure and supplies, their importance to normalizing the lives of children should be understood and supported. Every effort should be made to ensure that all refugee children of primary school age have access to some type of formal or non-formal educational programme.

- **Quality** The quality of education for refugee children should be as high as that for nationals of the same age. Where education is of a higher standard in the country of origin and voluntary repatriation is a possibility, the higher standard should be adopted. To avoid the local population's

resentment of the apparently preferential treatment provided to refugees, ensure that they benefit from this higher standard. Do not perpetuate inadequate standards of education. With regard to education at higher levels, refugees are to be treated as favourably as possible, and not less favourably than other aliens.

- ❑ **Curriculum** If there are good reasons to believe that voluntary repatriation may be possible, the refugee school should follow the curriculum of the country of origin to facilitate better reintegration. UNHCR should help obtain textbooks from the country of origin or reprint or modify them as appropriate if refugees have a valid objection to some particular part of the curriculum.
- ❑ **Relevance** Ensure that the education provided is relevant to the particular needs and situation of refugee children. It should enhance personal and cultural identity and promote the psychosocial stability and development of children, their families and communities. It should be in the children's own language – at least initially, reflect their own culture, while facilitating understanding of the asylum country and, as appropriate, enhance the refugee's ability to integrate into that country. It should provide practical knowledge and skills relevant to the economic life of their own communities.
- ❑ **Peace education**, including teaching different methods of conflict resolution, may be relevant to children who are victims of conflict. UNICEF has been promoting such education and could be a resource for Field Offices.
- ❑ **Language** Give careful consideration to the language of instruction. Given that children learn better and more quickly in their mother tongue, UNHCR strongly recommends that it

be used as the primary medium of instruction, particularly in the early grades. When prospects for local integration or resettlement justify learning a second language, it can be introduced initially as a subject and gradually become the medium of instruction. Encourage the use of the refugees' own language in extracurricular instruction.

**Non-formal Education** comprises courses and other activities through which participants gain knowledge and skills, but which do not lead to recognized diplomas and certificates. You should encourage the refugee community to be involved in the planning and provision of non-formal education, and resource persons from among the refugees themselves are the best to provide instruction in certain practical skills and traditional culture.

- ❑ **Language and Culture Training** in the refugees' own language and culture is important, both as part of formal and non-formal education. Refugee children and adolescents will also need training to help them understand and cope within the social and cultural values and norms of the host country. Prospects for repatriation, local settlement or resettlement in a third country (See Chapter 11) are decisive factors in the choice of subjects for such training.
- ❑ **Vocational/Skills training** The acquisition of vocational skills is especially important in a refugee setting where the possibility to learn traditional skills from participating in the daily tasks of the parents are limited. For example, where practicable, and where agriculture is the main source of income, efforts should be made to incorporate agriculture as a subject in order to encourage refugees to help themselves.
- ❑ **Apprenticeship schemes** often provide the most effective training in practical crafts. Consider providing simple tool-kits

for successful trainees. Such tool-kits may be used first for the training and then issued to trainees who complete the course successfully. Vocational training should be linked to future opportunities for employment or, at least, contribute to the family livelihood.

Due to limited access to secondary education and also to the higher grades in primary school for many refugees, vocational and skills training is sometimes the only service targeted to adolescents. In addition to aiming at helping the young boy or girl to earn a future living, such training is important in providing the adolescent with meaningful daily routines and purpose. Also assess the need to provide adolescents with literacy training if they have not attended school.

- ❑ ***Pre-School/Day Care*** Such activities should be provided through the initiatives and efforts of the refugees themselves. Pre-school or day care may be especially important for children in vulnerable families where the parent(s) needs support.
- ❑ ***Other educational activities*** Recreational activities such as training in traditional music, dance and other arts (see Chapter 3 on the importance of culture) and sports activities should be organized by or in close cooperation with resource persons in the refugee community.
- ❑ ***Health Education*** should be developed to promote basic hygiene and health training, preferably involving refugee children themselves in passing over health skills to other children and to their families (See Chapter 5).

**Planning** Support educational planning for refugee children by qualified professionals in collaboration with refugee educators, parents and host government representatives. Educational plan-

ning should begin during the initial stage of a refugee influx and should be an ongoing process.

- ❑ **Community participation** Actively involve refugee parents and leaders in planning and implementing educational services for their children
- ❑ **Plan of action** Key elements in the development of an educational assistance plan include determining educational needs; promoting existing rights to education under national and international law; identifying available human and material resources from within the refugee population and from local and national authorities; establishing clear objectives and specific priorities; and developing a comprehensive plan for implementation and monitoring.
- ❑ **Expertise** Seek technical support from host government educational services, PTSS at Headquarters, regional UNESCO and UNICEF offices and potential implementing partners to pool resources and experience. In a repatriation situation linking up with and encouraging or empowering more permanent structures and agencies working long-term in the country of origin is important. Share information with colleagues and authorities in the country of origin to ensure that educational activities continue after the immediate return period. See also Chapter 11 on repatriation.
- ❑ **Refugee teachers** Promote the hiring of qualified refugee teachers as classroom assistants if their credentials are not recognized in local schools attended by refugee children. They should also be actively involved in the planning of the curriculum. Encourage refugee adults to initiate extracurricular activities or instruction to maintain cultural identity and language.

Where separate educational services are established for refugee children, administrative, teaching and support positions should be filled by refugees unless a sufficient number of refugee teachers are not available. Teacher training should be an integral part of the education programme from the outset. Ensure that female refugees are encouraged to participate in such training.

- **Parents committees** Parents of refugee children should from the outset of an emergency be encouraged to cooperate with refugee teachers to organize self-help schools and to continue to take an active part in the running of schools after they have been established.

**Monitor** Monitor children's educational access, achievement and the functioning of educational services.

- **Monitoring indicators** Consider use of the following monitoring indicators: enrolment, attendance and completion rates by age and sex; availability of educational facilities; student/teacher ratio; availability of textbooks and educational materials; number of trained and non-trained teachers, refugee teachers and refugees in teacher training; levels of performance; drop-out rate by gender, grade and type of education; repetition rate; as well as numbers and percentages of refugee children in the terminal grade of each level who obtain certificates, continue in further studies and obtain employment.

**Certificates** For formal academic or vocational education in the national system, ensure that refugee children obtain recognized certificates upon completion of a course of study.

Where separate educational services are established for refugees, ensure that records are kept of students' achievements and that graduates receive certificates indicating successful completion and describing the course content.

- ❑ **Returning refugees** Work with officials in the country of origin to have children's academic achievements recognized while in a country of asylum. See also Chapter 11, page 143.

**UNHCR educational assistance** UNHCR assistance for refugee education can include such elements as construction and maintenance of schools; equipment, materials and supplies; teacher training; educational curriculum and training materials development; provision of school fees, transportation, school uniforms (can be important because the child may have no other clothes) and teachers' salaries; as well as support for manual and physical education activities. Criteria for the provision of scholarships is defined in "Guidelines for Educational Assistance to Refugees", available from PTSS.

## Check-list

### Educational opportunities

- ❑ What primary, post-primary and non-formal educational opportunities exist for refugee children?
- ❑ What is the quality of the educational opportunities available and what measures would enhance the quality?
- ❑ Is available education relevant to the refugee experience and needs?
- ❑ Is the education being taught in the mother tongue of the child, particularly of young children?

### Children's comments

- ❑ What are children's comments about the educational opportunities available (and lacking)?

### School enrolment

- ❑ What proportion of refugee children are attending school, by age and sex?
- ❑ Why are those children not in school, not participating?
- ❑ What actions might be taken to increase the numbers of refugee children in school?

**Community participation**

- Are parents and the refugee community actively involved in the educational programmes?

**Planning and assessment**

- Is an educational planning system in place for the education of refugee children?
- Has an assessment of educational needs and resources been undertaken by technically qualified education specialists and has an educational plan been developed?
- Is an educational assessment system in place to monitor the functioning of refugee children's education?

**Certificates**

- Are certificates being made available to validate the academic achievement of refugee children?

**More Reading**

UNHCR. 1992. Guidelines for Educational Assistance to Refugees. Geneva: UNHCR.

UNHCR. 1988. Organizing Primary Education for Refugee Children in Emergency Situations. Guidelines for Field managers. Geneva: UNHCR, PTSS.

UNICEF. 1992. Strategies to Promote Girl's Education. New York: UNICEF.





