

**GAO**

Report to the Chairman, Select  
Committee on Hunger, House of  
Representatives

September 1991

**REFUGEES**

**Living Conditions Are  
Marginal**



144787

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**National Security and  
International Affairs Division**

B-242780

September 11, 1991

The Honorable Tony P. Hall  
Chairman, Select Committee  
on Hunger  
House of Representatives

Dear Mr. Chairman:

This report responds to your request that we provide information on (1) the organizations delivering assistance to refugees around the world and (2) the living conditions of these refugees. From September through November 1990, we conducted our review in six countries—Ethiopia, Sudan, Guinea, Malawi, Malaysia, and Pakistan—which together hosted about one-third of the world's refugees at that time (see fig. 1). This report supplements the previously provided video report summarizing our overall findings on refugee living conditions.<sup>1</sup>

Our analysis of U.S. contributions for the care and relief of the world's refugees during the 1980s is contained in a separate report.<sup>2</sup>

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**Results in Brief**

Our review showed that in the latter part of 1990

- United Nations agencies, host governments, and many private voluntary or nongovernmental organizations all played complementary roles in providing care and assistance to refugees;
- except for isolated pockets, refugees generally received the minimum care necessary to sustain life;
- living conditions and provisions for refugee assistance varied widely from location to location; and
- the host countries and agencies providing assistance often faced major obstacles in delivering aid.

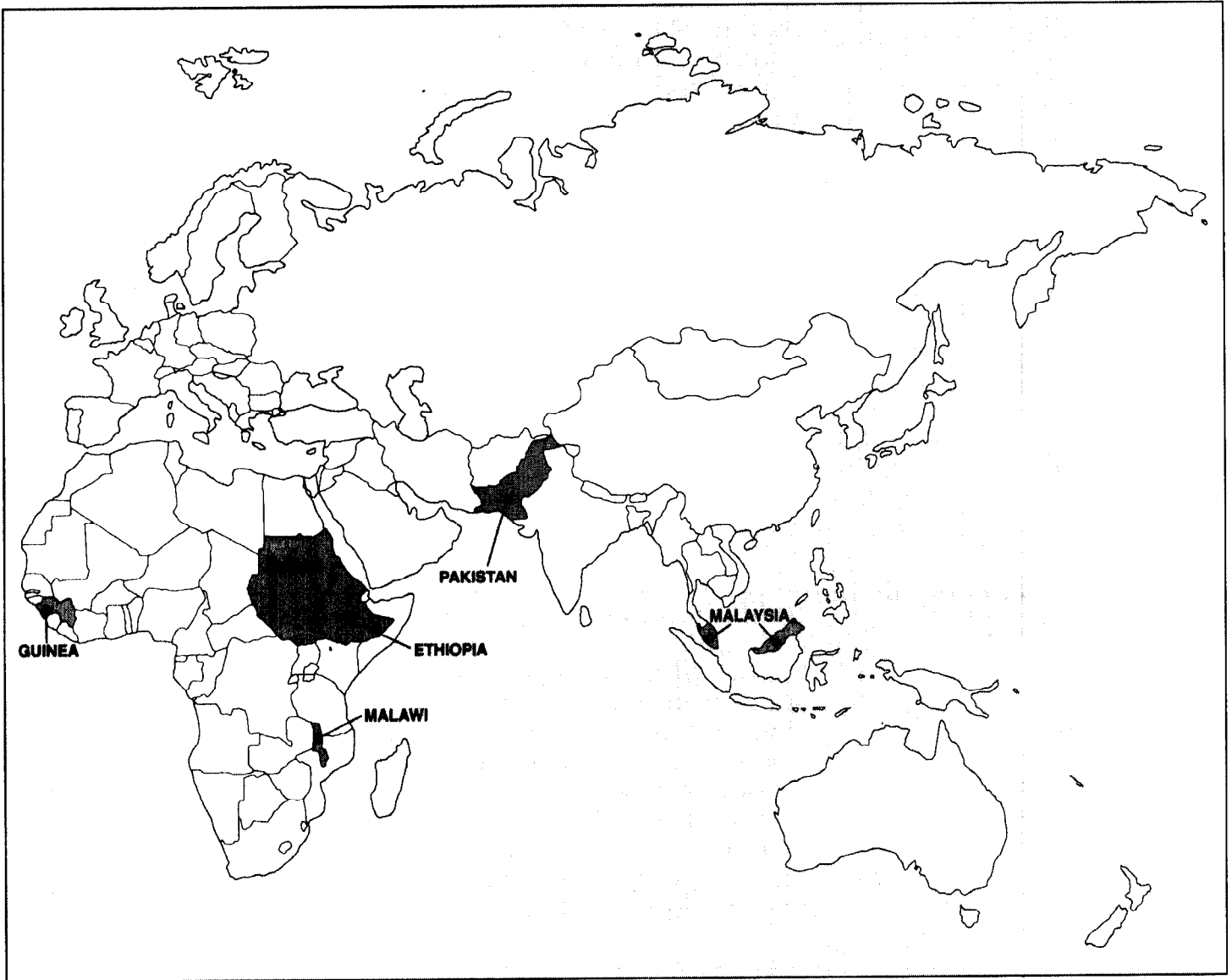
Appendixes I through VI provide additional detailed information on the organizations delivering assistance and the living conditions in each of the six countries we visited.

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<sup>1</sup>Refugees: Marginal Living Conditions for Millions (GAO/NSIAD-91-02VR, Apr. 18, 1991).

<sup>2</sup>Refugee Assistance: U.S. Contributions for the 1980s (GAO/NSIAD-91-137, March 21, 1991).

Figure 1: Refugee-Hosting Countries Visited by GAO



## Background

In the last decade, the world's refugee population more than doubled, from an estimated 7 million to over 16 million. The United Nations defines a refugee as a person who has fled his or her home country because of persecution, or a well-founded fear of persecution, for reasons of race, religion, nationality, or political opinion. In some cases,

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governments have adopted a more flexible definition of persons qualifying for refugee status, especially when this has been necessary to assist large groups of uprooted persons or groups with urgent needs. For example, the Organization of African Unity includes as refugees every person who has left his or her home country because of external aggression, occupation, foreign domination, or events seriously disturbing public order.

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## Organizations Delivering Assistance

The United Nations High Commissioner for Refugees (UNHCR) was the primary international agency providing assistance to refugees. In carrying out its mission to ensure the protection of refugees and seek durable solutions to their problems, UNHCR worked closely with host governments, other U.N. agencies, and private voluntary or nongovernmental organizations. The working relationships and effectiveness of UNHCR varied from country to country, and in several countries we received reports of friction between UNHCR and other agencies.

Host governments also played a vital role in refugee assistance. By agreeing to take in refugees, the host governments assumed a responsibility for protecting them and cooperating with the international community to provide assistance. Host countries had limited resources to cope with large influxes of refugees, and the refugees placed ecological and economic burdens on the host countries. Despite this, five of the six governments continued to accept, protect, and assist most refugees. In two cases, however, the impact of refugees on scarce resources eroded benevolent attitudes. In Pakistan, for example, the ongoing presence of approximately 3.5 million Afghan refugees, combined with dwindling international assistance, led government officials to stop registering newly arriving refugees.

Private voluntary and nongovernmental organizations and other U.N. agencies worked with UNHCR and the host governments to provide needed assistance in areas such as health care, education, transportation, and sanitation. For example, the World Food Program, a U.N. agency, assisted refugees by seeking food donations and coordinating the delivery of food aid shipments from all world donors.

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## Refugee Living Conditions

Except for isolated instances, the United Nations and other groups were generally successful in providing for the most basic needs of the millions of refugees in the six countries. Because there are no universally

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accepted criteria establishing minimum standards for refugee living conditions, levels of assistance varied and often reflected the differing living conditions in each host country. In many cases, this assistance was provided at levels acceptable only for short-term emergencies, even though refugees sometimes lived under the bare minimum conditions for many years. For example, Ethiopian refugees had lived in certain camps in Sudan since 1983, yet they still suffered from serious interruptions in their food supply and shortages of medicine. In instances when refugees were not registered, they did not receive even the most basic assistance. For example, in Ethiopia, unregistered new arrivals from Sudan were severely malnourished and did not receive needed medical care for months.

The level and type of assistance varied from location to location. In Malaysia, refugees regularly received rice, noodles, fish, fresh vegetables, and fruit, whereas in Ethiopia, deliveries of cereals, beans, oil, and sugar were sporadic. Refugees in Malaysia also had access to secondary education and vocational training, while in most of the other countries, only primary education, at best, was available.

