



Human Development
Research Paper
2009/25
**The Living Conditions and
Well-being of Refugees**

Bart de Bruijn



United Nations Development Programme
Human Development Reports
Research Paper

July 2009

Human Development
Research Paper
2009/25
**The Living Conditions and
Well-being of Refugees**

Bart de Bruijn

United Nations Development Programme
Human Development Reports
Research Paper 2009/25
July 2009



The Living Conditions and Well-being of Refugees

Bart de Bruijn

Bart de Bruijn is consultant in population and development. E-mail: b.j.debruijn@online.nl.
Comments should be addressed by email to the author(s).

Abstract

In the study of international mobility, refugees make up a very specific population. In contrast to most migrants, forcibly displaced persons have little opportunity for expanding livelihoods, and are usually faced with realities that deny them a dignified life and fulfilment of their capabilities. In many situations, people who left their homes to escape from persecution, armed conflict or violence face restrictive policies of the countries in which they found refuge and become critically dependent on humanitarian assistance. This paper describes living conditions and wellbeing of refugees – and more particularly camp-based refugees – in six countries with protracted refugee conditions: Tanzania, Uganda and Kenya in Africa, and Nepal, Bangladesh and Thailand in Asia. It primarily draws on UNHCR's 'Standards and Indicators' data. Thematic areas covered in the paper include legal protection, gender-related issues, food security and nutritional status, health, education, and refugee livelihoods and coping strategies. The assessment of refugees' living conditions proceeds along two different perspectives. The first is a gap analysis based on UNHCR standards, which are largely in line with SPHERE standards. The second is a comparison of refugees' living conditions with those of host populations in the country of asylum and with those of populations on the country of origin. The available data lead to the conclusion that the living conditions of refugees vary across thematic areas and are strongly contextualised, depending on a complex of social, economic, political and attitudinal factors. There is also evidence that despite often grim conditions, at times the targeted efforts of humanitarian assistance and own coping strategies produce situations for refugees that are relatively better than that of the local hosting communities or the population in the region of origin.

Keywords: Refugees, displacement, living conditions, livelihoods, protection, UNHCR.

The Human Development Research Paper (HDRP) Series is a medium for sharing recent research commissioned to inform the global Human Development Report, which is published annually, and further research in the field of human development. The HDRP Series is a quick-disseminating, informal publication whose titles could subsequently be revised for publication as articles in professional journals or chapters in books. The authors include leading academics and practitioners from around the world, as well as UNDP researchers. The findings, interpretations and conclusions are strictly those of the authors and do not necessarily represent the views of UNDP or United Nations Member States. Moreover, the data may not be consistent with that presented in Human Development Reports.

1. Introduction

1.1 Background and scope

No continent is immune to the problem of mass displacement, either within or across state borders. Sizeable populations who have left their homes to escape from persecution, armed conflict or violence can be found in over 75 countries around the world.¹ The number of affected people fluctuated over time, due to newly arising conflicts, return movements and the flare up of violence in long-standing conflict areas, such as Africa's Great Lakes region and South-West Asia. By fleeing from their homes, family and community life is often seriously disrupted and people are cut off from usual resources, placing them in particularly vulnerable positions. This experience falls heavily on specific groups who already tend to be the most vulnerable: disabled people, children and adolescents, the elderly, female headed households, widows and women in general. In contrast to migrants – internal or international – forcibly displaced persons have little choice and rather than opening up new horizons for expanding livelihoods, they are usually faced with a reality that denies them a dignified life and fulfilment of their capabilities. Livelihoods and individual development are often critically dependent on humanitarian assistance, local conditions and policies of the countries in which they found refuge.

The majority of people in displacement situations are Internally Displaced Persons.² This paper, however, specifically focuses on the living conditions and wellbeing of refugees, who, in addition to having moved because of being threatened in their place of origin, are in a particular position for having found refuge in another country (Box 2 provides

Box 1 Protection and assistance

The protection of 31.7 million people of concern to UNHCR is the core mandate of agency. Using the 1951 Geneva Refugee Convention, international law and collaboration with governments, UNHCR aims at ensuring basic human rights of vulnerable persons and the prevention of involuntarily return to a country where they face persecution, and at pursuing opportunities to find durable solutions for them: voluntary repatriation where appropriate, and otherwise integration in countries of asylum or resettlement in third countries. Besides legal support, the organisation also assists to provide at least a minimum of shelter, food, water, medical care and education in the immediate aftermath of any refugee exodus and in protracted refugee situations^a.

^a UNHCR defines a protracted situation as a situation that exist for a group of refugees of a particular origin in the country of asylum numbering 25 000 or more for at least

¹ Based on combined figures of UNHCR and IDMC.

² IDMC estimated the global figure of IDPs in 2007 at 26 million, with the countries with the highest numbers being Sudan (5.8 million), Colombia (up to 4 million), Iraq (2.5 million), Democratic Republic of the Congo (1.4 million) and Uganda (1.3 million) (IDMC 2008).

detailed definitions of refugees and IDPs). Refugees – either in camps or outside camps – are the principal population in the mandate of UNHCR, for whom the agency wants to safeguard the rights and well-being by offering protection and assistance (see Box 1). Persons to the concern of UNHCR also cover other groups, including asylum-seekers, some internally displaced persons, stateless persons and returnees.

In the implementation of its mandate, UNHCR closely collaborates with a wide range of partners within the respective operational contexts. These include governments, national and international NGOs and intergovernmental agencies, such as the WFP, UNICEF, WHO and ILO. Whereas usually the core tasks of legal protection – such as refugee registration – is undertaken by UNHCR, most other forms of assistance are carried out by implementing partners, mainly NGOs.

The paper primarily draws on UNHCR's 'Standards and Indicators' (S&I) data, which allow the comparative assessment of a wide range of refugee conditions and gaps in protection and assistance.³ The paper selects six countries – three from Asia and three from Africa – for a case-study analysis of these topics.

This first chapter proceeds with an introduction to the applied data and relevant definitions and then continues with a brief section with background information about the selected countries. Chapter 2 provides a concise overview of the global refugee picture and subsequent chapters deal with thematic issues, covering legal protection, food, nutrition and basic infrastructure, health and education, and refugee livelihoods. Chapter 7 discusses causes and consequences of refugee situations and the final chapter provides conclusions and recommendations.

³ The S&I data nor this paper covers the financial aspects involved in hosting refugees.

Box 2 Refugees and Internally Displaced Persons^a

Refugees. According to the 1951 Convention Relating to the Status of Refugees, the term ‘refugee’ applies to any person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country...”. People fleeing conflicts or generalised violence are also generally considered as refugees, although sometimes under legal mechanisms other than the 1951 Convention.

The UNHCR mandate, and statistics related to this, do not include Palestinian refugees residing in areas of operation of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). This refers to Palestinian refugees living in Jordan, the Occupied Palestinian Territories, Syria and Lebanon. Palestinian refugees living outside UNRWA areas of operation are included in UNHCR statistics.

Internally displaced persons (IDPs). IDPs are persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural- or human-made disasters, and who have not crossed an internationally recognised State border.

UNHCR IDP statistics are limited to conflict-generated IDPs to whom UNHCR extends protection or assistance. Consequently, UNHCR statistics do not provide a comprehensive picture of global internal displacement and are not necessarily representative of the entire IDP population in a given country.

^a For a full set of definitions of refugees, IDPs and others of concern to UNHCR, see UNHCR 2008a, pp. 4-5.

1.2 Data and definitions

In 2002, UNHCR launched the ‘Standards and Indicators Initiative’ to establish systematic and consistent baseline information to assess and compare the wellbeing of the population of concern. Through this initiative, UNHCR has defined a set of quantifiable standards and indicators for its protection and assistance activities. The most recent guidelines for the use of these standards and indicators⁴ present the specifications for information at the country-level, as well as that for refugee camps, urban programmes and return areas. The indicators and standards are applicable to the specific settings of UNHCR activities, but closely correspond to those of the SPHERE project⁵ and have clear linkages to the pursuit of the Millennium Development Goals. Next to the ultimate standards to be achieved by humanitarian response, additional minimum or sub-standards for acceptable conditions for people of concern are defined.

⁴ UNHCR (2006a), Practical guide to the systematic use of standards and indicators in UNHCR operations. Geneva, UNHCR.

⁵ SPHERE (2004), The Sphere Project. Humanitarian Charter and Minimum Standards in Disaster Response. Oxford, Oxfam Publishing.

Although these standards and indicator data represent the most important statistical source of information, UNHCR relies on many other sources for programme development and monitoring, importantly including a Health Information System operating in a number of countries, policy documents, Annual Protection Reports and Participatory Assessment Reports. The latter two are essential documents that also address issues that are less quantifiable.

The dataset of the standards and indicators is used as the main source for this paper, and is supported by more substantive background documentation. The capacity build-up in UNHCR's field offices implies that a relevant amount of data has become available from 2004 onwards. Therefore, the present analysis will mainly cover the reporting period 2004-2007, although in some occasions information is available for 2003, 2004 and even 2008. Data limitations pertain to geographic and time-trend comparability, data quality and data gaps, such as the limited information available for urban and return areas. For this reason the research restricts itself to (a) a critical selection of variables with reasonable reliability; (b) refugee camps indicators (although a small section is devoted to urban refugees); and (c) countries providing a sufficient volume and quality of data and comparable data collection methodologies. It should be noted that the dataset mostly includes process and institutional indicators, and relatively few impact indicators. Unless otherwise stated, figures in this report refer to this S&I dataset, and more specifically, to the camp-based refugees in selected countries. The case-study focus is on six countries with protracted refugee conditions: Tanzania, Uganda and Kenya in Africa, and Nepal, Bangladesh and Thailand in Asia.

1.3 Selected countries

The total refugee population in the six case-study countries amounted to 1.2 million at the start of 2008.⁶ Those living in camps numbered 937,000 – down from 1.2 million in 2003 – and are presently distributed over 39 camps (Table 1). Each of these camps represent typical protracted refugee situations. Average camp sizes in the Asian countries (between 14 and 16 thousand) are considerably smaller than those in Africa (ranging from 20 to 58 thousand). Currently the three largest camps are located in Kenya, with each between 60 and 70 thousand refugees. In 2003, Lukole camp in Tanzania hosted close to 120,000 people, but is now reduced to 25,000.

⁶ UNHCR (2008a), UNHCR Statistical Yearbook 2007. 2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons. (Provisional edition) Geneva, UNHCR.

Around 433,000 refugees – within and outside camps – reside in Tanzania, which hosts populations fleeing from several waves of violence in the Great Lakes region for some 50 years. The large majority of these come from Burundi. In the period 2003-2008 large-scale repatriation more than halved the number of refugees in Tanzanian camps. The repatriation of Burundian and Congolese refugees resulted in the closure and consolidation of camps and the voluntary return of over 350,000 by early 2008.⁷

Kenya has the second largest refugee population of the selected countries (255,000), mainly from Somalia and Sudan (respectively 192,000 and 45,000). The share living in camps represents 85 percent of these. Options for return to Sudan triggered the voluntary repatriation of some 50,000 Sudanese between 2005 and 2008. Given the enduring civil war in Somalia, organised voluntary repatriation of Somali refugees is not a likely option for the near future. Conversely, the displacement of Somalia residents to Kenya is ongoing: in the last three years Kenya received around 100,000 additional asylum seekers from this country.⁸

Table 1 Camp-based refugee populations and camps in selected countries, 2003-2008

Country	Camps (start 2008)	Population in thousands (start of the year)					
		2003	2004	2005	2006	2007	2008
Kenya	4	219	223	225	224	240	232
Tanzania	6	523	474	405	347	286	217
Uganda	11	237	267	224	197	225	223
Nepal	7	102	104	105	109	107	109
Bangladesh	2	22	20	20	21	26	27
Thailand	9	100	117	118	133	132	128
Total	39	1,203	1,204	1,097	1,030	1,016	937

Source: UNHCR Standards and Indicators data

⁷ *Ibid.*

⁸ UNHCR (2008b), Global appeal. 2009 update. <http://www.unhcr.org/publ/PUBL/4922d4160.pdf>.

Another large number of Sudanese refugees (171,000) lives in Uganda, which also hosts smaller refugee populations from Rwanda and the Democratic Republic of Congo.⁹ More than 55,000 refugees have returned to Sudan since the beginning of voluntary repatriation in May 2006.¹⁰ Uganda adopted a liberal refugee law, with relatively broad entitlements to refugees (see Box 3, p. 26).

Both Thailand and Bangladesh accommodate Myanmar refugees (128,000 and 27,000, respectively). Displaced people took refuge in the former country from the early 1980s and in the latter from the early 1990s. Local integration in the host country is not permitted and for the vast majority, return to Myanmar is unlikely. The resettlement programme of Myanmar refugees from Thailand is one of the largest in the world, with more than 30,000 refugee resettled to third countries since January 2005.¹¹ The Myanmar refugees in Bangladesh are a remnant fraction of the around 250,000 persons that sought asylum in the country in 1991-1992, most of whom returned to Myanmar before 1998. However, there may be an estimated 250,000 Rohingyas from Myanmar that have spontaneously settled in Bangladesh, independent of international assistance.¹²

Nepal is the refuge country for 107,000 Bhutanese, who started arriving in the early 1990s, following the enforcement of a restrictive citizenship law in Bhutan. Negotiations on possible return of the refugees have been held since 1993 between the Governments of Nepal and Bhutan with no significant progress for the voluntary repatriation. Although, the government of Nepal continues its policy to accommodate Bhutanese refugees, it has no policy for local integration. Some 39,000 refugees have expressed interest in the option of third country resettlement.¹³

Figure 1 Age distribution of refugee The age distribution of camp-based refugees

⁹ In addition to refugees, several countries also host large IDP populations. Since the post-election violence of December 2007 in Kenya, the country has some 400,000 internally displaced persons. For Uganda and Nepal – related to the insurgencies of, respectively, the Lord's Resistance Army and Maoist groups – these figures are 896,000 (not including urban IDPs) and around 50,000, respectively. Bangladesh accommodates an estimated 500,000 IDPs from the Chittagong Hill Tracts (source: IDMC website, accessed 16-01-2009).

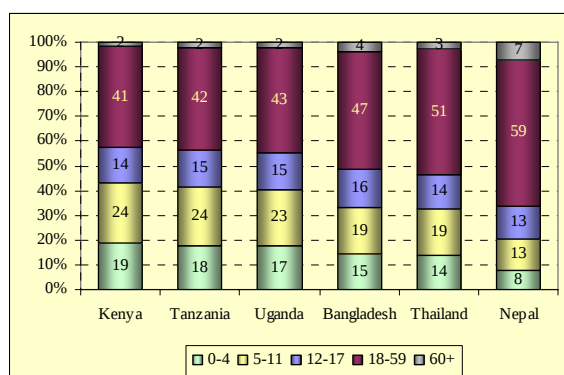
¹⁰ UNHCR (2008c). UNHCR Global report 2007. <http://www.unhcr.org/publ/3b7b87e14.html>

¹¹ UNHCR (2008d), Refugee realities – meeting the needs of refugees and other people of concern globally. Global needs assessment. Pilot report. Geneva, UNHCR.

¹² UNHCR/WFP (2008a), Report of the WFP-UNHCR Joint Assessment Mission 15th-24th June 2008 Bangladesh. <http://home.wfp.org/stellent/groups/public/documents/ena/wfp190341.pdf>

¹³ UNHCR/WFP (2008b), Joint Assessment Mission Report. Assistance to the Bhutanese Refugees in Nepal (09-20 June 2008). <http://home.wfp.org/stellent/groups/public/documents/ena/wfp193224.pdf>

populations, selected countries, start 2008



Source: UNHCR Standards and Indicators data

in the selected countries (Figure 1) provides a clear distinction between the African countries on the one hand and the Asian countries on the other. The first group is characterised by large young age groups, adding up to over 55 percent for the under-18. This is even somewhat higher than the figures of the regions these countries belong to. The proportions under-five found for refugees in the selected countries resemble

the corresponding estimates for the populations of origin by the UN Population Division, except for the population of Myanmar, for which the estimate of under-fives is 9 percent only.