## Chapter 10:

# Unaccompanied Children

### Standards set by the Convention on the Rights of the Child

*Every child has the right "to know and be cared for by his or her parents" (art. 7).*

*..."applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner" (art. 10.1).*

*In creating alternate care solutions for an unaccompanied minor; "due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background" (art. 20.1).*

*State parties shall cooperate with the United Nations to protect and assist a refugee child and "to trace the parents or other members of the family of any refugee child in order to obtain information necessary for reunification with his or her family" (art. 22.2).*

**Definition** Unaccompanied children are those who are separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so.



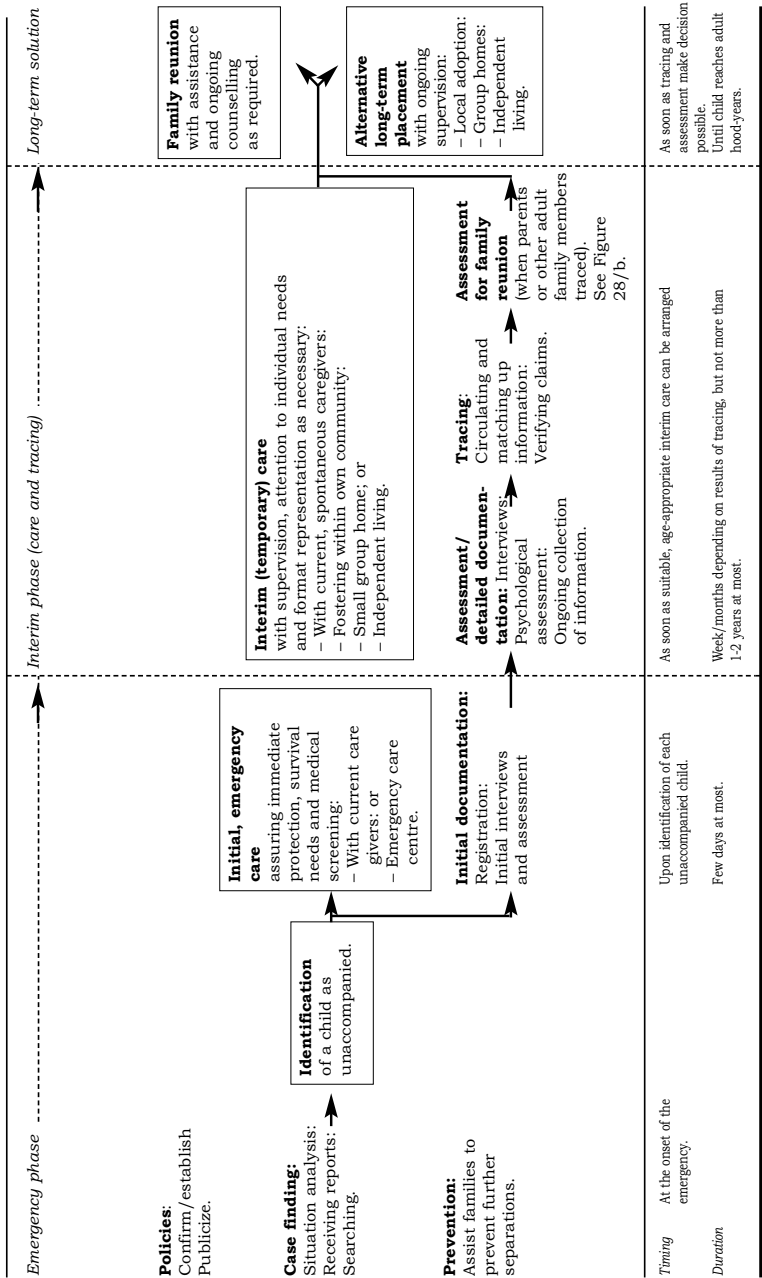
The terms "unaccompanied minor" or "unaccompanied child" should be used instead of "orphan." A child is an orphan only if both parents are dead. This always requires careful verification and must never be assumed. Labelling children "orphans" tends to encourage adoptions, rather than focusing action on family tracing, foster placements and increasing the community support.

**Why is it important** It is essential to know which children are unaccompanied as children who are not being cared for by their families face a high risk of not receiving proper protection and care. While unaccompanied minors are usually taken care of by other refugees, experience shows that physical and developmental needs are not always met. It is essential that unaccompanied minors be identified as soon as possible because: 1) these children require monitoring to make sure that their needs are being met, and 2) tracing for parents and other relatives must begin immediately.

- **Causes** Different causes of separation have different implications for the care of the child as well as for potential family reunion and long-term solutions. Children may have been accidentally separated from their families, abducted, or orphaned. They may have run away, or live independently with their parents' consent. Some may have become street children. Some children may have been sent to the country of asylum by parents who have remained in their country of origin, while others may have been left in the country of asylum by parents who have returned home or resettled elsewhere. In conflict situations, children may have been separated from their parents as a result of military recruitment or the parents' imprisonment. Children have also been removed by aid workers.

**PROGRAMME ACTIONS REQUIRED FOR THE CARE AND PROTECTION OF UNACCOMPANIED CHILDREN IN EMERGENCIES**

**PROGRAMME ACTIONS REQUIRED FOR THE CARE AND PROTECTION OF UNACCOMPANIED CHILDREN IN EMERGENCIES**



Reproduced from *Assisting in Emergencies: A Resource Book for UNICEF Field Staff*, United Nations Children's Fund, December 1992, page 400, and adapted from *Unaccompanied Children: Care and Protection in Wars, Natural Disasters and Refugee Movements*, E.M. Ressler, N. Boothby and D.J. Steinbock—Oxford University Press, 1988.

## ***I. Plan of action***

The starting point for services to unaccompanied children is planning for prevention and identification.

**Prevention** Prevent the separation of children from their families by identifying actual and probable causes of separation and intervening. Special assistance to single-parent families and those with disabled children can, for example, prevent the abandonment of children. Care must also be taken to determine whether a child is truly unaccompanied. In an organized evacuation, each child should be accompanied by at least one parent. Care must be taken to avoid that families intentionally separate from their children in order to take advantage of special services for unaccompanied children. Food and other material assistance for unaccompanied children should be similar to that of the larger refugee community.

- **Preparation** Assume that there are unaccompanied children in any refugee situation. In many cases, the number of unaccompanied children is 2-5 per cent of the refugee population. In most refugee situations, it will therefore be necessary to establish a special programme for identifying and monitoring unaccompanied children.
- **Designate a responsible agency** As early as possible in an emergency, an agency with child welfare expertise must be assigned responsibility for the immediate and longer-term care of unaccompanied children. Field Offices must make sure that these Guidelines are observed by the designated agency. When there are considerable numbers of unaccompanied children, the UNHCR Handbook for Emergencies recommends that UNHCR establish a special unit for unaccompanied minors and seek the assistance of the appropriate national authority, UNICEF and qualified NGOs.

**Identification** There are three steps to the identification phase, and the question of guardianship should be addressed early;

- ❑ **Search** Unaccompanied children must be searched for. They are commonly found in hospitals and clinics, feeding centres, in orphanages, in families other than their own, and as street children. Sometimes they are alone. The search must be conducted in a way that does not disrupt any existing care arrangements. Involve members of the refugee community to identify children who are separated from their parents. During registration, families should be asked if they are caring for children other than their own, have children from whom they are separated, know of families who have missing children, or know of children who are separated from their parents.
- ❑ **Register** Field offices should keep a registry wherever unaccompanied children are identified, containing at a minimum their names and location. During refugee registration exercises, unaccompanied children should be registered separately, but cross-referenced to the family with whom they are staying. It is especially important to register infants and young children before people who know the origin of the children disperse, since often these children cannot themselves give you sufficient information for tracing.
- ❑ **Document** Beyond registration, a more thorough documentation of each unaccompanied child is required in order to establish the child's personal history and individual needs, and to begin tracing for the family. UNHCR's "Guidelines on Interviewing Unaccompanied Children and Adolescents and Preparing Social Histories", will help you get relevant information from the child and contains a sample social history format. Also keep in mind the need to provide the

unaccompanied child with an identifying document. See also Chapter 8 on the risk of statelessness.

- ❑ **Guardianship** Legal responsibility for unaccompanied refugee children rests with the government of the country of asylum. An unaccompanied child should have a legal guardian with respect to involvement in any legal proceedings and may need a legal guardian to advocate for the child's interests or to make decisions on behalf of the child in other situations. See also Chapter 8, page 99.

## II. Care arrangements

**Objectives** First, make sure that each unaccompanied child has a continuous care-giver who is loving and nurturing, and who meets the developmental needs of the child. Second, make sure that any placement of children with families other than their own is consistent with traditional child-care practices (CRC, art. 20.3).

- ❑ **Siblings** Keep siblings together, as well as children who have developed close ties.
- ❑ **Children's opinions** A child's opinions about placement and care should be listened to and given "due weight." (CRC, art. 12).

**Children living with families other than their own** Where an unaccompanied child is living with someone other than a relative, the relationship should be respected if the child's needs are being met. Such care arrangements are normal in many cultures.

As with all unaccompanied children, those living with other families should still be identified and documented, and the quality of their care arrangements should be assessed and monitored. This process must be done carefully so as not to disrupt the care relationship or encourage care-taker families to abandon or hide the

presence of such children. If the parents' whereabouts are not known, attempts should be made to trace them, facilitating family reunion.