Major obstacles to delivering assistance included long supply chains over difficult terrain, poor road conditions, and rainy weather. For example, in Guinea, food and other supplies were transported more than 900 kilometers to Liberian refugees in a remote region. Slightly more than half the distance was paved, and the unpaved portion was rutted and impassable at times in the rainy season. Officials also cited as an obstacle the failure of donors to honor their commodity pledges. In Sudan, a UNHCR official said that one donor was 2 years late in honoring its pledge while another provided only about half the pledged amount. Refugee programs, especially in Africa, often operated on the margin—any unexpected change or problem could break the lifeline between the refugees and the assistance and services they needed, as occurred when rebel forces in Ethiopia cut off the food supply line to the refugees. Interruptions or shortages in food and medical supplies were common and contributed to malnutrition and illness.

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Appendix VII summarizes our objectives, scope, and methodology. We are sending copies of this report to the appropriate congressional committees, the Secretary of State, and other interested parties. Copies will be made available to others on request.

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Please contact me at (202) 275-5790 if you or your staff have any questions concerning this report. Other major contributors are listed in appendix VIII.

Sincerely yours,

A handwritten signature in cursive script that reads "Harold J. Johnson".

Harold J. Johnson,  
Director, Foreign Economic  
Assistance Issues

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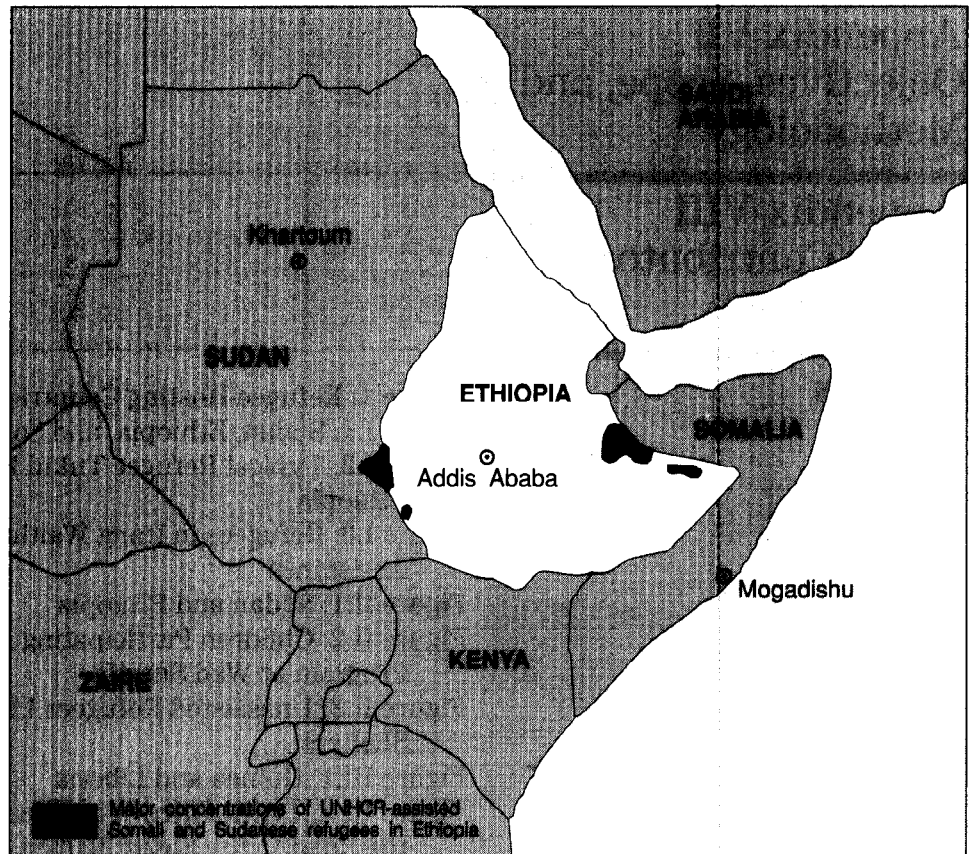
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**Abbreviations**

PVO	Private Voluntary Organization
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Program

# Sudanese and Somali Refugees in Ethiopia

Figure I.1: Sudan, Ethiopia, and Somalia



In November 1990, Ethiopia was providing asylum to approximately 760,000 refugees—about half were from Sudan and half from Somalia. Refugees fleeing Sudan's civil strife first arrived in Ethiopia in the late 1960s, and in 1983 the flow of refugees resumed when the current Sudanese civil war began. During 1989, the influx of refugees from southern Sudan averaged 4,400 per month. As of November 1990, an estimated 375,000 Sudanese refugees were in Ethiopia. In addition, about 385,000 Somalis had fled civil conflict in their country between May 1988 and November 1990. Subsequently, Somalia's civil war escalated, and the government was overthrown by a coalition of rebel factions in January 1991. As a result of the increased fighting, more than 150,000 additional Somalis sought refuge in Ethiopia. Refugees in Ethiopia were grouped in camps in inhospitable and remote parts of the country.

The refugees were fleeing to a country where food shortages were common due to recurrent droughts, increasing desert conditions in the Sahel (a fringe area of the Sahara Desert), failed agricultural policies,

and war-related disruptions of food production. In early 1991, food shortages became severe in several regions, leaving 4 million to 6 million Ethiopian nationals at risk, according to the Agency for International Development.

In addition, the 17-year regime of Ethiopian President Mengistu Haile Mariam had faced a number of ongoing regional and ethnic armed conflicts, which, combined with human rights abuses and periodic famines, had caused hundreds of thousands of Ethiopians to flee to neighboring Sudan, Djibouti, and Somalia. In early 1991, rebel forces made considerable gains, and the weakened President fled the country in May. The rebels continued their offensive, taking control of the government, and the potential for lasting peace remained uncertain. The political instability further weakened the fragile supply lines to both refugees and Ethiopians, complicated the already challenging work of relief agencies, and increased the possibility that further waves of Ethiopians and refugees would migrate in search of stability and food.

Census data on refugees in Ethiopia was generally believed to be inaccurate. Some officials said the estimated number of refugees in Ethiopia was grossly inflated. The United Nations High Commissioner for Refugees (UNHCR) and Ethiopian officials tried to conduct an accurate census of Somali refugees in March 1990, but the effort failed because of a lack of cooperation from refugees. U.S. officials believed that refugee groups and the government of Ethiopia benefited by inflated refugee census data, especially in western Ethiopia, because excess food could be diverted for other uses.

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## Organizations Delivering Assistance

The Administration for Refugee Affairs, within the Ministry of Internal Affairs, managed the Ethiopian government's responsibilities for refugee assistance. The agency was funded primarily by UNHCR.

During our work in Ethiopia in late 1990, representatives of donor countries and voluntary agencies cited numerous complaints about UNHCR management problems, which they said resulted in delays in assistance and poor management of resources. However, a new UNHCR representative had recently been assigned to Ethiopia, and private voluntary organizations (PVO) and donor government officials were hopeful that operations would improve.

Until 1988, most direct refugee assistance was provided through the Ethiopian Red Cross Society. Following a large influx of both Somali and

Sudanese refugees in 1988, Ethiopia permitted international PVOs to begin assisting the refugees. In 1990, 10 PVOs and other nongovernmental organizations were working with refugees in many sectors, including health, sanitation, water, and community development.

Because the refugee camps were located in remote parts of the country, over two-thirds of UNHCR's 1990 budget for Ethiopia was allocated to transport and logistics. Two organizations transported food to refugees at the time of our visit—one supported by UNHCR and the other associated with the World Food Program (WFP), another U.N. agency. The WFP transport company was also responsible for non-refugee relief operations in Ethiopia. U.S. and UNHCR officials believed that one fleet should be responsible for transport. In late 1990, officials at WFP and UNHCR headquarters were in the process of negotiating a new agreement in which WFP would assume responsibility for inland food transport on a worldwide basis. In Ethiopia, WFP officials expressed frustration over the uncertainty of their future role in refugee food transport there. A draft agreement between UNHCR and WFP was completed in mid-1991, but a decision on which organization would ultimately be responsible for inland food transport in Ethiopia was still pending at that time.

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## Refugee Living Conditions

In October and November 1990, we visited two Sudanese refugee camps in western Ethiopia, Fugnido and Itang. At the time, Fugnido contained approximately 78,000 refugees, and more than 30,000 were boys under the age of 15, many of whom had traveled to Ethiopia without their families. Itang's camp registration had reached approximately 240,000 refugees. We also visited Hartishek camp in eastern Ethiopia, which contained two settlements with a total of approximately 230,000 Somali refugees.

Overall, we found that refugees in these camps received only the minimum assistance necessary for survival, and they experienced chronic food and water shortages.