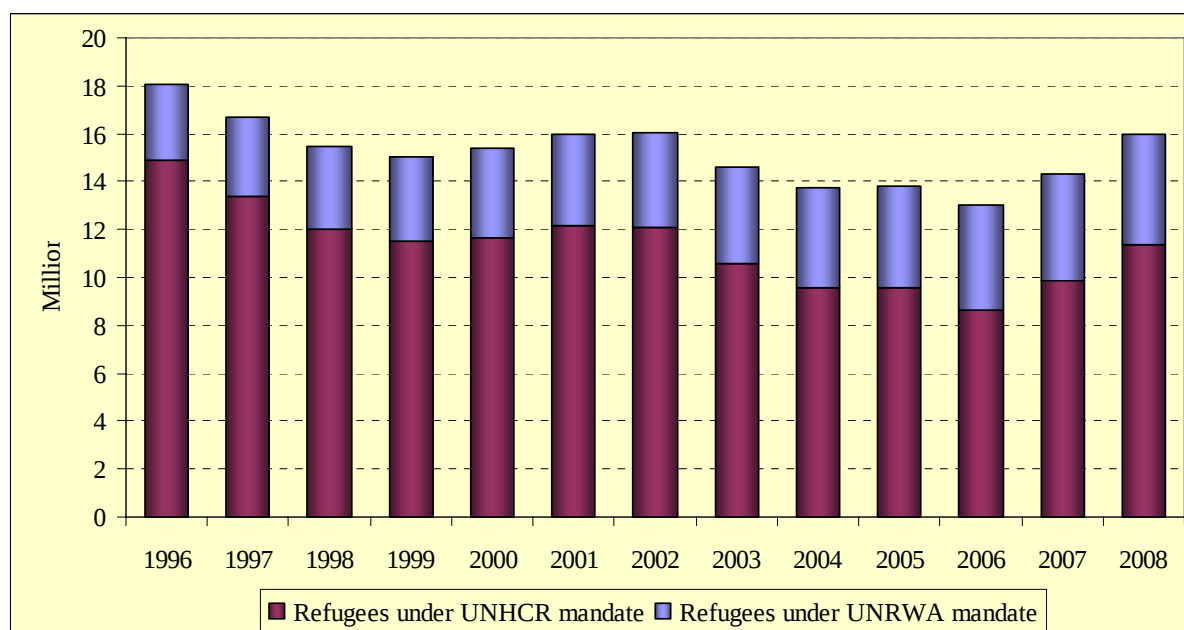
2 Global forced displacement – Numbers, trends, composition and profile

2.1 Size, change and location of the global displaced population

The period between 1996 and 2006 witnessed a decline in the global refugee numbers in two phases from 18 million to 13 million. This downward trend was reversed in 2006, and at the start of 2008 the total refugee figure stood at 16 million. Of these, 11.4 million fall under UNHCR's mandate, the remaining 4.6 million Palestinian refugees falling under the responsibility of UNRWA (see Box 1).¹⁴

¹⁴ UNHCR (2008a), UNHCR Statistical Yearbook 2007. 2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons. (Provisional edition) Geneva, UNHCR.

Figure 2: Global number of refugees, 1996-2008 (start of the year)



Sources: UNHCR 2008a and UNRWA

The total figures conceal the underlying processes that augment and reduce refugee populations across the world, in particular return movements, new refugee flows and natural population growth in the refugee communities. The recent increase can largely be attributed to the volatile situation in Iraq and methodological changes¹⁵. Voluntary repatriation – some 731,000 persons in 2007 – only partly compensated for the number of new refugees.¹⁶ In addition to refugees, the global number of people affected by conflict-induced internal displacement reached 26 million¹⁷, bringing the total number of people uprooted by armed conflict at the start of 2008 to 42 million.

More than half (55 percent) of all refugees under the responsibility of UNHCR reside in Asia, with half of them originating from Afghanistan and one-third from Iraq. Africa is the continent with the second largest refugee population (22 percent), largely concentrated in the Great Lakes

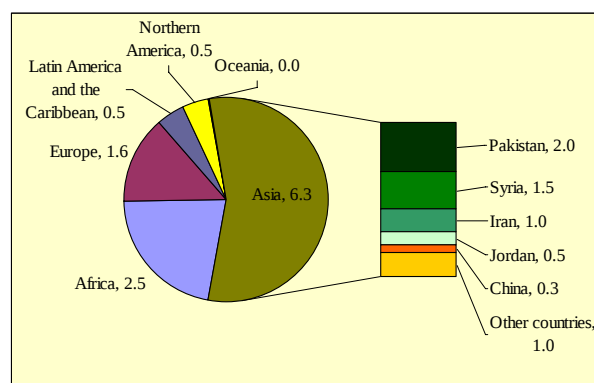
¹⁵ Due to methodology changes, the 2008 UNHCR estimate of refugee populations for a number of countries is not fully comparable with those of previous years. If applying the pre-2007 methodology for computing and classifying the global refugee population – including resettled refugees in industrialised countries and excluding people in refugee-like situations (1.7 million) – the global figure would have been 10.3 million.

¹⁶ Successful repatriation operations in 2007 were conducted to Sudan (130,000), the Democratic Republic of the Congo (nearly 60,000), Liberia (44,000), and Burundi (40,000).

¹⁷ IDMC (2008), Internal Displacement. Global Overview of Trends and Developments in 2007. Geneva, IDMC-NRC.

region, and the East and Horn of Africa region. Europe hosts 14 percent of the world's refugees, mostly from Turkey and the Balkans, and the Americas region had the smallest share of refugees (9 percent).

Figure 3: Regional distribution of The hosting country with the single largest refugees under UNHCR responsibility, start number of refugees (2 million) continues to be 2008 (in millions)



Source: UNHCR 2008a

Afghanistan continues to be the leading country of origin with almost 3.1 million refugees at the start of 2008. Iraq is the country producing the second largest group, with 2.3 million having sought refuge across its borders. Refugees from these countries combined account for almost half of all refugees under UNHCR's responsibility worldwide, with respectively 27 and 20 percent of the global refugee population (excluding UNRWA refugees).

2.2 Age and sex profile

Age and sex are crucial factors in people's needs, options and choices across the life course and positions in society. In refugee situations, where the fabric of society has been altered dramatically, these demographic characteristics are of foremost relevance to identify the vulnerabilities as well as the development potentials of the people concerned. Thus, in a classification offered to UNHCR offices for the determination of vulnerable persons, 26 out of 58 categories directly use age or gender criteria.¹⁸

¹⁸ UNHCR (2007a), Guidance on the use of standardized specific needs codes. Internal UNHCR document.

UNHCR data do not have full coverage for sex and age for all persons of concern. Although overall coverage of refugees (as well as IDPs) is fairly high, there is a notable gap of coverage in developed countries. Consequently global data basically reflect the sex and age distribution of refugees in developing countries.¹⁹ Given this bias, available data suggest that around 47 percent of refugees are women. However, in Africa, except the Horn and East of Africa, women represent the majority of refugees.²⁰ At lower levels of aggregation, for instance at country or camp level, large variations are observed.

UNHCR's statistical information indicates that children and adolescents under 18 constitute around 46 percent of the refugee population, although they represent the majority in large parts of Africa. Only around five percent of all refugees is 60 years or older. Europe hosts the largest proportion of elderly persons (18 percent), whereas the share in all other regions is five percent or less.²¹ Refugee camp populations deviate from the overall age distribution. Here, on average 54 percent are under 18, with 16 percent under-five, whereas the population of 60 and over constitute three percent only. The share of children and adolescents under 18 living in camps is the largest in the central and northern parts of Africa and the Middle East (up to 61 percent). As in refugee camps half of the refugee population is female and more than half is under 18 years of age, more than a quarter of these refugees is composed of girls under 18.

3 Refugee protection: legal and gender issues

Protection is the key concept in the UNHCR mandate, geared towards safeguarding the rights of the people of concern such as engrained in the 1951 Refugee Convention. It is defined in an encompassing way (see Box 1), comprising legal rights and durable solutions, and permeating into basic support to essential human development. The Standard and Indicator data cover only part of the protection concept. This particular chapter specifically addresses indicators related to registration and documentation, and gender issues, while subsequent chapters deal with other types of assistance.

¹⁹ UNHCR 2008a (pp. 11-12) gives the age and sex coverage per population.

²⁰ UNHCR (2007b), UNHCR Statistical Yearbook 2006. Trends in Displacement, Protection and Solutions. Geneva, UNHCR.

²¹ *Ibid.*

3.1 Legal protection

The highly varied conditions of exile for different refugee populations have equally diverse implications for their prospects to realise their potential. The positive changes in capabilities that migrants often associate with their movement are frequently denied to people that flee from violence and persecution. Besides the loss of material and social resources, refugees are often severely restricted in their opportunities to develop sustainable livelihoods and social and individual integrity. They sometimes become marginalised when remaining confined to refugee camps, lacking fundamental rights, such as freedom of movement, the right to work and being registered at birth. In many cases, camp situations expose refugees to high levels of violence and human rights abuse because of poor security within or around the camps. The capacity to live free from fear is often especially violated for women and children. Relevant and available legal protection indicators in the S&I dataset are presented in Table 2.

Table 2 UNHCR standards for selected indicators: legal protection

Indicator	UNHCR Standard	Rationale
Percentage of newborns issued a birth certificate	100%	To confirm nationality and status; prevent statelessness; ensure legal status, rights, and obligations; safeguard the legal and physical protection of refugees and their access to services
Percentage of refugees and asylum-seekers registered individually	100%	Registration and ID are important tools of protection against refoulement, forcible recruitment; access to basic rights, family reunification; identification of those in need of special assistance. tool to quantify and assess needs and to implement appropriate durable solutions
Percentage of adult refugees and asylum seekers issued individual identity documentation	100%	

Registration of newborn children is an essential event with respect to individual entitlement. It is the first formal recognition of a child's existence and is a means of securing other rights, including access to essential services such as health and education, as well as protection, such as through legal age limits for, for instance, employment and military recruitment. Birth registration is also an essential tool for preventing statelessness, because it documents the relationship between the child, its parents and the country of birth, thereby permitting the child to acquire formal citizenship.

Individual registration of refugees similarly serves as a protection tool: it can help to protect refugees from being returned to places where their lives or freedoms are threatened, ensure access to basic rights and family reunification, facilitate the identification of persons in need of special assistance, and provide information crucial to finding durable solutions. In addition, registration facilitates the provision of personal documentation and a legal status in the country of asylum. Establishing a person's identity is essential – one of the key elements of the 1951 Refugee Convention – for a wide range of entitlements, including the registration of births and deaths, contracting marriage, obtaining employment, housing, travel, hospital care, qualifying for social benefits, or entering educational institutions. Registration of refugees and newborns is the responsibility of the governments of the country of asylum; when these cannot or do not take this responsibility, UNHCR aims to step in to do so.

Global analysis of the 2006 S&I data highlighted that generally births of refugee children are not adequately registered.^{22,23} Overall slightly more than one third of refugee camps reported that all newborns were issued with birth certificates, while 3 out of 10 camps reported that none of the newborns were provided with a certificate. The six specific countries under review in this paper show a large variety in the adequacy of birth registration. In Uganda, Kenya and Thailand, the issue of birth certificates seems to be standard procedure. In 2007, 21 out of 23 camps in these countries reported a full registration coverage. On the other hand, none of the newborns in the seven refugee camps in Nepal – 6,800 births in the period 2004-2007 – were issued a birth certificate, while in Bangladesh registration has dwindled, down from full coverage in 2004. The

²² UNHCR (2007b), UNHCR Statistical Yearbook 2006. Trends in Displacement, Protection and Solutions. Geneva, UNHCR.

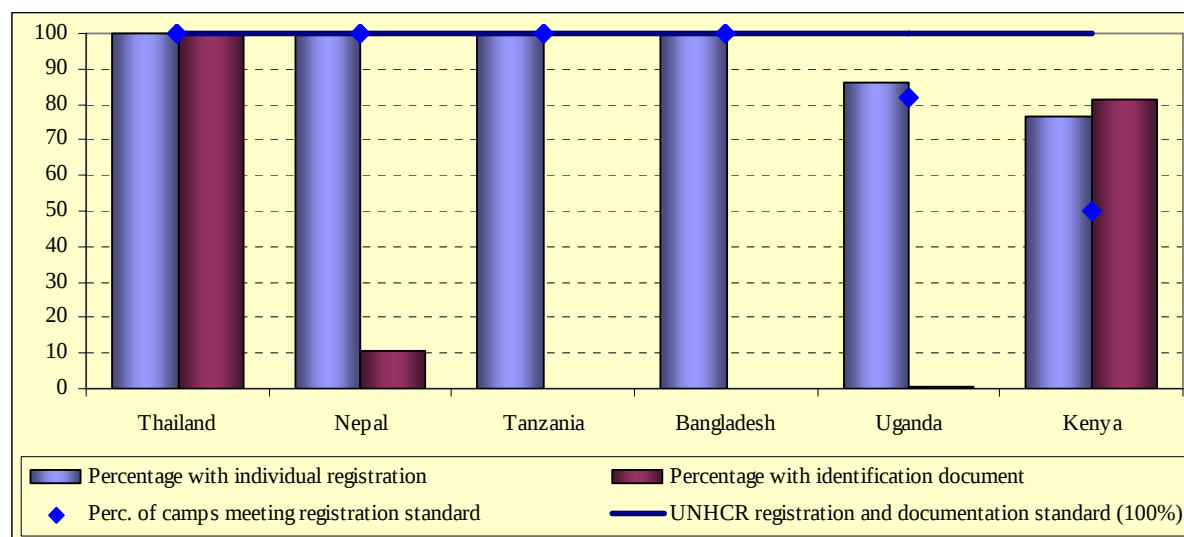
²³ In the UNHCR Standards and Indicators records, birth certificates include documents issued by the government as well as documents issued by UNHCR and other organisations, when these have been given the authority by the host government to issue them through a legal or sub-legal act or when UNHCR-issued document bears the logo and signature of the competent authority of the State.

measured gap to meeting the standard of 100 percent registration at birth implies that in the six countries together in 2007 alone at least 4,000 newborns were not registered and therefore risk statelessness.

In all but four²⁴ of the 39 reported camp situations in the case-study countries in 2007 (90 percent), refugees were fully registered on an individual basis. Both Nepal and Bangladesh made enormous progress in this regard, as before 2006 registration was non-existent here. Tanzania is the only country that reported complete coverage in the entire reporting period 2004-2007. The combined success percentage of the six case-study countries is close to the global performance – 88 percent – of refugee camps providing data on individual registration.²⁵

In contrast to this generally high rate of registration, issuing individual identity documents was in 2007 only significant in Thailand and Kenya (see Figure 4). In the other countries legal documentation has been entirely withheld (Bangladesh, Tanzania) or issued at a negligible rate (Uganda, Nepal). However, the most recent information from Nepal and Bangladesh indicates that in 2008 distribution of identity cards to almost all refugees aged 16 years and above has been completed.

Figure 4 Rates of individual registration and personal documentation, and percentage of



camps meeting the UNHCR standard for individual registration, 2007

Source: UNHCR Standards and Indicator data

²⁴ Ifo and Kakuma camps in Kenya and Nakivale and Oruchinga camps in Uganda.

²⁵ UNHCR (2009, provisional), *Measuring Protection by Numbers*. 2009. Geneva, UNHCR.

The assessment of the extent to which refugees are enabled to be registered and be provided with recognised individual documentation provides a mixed picture with severe gaps in many countries on several of these issues. This emphasises refugees' vulnerable status and their risk of becoming stateless or being exploited, detained or even forcefully returned to their home country. However, it should be noted that even the fulfilment of these legal requirements is not full guarantee against such events.²⁶ It is the task of UNHCR and the international community to convince governments of host countries to recognise the registration and documentation rights of refugees, and to assist them when they are short of means to implement these.

3.2 Gender equity and women's empowerment

As in most societies, women and girls are less likely than men and boys to have access to even the most fundamental of their rights. The protection of women and girls of concern to UNHCR is a core activity and an organisational priority for the agency. It is the overall objective of UNHCR to achieve their empowerment, using a rights- and community-based approach, mainstream gender into its programmes and to devise targeted actions to specifically empower them in civil, political, and economic areas.²⁷ Table 3 presents relevant UNHCR indicators, their respective targets and the rationale for their measurement. The strategy to strengthen their overall protection is based on the 'Five Commitments to Refugee Women' that UNHCR introduced in 2001.