- ❑ **Intervention** If children are suspected of being abused, neglected or exploited, the situation must be investigated. An alternative placement may have to be arranged. (CRC, art. 19 and 20). For example, when children are used as domestic servants, their developmental needs and needs for affection may be at risk.
- ❑ **Placements** For unaccompanied children without care, placement with a family within the child's own community is preferable. It is critical that wet nursing be arranged for infants. Care arrangements should be arranged as quickly as possible to meet children's physical and developmental requirements as children are harmed by living in limbo. Care arrangements must leave open the possibility of family reunion. Find homes for children with persons from the same areas of origin and intended areas of return, in anticipation of voluntary repatriation, and to ensure linguistic and cultural continuity. (CRC, art. 20.3).
- ❑ **Group care** Where family placements are not possible, small group care within the community can be arranged. This should normally only be an interim measure, especially for younger children. For more mature children and adolescents, being supported but living independently, and supervised by adults from their own culture may be desirable, in some cases with the adolescent taking responsibility for younger siblings. Institutional placements, such as orphanages, should be avoided as they generally cannot provide for children's developmental needs nor for their social and cultural integration into society. The creation of orphanages should be discouraged.



- ❑ **Integration** Unaccompanied children should use the same schools, health services and other facilities used by other refugees of the same age, rather than isolating them through special programmes.
- ❑ **Health monitoring** Medical and nutritional screening must be carried out as quickly as possible and repeated periodically.

### ***III. Family tracing***

Tracing for parents or other relatives is essential. Begin tracing as early as possible. In addition to the possibility of family reunion, it can be very important to a child to know that someone is looking for his or her parents. Tracing will depend upon thorough documentation of the child's history, and often upon close cooperation across borders. Coordinate tracing efforts with the International Committee of the Red Cross (ICRC), for example by transmitting a copy of any registration/tracing request. This may increase the chances of locating relatives and avoid duplication of efforts.

- ❑ **Tracing methods** Tracing must be vigorous. Effective tracing methods have included: posting photos on bulletin boards; community meetings, including communities in nearby camps; the use of radio, T.V. and newspapers; preparing tracing books or "newspapers" with children's photos for systematic circulation; interviewing adults who have lost children; taking children to locations they have described.

Tracing must be done even when an unaccompanied child reports that the parents are dead. Experience shows that often at least one of the parents is still alive. There is also the possibility of locating other family members or family friends who could provide care.

- ❑ **Confidentiality and Personal Security** Care must be taken that the collection and circulation of information on refugee children does not endanger them or their families.
- ❑ **Claims** Carefully verify claims by adults requesting family reunion. Mistaken and fraudulent claims occur.
- ❑ **Family reunion** Social work support may be necessary in the family reunion and reintegration process. Depending on the duration and reasons for separation, individual care and sometimes material assistance may be required. In cases of lengthy separation during which a child has integrated into another family, or where a child has been abused by the parents, a careful assessment should be made by a child welfare worker to determine whether family reunion is in the child's best interests.
- ❑ **Family messages** Sometimes family members are located in the country of origin or elsewhere, and a speedy reunification is not possible. In such cases, it is important that an unaccompanied child is assisted in maintaining communication with the family. In some situations, the ICRC can help in facilitating this exchange of communication. A "Family message" service has been established as part of the International Red Cross and Red Crescent tracing network.

#### ***IV. Long-term solutions***

**Best interests** The plan for a long-term solution must be based on the individual child's best interests. Family reunion should be the first priority for the child. Should such reunion not be in the best interests of the child or not possible within an appropriate time frame, other medium- and long-term options such as foster care, guardianship, adoption etc. may be sought. (For durable solutions such as repatriation, local integration or resettlement, see

Chapter 11). Eventual family reunion or repatriation should be kept open as long as possible: separated families never stop looking and hoping.

Information sharing Children must be kept informed at each step about plans being made for them. As the unaccompanied child has no family member to inform him/her or explain routine procedures, present situations, and future opportunities, it is even more important that the child be made aware and be involved in the process.

*The child's opinion* (see Chapter 11, page 147).

*Staying with the foster family* (see Chapter 11, page 148).

**Adoption** Most unaccompanied minors are not orphans, and what they need is therefore reunification with their parents, not adoption. As noted in Executive Committee Conclusion No. 24 (XXXII) on Family Reunification, adoption involves the "severance of links with the natural family".

It is UNHCR's policy that children in an emergency context are not available for adoption. Any adoption of an unaccompanied child of concern to the High Commissioner must be determined as being in the child's best interests and carried out in keeping with applicable national and international law.

It should not be carried out if:

- (a) there is reasonable hope for successful tracing and family reunification in the child's best interests;
- (b) a reasonable period (normally at least two years) during which time all feasible steps to trace the parents or other surviving family members have been carried out has not yet elapsed;
- (c) it is against the expressed wishes of the child or the parent; or

- (d) voluntary repatriation in conditions of safety and dignity appears feasible in the near future and options in the child's country of origin would provide better for the psychosocial and cultural needs of the child than adoption in the country of asylum or a third country.

- **Foster care** While tracing for the parents is going on, a child should be placed with a family which would ideally be willing to adopt the child in the event the parents are dead, and to give the child back to the parents in the event they are located. The two year rule in (b) above must not be interpreted to mean that a child cannot be placed in family care. Two years in a young child's life constitutes a major portion of childhood, and appropriate care must not be deferred.

A flexible approach should be adopted regarding the required duration of tracing efforts, with two years as the normal minimum period before adoption can be authorized. The required period may be extended where appropriate in light of circumstances in the country of asylum and origin, and specific factors arising in the situation of the child. It may be reduced where it is clear from the circumstances that there is no possibility of successful tracing and where earlier adoption is necessary to ensure the best interests of the child.

- **Developing alternatives** Efforts should be made to place the child with a relative or a family from the refugee community before an adoption by a non-relative or non refugee family is considered. Because preserving the unity of the extended family and the child's continuity of identity is usually in the child's best interest, these options should be actively explored. (CRC arts. 5, 7.1, and 20.3). When repatriation is possible, efforts should be made to place the child within the country of origin.

Placing children in an adoptive family in another country, inter-country adoption, may be considered only if the child, in the words of the Convention on the Rights of the Child, "cannot in any suitable way be cared for" in the country where the refugee child lives. (art. 21 b).

The paramount consideration in placement and adoption should be the best interests of the child. No adoption should be considered before it has been established that the child is legally free. This usually means that the parents are not living or have consented to the adoption.

- ***Informed consent*** to the adoption of a refugee child may require special counselling as well as material assistance. When refugee parents, guardians or relatives have themselves undergone traumatic experiences, lack basic subsistence requirements, and are uncertain about their future, they may conclude that the only way to provide for the child's welfare is to surrender him or her for adoption. Both counselling and the humanitarian assistance envisaged in CRC art. 22 (1) are necessary in such situations to ensure that consent to adoption by parents or guardians is truly free. In cases where a refugee parent voluntarily chooses to give up the child, it is also important to ensure that the parent understands the full legal consequences of this decision, as well as to ensure, where necessary, that the other parent and other relevant parties are duly notified and give their consent.
- ***Safeguards*** In the event that adoption is eventually decided to be in the best interests of a refugee child, national and international safeguards for children are contained in CRC, arts. 20 and 21. The process must conform to the provisions of General Assembly Resolution A/RES/41/85, "Declaration on Social and Legal Principles relating to the

Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally", copies of which are available from Headquarters. Also relevant, where it has been acceded to by the government of the country of asylum in question and the country of adoption (if they differ), is the Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, adopted by The Hague Conference on private international law on 29 May 1993.

**Records** A copy of an unaccompanied child's file should always travel with the child. Field Offices must ensure the permanent preservation of records because later in life former refugees often have to obtain information on their origins.

**Return of Rejected Asylum Seekers** If an asylum seeker who is an unaccompanied minor, after due process, is denied refugee status or is not permitted to stay for other compelling reasons, the question of his or her return to the country of asylum may arise. Although such return is recognized as being primarily a bilateral matter between states, there could be a serious problem of gaps in protection and care of the unaccompanied minor who is required to return to the country of origin unless prior arrangements have been made. The best interests of an unaccompanied minor require that the child not be returned unless, prior to the return:

- ❑ (a) a parent has been located in the country of origin who can take care of the child, and the parent is informed of all the details of the return; or
- (b) a relative, other adult care-taker, government agency, or child-care agency has agreed, and is able, to provide immediate protection and care upon arrival.
- ❑ **Post-Return Monitoring** Follow-up of an unaccompanied minor who has lawfully been repatriated after a rejected claim

is the responsibility of the country of origin. Post-return monitoring can, in some cases, be done as part of UNHCR overall monitoring of conditions in the country of origin.

Work with the International Organization for Migration and other non-governmental organizations present in the country of origin to develop post-return protection and care arrangements.