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## Protection and Security

The refugees we talked to in Ethiopia said they felt safe; however, the increasing instability in certain remote areas of the country where refugee camps were located raised doubts about whether the government could protect the refugees and PVO staff providing assistance. Government officials generally prohibited UNHCR and non-Ethiopian PVO staff from remaining in the camps overnight, citing concerns for their security as the reason. Shortly before our visit, PVO staff experienced

several armed attacks during their daily travel to and from the Somali refugee camps, but it was not clear who was responsible for these attacks. In January 1990, elements of several anti-government factions attacked the town of Assosa and the nearby refugee camp. Approximately 41,000 refugees fled this attack, and about 21,000 of these eventually made their way to the Itang camp. Further, U.S. officials had received frequent and credible reports of an insurgent presence in refugee camps, both in the east and the west. They believed the camps had been used as resting places and recruitment centers by the Somali and Sudanese rebel forces.

Shortly after the May 1991 collapse of the Mengistu government, the Itang camp was raided and looted. There were as-yet-unsubstantiated reports that the refugees had been attacked by the local militias of a rival ethnic group. Insecurity throughout the country led to interruptions in aid and food supplies.

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## Food

Refugees in Ethiopia were to receive cereals, beans, oil, and sugar to meet their nutritional needs; however, they routinely experienced shortages of all commodities except cereal. WFP officials said that shortages were due to inadequate food pledges from donors and donors' failure to honor their pledges on time. One country had pledged 3,000 metric tons of cooking oil for 1990 but withdrew the pledge after several months, according to WFP officials. In addition, poor road conditions impeded food delivery to the remote refugee camps. Finally, food supply lines were vulnerable to rebel activity. Fighting in early 1991 blocked key roads and interfered with food delivery to refugees.

Refugees had limited opportunities to grow or purchase their own food, but some refugees in the east were nomads who had goats and camels that helped supplement their diet with milk. Malnutrition rates in the east decreased during the seasonal periods when milk was available, according to an Administration for Refugee Affairs official.

Uncertainties about the numbers of refugees made it difficult to assess the impact of food shortages—the daily caloric intake of refugees could not be calculated without knowing the number of refugees as well as the amount of food delivered. Further, food distribution in the camps was not adequately monitored. In Itang, for example, we could not determine how the food was provided to refugees from the main warehouses, and there was no assurance that needy refugees actually received their food allotments. U.S. officials agreed that the system was vulnerable to

misuse and had requested U.N. volunteer staff to monitor and verify ration distribution. A U.S. official believed that the camps were an important source of food supplies for both Sudanese and Somali rebel movements. UNHCR officials said that budget cuts in 1989 and 1990 had required them to reduce the number of staff who monitored food distribution.

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## Water

Water supplies were a chronic and costly problem in Ethiopia. Although UNHCR officials stated that it was difficult to uniformly apply a minimum standard for water availability, a UNHCR emergency handbook recommends 15 to 20 liters per person per day as a general rule. Criteria in a Department of State assessment manual call for no less than 10 liters per person per day during emergencies and no less than 15 liters when the emergency is over. Refugees in one camp in western Ethiopia received an average of only 0.8 liters of drinkable water per day. As a result of shortages, they turned to contaminated water sources. U.S. officials expressed frustration and concern over this short supply, noting that the largest refugee camp had been settled since 1983 and water supply should always be the top priority among relief and refugee assistance officials. PVO officials cited examples of UNHCR management problems that they said contributed to the water shortage. For example, in the western camps, water was pumped from bore wells, and although some new wells had been drilled in Itang, the necessary pumps had not yet arrived several months later because of UNHCR procurement delays.

In the eastern camps, water was not available from wells. The PVO CARE delivered about 50 tanker-truck loads of water every day over approximately 152 kilometers of rough dirt and stone road. This arrangement was very costly and posed many logistical problems, and each refugee received an average of just over 3 liters per day. A CARE official expressed frustration over UNHCR management practices. The official said that, without consulting CARE, UNHCR officials purchased trucks that could not withstand the rugged terrain and soon developed cracks. The trucks had to be repaired at considerable expense. However, UNHCR attempted to improve conditions on one part of the road by arranging for road maintenance, which was beyond the normal range of UNHCR activities, according to a U.S. official.

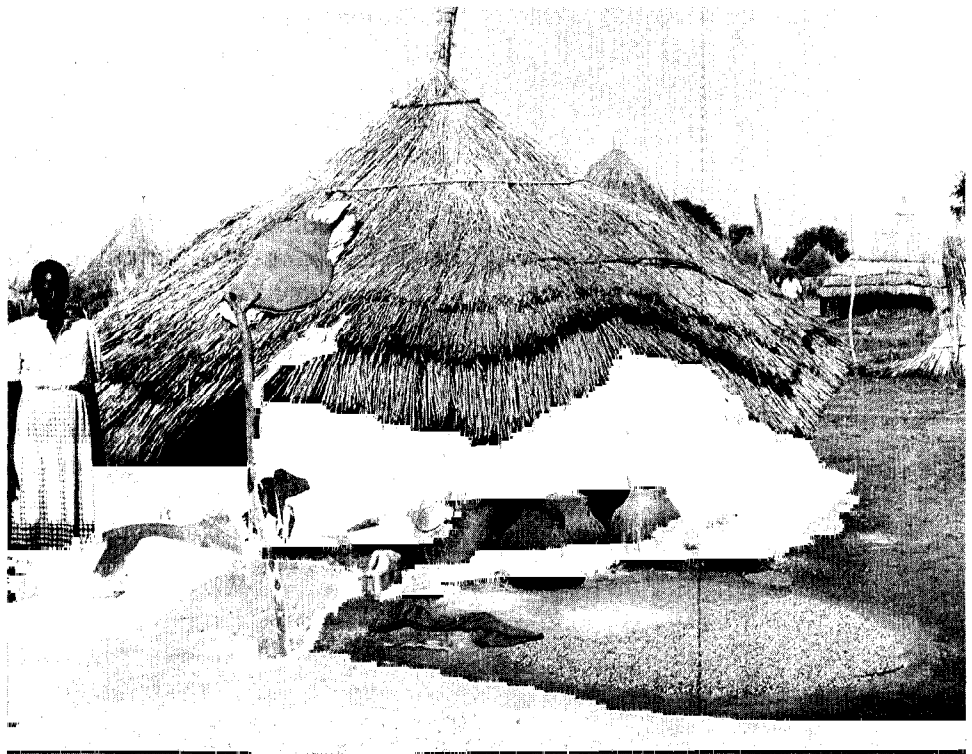
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## Shelter

Refugees in Ethiopia generally lived in dwellings they constructed with materials available locally. In the west, refugees built tukuls, round huts made of grass and thatch (see fig. I.2). In the east, refugees built dome-

shaped huts made of canvas, burlap, wood, and straw; however, local materials were sometimes scarce. UNHCR provided refugees with canvas tents, if available, when they first arrived until they could build their own dwellings.

Figure I.2: Typical Refugee Tukul Found in Western Ethiopia



Itang camp was so large that it was difficult to manage, and some refugees lived in very crowded conditions. During the rainy season the camp became swampy, forcing refugees to relocate to scarce dry spots such as slightly elevated road beds. Ethiopian officials said they hoped to relocate Itang refugees to more carefully planned sites nearby, but had made little progress.

## Health Care and Sanitation

Refugees in Ethiopia suffered primarily from malaria, diarrheal diseases, respiratory infections, and skin diseases, all of which afflicted the local population as well. The government's Administration for Refugee Affairs and various PVOs provided inpatient and outpatient medical care

to refugees. One PVO offered limited mental health programs to the unaccompanied minors in the west. We were told that in some cases the medical care offered to refugees exceeded that provided to Ethiopian nationals and that equipment and supplies available in camps were not generally available throughout the country. However, we were also told of chronic shortages of drugs and medical supplies. One government official told us that as a result of a refugee drug shortage during the first half of 1990, refugees were given drugs from government hospitals. According to PVO officials, these shortages were caused by inadequate coordination among Ethiopian government and UNHCR officials.

Special feeding programs for malnourished children were offered at each site we visited. Malnutrition rates for Somali refugee children had been decreasing, and rates for the general population of Sudanese refugee children were stable; however, malnutrition was cited as among the top five causes of death in all three camps. As a result of the political instability in May 1991, food supplies to the refugee camps were interrupted, and a U.S. official said that malnutrition was probably on the rise and conditions could deteriorate quickly.