Table 3 UNHCR standards for selected indicators: gender aspects

Indicator	UNHCR Standard	Rationale
Percentage of female members in camp management committees	50%	Measurement of the empowerment of refugee women and their participation in leadership
Percentage of female members in food distribution committees	50%	

²⁶ Bailey, S. (2004), Is Legal Status Enough? Legal Status and Livelihood Obstacles for Urban Refugees Master of Arts in Law and Diplomacy Thesis.

²⁷ UNHCR (2009, provisional), Measuring Protection by Numbers. 2009. Geneva, UNHCR.

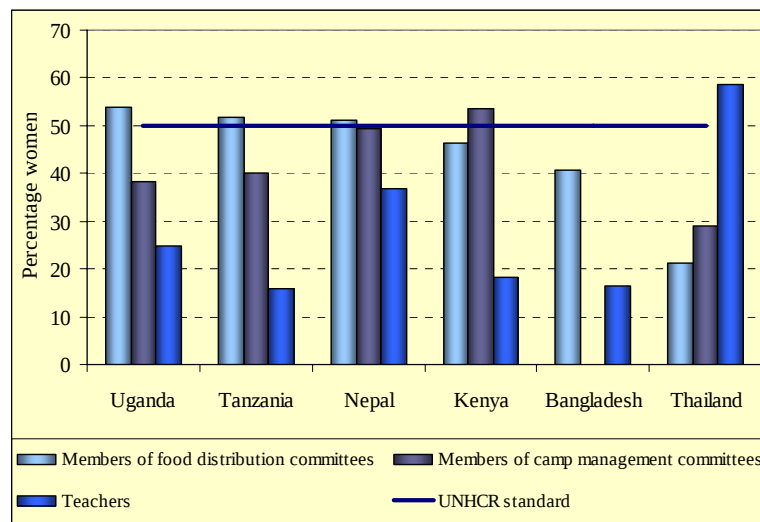
Does your office have a Standard Operating Procedure (SOP) for SGBV?	Yes	This indicator serves to measure if effective SGBV prevention and response strategies are established.
Percentage of SGBV cases who received support	100%	To provide refugees and asylum-seekers (particularly women) who have experienced sexual and gender-based violence with appropriate support.

Two of these commitments refer to women's participation in relevant decision-making bodies. Apparently, participation of women in camp management committees continues to clash with cultural prejudices and is realised only to a limited extent. Global S&I camp data shows that 29 percent of these meet the standard of minimum 50 percent female members in camp management committees. The camp performance with regard to participation in food distribution committees is significantly better, but still shows large gaps as 37 percent did not meet the UNHCR target.

Of the case-study countries, four out of six achieved or nearly achieved the standard for women's participation in food distribution committees, but only two did so for participation in camp management committees (Figure 5). Noticeable is the poor performance of Thailand in these respects, and the good performance of Nepal. Although not a UNHCR indicator, the small share of female teachers is another measure of women's subordinate position in economic and social life.

Efforts required to level restrictive cultural beliefs about women's role in society and provide incentives for women for increased involvement include sensitisation campaigns, skills education, adult literacy programs, increased presence of female staff and care arrangements for children of concerned women.

Figure 5 Women's participation in decision-making bodies and teaching, 2007



Source: Standards and Indicator data

3.3 Sexual and gender-based violence

During a crisis, such as armed conflict, institutions and systems for physical and social protection may be weakened or destroyed. Police, and legal, health, education, and social services are often disrupted; many people flee, and those who remain may not have the capacity or the equipment to work. Families and communities are often separated, which results in a further breakdown of community support systems and protection mechanisms. Throughout any emergency, refugees are particularly vulnerable for sexual and gender-based violence (SGBV).²⁸ This is the case not only in the most chaotic initial phase of disruption and movement, but also in later stages of stabilisation and in protracted refugee situations²⁹, even to the extent that it is among the most prevalent protection issues in refugee camps. Thus, camp reports and refugee consultations from Bangladesh describe that women and girls who lack male support – due to death or detainment of their husbands or fathers, or their absence for employment reasons – have increased risks of

²⁸ UNHCR's Guidelines for Prevention of and Response to sexual and gender-based violence against refugees, returnees and IDPs (UNHCR 2003a) define SGBV as violence that is directed against a person on the basis of gender or sex and inflicts physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. It includes but is not limited to the following: domestic violence, sexual exploitation, sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, sexual harassment, sexual trafficking, and forced prostitution.

²⁹ IASC (2005), Guidelines for Gender-based Violence Interventions in Humanitarian Settings. Focusing on Prevention of and Response to Sexual Violence in Emergencies. Geneva, IASC.

sexual harassment.³⁰ Sometimes their economic need pushes them to survival sex, and reportedly even the camp management and administration processes on which they depend for safety and security may be at the core of sexual abuse.³¹ Other countries report similar situations with regard to SGBV, particularly related to domestic violence, forced marriage, sexual exploitation and harassment, attempted rape and rape, and other forms of violence.³² Although sexual and gender-based violence affects both males and females, the large majority of victims are women and girls. Thus, around 90 percent of assisted cases of SGVB in the six countries under review in this report concerned women or girls.

Given the general concern for sexual and gender-based violence among the population of concern, the prevention of and response to SGBV has been included in UNHCR's Five Commitments to Refugee Women.³³ In order to structurally address sexual and gender-based violence, UNHCR field offices have to develop SGBV Standard Operating Procedures (SOPs) to facilitating a timely and effective response to survivors of SGBV, and assigning roles and responsibilities to partners and community members. An improvement of the establishment of SOPs is noted in 2007, as 81 percent of a total of 132 camps and 71 percent of a total of 99 urban areas reported to have met this standard, opposed to 77 and 55 percent respectively in 2006.³⁴ For the camps in the six case-study countries, the average percentage rose from 73 to 95 percent in the same period.

It has been recognised that collecting comprehensive and reliable statistical data on sexual and gender-based violence is challenging because of cultural and security reasons.³⁵ Information on reported cases of SGBV is difficult to interpret, as it is hard to disentangle actual incidence from the effects of changing attention to and awareness of the issue, and transparency and readiness to report. However, the figure about support follow-up to reported cases of sexual and gender-based

³⁰ UNHCR (2007d), Bangladesh: Analysis of Gaps in the Protection of Rohingya Refugees. Geneva, UNHCR. UNHCR (2007f), Refugee consultations. Bangladesh.

³¹ UNHCR (2007f), Refugee consultations. Bangladesh.

³² E.g. UNHCR 2008d (Tanzania, Thailand), UNHCR 2008f (Kenya),

³³ UNHCR (2005), Report on the high commissioner's five commitments to refugee women. Executive Committee of the High Commissioner's Programme, EC/55/SC/CRP.17.

³⁴ UNHCR (2009, provisional), Measuring Protection by Numbers. 2009. Geneva, UNHCR.

³⁵ UNHCR (2007b), UNHCR Statistical Yearbook 2006. Trends in Displacement, Protection and Solutions. Geneva, UNHCR.

violence is somewhat less problematic.³⁶ A global analysis of 2005 S&I camp data suggest that in that year, 62 percent of SGBV cases reported to UNHCR received support, and that this percentage rose to 85 in 2007.³⁷ Of the countries in this specific analysis, five out of six show for 2007 that, with very few exceptions, all camps reported a full 100 percent response to SGBV cases. Kenya was the only country that remained far from UNHCR's target to provide support to 100 percent of SGBV survivors. In the four Kenyan camps the follow-up rate was only between 23 and 27 percent, leaving nearly 300 victims without assistance in 2007 alone. It needs mention that, given the sensitivity of the issue, it is most likely that in any country the reported number of SGBV cases is far below the actual figure.³⁸ Additional sensitisation of SGBV will be required to identify victims, but importantly also to address its root causes, such as inequality and discrimination.

4 The bare essentials of human development: food, nutrition and basic infrastructure

4.1 Food and nutritional status

Access to food and the maintenance of adequate nutritional status are critical determinants of people's survival, which can be seriously jeopardized in disaster situations. Malnutrition can be the most serious public health problem and may be a leading cause of death, whether directly or indirectly. People's food security determine their nutrition and health in the short term and their future survival and well-being. In refugee camp situations, frequently people are completely dependent on humanitarian assistance and food aid. This is especially the case where hosting governments apply a strict encampment policy and income-generating and agricultural activities are prohibited. In these cases it is of critical importance that food supply is regular, ensured and well balanced. The inclusion of an adequate level of micro-nutrients therein is essential. For instance, anaemia due to iron deficiency is a major public health issue and affects every age group. It impairs cognitive development in children and affects the immune system. During

³⁶ UNHCR support to survivors of sexual and gender-based violence includes at least one of the following responses: legal, psychosocial, health, or safety and security.

³⁷ See footnote 33.

³⁸ For instance, the account that rape and high levels of domestic violence are chronic problems in refugee camps in Thailand (UNHCR 2008d), is not reflected in the very low numbers reported in the standards and indicator data.

pregnancy it has huge implications on the mother and infant, with increased risk of haemorrhage, sepsis, maternal mortality, peri-natal mortality and low birth weight.

Table 4 UNHCR standards for selected indicators: food and nutrition

Indicator	UNHCR Standard	Rationale
Percentage of food beneficiaries entitled to food who received food during latest food distribution	100%	This is an indicator to measure the adequacy of food programmes.
Average numbers of kilocalories per person per day	$\geq 2,100$	To ensure access to adequate quality and quantity of food to support life and preserve dignity of refugees.
Rate of malnourished 6-59 months children (Global Acute Malnutrition) measured by Z-score	$< 5\%$	This is an impact indicator that reflects delivery of other social and service commodities including health, food, and water. This includes both moderate and severe malnutrition (weight for height).

In the reviewed countries, the percentage of refugees entitled to food distribution that actually received food is generally up to or very close to the standard of 100 percent, except in Bangladesh. In 2007 no more than 84 percent of beneficiaries were provided with rations, a problem faced in both camps in this country. This would suggest that 4,500 out of the 27,000 camp dwellers were deprived of their major or single ensured source of food. According to the Standards and Indicator data, the only other food emergency seem to have happened in Kiryandongo camp in Uganda in 2005, when only 35 percent of entitled persons received food. Overall, the situation with regard to food entitlement in Uganda is very different from that in the other countries. Due to the liberal policy of the government of Uganda, refugees tend to have access to farmland, which enables them to be more self-reliant in food supply. This is clearly reflected in the share of refugee population in Uganda that is entitled to food provision: in the

reporting years 2005-2007 this percentage fluctuated between 56 and 82 percent, whereas in the other five countries it has not been below 97 percent.

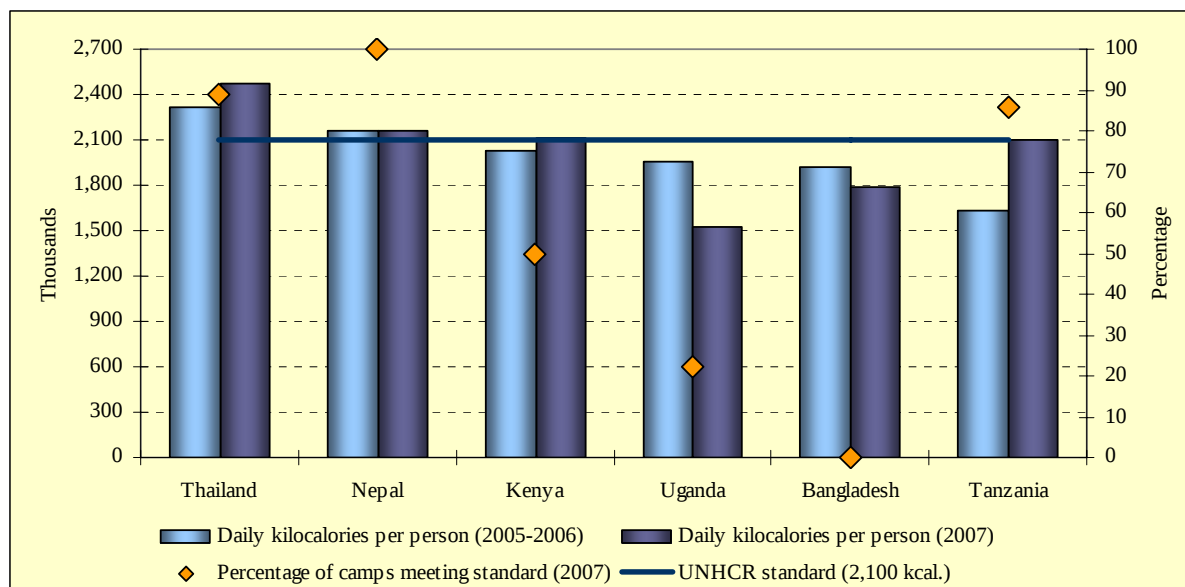
Although the performance on the indicator of the coverage of persons eligible for food rations was generally satisfying, it often hides a more complex reality. For example, the average amount of kilocalories contained in the food basket provided to entitled persons over the period 2005-2006 fell short of the standard in four of six countries (see Figure 6). In 28 out of 38 occasions (74 percent), camps in Kenya, Tanzania and Uganda could not meet even the UNHCR sub-standard of 2,000 kilocalories. The gap in the food rations for the Eastern African countries in the years before 2007 can be explained by inadequate donor funding of the World Food Programme (WPF)³⁹ and a general food shortage in the Great Lakes Region. The daily amount of distributed food in Tanzanian refugee camps in 2005 and 2006 contained, respectively, 1,700 and 1,460 kilocalories per person. According to the S&I data, the food situation seemed to have improved in 2007, except for Uganda and Bangladesh. Here, four out of nine camp populations received rations of about half the required level or even less. In contrast to the African countries, the situation in the Asian context seems better and more stable: in both Nepal and Thailand the camp populations are consistently provided with at least the standard calorie levels.

Figure 6 Average daily amount of kilocalories provided per eligible person in refugee camps (average for 2005-2006 and 2007) and percentage of camps meeting the UNHCR standard (2007), for selected countries

³⁹ World Food Programme operations aim to:

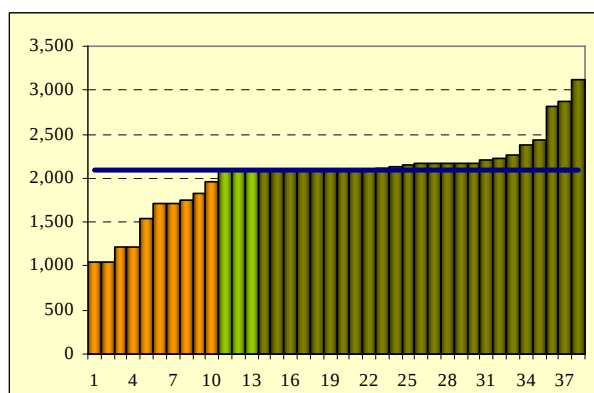
- Save lives in refugee crises and other emergencies
- Improve nutrition and quality of life of world's most vulnerable people at critical times in their lives
- Enable development by (a) helping people build assets that benefit them directly; (b) promoting the self-reliance of poor people and communities

The WPF provides food assistance whenever the beneficiaries number at least 5,000 people, but for smaller populations where the local government cannot meet the need, UNHCR normally steps in.



Source: UNHCR Standards and Indicator data

Figure 7 Level of daily amount of kilocalories per person, by refugee camp in selected countries, in relation to the UNHCR (sub-) standard, 2007



Source: UNHCR Standards and Indicator data

Figure 7 presents the overall distribution of provided kilocalories in 2007 in the 38 camps for which information was available. The large majority of the camps provides at least the standard of 2,100 kilocalories, or the sub-standard of 2,000 kilocalories.

Both the coverage of refugees entitled to food rations and the nutritional value of these are process indicators. The final outcome in terms of nutrition status may be interfered by contracted diseases, information campaigns or such issues as refusal of provided food items due to

culturally inappropriateness or refugees selling part of their rations in order to meet other basic needs. Despite food programmes, research among refugees worldwide repeatedly finds that their nutritional status is poor.

Thus, a joint UNHCR and WFP review in 2006 found that unacceptable rates of acute malnutrition were present in many protracted refugee camps – most notably in Kenya, Ethiopia

and Sudan, and some camps in Sierra Leone and Chad.⁴⁰ It was observed that of the protracted refugee situations worldwide, only the camps in Africa had acute malnutrition rates (wasting) consistently above 15 percent, while the Asia camps usually levelled out below 12 percent.