**Durable Solutions for Unaccompanied Children**, see the next Chapter.

## Check-list

### Services

- How many unaccompanied children are there?
- Are services in place to identify, document and assist unaccompanied children?
- Have the causes of family separation been identified and countermeasures put in place to protect family unity?

### Legal issues

- Have arrangements been made to establish legal guardianship or its equivalent for unaccompanied children?
- Are special procedures applicable for unaccompanied children being followed in the determination of their refugee status?

### Child welfare services

- Are adequate child placement services available to assess care needs and facilitate appropriate placement arrangements?
- Are the care and placement arrangements being found for unaccompanied children meeting the needs of the children?

### Tracing

- Is an effective and efficient family tracing programme being implemented?



### **Family reunion**

- Are family claims for children being carefully assessed?
- Is appropriate social services support being provided to facilitate family reunion and the well-being of the children?

### **Children's participation**

- Are unaccompanied children provided with opportunities to participate in decisions and programmes affecting them?

### **Records**

- Are unaccompanied children's records complete, protected and stored?

## **More Reading**

UNHCR. Guidelines on Interviewing Unaccompanied Refugee Children and Adolescents and Preparing Social Histories. Geneva: UNHCR, PTSS.

UNHCR. 1982. Handbook for Emergencies. Geneva: UNHCR.

UNHCR. 1994. Report on the Protection of Children with Respect to Inter-Country Adoption. Geneva, Division of International Protection, UNHCR.

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## Chapter 11:

# Durable Solutions

### Standards set by the Convention on the Rights of the Child

*Each child "should grow up in a family environment, in an atmosphere of happiness, love and understanding" (Preamble).*

*A child's right to "identity, including nationality, name and family relations" should be preserved whenever possible (art. 8.1).*

*In creating alternate care solutions for an unaccompanied minor, "due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background" (art. 20.1).*

In seeking durable solutions, careful attention should be paid to the principles of family unity and the best interests of the child. Children may face specific difficulties in the process of moving and reintegrating. Some children, such as those who are unaccompanied or ill, require special protection and assistance to help them find and adjust to more permanent situations.



UNHCR defines durable solutions as voluntary repatriation, local settlement in the country of first asylum, and resettlement in a third country. In this chapter much attention is given to voluntary repatriation. It also contains certain rules and safeguards to keep in mind when resettlement of refugee children is considered.

Relocation and reintegration involve disrupting and, where possible, reconstituting the delicate fabric of social, community and cultural ties that are important to children. Where displacement has been prolonged, many children are born in the place of asylum. The camp, the shelter or the house of refuge will have become their primary reference. They may not share with their parents the same memories of "home" or the same dreams for establishing life elsewhere. Children experience change of residence differently to adults; a child's age is a major determinant of his or her needs and response to the durable solution process.

## *I. Voluntary repatriation*

Voluntary repatriation is the durable solution most desirable as ideally it allows the refugee to resume a normal life in the home country, and restores cultural and ethnic bonds within that country. Also, it is the solution which in practice will be applicable to the highest number of refugee children. Overall planning of a repatriation operation, including logistics, must be geared towards reducing vulnerability and mainstreaming the special needs of those already vulnerable.

- ***Link families together*** Family unity must be a key factor in planning. Ensure that pre-departure registration links nuclear families together and that the Family Books or other documentation given to the refugee do represent family units, including extended family networks. For example, two children living with grandparents should be flagged during the registration to ensure that they can all

repatriate with the parents and other siblings. Also plan for flexibility if mistakes are identified so that last minute changes allow families to repatriate together.

- ***No split families*** Parents should normally not be allowed to repatriate leaving a child in the country of asylum. Likewise, requests from minor children to repatriate leaving their parents in the country of asylum should be considered only in consultation and agreement with the parents and with an assurance that the child will be received by a responsible adult relative on return.

**Preparatory Activities** Experience confirms the importance of actively involving repatriants in the planning and implementation of their return. Identifying genuine representative voices who have only the best interests of children in mind is a key factor. It is important to be aware of political and peer pressure which may be detrimental to the well-being of vulnerable children.

- ***Information*** Stimulate preparatory activities as early as possible in the country of asylum. Organize programmes and activities to assist children in the process of reorientation and psychological preparation. Children should be provided with accurate information. They should be given opportunities to express their questions, fears and insecurities, and they should be listened to. Information, video films and pictures of their home areas are helpful. Mini-surveys to determine the extent to which realities are understood may be helpful.
- ***Focal point*** Ensure that there is a focal point for children's needs, for example an NGO with broad child experience. Setting up a counselling programme for children and adolescents that is pro-active in attempting to identify, understand and address children's needs is recom-

mended. Such counselling has proved helpful not only in improving decision-making but also in identifying children or families potentially in need of assistance upon repatriation.

- ❑ **Medical check-up and documentation** Screen children's health, and for sick or vulnerable children, prepare files to hand over to NGOs or government institutions in the areas of return or resettlement, to ensure continued care and treatment.

**Administrative concerns** Ensure that adequate administrative systems are in place to move children efficiently and effectively and to minimize waiting time in transit centres. Often services for children are not available or not sufficient in such centres.

- ❑ **Travel permits** Arrange cross-border travel permits for persons engaged in the movement of children in voluntary repatriation programmes. Experience confirms the importance of this arrangement.
- ❑ **Allocation of responsibilities** Ensure that the responsibilities and mandate of personnel involved in the repatriation of children are clearly defined and understood by other parties in the voluntary repatriation programme.
- ❑ **Training** Train registration, logistics and transport staff on the special needs of children and the need for the consideration of children in need of special assistance.

**Especially vulnerable children** Give careful attention to safeguarding the best interests of each especially vulnerable child. Keep in mind that identifying possible problems and developing appropriate services and follow-up for especially vulnerable children is time-consuming and labour-intensive. Start early, and identify possible partners on the other side of the border.

- ❑ **Priority** Ensure that vulnerable children are given priority for early voluntary repatriation. This is only feasible if adequate lead time and resources are available to ensure appropriate arrangements in the country of origin.
- ❑ **Children living with families other than their own** With the aid of a child welfare specialist, identify children separated from their parents and ascertain: the family's plan upon repatriation and whether help is needed in linking up with the parents; the child's degree of attachment to the family; the family's degree of commitment to care for the child on an ongoing basis; the child's views regarding a durable solution in relation to those of the family; the child's degree of mental maturity; and the child's immediate and developmental needs. Ensuring a healthy relationship can minimize the risk that such children are abandoned after movement.
- ❑ **Foster care** Ensure that services exist to care for children abandoned before or during the repatriation process.
- ❑ **Accompaniment** Involve trusted humanitarian organizations known to the children in accompanying and providing support to unaccompanied children in the process of their voluntary repatriation and reintegration.
- ❑ *See also **Durable solutions for unaccompanied children**, page 146.*

**Organizational linkages** Establish administrative and operational linkages with social welfare services and humanitarian organizations in the refugees' country of origin. Ensure that a social welfare follow-up system is established to monitor children's well-being after their return. If the country of origin suffers from post-war devastation, institution-building will probably be required.

- ❑ **Share information** Documentation on children with special needs should be made available to personnel in the country of origin prior to the commencement of the voluntary repatriation. Ensure that relevant information and documentation are shared with or available to implementing partners on both sides of the border.
- ❑ **Planning** for the re-integration of children with special needs should commence in the country of origin as early as possible. Resources necessary for the safe repatriation and re-integration of vulnerable children should be allocated at an early stage or at least no later than the commencement of the actual movement phase.
- ❑ **Training** Provide training support through workshops, seminars and educational tours to agencies who will be assuming new responsibilities in working with children after their voluntary repatriation, particularly those working with children with special needs.
- ❑ **Sustain services** Given the inevitable decline in camp services during the course of the repatriation process, ensure that essential services are sustained, including information dissemination and counselling for vulnerable children. Personnel working with at-risk children should also be retained because many vulnerable children will only be identified in the course of the movement process.

**Movement and reintegration** Ensure that social services are available to assess, monitor and assist repatriated families in their reintegration. Support may be required for institutional development activities.

- ❑ **Counter marginalization** Support activities to counter the marginalization of vulnerable returnee families. This may include, for example, strengthening the capacity of groups

assisting female-headed households, supporting family unity and income-generating activities.

**Education** Advocate for the country of origin's recognition of comparable scholastic achievements of refugee children while they were away. Provide assistance as may be required to the existing educational system to absorb the repatriated children. See also Chapter 9.

- ❑ **School certificates** Ensure that repatriating children are provided with school certificates or other documentation of education obtained in the country of asylum. Even with appropriate documentation, returnee children often face problems in being accepted into schools or into the appropriate level.
- ❑ **Rebuilding schools** Field staff must be prepared to negotiate admission into schools with local authorities. Financial assistance to reconstruct schools or to add new class rooms may facilitate the swift admission of returnee children into schools.
- ❑ **Informal education** Upon repatriation, children who have been living in camps for many years may suddenly find themselves thrown into new roles, such as breadwinners. Therefore, monitor returnee children's school attendance. Explore more informal ways of meeting the educational needs of such returnee children; creative approaches may be necessary.