Sanitation was the responsibility of the Administration for Refugee Affairs. Latrines were scarce in the western camps, and construction of new pit latrines was months behind schedule and moving slowly. Refugees defecated in designated fields or in non-designated areas near the camps. In the eastern camps, 40 percent of families had pit latrines, and they were more widely used. There were no facilities for bathing or dish washing in the Sudanese camps; refugees used contaminated rivers or standing pools of water for this purpose.

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## Education

In all three camps, refugees had organized primary educational programs for children, including programs for the unaccompanied Sudanese minors. Large numbers of children were in attendance in the western camps; however, only 7 percent of the Somali children attended school in the east. School supplies were nearly nonexistent in all three camps: teachers wrote on broken pieces of blackboard or cardboard, and most students did not have paper, pencils, or books. Vocational education, with few exceptions, was not available. UNHCR representatives told us that although educational opportunities remained a priority, funding for them had to be sacrificed to support more basic necessities, such as food and water.



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## Unassisted Refugees

In the first half of 1990, two vulnerable groups of refugees arrived in Itang and were in dire need of special assistance—the 21,000 refugees who had fled the attack on the Assosa refugee camp and 10,000 recent arrivals from Sudan. The trek to Itang for both groups had been physically demanding and sometimes had taken several months. When the refugees arrived, many were severely malnourished and in need of special feeding and medical care.

A U.S. official described the response by UNHCR and the Administration for Refugee Affairs to the emergency needs of the new refugee populations as inadequate. Shelter materials were not available in a timely manner; high-energy food was not available initially, although officials knew in advance that the refugees were coming and were in poor condition; and emergency feeding programs were disorganized. Alarmed at the lack of effective response, U.S. officials in Ethiopia recommended that the United States directly fund a PVO to provide emergency assistance rather than channeling funding through UNHCR. Ultimately, however, as a result of a decision made by State Department officials in Washington, the United States provided UNHCR with an additional \$500,000 from an emergency account and earmarked the funds for the unassisted refugees. The PVO Medecins Sans Frontieres/Holland received a portion of these funds to operate an emergency program. In November 1990, the PVO had just begun the first steps in a special feeding program in Itang (see fig. I.3) and had moved 863 of the neediest refugees to the smaller Fugnido camp, where they could receive special attention.

Figure I.3: Refugees in Itang Waiting for Special Assistance



## Impact of Refugees on Ethiopia

In some areas of Ethiopia, the number of refugees exceeded the number of local residents. Ethiopian government officials expressed concern over the effects of hosting such large numbers of refugees. The refugees were contributing heavily to the deforestation of the areas surrounding the camps, and trucks carrying food and supplies had degraded the road system. However, in some cases, food transport contractors had invested in road improvements to cut down on damage to their trucking fleets.

## Prospects for Repatriation

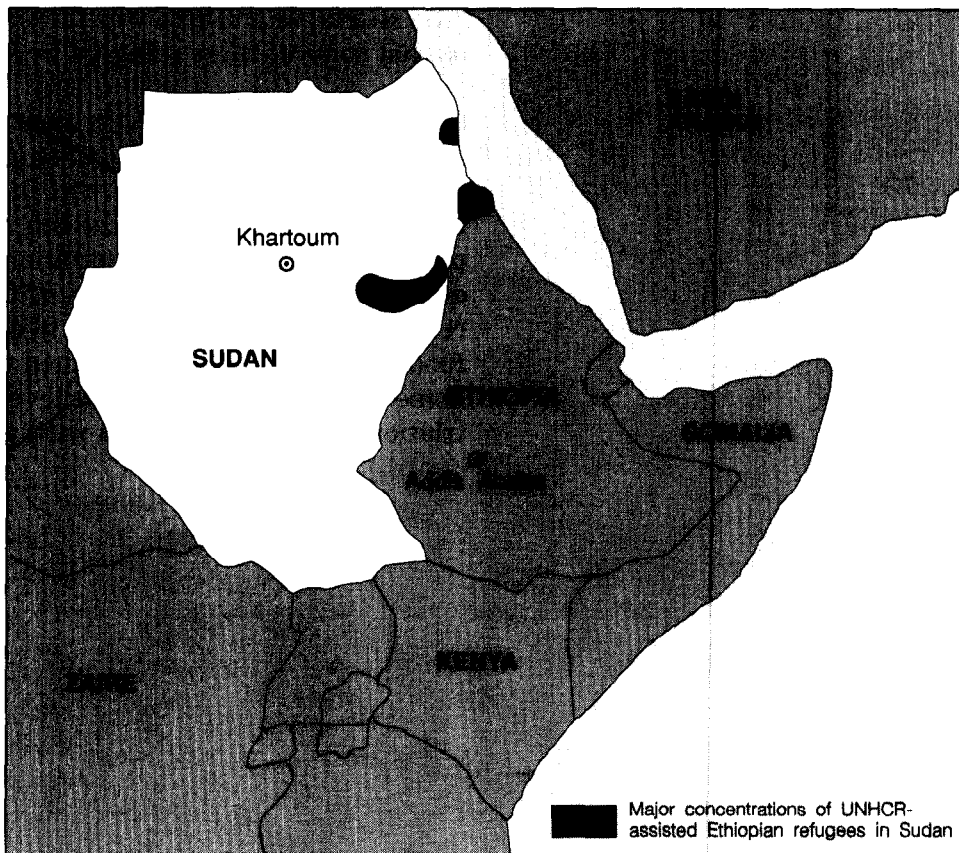
In June 1991, as a result of political instability caused by the increased fighting and change in government, almost all of the Sudanese refugees in western Ethiopia crossed the border back into Sudan, according to U.S. officials. This large number of returnees in a remote area of Sudan posed a special challenge for relief agencies already coping with severe

food shortages and civil war there. In August 1991, a U.S. official told us that some of these refugees were returning to western Ethiopia.

Changes in the Somali government in January 1991 opened the possibility for the future return of Somali refugees; however, there was no assurance of stability, and rebel factions were continuing their fighting in the southern portion of the country. Political and social instability prevented many relief organizations from returning to Somalia. However, in June 1991, an estimated 500 to 1,000 refugees per day were returning to northern Somalia, in part because of interruptions in their food supply in Ethiopia combined with a slowdown of fighting in their home regions. U.S. officials believed the prospects for large-scale repatriation to northern Somalia were good.

# Ethiopian Refugees in Sudan

Figure II.1: Sudan and Ethiopia



Sudan both received and generated refugees. People fled to Sudan from neighboring countries for protection and assistance, yet Sudanese left their own country seeking similar assistance elsewhere. UNHCR officials estimated that as many as 768,000 refugees were in Sudan at the end of 1989.<sup>1</sup> The vast majority, more than 685,000, had fled civil war and famine in Ethiopia since as early as 1967, mostly from the northern provinces of Eritrea and Tigray. Smaller numbers of refugees from Chad, Uganda, and Zaire had fled to Sudan because of drought, famine, or political repression and instability.

Since 1983, Sudan's predominately Islamic north and non-Muslim south have waged a devastating civil war. As a result, it was estimated that as many as 4 million Sudanese had been displaced within their country, and 375,000, mostly from southern Sudan, had fled to neighboring

<sup>1</sup>Sudanese government estimates were higher than UNHCR estimates. In October 1990, Sudanese officials estimated that there were almost 1 million refugees in the country.

Ethiopia. The current government, led by General Omar Bashir and influenced by the fundamentalist National Islamic Front, was plagued by the costs of the civil war, grave economic problems, mounting debt, and famine caused by drought and war.

In 1990, Sudan experienced a severe drought, and as many as 7.7 million Sudanese were at risk of starvation in 1991. The government of Sudan was slow to respond to the crisis and was not fully cooperating with attempts by the international community to provide assistance. The number of additional Sudanese who would leave the country for Ethiopia in search of food was not yet known, but there were food shortages in Ethiopia as well. In June 1991, Sudanese refugees were returning to Sudan because of political instability in Ethiopia.

## Organizations Delivering Assistance

Only slightly more than half of the refugees in Sudan lived in UNHCR-assisted reception centers and settlements; the remaining refugees had settled throughout the country and did not receive direct UNHCR assistance. Reception centers were designed to provide short-term assistance for newly arrived refugees. Refugees were registered there and received basic health care and full food rations, but education was not provided. When refugees were transferred to settlements, they were expected to be more self-sustaining by either working in the local economy or growing their own food. Full food rations were not usually provided. Primary education was offered to refugee children in settlements. Although reception centers were designed to meet short-term refugee needs, Sudan government officials told us that in practice refugees stayed in reception centers for many years.