Table 5 provides malnutrition rates for refugee populations in selected countries, including five of the case-study countries, drawn from other sources than the S&I data. In 11 out of these 14 countries, the malnutrition rate among refugee groups was above the UNHCR standard of five percent, and even higher than the threshold of 15 percent that is deemed ‘critical’ by the WHO.⁴¹ Wasting occurred for even more than one quarter of refugees in Kenya⁴² and IDPs in Sri Lanka. The relatively low rate in Tanzania (2.8 percent) is somewhat surprising, given the recent food crisis in that area and the findings of a nutrition survey at the end of 2004, showing that 37 percent of refugee children under the age of five were chronically malnourished (stunted) and 23 percent were underweight.⁴³

Table 5: Global acute malnutrition rate for selected countries⁴⁴

Country	Global acute malnutrition rate			
	Refugee population	Surrounding local population	Hosting country population	Origin country population
Case study countries				
Kenya	26.3	26.8	10	11 (Somalia), 16 (Sudan)
Tanzania	2.8	5.4	10	7 (Burundi), 13 (Congo)

⁴⁰ Corbett, M. and A. Oman (2006), Acute Malnutrition in Protracted Refugee Situations: A Global Strategy. UNHCR/WFP. <http://www.unhcr.org/publ/PUBL/469b6b0c2.pdf>

⁴¹ WHO (2000), The management of nutrition in major emergencies. Geneva, WHO.

⁴² A survey mid-2006 in Kenya showed that the acute malnutrition rate was 22.2 percent in the Dadaab camps and 15.9 percent in Kakuma camp (UNHCR Briefing Notes, 3 July 2007; <http://www.unhcr.org/news/NEWS/468a3e3e6.html>).

⁴³ UNHCR Briefing Notes, 11 March 2005 (<http://www.unhcr.org/news/NEWS/42317d4a16.html>)

⁴⁴ Comparison of figures in this table should be done with utmost care, as they may refer to different periods and be based on different methodologies.

Uganda	up to 10	4.1	12	16 (Sudan)
Bangladesh	12.8	10.3	22	9 (Myanmar)
Nepal	up to 12	9.7	21	3 (Bhutan)
Other countries				
Algeria	7.7	7.5	3	
Chad	up to 18	11.2	14	
Eritrea	18.9	14.4	13	
Ethiopia	up to 20	11.3	11	
Democratic Republic of Congo	Up to 5	9.4	13	
Sierra Leone	up to 16	9.9	9	
Sri Lanka (children under 5) ^a	26.6	5.7	14	
Sudan	up to 16	16.9	16	
Zambia	3.4	5	6	
Nigeria	11	9.7	9	

Sources: Corbett and Oman 2006; for Sri Lanka, Perera et al. 2006; for anaemia, UNHCR 2008a; for hosting and origin country populations, UNICEF 2007.

^a Referring to IDPs;

Table 6 Aenemia incidence for refugees

Country	Percentage anaemic	
	Children	Women
Kenya	83.9	40.7
Tanzania	35.3	29.6
Bangladesh	47.5	38.6
Nepal	43.3	13.6
Algeria	68	66
Ethiopia	55.4	44.8
Zambia	47.7	17.4
Nigeria		51

Source: UNHCR 2008a

Table 5 also shows malnutrition rates of resident selected countries populations, which are generally high as well. Although in the majority of cases the nutrition status of the local population is better than that of refugees, in a few their status is worse. This highlights the generally insecure food situation in many countries of exile, as well as the relative advantage that refugees in some situations may have by relying on food programmes.⁴⁵

Table 6 indicates very high incidence of anaemia in refugee situations. The underlying deficiency of micro-nutrients is a commonly voiced concern, again for refugee and local populations alike.⁴⁶

Refugees' coping strategies related to food and nutrition include animal husbandry and small-scale production of food crops on available patches of land in the refugee camps, either for own consumption or for sale within the camp.⁴⁷ Myanmar refugees in Bangladesh also grow garlic and spices to enhance the taste of the food rations.⁴⁸ Frequently, distributed food rations are bartered for essential non-food items, but sometimes also for food products that are more in line with cultural tastes. A negative consequence of this may be that the micro-nutrient balance of the food ration is distorted without adequate replacement.

The S&I data up to 2007 do not yet demonstrate the impact of the soared food prices last year. In March 2008, WFP issued an extraordinary emergency appeal to government donors to mitigate a shortfall of some 500 million US Dollars in its efforts to feed 70 million people that year. This

⁴⁵ E.g. Pearson and Daliem (2006) describe that in Chad, malnutrition in the local host population was worse than that in the refugee camp population and that there was no prospect of improvement.

⁴⁶ E.g. Corbett and Oman 2006, UNHCR 2007c.

⁴⁷ E.g. Dube, A. and Koenig, A. (2005), Self-reliance and sustainable livelihoods for refugees in Dadaab and Kakuma camps. Geneva, UNHCR-ILO.

⁴⁸ UNHCR (2007f), Refugee consultations. Bangladesh.

food crisis had immediate consequences on the rations distributed to camp-based refugees, but also affected urban refugees who rely on food purchases on the local market. A number of these urban refugees have reportedly returned to camps in order to receive food rations, while others are adopting negative coping mechanisms, such as taking children out of school to work, engaging in transactional sex, and selling household goods.⁴⁹

The analysis shows that, even though significant progress has been made, there are evident gaps in the access to food and the recent food crisis highlights the fragility of sustainable supply. Certainly, outcome indicators like malnutrition rates and anaemia incidence urge for more efforts. To this end, UNHCR is developing a strategic plan focusing specifically on anaemia to reach eventually 18 countries to prevent and control anaemia. Similarly, a Nutrition and Food Security Strategic Plan has been developed in coordination with operational partners to improve the nutrition situation among persons of concern to UNHCR. This Strategic Plan aims to guide operations in camp, urban and other non-camp settings during all stages of an emergency.⁵⁰ The present food situation in Uganda, and until 2007 particularly in Kenya, also reflect precarious nutritional indicator levels, and deserve special attention.

4.2 Water, sanitation and shelter

In emergency situations, refugee populations can face water shortages with dramatic results. In 1994, more than one million Rwandans escaped the genocide in their country into the present Democratic Republic of the Congo. As many as 60 thousand of them subsequently died from a vicious cycle of water shortages, disease and, inevitably, cholera.⁵¹ Emergencies, like the Rwandan crisis do not, however, account for the majority of UNHCR refugee operations, even though in protracted camps in the 'care and maintenance' phase the adequate supply of water often remains a constant challenge. The UNHCR indicators include information about supply of and access to water (Table 7).⁵² It should be noted that standard for the quantity of water per person cannot be applied indiscriminately, as the sufficiency of water supply critically depends

⁴⁹ UNHCR (2008b), Global appeal. 2009 update. <http://www.unhcr.org/publ/PUBL/4922d4160.pdf>.

⁵⁰ *Ibid.*

⁵¹ UNHCR (2003b), Three days to live.... *Refugees*, Vol. 3, No. 132, pp. 22-23.

⁵² It is apparent that there is a clear country-specific preference for the type of water point used. In Uganda, the large majority of water supply facilities consists of wells or hand pumps, whereas in the other five countries it is mainly water taps. For the present analysis of the indicator of persons per water point, the prevailing type of water point in a country is used.

on specific water usage. Thus, Somali refugees in Dadaab camp in Kenya use a quarter of available water for their livestock and agriculture, whereas this percentage in Budumburam camp in Ghana was less than one percent.⁵³

Table 7 UNHCR standards for selected indicators: water, sanitation and shelter

Indicator	UNHCR Standard	Rationale
Average quantity of water available per person per day (liters)	≥ 20 liters	To measure the amount of safe water distributed for camp inhabitants.
Percentage of population living within 200 m from water point	100%	To mitigate the social burden of water collection through distribution points at a reasonable distance; to ensure that people collect adequate quantities and do not resort to nearby unsafe water sources; and to limit the risk of attack when fetching water, including risk of SGBV.
Number of persons per usable water tap	< 80	A limited number of persons per water point reduces pollution around the water outlet due to litter and stagnant water, damage and queuing time and associated conflicts.
Number of persons per usable well/hand pump	< 200	
Percentage of families with latrines	100%	For proper maintenance of latrines and decrease of the spread of communicable diseases.
Number of persons per drop-hole in communal latrine	≤ 20	To avoid congestion in latrine use and open defecation that will increase the spread of transmissible diseases.
Percentage of households with	100%	To ensure families are protected against the elements, can live in a dignified manner and are

⁵³ Cronin et al. 2008

adequate dwellings		subject to reduced rates of communicable disease spread.
--------------------	--	--

Earlier research on UNHCR's Standards and Indicators indicated that in the period 2003-2005 average per capita water availability for all refugee camps worldwide was sufficient, even though in any of these years in more than 40 percent of the camps supply was inadequate.⁵⁴ The average percentage of population in camps meeting the 200 meters distance standard varied in this study between 72 and 86 percent.

The six case-study countries sufficiently illustrate the variance of the water-related indicators (Table 8). The situation in Uganda seems particularly poor on all indicators. The average 14 litres of safe water available per person per day there is well below the UNHCR standard and even below the SPHERE standard of 15 litres. In the period 2004-2007 only in three out of 36 occasions camps reported the provision of the required 20 litres, and on ten occasions the daily supply was 12 litres or less. In terms of the access indicators of distance to the nearest water point and persons per water point, the situation in the country is even worse. On the other hand, the water conditions in refugee camps in Thailand and Bangladesh are significantly better, with regard to quantity as well as access, even though close to 40 percent of the population had to deal with crowded water taps. In Bangladesh a similar share had to walk more than the standard of 200 metres. It should be noted that most countries do satisfy the somewhat less critical SPHERE standards for these water indicators.

Nepal, Tanzania and Kenya take an intermediate position as far as water-related indicators are concerned. The camps in the former two countries made significant improvements in the period 2004-2007 in terms of the quantity of water available. In Tanzania this is probably related to the decrease in the refugee population rather than an increase of water supply. Also the access indicators in this country showed an improvement over time: from 162 down to 97 users per tap and from 82 up to 93 percent of the population living within 200 meters from a water point. Kenya, facing the continuous influx of Somali refugees, structurally struggles with the provision of adequate water services. The fact that many refugees need the limited water supply for farming and watering their livestock as well, puts the average quantity of 19 litres per person per

⁵⁴ *Ibid.*

day in an even more grim perspective. To achieve the standard for the water indicators and allow animal watering, some 1,300 new taps need to be installed and water supply should be raised by more than 40 percent.

Table 8 Water-related indicators for selected countries, 2004-2007 average

Standard	Daily litres of water available per person		Number of persons per usable water point		Distance to nearest water point	
UNHCR ^a	20		Tap-80; Well/handpump-200		200	
SPHERE	15		Tap-250; Well-400; h.pump-500		500	
Country	Average water availability (litres)	Percentage of camps meeting UNHCR standard	Average number of persons per water tap ^b	Percentage of camps meeting UNHCR standard	Average percentage of population within 200 m.	Percentage of camps meeting UNHCR standard
Tanzania	23	85	109	18	85	15
Kenya	19	25	136	8	69	63
Uganda	14	11	(450)	0	43	2
Bangladesh	26	100	53	63	99	63
Nepal	21	46	135	4	100	100
Thailand	39	100	69	60	100	97
Total	21	58	104 ^c	21	81	49

Source: UNHCR Standards and Indicators data

^a UNHCR sub-standards are 18 litres of water available per person per day; 100 persons per tap and 250 per Well/handpump; and 90 percent of population living within 200 meters of the nearest water point.

^b For Uganda average number of persons per well/handpump.

^c Excluding Uganda.

Safe disposal of human excreta creates the first barrier to excreta-related disease, helping to reduce transmission through direct and indirect routes. Safe excreta disposal is therefore a major priority, and in most disaster situations should be addressed with as much speed and effort as the provision of safe water supply. The SPHERE project promotes the ratio of 20 persons per toilet as the standard. For protracted refugee situations, UNHCR, in line with WHO recommendations⁵⁵, sets a more ambitious standard with the provision of one latrine per family as the ideal target. The justification of this is that experience has shown that household latrines are better maintained than communal latrines. However, in many refugee situations one latrine slab per two families is found to be an acceptable solution. For example, in Nepal all families have a designated latrine that is shared with one other family, and this has provided adequate sanitation coverage.⁵⁶ If individual household latrines is not a feasible option, UNHCR reconciles the target to the SPHERE standard of 20 persons per drop-hole in communal latrines.

A global analysis of 2003-2005 S&I data showed that a quarter of the camps had an insufficient number of latrines to accommodate the maximum of 20 people per latrine.⁵⁷ In the selected countries for this paper, only camps in Thailand tend to have the full provision of one latrine per family, although in Tanzania the household latrine coverage is typically above the sub-standard of 90 percent. However, if the criterion of two families per latrine is used, all camps in Thailand, Nepal and Tanzania, and the large majority of Ugandan camps meet the standard. The refugee population in Kenya and Bangladesh primarily relies on communal latrines, with the number of persons per drop-hole less than or close to 20.

⁵⁵ WHO (2000), The management of nutrition in major emergencies. Geneva, WHO.

⁵⁶ UNHCR (2006a), Practical guide to the systematic use of standards and indicators in UNHCR operations. Geneva, UNHCR.

⁵⁷ Cronin, A.A., D. Shrestha, N. Cornier, F. Abdalla, N. Ezard and C. Aramburu (2008), A review of water and sanitation provision in refugee camps in association with selected health and nutrition indicators – the need for integrated service provision. *Journal of Water and Health*, Vol. 6, No. 1.

With regard to water and sanitation, significant advances towards reaching UNHCR's and international standards have been achieved. Yet, these achievements are not sufficiently consistent nor are they yet sustainable. With regard to the case-study countries, water-related indicators for Uganda are at critical levels, while those for Thailand and Bangladesh are fully up to standard. As to sanitation, some of the reviewed countries fall somewhat short of the UNHCR benchmark; however, the average performance level seems to be better than the global picture for refugee camps.

Adequate shelter is relevant to protect people against the elements, allow them to live in a dignified manner and reduce the exposure to communicable diseases. The definition of adequacy can only be established within the specific context of the refugee settlement, because of variations in climate, local building customs and cultural concerns.⁵⁸ In the case of building materials of temporary nature, the quality can quickly deteriorate from one year to another. UNHCR information shows that quality of refugee dwellings in Nepal and Thailand is practically everywhere adequate, even mostly consistently so since 2004. However, it fell short of the 100 percent UNHCR standard in the other countries, even by up to three quarters of the dwellings in Kenya and Bangladesh. In the latter country, the government of Bangladesh reportedly did not allow any repair to the temporary refugee sheds and adequacy levels dramatically dropped after 2004. A similar development is observed for Kenya, while on the other hand in Uganda the share of dwellings considered adequate rose from 54 percent in 2004 to 93 percent in 2007.

5 Health and education

5.1 General, reproductive and child health

According to the 1951 Refugee Convention, refugees should enjoy access to health services equivalent to that of the host population. Health status, however, is a complex issue, in which disease agents interact in various ways with food supply, water and sanitation, shelter, education, environmental factors and health services. Therefore, it requires a comprehensive approach,

⁵⁸ However, beyond the emergency phase adequate shelter should inter alia (a) provide a covered area with a degree of privacy; (b) have sufficient thermal comfort with ventilation for air circulation; and (c) provide protection from the elements and natural hazards (UNHCR 2006a).

including the reliable measurement of impact indicators, such as morbidity and mortality estimates. Conditions such as in refugee camps bring people in overcrowded situations, opening the way to rapid transmission of infectious diseases, often aggravated by compounding factors of poverty, malnutrition and poor hygiene and sanitation. Like in most host populations, the major killers in refugee settings are, diarrheal diseases, acute respiratory infections, malnutrition, measles and malaria. Depending on the context, HIV/AIDS may be an additional major cause of death. Thus, among refugees in Tanzania malaria is the leading cause of death (with 19 percent of all deaths), followed closely by respiratory infections (15 percent), while HIV-related deaths ranked third with 7 percent and neonatal deaths accounted for 6 percent.⁵⁹ For under-fives, malaria remains the major cause of mortality, followed by acute respiratory infections and neonatal deaths, while among refugee women of childbearing age complications of pregnancy and childbirth are leading causes of death. UNHCR information to illustrate the refugee situation on health in camps in this paper includes six indicators (Table 9).