**Unaccompanied children** Ensure that unaccompanied children are placed in foster families or grouped under the management of an assigned agency or responsible adults from the same community.

- ❑ **Stimulate involvement** Encourage the involvement of communities, humanitarian agencies and other national



organizations in the welfare of returning orphaned, abandoned or otherwise unaccompanied children. Ensure that placement and care arrangements are made in which the children are provided with love, protection and security. Encourage integration of unaccompanied children into local schools and village life; discourage segregation.

- ❑ **Tracing** Ensure an assertive tracing programme to locate family members, a process to verify family links and assess family reunion possibilities.
- ❑ **Special cases** Be prepared to help unaccompanied children reunite with their families who separated accidentally or for adventure during the repatriation process. See also Durable Solutions for Unaccompanied Minors.

## **II. Local settlement**

If voluntary repatriation is not possible, refugees may benefit from assistance towards self-sufficiency and integration into the local community, planned or spontaneously. The main challenge to field staff may be to ensure refugee children the same access to services as national children. Areas of concern where intervention or assistance may be necessary in the integration phase are:

- ❑ access to adequate and balanced food and to health services
- ❑ access to education, including training in the language and the culture of the settlement country
- ❑ education grants or scholarships
- ❑ vocational training to adolescents and help to find work
- ❑ activities to strengthen the refugee community to enable adults to protect and assist their children.

### III. Resettlement

Resettlement is sought when repatriation and local integration are considered impossible within an acceptable time frame. It often involves the greatest upheaval for the individuals concerned, in view of the social, cultural and psychological adaptation required to integrate within a new community.

For individual children, resettlement with his or her parents, a viable guardian or relatives should be the primary consideration. Every effort should be made to promote and facilitate reunification of children with their parents.

Resettlement may be considered if the child falls within the following categories:

- ❑ **Family Reunification** Children are resettled for family reunification, that is to join members of the family already resettled.
- ❑ **Physical safety** If the physical safety of a child is under severe threat and local solutions are not available, immediate resettlement together with the family may be the only practical means to guarantee his or her protection.  
Physically and mentally disabled or sick children, and traumatized, tortured children or children victims of sexual violence are resettled with their families and given top priority, both for emergency and regular resettlement.
- ❑ **Disabled children** unable to get adequate treatment in their country of first asylum or with other health conditions that cannot be addressed due to lack of appropriate medical facilities, can in some exceptional cases be considered for resettlement with family members. Priority is given to serious cases in which the condition represents a significant obstacle to leading a normal life and achieving self-sufficiency.

On the other hand, physically or mentally disabled/ill refugee children, who are well adjusted to their disability and are functioning at a satisfactory level, are not offered resettlement merely because of disabilities. (This would apply to deaf and mute or blind children who have learned sign or Braille languages, and who are able to pursue their education and skills acquisition in countries of first asylum. Similarly, amputees who have been provided with prostheses and who can pursue their lives in the country of first asylum are not offered resettlement as a priority).

The number of resettlement places available is far lower than the needs. Therefore, Headquarters prioritizes cases forwarded by the Field to ensure that the most needy cases be resettled.

"Resettlement Guidelines" are available in Field Offices for further information. "Global Assessment of Resettlement Needs" is published each year by the Resettlement Section, providing detailed information.

#### ***IV. Durable solutions for unaccompanied children***

Durable solutions for unaccompanied children need particular attention. The best durable solution for an unaccompanied refugee child will depend on the particular circumstances of his or her case, in light of these Guidelines. The possibility of voluntary repatriation should at all times be kept under review, and actively pursued where appropriate. Where voluntary repatriation is not possible, local integration should be explored. Resettlement of unaccompanied minors should only be considered on an exceptional basis and through case-by-case examination, where other solutions are not appropriate.

- | Any intervention on behalf of unaccompanied children, particularly their movement, must be in line with recom-

mentations given in Chapter 10 and this chapter.

- ❑ ***A competent body*** Decisions on durable solutions for unaccompanied refugee children must be taken by competent bodies that include experienced child welfare personnel.
- ❑ ***Case-by-case consideration*** Cases must be thoroughly assessed on an individual basis. The procedure should permit the effective participation of the refugee child and, as with status determination, arrangements be made for him or her to be represented. Where possible, the views of the parents or others who act instead of parents should be obtained.
- ❑ ***Social History/Documentation*** Prepare case histories and documentation on unaccompanied children to be shared by organizations assisting them both in the country of asylum and of resettlement or of origin. Ensure that as much information is provided as possible about family, relatives and friends to enhance tracing efforts.
- ❑ ***The child's opinion*** Unaccompanied refugee children over the age of 16 are usually mature enough to make their own decisions about long-term solutions. Depending on their degree of maturity, children over the age of nine or ten may be able to make rational choices if provided with adequate information. Their preferences should, therefore, receive consideration. Children below nine or ten years of age may not be sufficiently mature to make an independent judgement; but they should always be given the chance to express their views. In each case, a minor's evolving mental maturity must be determined in the light of the personal, family and cultural background (CRC art. 12). Qualified child welfare workers should be involved in the process of interviewing unaccompanied children.

- ❑ ***Staying with the foster family*** Where the resettlement, local integration or repatriation of a family caring for a child other than their own is being considered, the nature and durability of the relationship between the child and the family must be carefully assessed by an experienced child welfare worker to help determine whether they should remain together. There need to be assurances that the family will continue to provide for the child. It is important to balance the child's need for continuity of care and the degree of attachment to the foster family against the possibility of ultimate family reunion.
- ❑ ***Keeping the child informed*** Make sure that the child knows what is happening that affects him or her concerning their future. Too often things are done to, for or on behalf of the child, ostensibly in his or her interest, but without letting the minor know.
- ❑ ***Records*** A copy of the child's file should always travel with him or her. See Chapter 10, page 133.

## Check-list

### Preparatory activities

- Is family unity being preserved in voluntary repatriation?
- Are refugees actively involved in the voluntary repatriation process?
- Is an effective information and counselling programme available for children concerning repatriation?
- Has a focal point been designated for children's concerns?
- Are suitable administrative mechanisms in place for effective implementation of the voluntary repatriation programme?
- Has medical screening been done to identify sick children?
- Have the families of sick children been provided with copies of medical records and information on how to meet the needs of their child in the home country?
- Are the special needs of unaccompanied children being addressed?

### Movement and reintegration

- Do social services exist to assist repatriation of families and children in need?
- Will unaccompanied children be adequately cared for on the other side of the border?
- Has admission of returnee children into schools been ensured?

## More Reading

UNHCR. 1993. *Voluntary Repatriation: Training Module*. Geneva: UNHCR

UNHCR. 1992. *Resettlement Guidelines*. Geneva: UNHCR Resettlement Section



## Chapter 12:

# Operational Framework

Programmes which address general needs often neglect the special needs of children. To ensure the protection and well-being of refugee children, Field Offices and Headquarters should give special attention to administrative and operational concerns such as: staffing and training; standards, policies and operational guidelines; assessment and planning; implementation; mobilizing additional resources; monitoring and reporting; and evaluation. Children are fragile, dependent and developing; if the system is weak, they are among the very first to suffer.

Children must always be seen in the context of their families and community. UNHCR's activities on behalf of refugee children must support families and the community as illustrated in the diagram on page 26. One way to achieve this support is to integrate assistance to children into regular protection and assistance activities for the wider population. Age-specific requirements for the nutrition and health of refugee children should, for example, be addressed as part of food and medical programmes for the general refugee population; specific activities may nonetheless have to be undertaken for children.



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Recognizing the intrinsic link between protection and assistance activities, no absolute distinction is made between them in these Guidelines. In essence, all UNHCR action has a protection component or implication, whether it consists of determining the status of refugees, helping them pursue durable solutions or meeting their immediate needs. The provision of assistance and the manner in which it is provided are protection concerns that often affect the personal security of refugees.

**Staff and training** Staff levels and training must be sufficient to achieve UNHCR's goals and objectives concerning the protection and care of refugee children and to ensure adherence to these Guidelines.

- **Responsibility** In the field, the UNHCR Representative is responsible for ensuring the implementation of these Guidelines. The Representative will define staffing needs and delegate authority. Protection and assistance needs of refugee children must be integrated into programming and reporting. This integration function may best be included in the terms of reference of the Senior Programme Officer and/or the Senior Protection Officer.
- **Skills** Ensure that persons with skills required for the protection and care of refugee children are put in place at the onset of refugee emergencies. Refugee children are especially vulnerable during the emergency period, therefore make sure community/social services officers are part of the team from the onset of the emergency. Seek out refugees who have the skills you need and enlist the cooperation of staff from the host country, NGOs and other UN agencies.
- **Specialized personnel** Personnel selected to work with refugee children must understand children's developmental needs and know how UNHCR's protection and assistance

activities relate to those needs specific to children. Personnel working directly with children must be skilled in communicating with children. Determine when it is necessary for the worker to speak the children's language. In many circumstances, Field Offices can secure needed expertise through government ministries, other UN agencies, NGOs, consultants and the refugee community.