Sudan managed refugee assistance through its Office of the Commissioner for Refugees. This office was fully funded by UNHCR. In 1989 and 1990, UNHCR imposed substantial funding reductions in Sudan because of both a UNHCR financial crisis and an early 1989 evaluation of Sudan's program. This evaluation found that expenditures could be reduced in almost all sectors without negatively affecting refugees. The Commissioner's staff was reduced by 25 percent.

PVOS had been active in Sudan in areas such as child special feeding, health care, and social services. However, in 1989 and 1990 some PVOS discontinued operations in Sudan, citing a lack of support from the Sudanese government and deteriorating security conditions. Until February 1991, Sudan offered western PVOS and U.N. relief agencies operating in the country an unfavorable exchange rate—less than half that

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of the commercial rate. PVO officials told us that this practice, combined with spiraling inflation, drastically increased their operating costs and limited their ability to provide assistance. PVO officials also reported difficulty in obtaining travel permits from the government, and they were not permitted to remain in the camps or settlements overnight. When PVOs terminated assistance in Sudan, the government sought Islamic PVOs to replace them.

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## Refugee Living Conditions

In October 1990, we visited two large refugee reception centers, Safawa and Wad Sherife, and one settlement, Fau V. The Safawa reception center contained Ethiopian refugees from the province of Tigray, and Wad Sherife and Fau V contained refugees from Eritrea.

Refugees in all three sites received only the bare minimum necessities. They had experienced shortages of food and medicine, and special feeding programs had to be discontinued at some sites.

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## Protection and Security

Security in refugee camps and settlements was the responsibility of Sudan government security forces. We did not receive reports of overall security problems or armed attacks on settlements, although a UNHCR protection officer told us of some reports of refugee harassment and human rights abuses by Sudanese military and security personnel. In each refugee community, a group of elders was selected to mediate domestic quarrels and internal disputes.

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## Food

During 1990, refugees experienced critical interruptions in their food supply. Refugees in reception centers were to receive a supply of sorghum, beans, oil, and sugar in quantities sufficient to meet their total caloric needs. However, sorghum was not available at all for several months during 1990, and there had been intermittent shortages of the other key commodities. Refugees were to receive at least 1,800 calories of food daily, but officials estimated that because of the interruptions and shortages, refugees received closer to 1,000 calories per day. A food intake of less than 1,500 calories per day can, over time, lead to nutrition-related disease or death.

Food shortages were caused by a number of factors. Refugee areas were often difficult to reach—roads are poor and sometimes impassable during the rainy season—and donor countries did not always honor their commodity pledges on a timely basis. A UNHCR official told us that

one donor was 2 years late in honoring its commodity pledge, while another provided only about half the pledged amount because of a sudden price increase. Government requirements for clearing customs also delayed commodity deliveries. The UNHCR official said that thousands of liters of cooking oil were impounded by customs officials in Port Sudan for 6 months.

A 1990 shortage of sorghum was caused by a series of events. The government of Sudan had agreed to provide sorghum for refugees in exchange for wheat provided to Sudan through WFP. However, the government failed to provide this sorghum after the wheat was delivered. U.S. officials told us they believed the government used the sorghum to feed its army or sold it on the world market to obtain hard currency to finance the war effort. U.S. officials said they believed WFP waited too long for Sudan to provide the sorghum and should have realized sooner that it would not be provided. Subsequently, WFP's efforts to purchase sorghum from limited private reserves in Sudan were halted by the government because WFP attempted to bypass procedural requirements. Finally, as a result of the drought conditions in 1990, locally grown sorghum was in short supply in Sudan.

Although refugees living in settlements were expected to be more self-sufficient, officials were concerned in 1990 that these refugees would not be able to grow or purchase their own food because of the drought. When crops failed, many refugees lost their jobs as farm laborers, and food prices increased dramatically. UNHCR and Sudan government officials agreed to provide full food rations to settlements in late 1990. However, in October 1990, refugees had received only half rations because of the food shortages.

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## Water

Drinkable water was generally available to refugees through a variety of sources. In one case, water was pumped from a nearby river by pumps provided by a PVO during the 1984 famine. The pumps, originally intended for short-term emergency use but operating for more than 6 years, required frequent maintenance and repairs. In one settlement, a refugee cooperative managed water distribution by treating water from a nearby canal and selling it for a small fee. The site administrator told us that in some cases, in lieu of paying the fee, refugees had used the untreated canal water, which led to increased health problems.

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## Shelter

Newly arrived refugees were to be provided with UNHCR tents until they could build their own shelters, usually tukuls—round huts constructed of mud and locally available thatch and scrub materials. However, during our visit, UNHCR tents were not available. Newly registered refugees had received tarpaulins, but Sudanese officials said they did not provide adequate shelter, and in some areas local materials for tukuls were not available because of the extended dry season and deforestation. New arrivals were also to receive blankets, soap, and cooking utensils, but these had not been available for several months.

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## Health Care and Sanitation

The availability and quality of health care services for refugees in Sudan suffered from the departure of PVOS and interruptions in medical supplies. The American Rescue Committee provided basic health care in Safawa and Fau V until it withdrew from Sudan in December 1989. Sudan's Ministry of Health, along with the Commissioner for Refugees, assumed responsibility for operating the health program at the affected sites until October 1990, when two Islamic PVOS began operations. At that time, in Safawa, outpatient special feeding programs had been discontinued, the physical condition of the hospital was poor, and medical supplies were scarce. In Fau V, new PVO officials said the special feeding program for 65 malnourished children had been discontinued for several months because of shortages of milk and other high-energy food items used to supplement diets. In contrast, special feeding programs were available in Wad Sherife (see fig. II.2).

Health care officials cited problems with chronic shortages of medicine, such as drugs to treat tuberculosis and diarrhea. In Safawa, they said that they had been short many key drugs for several months prior to the recent arrival of a new supply. These shortages were due to a number of factors, including customs delays and a slow and inefficient procurement process, according to UNHCR and Sudanese officials.

The substantial cuts in the staff of Sudan's Commissioner for Refugees impaired sanitation efforts. Commissioner sanitation workers were responsible for garbage collection, latrine construction, and maintenance of defecation fields. Latrines were scarce or not available at all, and defecation fields had been largely ignored in some camps because of staff shortages, according to a government medical officer. Cuts in this sector had been made because refugees could assume responsibility for much of this work themselves. However, officials reported that in general this had not occurred.



Figure II.2: Children Participating in a Special Feeding Program at Wad Sherife



## Education

Large numbers of refugee children received no education because of the artificial distinction between reception centers and settlements. Education was not offered in reception centers, even though refugee families sometimes remained there for many years. In the Fau V settlement, limited primary education was available. Children attended in two shifts because of limited classroom size and few teachers, and books, pencils, and other materials were not available to most children.

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## Unassisted Refugees

In August 1990, Sudanese officials stopped registering new arrivals at the Wad Sherife reception center. We found large numbers of refugees, possibly as many as several thousand, who had not yet received shelter or food ration cards. They were living in makeshift shelters built with blankets and mats (see fig. II.3).

Sudanese officials told us that they terminated registration because they believed that some of those registering as refugees had not recently arrived from Ethiopia, but instead were either refugees trying to register more than once to receive extra food rations or Sudanese trying to receive assistance intended for refugees. The Commissioner's office proposed moving the refugee registration site closer to the border; however, a UNHCR official opposed this. UNHCR officials believed that registration should be at a safe distance from the border of refugee-generating countries to ensure the protection of refugees. As a result of Sudan's decision to stop registration and the subsequent disagreement with UNHCR, almost no refugees were registered for 3 months. U.S. officials told us that the screening site was moved and refugee registration began again in November 1990.

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## Impact of Refugees on Sudan

Hundreds of thousands of refugees, primarily from Ethiopia, had settled in Sudan outside of the established refugee reception centers and settlements. Sudanese officials said that such large numbers of self-settled refugees placed a strain on the nation's scarce resources, such as food, water, medical services, and schools. The 1990 drought and scarcity of food compounded this problem. Officials described isolated episodes of hostilities between Sudanese nationals and refugees in late 1990 caused by the perception that refugees were taking needed food supplies. U.N. agencies were working with the government to implement broad development programs to benefit the areas most affected by self-settled refugees. However, fund-raising efforts had not been fully successful.