Table 9 UNHCR standards for selected indicators: health

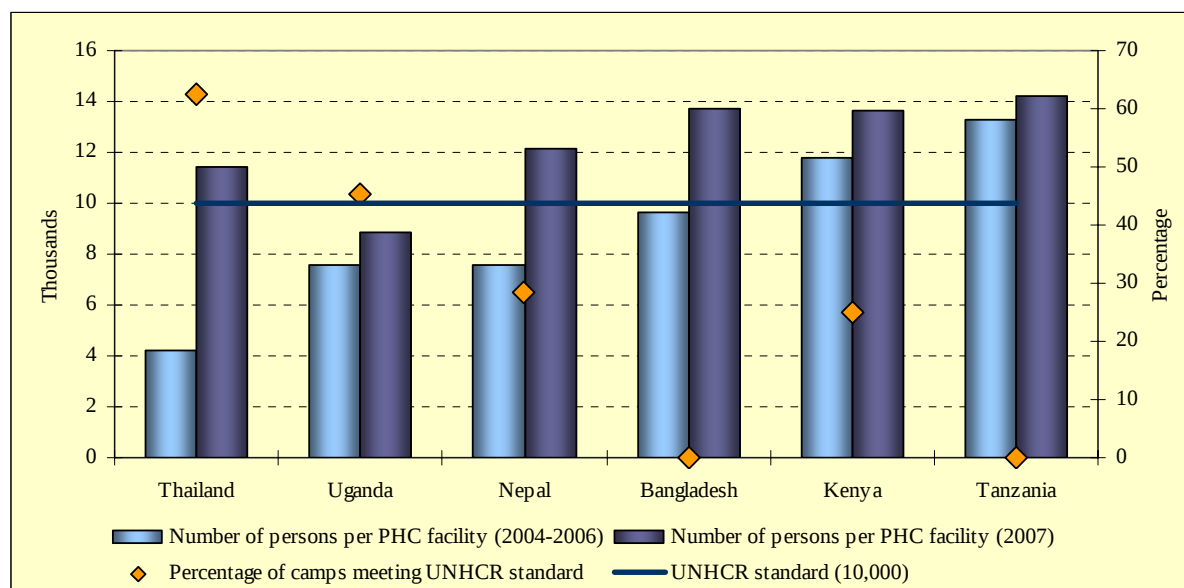
Indicator	UNHCR Standard	Rationale
Number of persons per primary health care facility	< 10,000	To measure a refugee population's access to quality primary health care to minimize avoidable morbidity and mortality.
Percentage of live births attended by skilled personnel excluding TBAs	≥ 50%	To minimize maternal mortality by ensuring that births are attended by trained health personnel who can diagnose and refer complications. An increase in the proportion of births attended by trained health personnel is a MDG indicator.
Percentage of newborn children with low birth weight (< 2,500	< 15%	To reduce incidence of low birth weight and improve survival of infants through better

⁵⁹ UNHCR (2007c), Global Annual Report Public Health. Geneva, UNHCR.

g) (weighed within 72 hrs)		nutrition and health services.
Measles vaccination coverage	$\geq 90\%$	To assess measles immunization coverage. Measles is one of the 5 main causes of death of children under the age of five years, and this danger may be further aggravated in refugee situations.
Numbers of condoms distributed per person per month	≥ 1 per person per month	To measure the effectiveness of condom distribution systems.
Is antiretroviral therapy available in / for hosting community / refugees?	Ref. host community	Antiretroviral therapy (ART) is a life saving and essential intervention. Refugees should have equivalent access to HIV interventions as those of surrounding host populations.

Although in the 1951 Refugee Convention the provision of health care is defined relative to the host population, UNHCR's standards also set absolute targets for refugee situations. For the indicator of the number of persons per primary health care (PHC) facility, it is evident that in the period 2004-2007 a significant gap existed between the standard of 10,000 clients per health centre and the actual situation in the field. In less than half (47 percent) of the cases in the observation period, the refugee camps reported that this target was met and at country level only three countries – Thailand, Uganda and Nepal – achieved the standard (Figure 8). The underlying year-specific data show that on average indicator performance is declining: over time a larger share of camps report that they cannot meet the target and – as can be deduced from Figure 8 – the number of clients per health centre is increasing. Consequently, in 2007 the client-health centre ratio is up to standard only in Uganda and implies the need for at least 17 additional PHC centres in the other countries together to provide sufficient basic health care.

Figure 8 Average number of persons per primary health care facility (PHC) (average for 2004-2006 and 2007) and percentage of camps meeting the UNHCR standard (2007), for selected countries



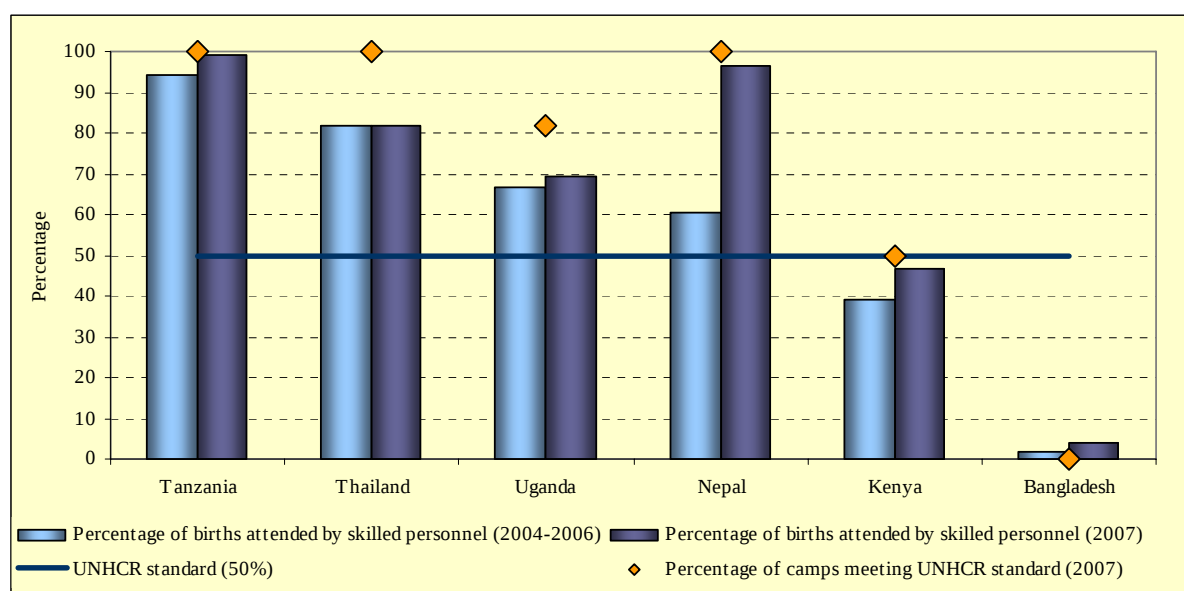
Source: UNHCR Standards and Indicators data

For the birth attendance indicator, a large variety in coverage of skilled attendance was found. The average coverage over the period 2004-2006 ranged from one percent in Bangladesh to 94 percent in Thailand (Figure 9). In this period, in 71 percent of the annual observations camps satisfied the UNHCR standard of 50 percent skilled birth attendance, but in Nepal, Kenya and Bangladesh the majority of camps fell short of the target. However, the situation in Nepal improved dramatically from no camps meeting the target in 2004 to all seven in 2007, and from an average coverage of attendance by skilled staff from 41 to 97 percent. As can be seen in Figure 9, all countries improved or at least kept up their performance in the last reporting year, with Bangladesh and Kenya still below the UNHCR standard. To achieve the target in these two countries more than one thousand additional deliveries should be attended by medically trained health-care staff. At the present rate of attendance in the six countries together, more than 6,500 refugee women annually lack the access to or do not use essential obstetric services and are subject to high risks of maternal mortality.

With regard to the percentage of newborn children with low birth weight, there was no country where the large majority of camps could not meet the standard of having less than 15 percent

underweight babies. From 2004 to 2007, the percentage of camps where the target was met increased from 79 to 95 percent, indicating an improvement of survival chances of refugee infants. The measles vaccination coverage is another success story, which in addition significantly helps to reduce morbidity and mortality among refugee children. In all six countries, except Uganda, almost all camps over the entire four-year period succeeded to surpass the vaccination target of 90 percent; typically the level was 96 percent or higher, which is above the SPHERE level to be obtained after a measles vaccination campaign. The situation in Uganda did improve significantly in the reporting period, with 8 out of 11 camps mentioning sufficient coverage in 2007.

Figure 9 Percentage of births attended by skilled personnel (average for 2004-2006 and 2007) and percentage of camps meeting the UNHCR standard (2007), for selected countries



Source: UNHCR Standards and Indicators data

The distribution of condoms falls short of the aspired level of one condom per person per month. There is a steady increase in the number of camps that do achieve the target (from 3 to 26 percent in the 2005-2007 period), but this is largely due to expanded supply in the three African countries with high HIV infection rates, and notably in Kenya's Dadaab camps. At country level these three achieved the standard in 2006, even though more than half of the camps did not so. With regard to the availability of antiretroviral therapy (ART), a similar picture is visible in the

Standards and Indicators data: the percentage of camps where ART is available rose from 46 percent in 2005 to 84 percent in 2007. In the last reporting year, all camps in Kenya, Nepal and Thailand could provide the therapy, as well as the large majority of camps in Uganda.

An intriguing question is whether the services provided to refugees by humanitarian agencies and local governments result in better health parameters in refugee camps than in the surrounding communities or in the region of origin. If the health service environment in refugee camps happens to be better than in the surrounding local communities, this may cause resentment and cave in local support to accommodating large numbers of refugees. On the other hand, the resident population may also benefit from health and other services in refugee camps. Thus, a 2006 inter-agency mission for the evaluation of the health sector in eastern and southern Chad provides one of the examples that access to health services for local host populations may improve because of the build-up of facilities in refugee camps.⁶⁰ In order to reduce the possible negative consequences of an imbalance in health care facilities between refugee and local communities, the strategy to improve host accessibility and utilisation of health services as part of humanitarian aid to refugees deserves strengthening.

Some evidence of relative health conditions in refugee camps may be found in the comparison of camp data on the percentage of births attended by skilled personnel and national estimates for the countries of origin and asylum (Table 10). In four out of six cases the indicator suggests that the population of the host country had lower rates of skilled birth attendance than refugees. Similarly, birth attendance conditions in the country of origin were likely to be worse than in refugee camps in five out of seven cases.

Table 10 Percentage of births attended by skilled personnel in refugee camps of selected countries, in asylum countries and in countries of origin, 2007

Country of asylum	Percentage of births attended by skilled personnel			Country of origin
	Refugee camp	Asylum country	Country of origin	
Tanzania	99	46	25	Burundi

⁶⁰ Pearson, M.M.N. and A. Daliem (2006), Humanitarian oasis in a parched health sector: refugees and host populations in eastern and southern Chad. Inter Agency Health Evaluation.

Kenya	47	42	34	Somalia
			57	Sudan
Uganda	69	39	57	Sudan
Bangladesh	4	20	56	Myanmar
Nepal	97	11	24	Bhutan
Thailand	82	97	56	Myanmar

Source: UNHCR Standards and Indicators data (refugee camps); UNFPA 2007 (asylum country and country of origin).

More detailed and local studies provide more accurate comparison figures and confirm that it is not uncommon that the targeted efforts of humanitarian assistance may put refugees in a situation that is relatively advantageous. Thus, the under-five mortality rate of 43 per thousand births in refugee camps in Nepal for the period 2000-2003 was considerably lower than the rate of 80 reported in the 2001 DHS for the Terai region of Nepal.⁶¹ A survey in the Adjumani district in northern Uganda showed that per capita expenditure on health care was 2.7 times higher for refugees than for hosts; that refugees had better access to health services than the rural host communities; and that maternal mortality was 2.5 times higher in the host population than among refugees (322 per hundred thousand births compared to 130).⁶² Similarly, research in North-West Kenya found that encamped refugee women in Kakuma had better obstetric care than those from the host communities.⁶³

Viewed against the national figures of the hosting countries, the refugee figures on birth weight and measles vaccination again compare favourably (Figure 10).⁶⁴ This suggests that the health

⁶¹ Brennan, M., O. Bilukha, M. Bosmans, B.R Dahal, K. Chandra Jha (2005), Refugee health in Nepal. Joint UNHCR-WHO evaluation of health and health programmes in Bhutanese refugee camps in Nepal. EPAU/2005/04. <http://www.unhcr.org/research/RESEARCH/425e6aee2.pdf>

⁶² Orach, C.G. and V. de Brouwere (2004), Postemergency health services for refugee and host populations in Uganda, 1999-2002. *Lancet*, 364(9434), pp. 611-612.

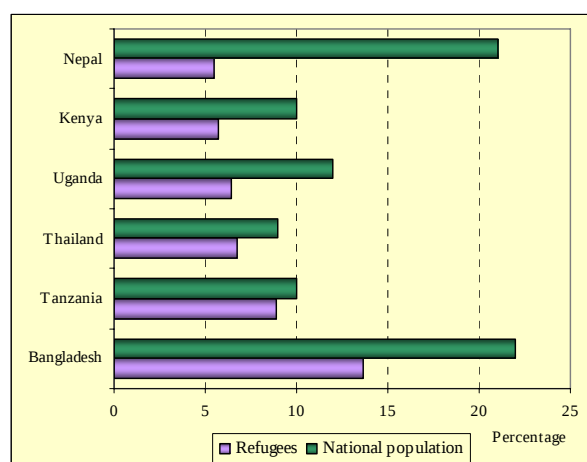
⁶³ Odero, W. And B. Otieno-Nyunya (2001), Major obstetric interventions among encamped refugees and the local population in Turkana District, Kenya. *East African Medical Journal*, Vol. 78, No. 12, pp. 666-672.

⁶⁴ Although this may be typical for refugees in camp settings, the picture may be different for refugees outside camps and IDPs, as they experience the same detachment from usual health facilitation, but are less serviced by humanitarian agencies. Thus, a comparative UNHCR study on the well-being of displaced populations in Armenia, Ecuador and Sri Lanka found that the vaccination rate of IDPs in Sri Lanka was 10% lower than that of the local resident population (85 vs. 95%). The difference between Colombian asylum-seekers and the local population in Ecuador was five percent in favour of the resident population (90 vs. 95%) (de Bruijn 2006).

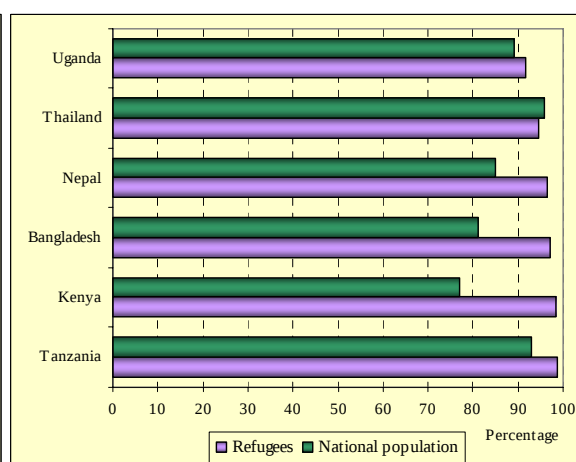
and nutrition context in refugee camps bears a significant positive effect on birth weight and subsequent child health.