- ❑ **Training** Provide all staff working with children with briefing or training in issues related to refugee children. Also, ensure that the special concerns of children are integrated into all other relevant training programmes. A common core of knowledge, skills and attitudes towards children and their needs should be provided to all categories of UNHCR staff who deal with children.

**Standards, Policies and Operational Guidelines** The protection and care of refugee children require clear policies and operational guidelines. Some of the needed policies and guidelines will be operation-specific. Ideally, these would be based on the national standards of the country of asylum or country of origin.

- ❑ **International law** Determine whether the country of asylum and the country of origin have ratified the Convention on the Rights of the Child, and if they have made any reservations. If so, how do the reservations affect refugee children?
- ❑ **National laws** Be aware of national laws which relate to child protection and welfare and the application of these laws to refugee children.
- ❑ **Lobbying** Establish and, if necessary, promote the implementation and application of the provisions contained in the CRC within the national legal framework.

- ❑ **Policy formulation** Make standards, policies and operational guidelines specific to the local situation. Food assistance, health services, education, security measures and assistance to unaccompanied children for example, are all likely to require local policies, procedures and guidelines adapted to circumstances. They should be consistent with these Guidelines.
- ❑ **Committees** Create committees for planning and implementation, composed of UNHCR, the host government, other UN agencies, the refugee community and NGOs.

**Assessment, planning and programming** Abuse and neglect of children may go undetected. Where problems are not obvious, there is often a tendency to assume that no problem exists. Because children are less able than adults to understand and make known their needs and violations of their rights, everyone must take responsibility for the welfare of children. It is essential that UNHCR, host government officials, other UN agencies, NGOs and the refugee community know the needs and rights of children and investigate, assess, design programmes for and monitor the situation of children.

- ❑ **Establish systems** Establish and maintain, from the onset of a refugee situation, a programme for assessing and monitoring the welfare of children. Understand in the context of their culture, any threat to refugee children's well-being, including physical, social and developmental needs. Use the People-Oriented Planning model in making assessments. Required assessment and monitoring systems will likely include both periodic assessments and ongoing, community-based monitoring mechanisms.
- ❑ **Periodic assessments** Make periodic assessments. Assessments must cover all children. Differences relating to

age, sex, and disabilities, for example, must not be overlooked. A multi-disciplinary assessment at the beginning of a refugee situation can provide invaluable guidance in planning and programming, and is important for the establishment of baseline data. The use of qualified and experienced child welfare personnel in the assessment process is important; involvement of parents and community leaders is essential.

- ❑ **Ongoing monitoring** Ensure that an ongoing, community-based monitoring programme is established and maintained. Children's well-being should be monitored on an individual basis as much as possible, but monitoring should always view children as members of a family and a community.
- ❑ **Community participation** Involve refugees in assessments. Participation not only increases effectiveness, but it supports the refugee community in solving its own problems and can stimulate and expedite preventive and remedial responses. In some situations, a system of "dialogue" through community workshops has been found constructive. The workshops have provided opportunities for men and women, young and old, to discuss child welfare. Similar workshops have been organized for children. The workshops also are a valuable source of information about the community.
- ❑ **Children's opinions** In keeping with their age and maturity, obtain and give weight to the opinions of refugee children on all matters which affect them.
- ❑ **Statistics** Demographic information on refugee children is essential in order to determine staff levels and for protection and programme planning. As part of assessment and

monitoring, UNHCR Field Offices must compile and maintain a statistical profile of the refugee child population broken down by age and sex, either from census or survey information or from estimates. Differentiation between pre-school, school-age and adolescent children is important because they cannot be treated uniformly. A reasonably accurate age/sex breakdown is needed, for example, to plan food and nutrition assistance, health services and different levels and types of education programmes. A separate analysis of unaccompanied children is required to meet the unique needs of this group.

The following statistical breakdown by age is required for refugee children: 0 to under 5 years, 5 to under 15 years, and 15 to under 18 years (or the age of majority). For example, a child who is 4 years and 11 months old, should be registered as an under 5.

**Implementation** UNHCR Field Offices are expected to take all steps possible to ensure that refugee children receive the protection and assistance required for their well-being.

- ❑ **Technical support** The Programme and Technical Support Section (PTSS) is the UNHCR in-house source of technical expertise and should be consulted in matters relating to technical support in sectors like water, shelter and physical planning, land mines, environmental sanitation, health, food and nutrition, education and community/social services. In collaboration with PTSS, external technical support may be obtained by utilizing a roster of technical consultants.
- ❑ **Extend existing services** After assessment, ensure that national child welfare protection systems are extended to benefit refugee children, keeping in mind their special rights and needs as refugee children. It must not be

assumed that existing national services will necessarily serve refugee children; advocacy, training and other forms of support may be required.

- ❑ ***Establish new services*** Where there are no services, or where existing services are inadequate, special efforts are required to establish and operate services. In many situations, UNHCR can arrange special services with other UN agencies or NGOs.
- ❑ ***Management*** Develop an organizational structure which ensures close supervision, proper implementation and follow-up.

**Mobilizing additional resources** UNHCR Field Offices should identify local child welfare services and actively explore and encourage technical and financial contributions from the host government, specialized agencies within the UN system and NGOs. Donor country representatives should also be sensitized to the special needs of refugee children. If additional funds are identified, and if they are earmarked, the financial rules of UNHCR require Headquarters' clearance prior to acceptance. In general, however, activities to support the special needs of refugee children should be budgeted under existing project allocations under General and/or Special Programmes.

- ❑ ***Refugee expertise*** Look for and use experts from the refugee community, including technical, professional, and traditional expertise.
- ❑ ***National expertise*** Identify and use national experts. Experts may be found in national services, academic institutions, social service institutions and NGOs.
- ❑ ***UN system*** Within the UN system, the United Nations Children's Fund (UNICEF) and United Nations

Educational, Scientific and Cultural Organization (UNESCO) are obvious resources. Also consider doing assessments jointly with the World Health Organization (WHO), the United Nations Development Programme (UNDP), the World Food Programme (WFP), the Food and Agricultural Organization of the United Nations (FAO), and the International Labour Office (ILO).

- ***ICRC and international NGOs*** The International Committee of the Red Cross (ICRC) works closely with UNHCR to provide medical assistance, training services and family tracing in situations of armed conflict. UNHCR also works closely with numerous NGOs with experience and expertise in dealing with children's needs. NGOs and other implementing partners play an essential role in a refugee situation, and part of the specialized skills needed are found in NGOs. Much of the actual work with the refugees is done by NGOs. The NGO Section at UNHCR Headquarters keeps a list of NGOs, what they do and where and how to find them. The Section can provide information on NGOs and assist/advise field staff.

**Reporting and Monitoring** Child welfare must be included in regular protection and programme reporting, and additional reports should be prepared, as necessary. Reporting formats are issued annually, for example in IOM 85/93-FOM 83/93.

- ***General reporting*** As refugee children represent approximately half of most refugee populations, reporting on children should, as a matter of course, be an integral part of reporting routines. In any report, UNHCR Field Offices are expected to inform Headquarters on the general situation of refugee children, including unmet needs and the reason for this. The Regional Bureaux and Technical Services receiving reports will keep relevant staff at Headquarters

informed of significant problems met and solutions found.

- ❑ **Monthly situation reports** Field Offices are asked to report on child welfare concerns and actions taken on behalf of refugee children in the Country Operations Plan, Project Monitoring Reports (PMRs) and, in the monthly Situation Reports to Headquarters (IOM 54/93-FOM 52/93).
- ❑ **Protection reporting** UNHCR Field Offices are to inform Headquarters, through the Annual Protection Reports and others as necessary, of any situations in which refugee children are particularly at risk or where there is violation of their rights. The Convention on the Rights of the Child provides the most universal standards for determining violations. The 1951 Convention Relating to the Status of Refugees and the Geneva Convention and Protocols on armed conflict provide others. Report serious protection or health problems, the presence of children who are unaccompanied or who have been subject to torture, other forms of violence or significant deficits in basic services such as primary education.
- ❑ **Special reporting** IOM/64/93-FOM/63/93 of 30 August 1993 provides guidance on how and when Field Offices are expected to provide special reports aimed at giving refugee child specific country information to the Committee on the Rights of the Child, the monitoring body of the Convention on the Rights of the Child.

**Evaluation** Organize regular, independent evaluations of child welfare efforts. To ensure that the needs of refugee children are effectively met, periodic evaluations are important and should include positive achievements, effectiveness of strategies employed, coverage and gaps of services and "lessons learned."