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## Prospects for Repatriation

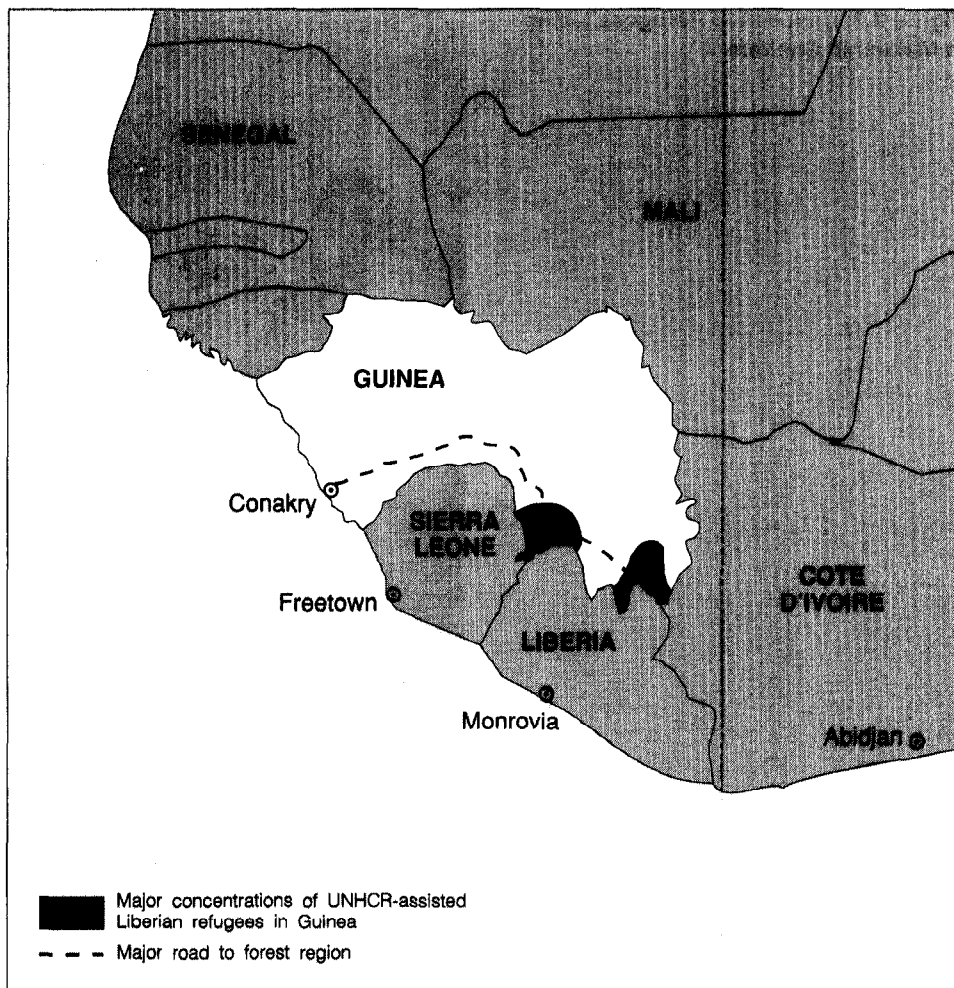
As of July 1991, 2 months after the fall of the Mengistu regime, conditions inside Ethiopia remained unstable. Rivalry between ethnic groups continued, and large numbers of Ethiopians had been internally displaced as a result of the fighting, according to a U.S. official. However, U.S. officials were hopeful that long-term stability was possible in Ethiopia. Ethiopian refugees in Sudan had not yet begun to repatriate in large numbers, but UNHCR was beginning to develop plans to support repatriation, especially among Eritreans.

**Figure II.3: Unassisted Refugees Living  
in Makeshift Shelters**



# Liberian Refugees in Guinea

Figure III.1: Guinea and Liberia



Armed conflict in Liberia between the government and two rebel forces beginning December 24, 1989, created the first wave of Liberian refugees into Guinea and Cote d'Ivoire in January 1990. Refugees also later fled to Sierra Leone. Since that time, hundreds of thousands of people fled their villages and took refuge in the Forest Region of Guinea, which became host to more than 400,000 refugees.<sup>1</sup> Many were of the same ethnic groups as the local Guineans and were warmly accepted by them. They lived in villages or settlements among the local Guineans rather

<sup>1</sup> Although 409,000 refugees were registered in the Forest Region in October 1990, U.N. officials believed the number was overstated. A census in April/May 1991 counted 325,000 Liberian refugees in Guinea. However, one of the Liberian rebel forces also attacked Sierra Leone, and an estimated 100,000 additional refugees fled into Guinea from Sierra Leone.

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than in refugee camps. In addition, many of the refugees were not destitute when they arrived in Guinea, and some were able to drive their cars to Guinea and bring along some of their personal items.

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## Organizations Delivering Assistance

At the time of our visit in October 1990, Guinea was still in the emergency phase of its relief operation. In an emergency phase, sudden and large-scale threats to life call for a systematic response to refugee flows. Transportation, food, shelter, domestic needs, and water are the priorities. Because officials in Guinea had no institutional capacity or experience to react to the large and sudden influx of refugees, the government delegated operational responsibility for refugee assistance to UNHCR.

UNHCR began its relief operation in April 1990 and received assistance from various organizations, PVOS, and to a lesser extent from government departments. A National Committee on Refugees served as the liaison between UNHCR and the Guinean government. Although friction existed among U.N. agencies, and there were disagreements between UNHCR and a PVO during the beginning of the relief effort, assistance was delivered to the refugees as needed. Most of the friction centered around defining and clarifying the roles of the various agencies and PVOS involved, and a U.S. official told us that as of July 1991, the disputes generally had been resolved.

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## Refugee Living Conditions

We visited three refugee settlements in the Forest Region districts of N'Zerekore and Lola and found that the refugees' overall living conditions in Guinea were comparable to those of the local population. Water and shelter were provided to the refugees, but food supplies were erratic. Although the relief effort in Guinea was still in an emergency phase, officials said that the conditions of the refugees were stable and the needs of the refugees were being met.

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## Protection and Security

Refugees in Guinea had been integrated into the Guinean population without significant trouble or disturbance. During our visit, there were no visible signs of tension. Refugees lived among the local population and were free to move about without any restrictions. All but one of the refugees we spoke with said they felt safe. However, in mid-1991 various rebel forces were recruiting volunteers among the refugees, according to a U.S. official.

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## Food

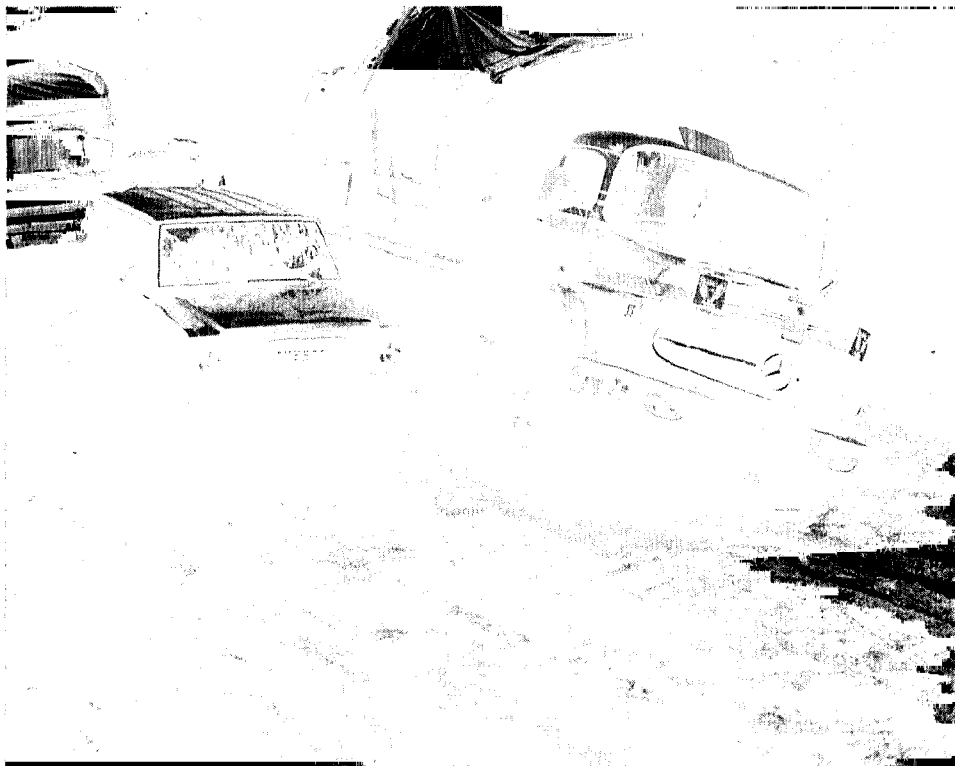
WFP was responsible for providing the basic food commodities (rice, meat/fish, and oil), and UNHCR supplied the non-food and complementary food items (sugar, salt, and tomato paste). Until August 1990, UNHCR's planned food ration for refugees in Guinea was 1,850 calories each day, and when complementary food items were available, the caloric intake was increased to more than 2,000 calories per day. However, refugees did not always receive the complete food ration because commodities were not always available and the food supply was sporadically interrupted. Also, as a result of sudden increases in refugee registrations from August to October 1990, UNHCR changed its distribution schedule and, in effect, cut the food ration by half. UNHCR officials conducted a census of the refugee population in mid-1991 and planned to adjust the food allocation accordingly.