Figure 10 Selected child-health indicators in refugee and national populations for selected countries

a. Percent of infants with low birth weight



b. Measles vaccination coverage



Source: UNHCR Standards and Indicators data (refugees), UNICEF 2007 (national populations)

5.2 Education: access and quality

Ensuring a safe learning environment and quality education is an essential strategy to refugee child protection and durable solutions. Not only is education a basic human right, but it is also essential in helping refugees reach self-reliance. Both formal and non-formal education contribute to the self-reliance and empowerment of refugees and help creating the human and social capital needed for individual development and future reconstruction and economic development in areas of origin or integration. After times of conflict, educational activities play a very important role in helping to reintroduce a sense of normalcy and routine into the lives of children and adolescents. They can contribute to addressing psychosocial needs and providing safe environments in which children can be shielded from exploitation and abuse. The educational system is also an effective channel to spread lifesaving messages on issues such as

nutrition, reproductive health and HIV/AIDS, landmine security, water and sanitation, and the environment.⁶⁵

Table 11 UNHCR standards for selected indicators: education

Indicator	UNHCR Standard	Rationale
Percentage of refugee students enrolled in Grades 1-6	100%	Ensure enrolment of all primary school-age children in primary school. This indicator is in line with the MDG indicators for achieving universal primary education
Number of students per teacher	≤ 40	Indicators of the quality of refugee education.
Percentage of qualified or trained teachers	$\geq 80\%$	

Prominent among the education indicators is the primary school enrolment ratio. The measured (gross) enrolment ratio, may be inflated due to two reasons: (a) inclusion of children outside the age range specified for primary school in the ratio's denominator (which is common to developing countries); and (b) additional inclusion in the denominator of non-refugee children, who benefit from the presence of education facilities in the camps. Thus, in camp situations of many countries the primary school enrolment ratio is significantly over 100 percent, rendering any gap analysis difficult. However, an education study on 2005 S&I data suggest that at least one-third of refugee children and adolescents in camp-based situations were not enrolled in school. Especially girls lacked access to safe school environments, post-primary educational or livelihood opportunities, or to any other form of education.⁶⁶ Main causes of drop out are that girls help out during planting and harvesting seasons, and undertake domestic chores generally including taking care of their young siblings. For 2007 a global assessment of primary enrolment

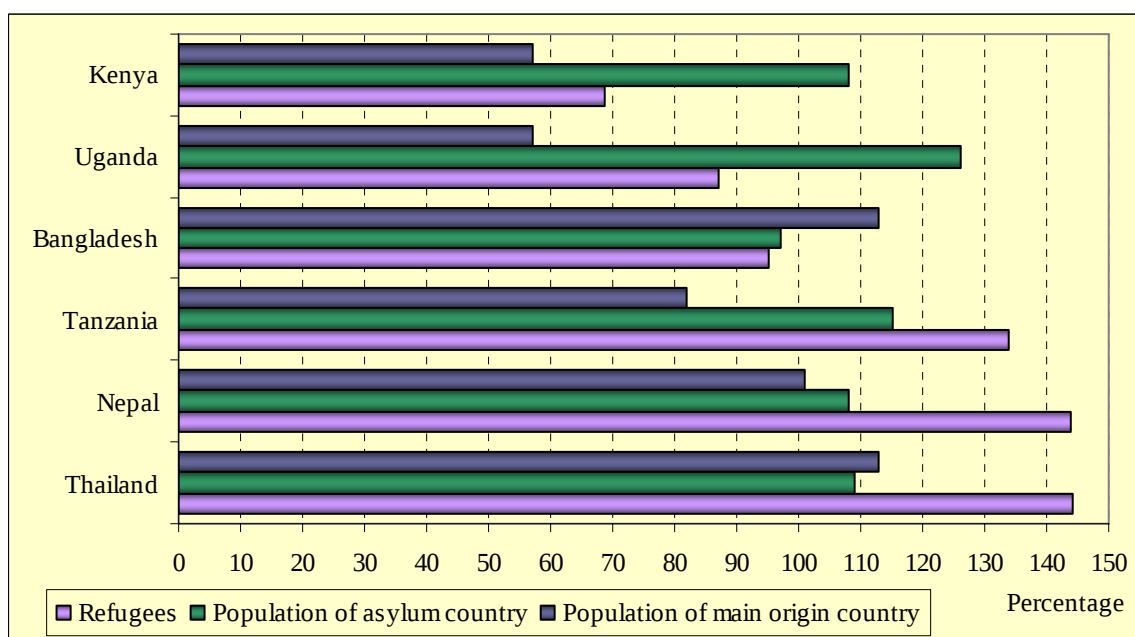
⁶⁵ UNHCR (2007d), Education Strategy 2007-2009. Policy, Challenges and Objectives. Geneva, UNHCR.

⁶⁶ *Ibid.*

found that only 37 percent of all camps with available statistics met the standard of full enrolment.⁶⁷

For three of the case-study countries – Tanzania, Nepal and Thailand – the primary enrolment ratio in 2007 is well above 100. In these cases it is also higher than the comparable ratio of the national population in the country of asylum, and particularly higher than in the national population in the country of origin (Figure 11). The largest gaps are found in Kenya (69 percent enrolment) and Uganda (87 percent). The difference in enrolment ratio between refugee girls and boys is close to equity (Tanzania, Uganda, Bangladesh) or even in favour of girls (Nepal, Thailand). Only Kenyan statistics present a very low level of 65 girls per 100 boys enrolled in primary school. In the 2007 global assessment this figure was around 79 girls per 100 boys.⁶⁸

Figure 11: Gross primary enrolment ratio's for refugees, host populations and populations of



main countries of origin, 2007

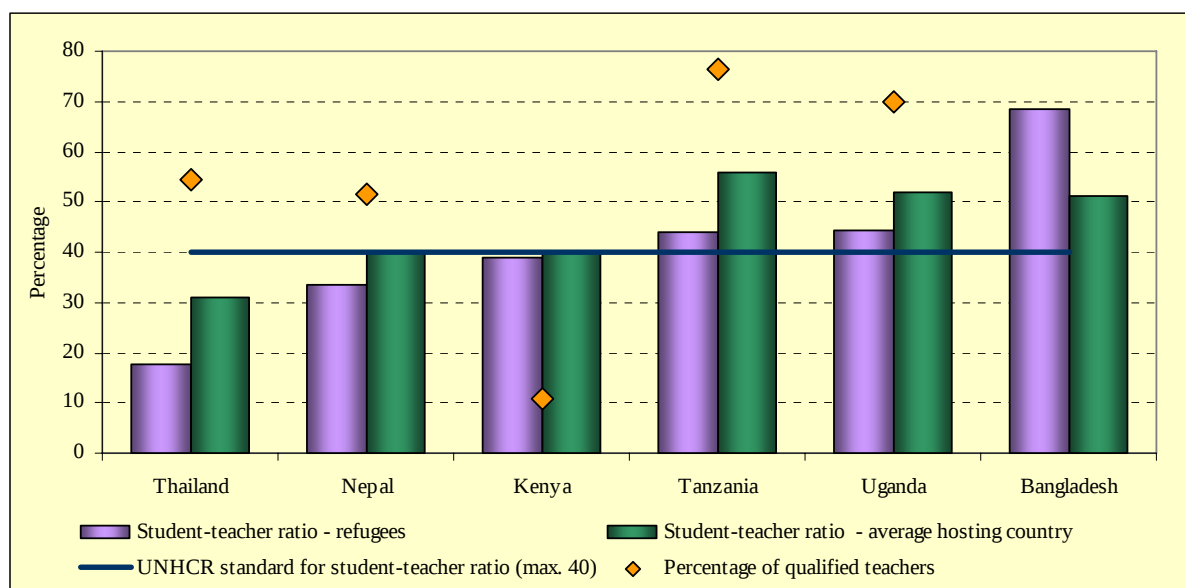
Sources: UNHCR Standards and Indicators data (refugees), UNESCO 2008 (national and origin populations)

⁶⁷ UNHCR (2008a), UNHCR Statistical Yearbook 2007. 2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons. Geneva, UNHCR.

⁶⁸ *Ibid.*

The student-teacher ratio and the percentage of qualified teachers are indicators for the quality of education. Out of the six countries, Tanzania, Uganda and Bangladesh on average do not satisfy the UNHCR target of a maximum of 40 students per teacher (Figure 12), although the first two do qualify for the sub-standard of 50 students per teacher. Together, the three countries would need close to 400 additional teachers in the refugee camps to achieve the normal standard and provide children with adequate schooling. Of the 39 camps in the case-study countries, only 24 (62 percent) satisfied the standard, which is, however, significantly more than the 19 percent that was found in a global evaluation of all camps with available statistics in the S&I dataset.⁶⁹

Figure 12: Student-teacher ratio for refugees and host populations and percentage of qualified teachers for refugees, 2007



Source: UNHCR Standards and Indicators data (refugees), UNESCO 2008 (national populations)

No available data on percentage of qualified teachers for Bangladesh

Figure 12 also shows that none of the countries meet the standard of having at least 80 percent qualified or trained teachers. In addition, the figure suggests that the student-teacher ratio is consistently more favourable for camp-based refugees than for the general population in the country of asylum.

⁶⁹ *Ibid.*

The refugee camp analysis indicates that the situation in the case-study countries on average compares favourable to that of the global refugee-camp picture, as well as to that of both the situation in the hosting country and the country of origin. Nevertheless, even among the six countries under review – especially in Bangladesh, Uganda and Kenya – significant gaps exist with regard to access to and quality of education. In most countries, the refugee communities themselves urge the need of adequate education for their children, but also of technical and vocational training to further relevant skills that can be applied in the refugee camp contexts. Thus, in participatory assessments, Myanmar refugees in Bangladesh described how they would like to have an education in order to become teachers and doctors.⁷⁰ Other already teach at primary schools in camps or provide private tutoring. A major issue for many refugees is also to learn the local language of their hosting area and particularly the lingua franca of the region, such as English.⁷¹ To address the education challenges, UNHCR has defined a three-year strategy with the overall goal to increase school enrolment rates by 30 per cent in the period 2007-2009 through reducing education gaps in terms of accessibility, safety and quality, and post-primary education.⁷²

6 Livelihoods and coping strategies

6.1 Freedom of movement and employment of refugees

A lack of free access to the world outside camps impedes refugees' opportunities to find gainful employment, as well as access to education, health and legal counselling services that are not available in camps, and thereby perpetuates their dependence on humanitarian assistance. Especially in protracted situations, free movement is essential for integration into the local society and refugees' contribution to local development. Most countries under review are restrictive in their policy towards refugees, thereby being in disagreement with the 1951 Refugee Convention. As shown in Table 12, Uganda is the only case-study country where the refugee population tend to facilitate refugees by allowing freedom of movement, access to the labour market and production factors (see also Box 3).

⁷⁰ UNHCR (2007f), Refugee consultations. Bangladesh.

⁷¹ Macchiavello, M. (2003), Forced migrants as an under-utilized asset: refugee skills, livelihoods, and achievements in Kampala, Uganda. New Issues in Refugee Research, Working Paper No. 95, Geneva, UNHCR.

⁷² UNHCR (2007d), Education Strategy 2007-2009. Policy, Challenges and Objectives. Geneva, UNHCR.

Table 12 Livelihood-related policy indicators

Policy item	Tanzania	Kenya	Uganda	Bangladesh	Nepal	Thailand
Can the refugee population move freely in/out of location?	No	No	Yes	No	No	No
Do all refugees have a right to engage in gainful employment?	No	No	Yes	No	No	No
Does the government permit the local integration of refugees?	Yes	No	Yes	No	No	No
Does the government allow access to land / agricultural production to refugees?	No	No	Yes	No	No	No

Source: UNHCR Standards and Indicators data

Box 3 Divergent national refugee policies

Thailand:

Thailand is not party to the 1951 Refugee Convention and has no refugee law. Refugees are regarded by the government as displaced persons or illegal immigrants, allowed to temporarily stay in camps until the conditions in Myanmar are conducive to their return. In 2006, the Thai government agreed to issue ID cards to registered camp population aged 12 and over for identification purposes only. By law, camp-based refugees are restricted to stay only within the camps; if found outside, they can be arrested, detained, and run the risk of being deported. They are currently not legally entitled to work in Thailand, either within or outside the refugee camps. However, the government has mentioned its willingness to make at least modest reforms in its treatment of refugees. These include allowing children to go to school, some vocational programs for adults, minor livelihood activities in the camps, and possibly some type of work-release program allowing restricted employment with limited choice of employers near the camps.

Uganda:

Uganda is party to the 1951 Refugee Convention since 1976. The Refugee Bill passed in 2006 is considered generous and far-reaching in its scope, dealing among other things with issues related to employment, freedom of movement, integration of services and self-reliance for refugees and development of host communities. The Refugee Act gives refugees the right to work, of movement and of access to universal primary education and the respect for their other social and economic rights at the same level as nationals. The government of Uganda promotes the self-sufficiency of refugees, and provides them both residential and agricultural plots. However, identity documentation is provided to only a very small minority of refugees.

The S&I data include a statistical indicator on the number of refugees engaged in income generating activities. Although these employment data may not be very reliable, data combination of several years allow an indicative picture of economic activity at country level. The emergent picture is that all countries except Uganda have employment-to-population ratio's of less than 15 percent. In these countries, most people are largely dependent on humanitarian aid as main survival strategy, in turn sometimes invoking a culture of dependency and undermining their capability for sustainable livelihoods either in the country of asylum or upon repatriation.⁷³ In Bangladesh, for instance, a joint UNHCR-WFP mission characterised the current situation as an 'automatic entitlement culture', where refugee leaders were generally focused on making requests for additional aid.⁷⁴ The higher ratio of 44 percent employed in the working-age camp population of Uganda seems well in line with the country's liberal policy towards freedom of movement and right to work.

⁷³ Cf. De Vriese, M. (2006), Refugee livelihoods. A review of the evidence. Geneva, UNHCR/EPAU.

⁷⁴ UNHCR/WFP (2008a), Report of the WFP-UNHCR Joint Assessment Mission 15th-24th June 2008 Bangladesh. <http://home.wfp.org/stellent/groups/public/documents/ena/wfp190341.pdf>

6.2 Refugee livelihoods: strategies and constraints

Despite the fact that in many cases access to the local labour market and freedom of movement is restricted, and most camp refugees depend on the distribution of food rations and other goods as a main means of survival, many have developed alternative livelihood strategies. These range from subsistence farming, to trade, production and services, to receiving incentives from aid agencies and remittances from family members abroad, but may as well have been pushed to an array of negative coping strategies.

- Conditions allowing, refugees sometimes produce crops for own consumption or for sale within camps or even on local markets. In the camps in Bangladesh, farming patches are introduced for the production of vegetables to improve the diet and of garlic and spices to enhance the taste of the food rations.⁷⁵ In Kakuma camp (Kenya), people use the few open spaces between shelters or the verges of the main roads and even the compounds of the public facilities in the camp for crops, ranging from green vegetables to tomatoes.⁷⁶ To some extent, refugees also engage in livestock activities, especially where they traditionally had a life centred around animal herding. Thus, livestock are the main wealth source for many Somali refugees in Kenya, even though they are formally not entitled to keep animals. Estimates of refugee livestock in the three Dadaab camps amount to around 30,000 goat and sheep, 9,000 cows, 3,500 donkeys and 500 camels.⁷⁷
- Although in some situations any income generating is formally prohibited (such as in Thailand), in most camps refugees carry on a wide range of small-scale business enterprises in various sectors. Trade and service activities are usually the most important, including petty shops, drug stores, sale of telephone cards, trade in food rations and non-food items distributed by relief organisations, small restaurants and bars, transport of goods and persons, repair services (bicycles, cars, radio's), hairdressing, money exchange, phone services, security services, language tutoring or interpreting. Production activities include carpentry and furniture making, blacksmithing and welding, production of bricks, alcohol and soap, baking and food processing, and production of baskets, leatherwear, textiles and clothes.

⁷⁵ UNHCR (2007f), Refugee consultations. Bangladesh.

⁷⁶ Jones, R.A. (2002), Self-reliance and sustainable livelihoods for refugees in Dadaab and Kakuma camps. Geneva, UNHCR-ILO.