## Check-list

### Staff and training

- Are person with special skills in the protection and care of refugee children in place?
- Has responsibility for integrating children's needs into programming and reporting been assigned?
- Is awareness and specialized training on child protection and care provided?

### Standards, policies and operational guidelines

- Have adequate local standards, policies and operational guidelines been established and disseminated to guide interventions on behalf of refugee children?

### Assessment and monitoring

- Has a comprehensive assessment of the protection and assistance needs of children been carried out?
- Is demographic information on refugee children being collected and maintained?
- Has child welfare baseline data been established for future comparisons?
- Are ongoing, community-based assessment and monitoring systems in place to address refugee children's protection and care needs?

### Implementation

- Are existing child welfare monitoring and intervention systems based on participatory strategies involving refugee adults and children?
- Have national services been mobilized to protect and assist refugee children?
- Have all available local, national and international resources and special services been mobilized to benefit refugee children?
- Is there a system in place for the identification and reunification of unaccompanied minors?
- Are additional efforts required to ensure the protection and care of children?

### **Reporting**

- Does a sufficient reporting system exist to monitor child protection and welfare concerns?
- Are children at particular risk and violations of children's rights being reported?

### **Evaluation**

- Are regular evaluations of child protection and welfare efforts carried out?

### **More Reading**

UNHCR. "Chapter 4: Programme and Project Management" in UNHCR Manual. Geneva: UNHCR.

UNHCR. 1991. Social Services in Refugee Emergencies. Geneva: UNHCR, PTSS.

Jareg, Elizabeth and Paal. 1994. Reaching Children through Dialogue. New York: Macmillan.



## **Annex A:**

# **UNHCR Policy on Refugee Children**

*presented to UNHCR Executive Committee,  
October 1993 as Document EC/SCP/82*

## **I. INTRODUCTION**

1. Approximately half of the world's refugees are children. Action by the Office of the United Nations High Commissioner for Refugees (UNHCR) to protect and care for these children is central to the fulfilment of its mandate. This paper presents the policy framework that UNHCR will use to guide its action on behalf of refugee children.
2. Although the policy implies, first and foremost, the duty of UNHCR staff to act, it is hoped that it will also guide the endeavours of others concerned with refugee children, such as Governments, other United Nations bodies, international and national non-governmental organizations (NGOs), as well as refugee groups. This is a key manner in which the policy is intended to promote appropriate, collaborative action among all parties to ensure the protection and care of refugee children.
3. In keeping with the Convention on the Rights of the Child<sup>(i)</sup>, UNHCR considers a child to be a person "below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier"<sup>(ii)</sup>. Nonetheless, where an assessment

of the actual needs of refugees above the age of majority under applicable national law, but below 18 years of age, reveals the necessity to implement measures normally applied to refugee children, the present policy will apply. Unless otherwise specified, the term "refugee child" when used in this policy may be understood to mean any child of concern to the High Commissioner, including those children who are refugees, returnees, asylum-seekers and displaced persons of concern to UNHCR.

4. Protection and assistance activities are intrinsically linked. In essence, all UNHCR action has a protection component or implication, whether it consists of determining the status of refugees, meeting their immediate needs, or assisting them to pursue durable solutions. Needs assessment, as well as the planning and provision of assistance, can result in discrimination against one or more segments of the beneficiary population, especially the more vulnerable ones, if not sensitively undertaken. Thereby, they often influence or even determine the personal security situation of refugees.
5. The following three sections provide information essential to understanding the Policy on Refugee Children. Section II explains the background surrounding the formulation of the policy and Section III describes the specific needs of refugee children which must be addressed through this policy. Section IV sets out the legal basis for UNHCR's particular attention to the needs of refugee children and describes the policy commitment which flows from it. Section V presents the policy itself, including UNHCR's goals the principles which guide the pursuit of these goals by UNHCR staff, and the specific objectives that the Office has set for its staff in order to ensure the protection and care of refugee children.

## II. BACKGROUND

6. Much of what follows will ring familiar to those concerned with children's rights generally or with UNHCR's work with refugee children and may, therefore, appear obvious. Although many of the components of this policy can be found in UNHCR's Guidelines on Refugee Children<sup>(iii)</sup>, or derive from the United Nations Convention on the Rights of the Child, their assimilation into the global policy of the Office reflects a new level of priority that the High Commissioner has come to assign to meeting the specific protection and assistance needs of refugee children.
7. This policy is, at the same time, the logical next step in UNHCR's activities on behalf of refugee children. Over the years, the Executive Committee of the High Commissioner's Programme (Executive Committee) has adopted a number of Conclusions and Decisions concerning refugee children. In 1988, the UNHCR Guidelines for Refugee Children (Guidelines) were issued, incorporating international norms relevant to the protection and care of refugee children, key elements of related Executive Committee Conclusions, and technical guidance from UNHCR's Working Group on Refugee Children. Numerous NGOs and several United Nations specialized agencies participated in their preparation.
8. In light of five years of experience using the Guidelines, and developments since they were issued, the preparation of a comprehensive policy for UNHCR's work with refugee children is deemed especially timely. Adopted in 1989, the United Nations Convention on the Rights of the Child codified standards for the rights of all children, including those who are refugees. In recent years, the Office has been called upon to play new roles in unprecedented emergency situations where

children have been particularly at risk. Furthermore, reflecting a more concerted effort to ensure their well-being, UNHCR has established the position of a Senior Coordinator for Refugee Children.

### **III. THE CHALLENGE**

#### **The special needs of refugee children**

9. Children, including refugee children, are the future. They need special protection and care to realize their potential.
10. Three interrelated factors contribute to the special needs of refugee children: their dependence, their vulnerability and their developmental needs (i.e. their requirements for healthy growth and development at different ages). Children, particularly in their early years, are dependent upon their parents or other adults to provide the basic necessities for their survival. Moreover, they are recognized in national and international law as being legally dependent on their parents or guardians for appropriate guidance and direction.
11. Children's vulnerability results in part from this dependence. They are physically and psychologically less able than adults to provide for their own needs or to protect themselves from harm. Consequently, they must rely on the care and protection of adults. They are psychologically at great risk from the trauma inherent in situations which cause uprooting, and from the uprooting itself. Younger children are physically less able than adults and adolescents to survive illness, malnutrition or deprivation of basic necessities. When resources are scarce, they are the first to die.
12. Refugee girls are often even more vulnerable than refugee boys. In some cultural and social contexts, girls are less

valued than boys and, consequently, are more often subject to neglect and abuse. Their participation in education programmes is often prematurely curtailed. They are subject to sexual abuse, assault and exploitation in greater numbers than are boys.

13. Vulnerable in normal circumstances, in numerous situations currently confronting UNHCR, children's lives, health and safety are at extreme risk. Living conditions, particularly in the emergency stage, are often precarious. In some situations, the survival of children must be assured in the midst of armed conflict. Not only are children frequently the unintended casualties of war, they are sometimes a direct target. In many situations, military and armed groups recruit children. Extraordinary efforts are required to protect them in situations of armed conflict.
14. Among refugee children, the most vulnerable are those who are not accompanied by an adult recognized by law as being responsible for their care. In the absence of special efforts to monitor and protect their well being, the basic needs of unaccompanied refugee children often go unmet and their rights are frequently violated. Indeed, the presence of unaccompanied children and the need for special actions on their behalf must be anticipated in every refugee situation.
15. Children's developmental needs are a fundamental reality often not considered in relief efforts. In order to grow and develop normally, a child has certain age-specific requirements which must be satisfied. Basic health care, nutrition and education are generally recognized as necessary for the physical and intellectual development of children. Beyond these, however, healthy psychosocial development depends in large measure on the nurturing and stimulation that children receive as they grow, and on the opportunities that they



have to learn and master new skills. For refugee children, healthy psychosocial development also requires coping effectively with the multiple traumas of loss, uprooting and often more damaging experiences. In short, tragic long-term consequences may result where children's developmental needs are not adequately met.

## **IV. BASIS FOR ACTION**

### **A. The legal foundations for action**

16. The grounds for special action on behalf of refugee children are well-established in both national and international law. Refugee children share certain universal rights with all other people, have additional rights as children and particular rights as refugees. Because of their dependence, vulnerability and developmental needs, children are accorded specific civil, economic, social and cultural rights in national and international law. Refugee children are also entitled to the international protection and assistance of UNHCR.
17. The Convention on the Rights of the Child provides a comprehensive framework for the responsibilities of its States Parties to all children within their borders, including those who are of concern to UNHCR. Moreover, as a United Nations convention, it constitutes a normative frame of reference for UNHCR's action. The policy which follows, therefore, is consistent with the Convention on the Rights of the Child. It also provides parameters for action which supplement those contained in this Convention and which aim to ensure appropriate protection and assistance of children of concern to the High Commissioner.
18. A principle of international law fundamental to this policy is the primary responsibility of parents or legal guardians to

care for children. Moreover, States are responsible for protecting the human rights of all persons within their territory, including refugee children, and for providing the adults accountable for these children with the support necessary to fulfil their own responsibilities.