Although the food supply was irregular, some refugees grew their own food to supplement their diet. Guinea is enormously fertile and has an abundance of fruits. However, the amount of food that can be grown could not feed both the Guineans and refugees over a long period of time without significantly adding to Guinea's deforestation problem, according to government officials.

WFP shipped food from donor sources to the ports in Conakry, Guinea, and neighboring San Pedro, Cote d'Ivoire, and transported the food to the main warehouses in Sereidou and N'Zerekore. At the time of our visit, WFP maintained a 2-month buffer stock of rice but not of oil and meat/fish. The PVO Adventist Development and Relief Agency was responsible for transporting food from the main warehouses to the distribution sites.

The approximately 900-kilometer road from Conakry to the Forest Region was the major lifeline for re provisioning food distribution points for large numbers of refugees (see fig. III.1). Although about 500 kilometers of this road were paved, the remainder consisted of torn-up dirt road that was impassable at times in the rainy season. In addition, traffic on this road had increased dramatically because the civil war in Liberia forced Guineans formerly traveling the paved road through Liberia into the Forest Region to use the road from Conakry instead. The additional traffic had further deteriorated the road (see fig. III.2).

**Figure III.2: Truck Filled With Rice Mired in the Mud on the Road to the Forest Region**



The League of Red Cross and Red Crescent Societies, with the assistance of the Guinean Red Cross, was responsible for registering refugees and distributing food and non-food items.

## Water

A UNHCR official said he was satisfied with the quality of water the refugees received, at least in the initially settled areas. Refugee families that we spoke with in the N'Zerekore and Lola districts received their water from wells. They stated that water was adequate and available. However, according to a government official, the refugees placed a strain on the water supply. He said that wells designed for 200 to 500 people were providing service for 3,000 to 5,000 people.

## Shelter

Shelter did not appear to be a problem for the refugees (see fig. III.3). Many Guineans had graciously accepted the refugees and had provided them shelter in their private homes. During our visit some refugees were temporarily housed in tents or public buildings, such as schools, while others constructed their own shelters. Some were renting space from

other refugees or Guineans. For those refugees building their own shelters, UNHCR provided the construction materials.

Figure III.3: Liberian Refugees Outside Their Dwelling in Guinea



### Health Care and Sanitation

Hospitals, health clinics, and health posts—the three types of health facilities available in Guinea—were open to both refugees and Guineans. These facilities existed before the refugees arrived and were staffed with trained Guineans and refugees. Refugees could receive health care at no cost, but Guineans had to pay a fee. The hospitals provided treatment for refugees with serious health problems. A hospital we visited in N'Zerekore had sufficient supplies, staff, and beds for both refugees and



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Guinean patients. This hospital was operating at a 60 to 70 percent occupancy rate.

Through health clinics and health posts, the PVO Medecins Sans Frontieres/Belgium provided outpatient medical care in all districts except two. One health post in N'Zerekore treated about 60 patients per day, and one-third of the patients were refugees. In addition to curative treatment, health posts provided prenatal counseling, vaccinations, and pharmaceutical services. UNHCR was seeking a PVO to provide health services in the two remaining districts. According to a government official, the lack of a UNHCR-funded PVO for refugees in his district was overburdening existing health facilities and exacerbating shortages of drugs for health problems such as measles and diarrhea.

The overall health of the refugees seemed good, but they suffered from health problems common among the local population, such as malaria, respiratory infections, and diarrhea. Malnutrition existed to a small extent; however, it was primarily caused by problems other than food deprivation. For example, a few cases of beriberi, caused by a deficiency of vitamin B<sub>1</sub>, were cited in one of the refugee areas. Refugees from urban areas did not know how to supplement their diet with local vegetation, according to officials, and vitamin supplements were provided to correct the deficiency.

A UNHCR official said that he was not satisfied with the sanitation conditions in Guinea and felt that more hygiene education and facilities should be provided when the emergency phase ended. A large number of diarrhea cases in February 1990 were due to poor sanitation, according to a PVO official. UNHCR was funding a project to protect the existing water sources and providing a technical team to assess the needs for water and sanitation services. The United Nations Children's Fund was drilling wells and building latrines.

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## Education

In October 1990, the UNHCR representative in Guinea said that relief assistance to the refugees was still in the emergency phase and that concerns about education could not be addressed until 1991. In the meantime, the Guinean government was providing some refugee students access to school facilities after Guinean classes were dismissed. Each group attended half-day sessions. Guinean and Liberian children could not study together because Guineans speak French and Liberians

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speak English. In some areas, trained teachers among the refugee population had begun to form classes for students, but educational supplies and textbooks were lacking.

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## Impact of Refugees on Guinea

The Guinean government supported the integration of the refugees into existing villages instead of the creation of separate camps for them. Although Guineans willingly shared their food supplies and shelter with the refugees until the assistance effort could be fully mounted, local Guinean officials expressed concern about the effect the large number of refugees was having on the well-being of Guinean citizens.

Such a rapid influx of refugees into Guinea created a burden on the local Guinean population. Demands on social services were increased, agricultural production was below normal, and the environment was under threat of deforestation. Grain reserved for seed had been used to feed the refugees, thus shortening the stock of seed on hand for future plantings. Some of this grain was replaced through U.S. food aid. Guinean children were attending school half days to accommodate Liberian refugee children the other half of the day. Roads were damaged by the increased volume of traffic. Guineans donated their buffer crops to the refugees. Guinean officials feared that over time, as Guinean food supplies dwindled and refugees received donated food, relations between the two groups could deteriorate.

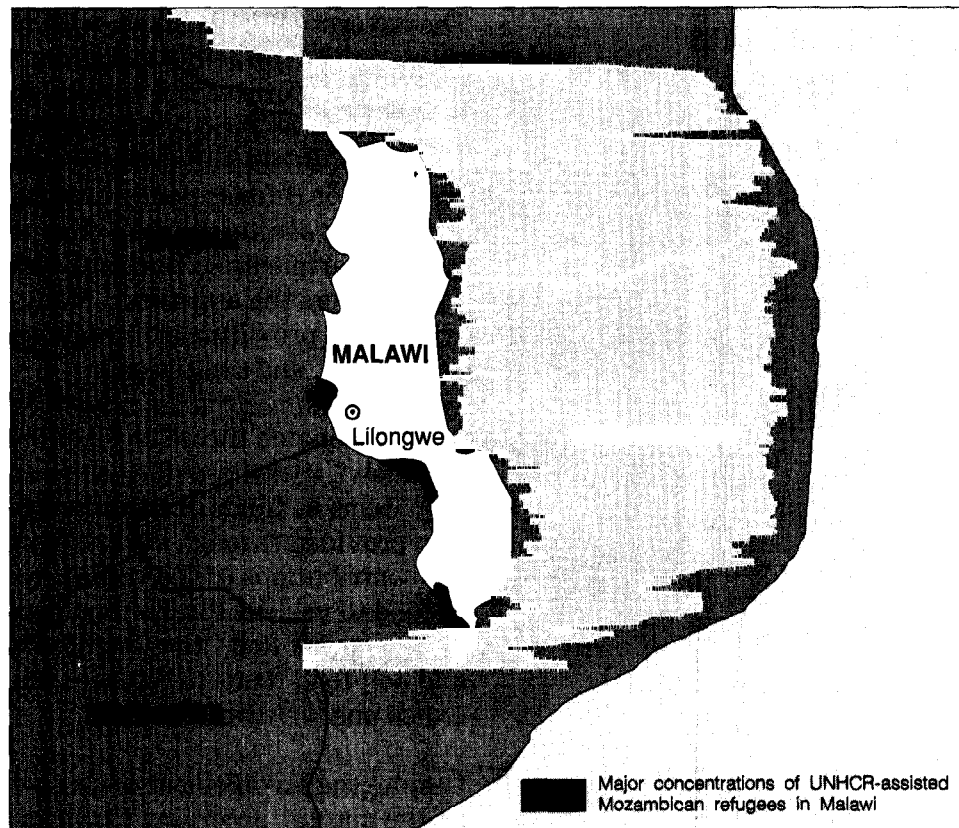
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## Prospects for Repatriation

The major factions in Liberia have met and begun to discuss plans for democratic elections. However, a U.S. official told us in July 1991 that there were still reports of human rights abuses in Liberia and a lack of freedom of movement. A recent UNHCR appeal included funds for eventual repatriation, but the U.S. official said that large-scale repatriation of Liberian refugees was not likely for another year or so.