⁷⁷ *Ibid.*

- Employment with humanitarian agencies, or incentive work where formal employment is not allowed, provides a share of refugees with a regular income. Positions occupied by refugees refer among others to teachers, nurses, community workers, office staff, cleaners, cooks and gardeners.
- Remittances and social networks can provide important livelihood avenues. For instance, an estimation for the Dadaab camps in Kenya suggested that at least ten to fifteen percent of the population benefited directly from remittances received from the Somali diaspora.⁷⁸ However, besides these financial resources, networks – within camps, in the host country, in the country of origin or in third countries – also encompass social capital, which increases information flows, enables trade and relocation, and provides support when required.⁷⁹
- A strategy adopted by part of refugees – either entire households or specific members of households – is to leave the camp and look for opportunities elsewhere, even when this is considered illegal.⁸⁰ Research among refugees in Kampala, Uganda, found that many preferred urban life conditions and opportunities for self-reliance over life in camps or settlements assigned to refugees by the government of Uganda. This particularly involved the higher skilled and those who found it difficult to adjust to the agricultural way of life that was expected from them in the refugee settlements.⁸¹ Others moved to refugee camps from camps in other countries, such as Burundian refugees, who left Tanzania because of the difficult conditions there or the fear of being forcefully repatriated.⁸² Another mobility strategy entails international migration, either through resettlement or of own accord, or, finally, return to the country of origin.
- Negative coping strategies are often applied when none of the alternatives provide structural relief or when households or individuals are faced with immediate crisis situations. These strategies include selling off vital assets such as domestic items, clothes and blankets or part of the food rations, or reducing food intake and negotiating loans that cannot be repaid. Sometimes,

⁷⁸ Horst, C. (2006), *Connected lives: Somalis in Minneapolis, family responsibilities and the migration dreams of relatives*. New Issues in Refugee Research, Working Paper No. 124, Geneva, UNHCR. See also e.g. Dube and Koenig 2005.

⁷⁹ De Vriese 2006, see note 72.

⁸⁰ See e.g. Crisp, J. (2003), *No solutions in sight: the problem of protracted refugee situations in Africa*. New Issues in Refugee Research, Working Paper No. 75, Geneva, UNHCR.

⁸¹ Macchiavello, M. (2003), *Forced migrants as an under-utilized asset: refugee skills, livelihoods, and achievements in Kampala, Uganda*. New Issues in Refugee Research, Working Paper No. 95, Geneva, UNHCR; see also Banki, S. (2004), *Refugee integration in the intermediate term: a study of Nepal, Pakistan, and Kenya*. New Issues in Refugee Research, Working Paper No. 108, Geneva, UNHCR.

⁸² Jones, R.A. (2002), *Participatory Poverty Assessment of Nakivale and Oruchinga Refugee Camps in Southern Uganda: Livelihood Characteristics, Economic Constraints and Recommendations for Change*.

refugees find themselves obliged to resort to crime and illegal activities, such as fraud (e.g. receiving cash and/or material benefits for repatriation and then returning for re-registration) and theft (crops, cattle and other assets), or to selling sexual services and trafficking.⁸³

In many situations the various livelihood strategies involving economic activities remain small-scale, low-level and within a limited range of activities. Constraints are very context-specific, but available literature provides some general notion as to what are primary barriers – legal, economic or social – to a full development of the refugees livelihood potential.⁸⁴

- The overwhelming problem of refugee enterprises is the lack of access to the local labour market, either because of restricted permission to find employment or because of a general limitation to the freedom of movement, or both. The implications are manifold, including problems in having access to credits, stocks and raw materials, outlets being limited to the camp environment, and for those who do find work outside camps, high risks of exploitation, harassment, persecution, detention and sometimes even forced repatriation.
- Non-registration and lack of personal documentation reduces the chances of access to employment, education and legal services, as well as to the formal credit or saving sector.
- Impoverished populations in camps, but often also those surrounding camps, provide limited markets for products and services of refugee entrepreneurs.
- Camps may be located in remote and/or marginal areas without sufficient employment opportunities, supporting facilities such as communication or credit services, or natural resources, including land for agricultural produce and grazing.
- Similarly, camps situated in areas of violence and instability are not favourable to establish productive and structural ways to earn a living.
- Poor knowledge of the local or national language of the host country isolates refugees from the local population and complicates formal arrangements required to do business.
- Although often refugees possess relevant working experience, in other cases skills need to be developed that are adjusted to the opportunities in camps and the surrounding communities. Or

⁸³ Whitaker, B.E. (1999), Changing opportunities: refugees and host communities in western Tanzania. New Issues In Refugee Research, Working Paper No. 11, Geneva, UNHCR; De Vriese, M. (2006), Refugee livelihoods. A review of the evidence. Geneva, UNHCR/EPAU.

⁸⁴ See e.g. Jones 2002, Dube and Koenig 2005, De Vriese 2006, UNHCR 2007f.

they need to be adjusted to new social relations, for instance where women more than before are responsible for household income.

- Adverse feelings towards refugee populations by surrounding communities (e.g. due to pressure on local resources and employment, relatively favourable services provided to refugees by aid agencies or ethnic resentment), can reduce the prospects of refugees' livelihood strategies.

6.3 Urban refugees: vulnerable or resourceful?

Available information indicates that the number of urban refugees continues to grow, and there is evidence that half of the refugee population is actually residing in urban areas.⁸⁵ This justifies an increased attention to the living conditions and livelihoods of these people by governments and agencies involved in their protection. However, statistical information on urban refugees is likely to be biased and is certainly sparse, both in terms of country coverage, as well as of available indicators. Reasons for this include the partly and often largely illegal presence of refugees in urban areas, their under-registration, and the potentially thin line between refugees fleeing from violence and persecution and economic migrants.

As it is generally acknowledged that refugees in urban areas have lower levels of registration and personal identification, this may often expose them to increased exploitation and insecurity.⁸⁶ On the other hand, S&I information suggests that the situation with regard to the issue of birth certificates to urban refugee children is better than that to newborns in camps: urban sites reported a percentage of full birth registration (70 percent) that was twice as high as that of refugee camps.⁸⁷ This is largely in line with results found for the specific countries under review in this paper, as three out of five countries with available data – Bangladesh, Nepal and Thailand – report significantly higher birth registration rates in urban contexts. Explanations for this finding include the better access to the civil registry in urban areas and the greater likelihood that children in these areas are born in a hospital where they can be registered more easily.

⁸⁵ UNHCR (2008a), UNHCR Statistical Yearbook 2007. 2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons. (Provisional edition) Geneva, UNHCR.

⁸⁶ Crisp (2003); Obi and Crisp (2000). However, secondary research suggests that refugees legally residing in urban areas are also confronted with deportation, detention, and exclusion from employment and self-employment (Bailey 2004).

⁸⁷ UNHCR (2007b), UNHCR Statistical Yearbook 2006. Trends in Displacement, Protection and Solutions. Geneva, UNHCR.

This may disclose the underlying reasons why many refugees opt for livelihoods in urban contexts rather than in camps. They are likely to find better facilities for education, health care, credit and communication, and more opportunities for income-generating activities and self-reliance. Research under refugees in Kampala, Uganda testified that many of those who lived in a settlement before moving to the city have left because of the very limited possibilities of improving their quality of life, the very poor diet, child sickness and mortality, and badly run health facilities.⁸⁸

However, the urban refugee community is likely to be a distinct section of the total refugee population in a country. One general observation is that urban refugee populations tend to have relatively more adults and to under-represent women, compared to camp populations.⁸⁹ The Kampala study also found that half of those who left the refugee settlements for Kampala were single males, mainly in their mid to late twenties. In addition, the majority of the sample had an urban background and were educated to at least secondary school level, while around one-fifth even up to tertiary education or university degree. This suggests that the level of education and associated working skills constitute important factors behind the choice to live in an environment that offers the opportunity to use one's skills productively. A comparative study on refugee integration in Nepal, Pakistan and Kenya confirms this picture, as it concluded that almost without exception, refugees with greater resources or more education are those found in urban areas, rather than in camps.⁹⁰

Although it is evident that urban refugees are generally more self-reliant than camp-based refugees and a considerable number succeeds well, their position is not necessarily bright. In addition to possible insecure legal status, xenophobia and language problems, they face the same challenges as the local urban population. These frequently include high unemployment and underemployment, insecure housing access, poor access to loans and credits, lack of entrepreneurial and management skills, increased pressure on state and community resources, and living in appalling conditions. Several of these challenges provide intervention handles for refugee aid organisations, for instance with respect to mitigating social tension between refugees

⁸⁸ Macchiavello, M. (2003), Forced migrants as an under-utilized asset: refugee skills, livelihoods, and achievements in Kampala, Uganda. New Issues in Refugee Research, Working Paper No. 95, Geneva, UNHCR.

⁸⁹ UNHCR (2007b), UNHCR Statistical Yearbook 2006. Trends in Displacement, Protection and Solutions. Geneva, UNHCR.

⁹⁰ Banki, S. (2004), Refugee integration in the intermediate term: a study of Nepal, Pakistan, and Kenya. New Issues in Refugee Research, Working Paper No. 108, Geneva, UNHCR.

and the local urban population, setting up micro-credit schemes, language education and technical and vocational training. Most of these issues equally apply to the camp-based refugee population. However, the most structural measures to improve the opportunities for gainful livelihoods of both urban and camp refugees are related to individual registration and documentation, and to lenient government policies with respect to refugees' freedom of movement and access to labour markets and production factors.

7 Causes and consequences of refugee situations

The question what in the end explains the living conditions in specific refugee contexts is not easy answerable. UNHCR's Standards and Indicators information, nor background literature provide an unambiguous answer. Nevertheless, it seems evident that the level of development of the country of asylum is an important factor, as this both indicates the country's capacity to provide assistance to refugees and sets a contextual standard for the living conditions of refugees. However, there are many intervening factors that disturb this principle.

One of the compounding factors is the level of development of the country of origin, reflected in the individual resources of the refugees in terms of educational level, professional skills, health or social networks. For one thing, this resourcefulness makes a difference with respect to the effectuation of capabilities of refugees. But it also potentially differentiates them into urban and camp refugees, with significantly different consequences for their self-reliance and contribution to the local economy. Furthermore the level of development of the origin population as well as that of the host population may be too crude indicators. For instance, refugees can be of very distinct ethnicity or region of origin, and the area of destination may be affluent or impoverished compared to the national average.

In addition to refugees' own resourcefulness, the effectiveness of humanitarian agencies in providing services to refugees and their capability of collaborating with local governments and encouraging them to constructive involvement may be of paramount importance.⁹¹ In this respect

⁹¹ In Thailand, the NGO-based Thailand Burma Border Consortium (TBBC) provides the largest share of assistance to the refugee camp population in the country. According to the general indicator performance of the camps the consortium seems to operate quite effectively. The general level of development of Thailand – with a HDI ranking of 88, compared to the other five countries ranging from 144 to 156 – as well may play a role to explain the relatively good refugee conditions, at least in the sense of functioning as a contextual standard.

it is not only material assistance that defines the living conditions and development opportunities of refugees, but most importantly also policies and attitudes – of the government and the hosting population – towards refugees. This is demonstrated in the case of Thailand, where material conditions are adequate, but fundamental rights to live a gainful life are rejected. Moreover, the adverse attitude towards refugees may offset the advantages of affluent hosting countries, if governments do not want to accommodate them or fear attracting more refugees.

The following factors provide a useful framework to understand treatment of refugees and ensuing opportunities to find gainful livelihoods.⁹²

- *Political* factors generally function on the national level, and concern tactical security and cross-country relations. Political factors would be prevalent when host governments are influenced by global opinion, interaction with sending countries, and geo-strategic issues.
- *Social* factors are comprised of ethnicity, language, religion, and a history of trade and labour migration across communities.
- *Economic* factors view refugees in terms of the market – as either a convenient pool of labour or a threat to domestic employment, as either a drain on resources or a boost to demand.
- *Security* factors respond to the domestic concerns of the host country aiming to protect its citizens from what it perceives to be dangerous outsiders, whether as rebel insurgents or as criminals.
- *Legal* factors relate to the status of the refugee in the host country.
- *Geographic* factors concern the physical ability of refugees to cross the border easily without being detected, whether in small or large groups.
- *Temporal* factors include:
 - The *arrival time* defines the time period in history when the conflict and subsequent refugee influx occurred.
 - The *duration* of the refugee stay describes how long the refugees remained in the host country.
- The *size* of the refugee population, both relative to the sending country population and as a measure of how quickly the refugees arrived (as a flood or a trickle).

⁹² Banki, S. (2004), Refugee integration in the intermediate term: a study of Nepal, Pakistan, and Kenya. New Issues in Refugee Research, Working Paper No. 108, Geneva, UNHCR.

A comparative study on refugees in Nepal, Pakistan and Kenya found that the intricate interaction of these factors – sometimes mutually reinforcing, sometimes opposing – illuminated the integration and livelihoods of refugee populations in these countries.⁹³

Many refugee policies are dictated by the view that refugees represent a liability. This often also explains an averse attitude in the communities surrounding refugee camps or even in the wider society. To a certain extent it is certainly true that refugee populations represent a burden to local systems, especially when they are large, come in as a wave rather than gradually, and settle in fragile environments. Here, the overriding understanding is that refugees and local people compete for the same scarce resources, such as fire wood, water, land for farming and grazing, as well as employment, and existing health and education infrastructure.

On the other hand there is sufficient evidence that in the longer term, the influx of sizable populations may benefit local conditions. Refugees provide cheap labour and expand consumer markets for local products and services; their presence attracts attention of the government and relief organisations, resulting in employment opportunities and often better access to a wide range of facilities, including water, education, health care, communication and food from recycled rations, which may in turn attract more people and new businesses and investments.⁹⁴

In the end it may be difficult to assess whether generally, incoming and resident refugee populations are a burden or a benefit to the local population, the more so because burden and benefit may be unequally distributed. However, it will often be warranted to incorporate the emerging refugee presence as a contributing factor in a government's broader development plan.

8 Summary, conclusions and recommendations

This report describes the living conditions and wellbeing of people who have been forced to move across state borders, because of violence in their country of origin. By fleeing from their homes and regularly losing family members, their lives are seriously disrupted and people are cut off from usual resources, placing them in particularly vulnerable positions. Their

⁹³ *Ibid.*

⁹⁴ Cf. Dube, A. and Koenig, A. (2005), Self-reliance and sustainable livelihoods for refugees in Dadaab and Kakuma camps. Geneva, UNHCR-ILO; Whitaker, B.E. (1999), Changing opportunities: refugees and host communities in western Tanzania. New Issues in Refugee Research, Working Paper No. 11, Geneva, UNHCR.

opportunities to provide for a living and for individual development are often critically dependent on humanitarian assistance, and policies and local conditions in the countries in which they reside. The present paper focuses on camp-based refugees in three countries in Asia – Nepal, Bangladesh and Thailand – and three countries in Africa – Tanzania, Uganda and Kenya. These case studies represent protracted refugee situations and cover 937,000 refugees in 39 camps in the last reporting year (2007). UNHCR's Standards and Indicators data are the primary statistical source for the analysis.

The living conditions and wellbeing of refugees can be evaluated from different perspectives. One is the assessment against absolute standards that can be identified as acceptable levels. To guide and monitor its mandated activities, UNHCR uses a set of such standards, which are largely in line with SPHERE standards and recommendations of other UN agencies. Another evaluation perspective is the comparison of refugees with the host population in the country of asylum, preferably in the same region, or with the population of the country of origin, preferably in the region of former habitual residence. Any gap analysis that applies both perspectives may yield significantly different views, which may feed into policies and programmes of aid organisations and governments. These comparisons can also provide clues for understanding the present situation of refugees in specific contexts. However, an equally important line of reasoning runs along the host countries' attitudes towards refugees and the social, economic, political and other factors underlying these.

The achievements across countries against the perspective of absolute UNHCR standards is somewhat inconsistent (see Table 13). However, if any pattern can be discerned it is that in Thailand and Nepal in relatively many sectors the refugee situation is satisfactory to a large degree. This is the case for the sectors of food, water and sanitation, health and education. For Thailand the relatively high level of development of the hosting country may be a contributing factor to this performance, but for Nepal it is likely that effective humanitarian assistance is to be commended. Of the other four countries, Tanzania is the one that most consistently provides adequate responses across the sectors, probably partly because the country's refugee operations are in a phase of scaling down and use of available resources becomes less intense. Kenya, Uganda and Bangladesh generally face more challenges to meet the standards, although important positive exceptions should be noticed for Bangladesh in the field of water-related indicators and for Uganda in the health sector. Another encouraging finding is that for the

majority of indicators countries realise steady, and sometimes impressive progress. Nepal is the most notable case in point.