**B. A commitment to refugee children**

19. The Office of the United Nations High Commissioner for Refugees is committed to protecting and providing adequately for the needs of all children within its competence. Expanding on the measures taken by the Office and outlined in the background information provided above, UNHCR's Executive Committee has adopted two Conclusions specifically regarding refugee children. The first, Conclusion No. 47(XXXVIII) adopted in 1987, urged action aimed at addressing the human rights and needs of children who are refugees; highlighted the particular vulnerability of unaccompanied and disabled refugee children and the need for action by UNHCR to protect and assist them; recommended regular and timely, people-oriented assessment and review of the needs of refugee children; recognized the need to promote cooperation between the Office and other concerned agencies and bodies; and acknowledged the importance of further study to identify additional support programmes and the reorientation of existing ones as necessary.
20. In 1989, in its Conclusion No. 59(XL)<sup>(iv)</sup>, the Executive Committee reaffirmed and expanded upon the need for particular attention to refugee children; gave examples of how these needs could be assessed, monitored and met; drew special attention to UNHCR's particular need to endeavour to ensure the right of refugee children to education, as well as their protection from military recruitment and irregular adoption. It urged UNHCR to intensify its efforts in the area

of public awareness of these issues in particular the effects of persecution and armed conflict on refugee children as well as in the development of training materials to improve the capacity of field staff to identify and address refugee children's protection and assistance needs. Finally, it reiterated its request that the High Commissioner report regularly to the Executive Committee on the needs of refugee children, and on existing and proposed programmes for their benefit.

## **V. THE POLICY**

### **An integrated approach to children's needs**

21. UNHCR's effective management of refugee protection and assistance requires that the actions of its staff be tailored to the different needs and potentials of refugee children, women, men, disabled persons, the elderly and other groups with distinct requirements. Their needs are not well served when, particularly in emergencies, refugees are treated as an undifferentiated mass of humanity.
22. Children share with adult refugees needs for protection and assistance. Children, however, have needs and rights additional to those of adults. Care must be taken to ensure that these special needs and rights are perceived, understood and attended to by those who seek to protect and assist refugees generally. Until this becomes a matter of course for all actors working with refugees, specific directives regarding refugee children are required.
23. Children's needs, however, must not be addressed in isolation. They are normally met most effectively within the context of family and community. Moreover, a child's welfare is closely linked to the health and security of the primary care-giver, who is usually the mother. Consequently, UNHCR staff need

to strengthen the capacities of refugee families to meet their own needs and improve the participation and situation of refugee women, thereby contributing significantly to the welfare of their children. Staff members must ensure effective implementation of the High Commissioner's Policy on Refugee Women<sup>(v)</sup> and UNHCR's Guidelines on the Protection of Refugee Women<sup>(vi)</sup> in order to improve the situation of refugee children. As the High Commissioner's policies on children and on women are complementary, their implementation needs to be coordinated. Moreover, the components of the policy on refugee children must be integrated within an overall programme of protection and assistance for refugees generally.

24. UNHCR staff need to redouble their efforts to integrate children themselves into the protection and programming processes. Although vulnerable, children are also a resource with much to offer. The potential contributions of children must not be overlooked. They are people in their own right, with suggestions, opinions and abilities to participate in decisions and activities that affect their lives. Efforts on behalf of refugee children fall short if they are perceived only as individuals to be fed, immunized or sheltered, rather than treated as participating members of their community.

**A. Organizational goals**

25. UNHCR's primary goals with regard to refugee children are as follows:
  - a) To ensure the protection and healthy development of refugee children.
  - b) To achieve durable solutions which are appropriate to the immediate and long-term developmental needs of refugee children.

## **B. Guiding principles**

26. The following are the central principles which will guide the pursuit of these goals by UNHCR staff:

- a) In all actions taken concerning refugee children, the human rights of the child, in particular his or her best interests, are to be given primary consideration.
- b) Preserving and restoring family unity are of fundamental concern.
- c) Actions to benefit refugee children should be directed primarily at enabling their primary care givers to fulfil their principal responsibility to meet their children's needs.
- d) Where the special needs of refugee children can only be met effectively through child-focused activities, these should be carried out with the full participation of their families and communities.
- e) Refugee girls and boys must be assured protection and assistance on a basis of equality.
- f) Unaccompanied refugee children must be the particular focus of protection and care.
- g) UNHCR staff are required to make their best efforts both to prevent risk to refugee children and to take additional action to ensure the survival and safety of refugee children at particular risk.

## **C. Objectives**

27. On the basis of these principles, UNHCR staff should endeavour to ensure that the protection of children's rights as recognized under national and international law, including their rights to personal security and special assistance,

are adequately and consistently addressed in the Office's protection and assistance activities. To this effect, UNHCR staff will pursue the following specific objectives:

- a) the protection of refugee children at risk from detention, armed conflict, military recruitment, sexual assault or abuse, prostitution, torture, hazardous working conditions or any other form of violence, abuse or neglect;
- b) the diligent enforcement of national laws regarding all forms of violence and abuse against refugee children, in accordance with the relevant international legal obligations of the States concerned;
- c) the consistent incorporation, from the beginning of a refugee situation, of protection and assistance criteria for assessing, monitoring and addressing the needs and vulnerabilities of refugee children;
- d) the compilation and updating of a statistical profile on each refugee population of concern to the High Commissioner, including age/gender disaggregation and identification of unaccompanied minors, for use in planning protection and assistance measures;
- e) the identification, and provision for the special protection and care, of unaccompanied children in every refugee situation, as well as their reunification with their families;
- f) the training of UNHCR and implementing partner staff to understand and address appropriately within their areas of competence the particular needs of refugee children in ways consistent with this policy and the UNHCR Guidelines on Refugee Children;

- g) the training of police and military forces, other Government employees involved with refugee protection and assistance, adults and leaders regarding the specific human rights most relevant to the well-being of refugee children;
- h) the sensitization of refugee children themselves to their specific rights;
- i) the promotion of awareness of, and response to, the particular needs of refugee children through information strategies directed at the Governments of both countries of asylum and countries of origin, donors, NGOs, other United Nations bodies and the public at large;
- j) the promotion and facilitation by UNHCR of the cooperation of technically competent governmental and non-governmental organizations and other United Nations bodies in providing for the protection and care of refugee children.

## VI. CONCLUSION

28. No set of goals or objectives is definitive. A continual process of review and upgrading is necessary to ensure that UNHCR's protection- and programme-related actions remain relevant and practical. Such a process requires an ongoing exchange of information and experience amongst all those concerned with the rights and welfare of refugee children.
29. In this way, and many others, the success of this policy requires the cooperation of a variety of actors. The Guidelines on Refugee Children is currently being up dated and its format revised<sup>(vii)</sup>. It will set out and elaborate on

action-based measures which give concrete meaning to the policy set out above, all of which pursue the effective management of activities which are key to the protection and care of refugee children.

30. Children will always need special protection and care; but the High Commissioner does not call for addressing the needs of children separately from those of other refugees. Indeed, UNHCR's policy has been formulated with the hope that future efforts on behalf of children will have become so well integrated into all aspects of protection and programme planning and implementation that a separate policy for children will cease to be necessary. The training for People-Oriented Planning that UNHCR has initiated is an important step towards such integration.
31. Commitment to and due regard for the components of a policy aimed at protecting the best interests of children are prerequisites for ensuring certain elements of their well-being. Much of what remains to be done for refugee children, therefore, can be accomplished with the resources normally provided by host governments and the international community. Additional resources may, however, be required to implement fully UNHCR's policy. Providing for the adequate and balanced nutrition of refugee children and ensuring respect for their right to primary education, for example, will require more financial resources than have generally been provided to date. Therefore, while UNHCR will seek, where necessary, to supplement Government resources and to secure the participation and support of other entities in pursuit of the goals and objectives outlined in the policy, the High Commissioner will also look to the continued support of the members of the international community who have given her the mandate to protect and assist these children.



- (i) General Assembly res. 44/25.
- (ii) *Id.*, article 1.
- (iii) UNHCR, 1988.
- (iv) *Conclusions on the International Protection of Refugees*, UNHCR, Geneva 1992.
- (v) A/AC.96/754.
- (vi) EC/SCP/67.
- (vii) This policy was presented to the Executive Committee of UNHCR while the Guidelines were still in draft version for field comments

## Annex B

# List of Abbreviations

art.	Article (in the Convention on the Rights of the Child)
CRC	Convention on the Rights of the Child
IOM/FOM	Inter-Office Memorandum/ Field Office Memorandum, memoranda sent from Headquarters, for example explaining procedures
NGO	Non-governmental Organization
OAU	Organization of African Unity
PTSS	Programme and Technical Support Section of UNHCR
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
WHO	World Health Organization
UNICEF	United Nations Children's Fund

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