A factor that should not be underrated is the liberal policy of the government of Uganda, which allows refugees to freely move around and find employment, and even assigns them plots of land for agricultural purposes. This is in stark contrast to the other countries, even though the camp-confinement policy in some countries, like Thailand, is enforced more strictly than in others. Under those conditions where refugees are not allowed to find gainful employment outside their camps and integrate with the local population, people tend to rely on humanitarian aid as main survival strategy, which in turn may undermine their capability – and even proclivity – to develop sustainable livelihoods either in the country of asylum or upon repatriation or resettlement. Therefore, the efforts of humanitarian organisations to relax encampment policies and develop refugee self reliance should be further strengthened. In connection to this, it is instrumental for refugees to have the right to individual documentation. Further assistance can build on existing livelihood strategies and provide support in fields of language and skill education, mitigating social tension between refugees and the local population, and setting up micro-credit schemes.

Table 13 Indicator performance in relation to UNHCR (sub-)standards, 2007, selected countries

Indicator	UNHCR standards		Country					
	Standard	Sub-stand.	Tanzania	Kenya	Uganda	Bangladesh	Nepal	Thailand
Freedom of movement	Yes	N.A.	No	No	Yes	No	No	No
Right to employment	Yes	N.A.	No	No	Yes	No	No	No
Permission for local integration	Yes	N.A.	Yes	No	Yes	No	No	No
Access to	Yes	N.A.	No	No	Yes	No	No	No

land								
Newborns with birth certificate (%)	100	90	85	100	89	0	0	11
Individual registration (%)	100	90	100	77	86	100	100	100
Individual ID (%)	100	90	0	81	1	0	11	100
Women in camp management committees (%)	50	45	40	53	38	N.D.	49	29
Women in food distribution committees (%)	50	45	52	46	54	41	51	21
Female teachers (%) ^a	50	45	16	18	25	16	37	59
Population covered by SOP for SGBV (%) ^b	Yes	N.A.	77	100	100	100	100	97
SGBV cases receiving support (%)	100	90	100	24	97	100	100	93

Beneficiaries receiving food (%)	100	90	100	99	100	84	100	107
Kilocalories per person per day	2,100	2,000	2,100	2,114	1,521	1,785	2,158	2,472
Water per person per day (liters)	20	18	26	18	14	24	24	30
Population within 200 m from water point (%)	100	90	93	76	50	100	100	102
Persons per usable water tap	80	100	97	144	420	39	127	84
Families with latrines (%)	100	90	95	7	58	24	59	90
Households with adequate dwellings (%)	100	90	78	13	93	3	100	100
Persons per primary health care facility	10,000	12,000	14,193	13,672	8,847	13,694	12,111	11,408
Births	50	40	99	47	69	4	97	82

attended by skilled personnel (%)								
Children with low birth weight (%)	15	20	9	6	6	14	5	7
Measles vaccination coverage (%)	90	80	99	98	92	97	99	97
Condoms distributed per person per month	1	N.A.	1.8	1.2	3.0	0.1	0.4	0.2
ART available for refugees (%) ^b	Yes	N.A.	43	100	75	0	100	100
Students enrolled in grades 1-6 (%)	100	70	134	69	87	95	144	144
Number of students per teacher	40	50	44	39	44	68	34	18
Qualified or trained teachers (%)	80	60	76	11	70	N.D.	51	54

Source: UNHCR Standards and Indicators data

^a Not an official UNHCR indicator; ^b Camp indicator transferred to population coverage in country; ^c For Uganda, standards are, respectively 200 and 250 persons per pump;

^d For Bangladesh, standards are, respectively 20 and 30 persons per drop-hole; ^e For Nepal and Thailand, 2007 data.

Major gaps disclosed by the analysis of the Standards and Indicator data refer to incomplete or non-existent birth registration, especially in the three Asian countries under study, because of which some 10,000 children risk statelessness. In addition, the water and sanitation situation in many camps in Uganda and Kenya remain far from any acceptable level, which is the more aggravated by the poor conditions of facilities in the latter country. Finally, priority attention should be given to reduce critical gaps of food security in Bangladesh and Uganda, skilled birth attendance in Bangladesh, teachers in Tanzania and condom distribution in all countries, except Kenya.

It cannot be denied that especially in the first emergency phase of violence-induced displacement, the survival conditions of refugees can be extremely critical, and that even in the stabilised phase living conditions can be very hard. At the same time, there is evidence that at times the targeted efforts of humanitarian assistance put refugees in a situation that is relatively better than that of the local hosting communities or the population in the region of origin. This causes the dilemma for aid organisations between, on the one hand, the feeling of responsibility to assist refugee populations often bereft of own resources, and on the other, the recognition of introducing imbalance and feelings of injustice towards the local population, as well as jeopardising refugee's ambition to return when possible or to integrate into the country of asylum. If local communities surrounding refugee camps are seriously disadvantaged compared to the refugee population, it would be recommendable to target local residents for certain assistance – for example health care, education, water and food supply – if only to avoid resentment and to facilitate refugees' integration into the local context. Given the likely effects of large numbers of refugees on the conditions of the resident population (either in positive or negative sense), it is warranted to integrate refugee dimensions in national development planning of asylum countries. Similarly, it should be considered to enhance a comprehensive development

strategy for the areas of return, incorporating governments as well as reconstruction and development organisations.

However, firm evidence is needed to establish refugees' conditions vis-à-vis hosting or origin populations, and there is need for more studies that provide the required place and time-bound information.⁹⁵ Another data-related recommendation would be to include in the Standards and Indicators set more impact indicators – for example educational attainment, maternal mortality and morbidity indicators – or strengthen the capacity to determine existing ones – for instance primary education enrollment, crude death rate, infant and child mortality rates, birth rate and literacy rate. In the end, it is impact indicators, rather than process or institutional indicators that is the final yardstick to measure adequacy of policies and programmes. Finally, it is recommended UNHCR develops an general indicator of refugee protection to assess the overall living conditions of refugees and other persons of concern.

References

- Bailey, S. (2004), Is Legal Status Enough? Legal Status and Livelihood Obstacles for Urban Refugees Master of Arts in Law and Diplomacy Thesis.
- Banki, S. (2004), Refugee integration in the intermediate term: a study of Nepal, Pakistan, and Kenya. New Issues in Refugee Research, Working Paper No. 108, Geneva, UNHCR.
- Brennan, M., O. Bilukha, M. Bosmans, B.R Dahal, K. Chandra Jha (2005), Refugee health in Nepal. Joint UNHCR-WHO evaluation of health and health programmes in Bhutanese refugee camps in Nepal. EPAU/2005/04. <http://www.unhcr.org/research/RESEARCH/425e6aee2.pdf>
- Bilsborrow, R.E. and CEPAR (2006), the living conditions of refugees, asylumseekers and other Colombians in Ecuador. Millennium Development Indicators and coping behaviour. Ecuador country report. The Hague , NIDI. <http://www.unhcr.org/statistics/STATISTICS/45adf2d82.pdf>
- Corbett, M. and A. Oman (2006), Acute Malnutrition in Protracted Refugee Situations: A Global Strategy. UNHCR/WFP. <http://www.unhcr.org/publ/PUBL/469b6b0c2.pdf>

⁹⁵ A commendable example is the comparative, multi-country study initiated by UNHCR into the living conditions of refugees in Armenia, asylum-seekers in Ecuador and IDPs in Sri Lanka, which included the resident communities as reference population (de Bruijn 2006, Bilsborrow and CEPAR 2006, Groenewold and Schoorl 2006, Perera et al. 2006).

Crisp, J. (2003), No solutions in sight: the problem of protracted refugee situations in Africa. New Issues in Refugee Research, Working Paper No. 75, Geneva, UNHCR.

Cronin, A.A., D. Shrestha, N. Cornier, F. Abdalla, N. Ezard and C. Aramburu (2008), A review of water and sanitation provision in refugee camps in association with selected health and nutrition indicators – the need for integrated service provision. *Journal of Water and Health*, Vol. 6, No. 1.

De Bruijn, B. (2006), Millenium Development Goals analysis of peoples to the concern of UNHCR. The living conditions of refugees, asylum seekers and IDP's in Armenia, Ecuador, Sri Lanka and Pakistan. The Hague, NIDI.

De Vriese, M. (2006), Refugee livelihoods. A review of the evidence. Geneva, UNHCR/EPAU.

Dube, A. and Koenig, A. (2005), Self-reliance and sustainable livelihoods for refugees in Dadaab and Kakuma camps. Geneva, UNHCR-ILO.

Global Protection Cluster Working Group (2007, provisional release), Handbook for the Protection of Internally Displaced Persons. Geneva, Global Protection Cluster Working Group. http://www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/clusters%20pages/Protection/Protection%20Handbook/IDP%20Handbook_Complete_FINAL%20Jan%2008.pdf

Groenewold, G. and J. Schoorl (2006), The living conditions of refugees in Armenia: Millennium Development Indicators and coping behaviour. Country report. The Hague, NIDI. <http://www.unhcr.org/statistics/STATISTICS/45adf1132.pdf>

Horst, C. (2006), Connected lives: Somalis in Minneapolis, family responsibilities and the migration dreams of relatives. New Issues in Refugee Research, Working Paper No. 124, Geneva, UNHCR.

IASC (2005), Guidelines for Gender-based Violence Interventions in Humanitarian Settings. Focusing on Prevention of and Response to Sexual Violence in Emergencies. Geneva, IASC.

IDMC (2008), Internal Displacement. Global Overview of Trends and Developments in 2007. Geneva, IDMC-NRC.

Jones, R.A. (2002), Participatory Poverty Assessment of Nakivale and Oruchinga Refugee Camps in Southern Uganda: Livelihood Characteristics, Economic Constraints and Recommendations for Change. Field Research Report Commissioned by the Evaluation and

Policy Analysis Unit of UNHCR and the Economic and Social Research Council, UK.

<http://www.unhcr.org/research/RESEARCH/3e26ce7b1.pdf>

Macchiavello, M. (2003), Forced migrants as an under-utilized asset: refugee skills, livelihoods, and achievements in Kampala, Uganda. New Issues in Refugee Research, Working Paper No. 95, Geneva, UNHCR.

Obi, N. And J. Crisp (2000), Evaluation of UNHCR's policy on refugees in urban areas. A case study of New Delhi. Geneva, UNHCR/EPAU.

Odero, W. And B. Otieno-Nyunya (2001), Major obstetric interventions among encamped refugees and the local population in Turkana District, Kenya. *East African Medical Journal*, Vol. 78, No. 12, pp. 666-672.

Orach, C.G. and V. de Brouwere (2004), Postemergency health services for refugee and host populations in Uganda, 1999-2002. *Lancet*, 364(9434), pp. 611-612.

Pearson, M.M.N. and A. Dali (2006), Humanitarian oasis in a parched health sector: refugees and host populations in eastern and southern Chad. Inter Agency Health Evaluation. <http://www.unhcr.org/research/RESEARCH/456abf7a2.pdf>

Perera, C., R. Elwalagedara, J.M.H. Jayasundara, L. Sikurajapathy, N. de Silva, R. Perera, R.P. Rannan-Eliya (2006), The living situation of refugees, asylum-seekers and IDP's in Armenia, Ecuador and Sri Lanka: Millennium development indicators and coping strategies. Sri Lanka Country Report. Colombo, HPRA.

SPHERE (2004), The Sphere Project. Humanitarian Charter and Minimum Standards in Disaster Response. Oxford, Oxfam Publishing.

UNESCO (2008), Global Education Digest 2008. Comparing Education Statistics Across the World. Montreal, UNESCO.

UNFPA (2001), Reproductive Health for Communities in Crisis. New York, UNFPA.

UNFPA (2007), State of World Population 2007. Unleashing the Potential of Urban Growth. New York, UNFPA.

UNHCR (2003a), Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response. Geneva, UNHCR.

UNHCR (2003b), Three days to live.... *Refugees*, Vol. 3, No. 132, pp. 22-23.

UNHCR (2005), Report on the high commissioner's five commitments to refugee women. Executive Committee of the High Commissioner's Programme, EC/55/SC/CRP.17.

UNHCR (2006a), Practical guide to the systematic use of standards and indicators in UNHCR operations. Geneva, UNHCR.

UNHCR (2006b), Measuring Protection by Numbers. 2005. Geneva, UNHCR.

UNHCR (2006c), The State of the World's Refugees: Human Displacement in the New Millennium. Geneva, UNHCR.

UNHCR (2007a), Guidance on the use of standardized specific needs codes. Internal UNHCR document.

UNHCR (2007b), UNHCR Statistical Yearbook 2006. Trends in Displacement, Protection and Solutions. Geneva, UNHCR.

UNHCR (2007c), Global Annual Report Public Health. Geneva, UNHCR.

UNHCR (2007d), Bangladesh: Analysis of Gaps in the Protection of Rohingya Refugees. Geneva, UNHCR.

UNHCR (2007e), Education Strategy 2007-2009. Policy, Challenges and Objectives. Geneva, UNHCR.

UNHCR (2007f), Refugee consultations. Bangladesh.

<http://www.unhcr.org/protect/PROTECTION/46fa1f0e2.pdf>.

UNHCR (2008a), UNHCR Statistical Yearbook 2007. 2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons. (Provisional edition) Geneva, UNHCR. <http://www.unhcr.org/statistics/STATISTICS/4852366f2.pdf>

UNHCR (2008b), Global appeal. 2009 update. <http://www.unhcr.org/publ/PUBL/4922d4160.pdf>.

UNHCR (2008c). UNHCR Global report 2007. <http://www.unhcr.org/publ/3b7b87e14.html>

UNHCR (2008d), Refugee realities – meeting the needs of refugees and other people of concern globally. Global needs assessment. Pilot report. Geneva, UNHCR.

UNHCR (2008e), A guidance for UNHCR field operations on water and sanitation services. Geneva, UNHCR Water and Sanitation Unit, Public Health & HIV Unit.

UNHCR (2008f), Report of the Participatory Assessment. Urban Refugee Children and Youth. Nairobi, UNHCR Branch Office Nairobi.

UNHCR (2009, provisional), Measuring Protection by Numbers. 2009. Geneva, UNHCR.

UNHCR/WFP (2008a), Report of the WFP-UNHCR Joint Assessment Mission 15th-24th June 2008 Bangladesh. <http://home.wfp.org/stellent/groups/public/documents/ena/wfp190341.pdf>

UNHCR/WFP (2008b), Joint Assessment Mission Report. Assistance to the Bhutanese Refugees in Nepal (09-20 June 2008).

<http://home.wfp.org/stellent/groups/public/documents/ena/wfp193224.pdf>

UNICEF (2007), The state of the world's children 2008. Child survival. New York, UNICEF

Whitaker, B.E. (1999), Changing opportunities: refugees and host communities in western Tanzania. New Issues in Refugee Research, Working Paper No. 11, Geneva, UNHCR.

WHO (2000), The management of nutrition in major emergencies. Geneva, WHO.

Acknowledgements

This report has been made possible by the free access to UNHCR's Standards and Indicators data and additional documents by the agency. I am much indebted to various officers of regional Bureaux and sector divisions at UNHCR Headquarters in Geneva for sharing their information and experience in the field of refugee's living conditions and wellbeing. Special thanks go to Ignazio Matteini of the Asia and Pacific Bureau for his comprehensive review and response to ad-hoc inquiries, and to Jeff Crisp (Evaluation and Policy Development Service) for his observations on a previous version of the paper. My warm appreciation goes out to Khassoum Diallo, Tarek Abou Chabake and Henrik Pilgaard of UNHCR's statistics section (FICSS/DOS) for their support in accessing and interpreting refugee statistics and their constructive feedback in every phase of the project. Finally, I want to extend my thanks to colleagues at the Human Development Report Office – Alison Kennedy, Amie Gaye, Emmanuel Letouze and Jeni Klugman – for their comments on earlier versions of the report.

Abbreviations

ART	-	Antiretroviral therapy
DHS	-	Demographic and Health Survey
GAM	-	Global Acute Malnutrition
HDI	-	Human Development Index
IASC	-	Inter-Agency Standing Committee
IDMC	-	Internal Displacement Monitoring Centre
IDP	-	Internally Displaced Person
MDG	-	Millennium Development Goal

PHC	-	Primary health Care
S&I	-	Standards and Indicators
SGBV	-	Sexual and gender-based violence
SOP	-	Standard Operating Procedure
TBBC	-	Thailand Burma Border Consortium
UNESCO	-	United Nations Educational, Scientific and Cultural Organisation
UNFPA	-	United Nations Fund for Population Activities
UNHCR	-	United Nations High Commissioner for Refugees
UNICEF	-	United Nations International Children's Emergency Fund
UNRWA	-	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFP	-	World Food Programme