# Mozambican Refugees in Malawi

Figure IV.1: Malawi and Mozambique



Malawi in November 1990 was host to more than 870,000 Mozambican refugees who had fled their conflict-torn country. Insecurity caused by the civil war between government and rebel forces, coupled with drought, flooding, and other natural disasters, has forced over a third of the Mozambican population to leave their home in search of safety and food. In June 1986, the first large-scale departure of refugees began. By the end of 1988, Malawi had borne the brunt of the refugee flow. These refugees were totally dependent on the assistance provided by UNHCR and the international community.

About half the refugees lived in villages and settlements among the local population, and half lived in camps in the southern portion of Malawi. Relief officials believed the number of refugees registered by the Malawi government could be inflated somewhat, but not by more than 10 percent.

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## Organizations Delivering Assistance

The government of Malawi, with no existing structure to deal with refugees, created the Joint Operations Committee to coordinate the refugee assistance efforts of the various government departments and agencies concerned. The Food Aid Coordination Unit in the Office of the President and Cabinet had primary responsibility within the Malawian government for refugee policy and assistance. Services such as water, health, and sanitation were channeled through already-existing government departments so that both refugees and Malawi nationals benefited equally from the assistance. Many voluntary agencies assisted the government in providing aid to refugees, especially in the areas of water, health care, and sanitation.

WFP coordinated the delivery of basic food items to central warehouses in Malawi. UNHCR provided some complementary food and other non-food items as funds or donations permitted, and non-food items were also provided through various voluntary agencies. UNHCR coordinated the contributions of the voluntary agencies and organized the dispatch of food to various distribution points. The Malawi Red Cross, advised by the League of Red Cross and Red Crescent Societies, distributed the food and non-food items to refugees. Initial coordination problems among UNHCR and WFP were resolved.

Despite the involvement of these various groups, the program operated on the margin, according to UNHCR and U.S. officials. UNHCR did not have enough dependable resources to meet the refugees' needs in Malawi without constantly issuing special appeals. Nonetheless, U.S. Embassy officials said they believed the refugee program in Malawi provided for the needs of the refugees and was superior to many other programs in other countries.

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## Refugee Living Conditions

To assess the living conditions of the refugees in Malawi, in November 1990, we visited 4 refugee settlements/camps in 2 of the 11 refugee-hosting districts—Ntcheu and Nsanje. One of the camps, Nyamithuthu, was the only camp that was continuing to receive refugees in large numbers (20,000 in October 1990).

Refugees in Malawi were generally receiving minimally acceptable levels of care and assistance, although the program operated on the margin. The provision of food and non-food items such as soap, clothing, and blankets was lacking.

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## Protection and Security

The UNHCR protection officer said protection of the refugees in Malawi was excellent. The refugees had been accepted by the local population, and all the refugees we spoke with said they felt safe. In the past, there were armed attacks from Mozambique on refugee settlements in Malawi, but these stopped after border security was improved.

There were no restrictions on the movement of refugees within or out of the country. We observed many refugees who risked their lives by crossing over the border into unstable areas of Mozambique to gather firewood.

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## Food

Refugees in Malawi received corn, beans, and oil in their food rations. When complete, the planned ration provided about 1,900 calories per day. However, serious food shortages in Malawi, inadequate buffer stocks, long and dangerous supply lines, and poor road conditions caused food distributions to be irregular and insufficient at times. During 1990, some refugees did not receive the planned caloric intake because they either did not receive all the items in the food basket or received less than the complete ration. In some cases, the food basket did not provide the refugees with a source of niacin, which resulted in an outbreak of pellagra in some areas. The deficiency was later corrected, in part, through an emergency purchase of peanuts.

A UNHCR official told us that a 3-month buffer stock was needed for 1991 to ensure the continuation of food assistance should a break in the supply chain occur, but buffer stocks were difficult to establish in Malawi. U.S. officials said donors did not support establishing buffer stocks in Malawi in 1989 or 1990 because of a worldwide shortage of emergency food supplies. During 1990, corn sometimes dwindled to only a 1-week supply. When regional shortages of corn stocks occur in Malawi, it is necessary to import corn from Zimbabwe or Zambia. This process is time-consuming because UNHCR must negotiate a contract for food and transport each time a purchase is made. A WFP official estimated the time between negotiation and the arrival of food at refugee distribution points to be 4 weeks. In addition, the potential interruptions in the food supply was compounded by insecurity along the Tete corridor. This corridor, which passes through Mozambique, is the main transport link between Zimbabwe and Malawi. Since our visit, armed rebel forces have closed the Tete corridor, forcing use of routes from Zimbabwe through Zambia, thereby increasing the cost and time required to transport food.

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Water

Water available to refugees averaged about 12 liters daily per person in the dry season. The sources of the water were bore holes and shallow wells. Water distribution was not rationed, but refugees sometimes had to wait in line to obtain their water. Waiting time at the wells ranged from 15 minutes to 3 hours during the dry season.

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Shelter

Refugees were housed in temporary shelters when they first arrived in Malawi. After approximately a 2- to 4-week wait, each refugee family received a plot of land and materials to build a hut similar to the dwellings of the local population.

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Health Care and Sanitation

The health of the refugees was similar to that of the Malawians. PVOs provided health care in all the large refugee-hosting areas. In smaller districts where PVOs did not assist the refugees, the government provided health care services.

The medical facilities in the refugee areas were better than Malawi's typical rural area facilities, according to a U.S. official. Malawians living in refugee areas benefited from the health services offered to the refugees, and their access to local clinic care had increased. Refugees comprised 50 to 60 percent of the patients at the Nsanje district hospital, which was almost always overflowing and needed to be expanded. In addition, more ward nurses and clinical professionals, such as medical assistants, were needed in the health care area.

Malnutrition affected both the Malawians and the refugees alike. Supplemental feeding programs for the mildly malnourished had not been established in all districts in Malawi because mild malnutrition was so common that it would have been too costly to address. Approximately 15 to 30 percent of Malawians were mildly malnourished, as were 20 to 40 percent of the refugees. Therapeutic feeding programs for the severely malnourished existed in all refugee-hosting areas, but fewer than 1 percent of the refugees were enrolled in these programs. Malnutrition in Malawi is largely seasonal, from November through April of each year, because it is often linked with medical problems more common in the rainy season, such as diarrhea or measles.

UNHCR provided families with materials to build latrines, but additional education in the benefits of latrine use and personal hygiene was needed, according to a Medecins Sans Frontieres/France official. A cholera outbreak among newly arrived refugees in the camp of

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Nyamithuthu was attributed to poor hygiene. The mortality rate there exceeded the overall rate for refugees in Malawi. At the time of our visit, Medecins Sans Frontieres/France was addressing the continuing outbreak. Temporary trenches were dug for each 10 families in that settlement of new arrivals until a sufficient number of latrines could be built.

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## Education

Education was offered to refugee children. As of November 1990, some 73,000 refugee children were attending school—roughly 35 percent of the school-age refugee population. This attendance rate was considered equivalent to or higher than that in Mozambique and only slightly lower than Malawians' attendance rates.

However, the number of school classrooms, teachers, and teaching supplies was insufficient to meet the refugees' needs. The UNHCR education program included only \$3 per student for teaching materials. The teachers were refugees themselves, and the refugee student/teacher ratio was high—about 120 pupils per teacher. In addition, the drop-out rate for refugees was around 29 percent. Lack of clothing for school-age children caused many students to stay home from school. Overcrowding in the classrooms and low teacher quality also were cited as reasons students dropped out of school.

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## Unassisted Refugees

Approximately 52,000 of the 870,000 refugees in Malawi did not receive assistance from UNHCR. UNHCR officials said these refugees had not registered for assistance and were integrated into the local work force.

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## Impact of Refugees on Malawi

The government of Malawi was exemplary in its reception and treatment of refugees, even though they placed a heavy economic, social, and ecological burden on the country. Malawi is an extremely poor and densely populated country of 8 million people, and the refugee influx equaled approximately 10 percent of the total Malawian population. Deforestation was a serious problem in Malawi. The refugees occupied scarce land that was once used for farming, and they depleted the supply of fuelwood. UNHCR field representatives and refugees alike said that refugees had to walk 10 to 15 kilometers to find firewood for cooking. The lack of land in Malawi was seen as a very pressing problem and was likely to reduce the number of refugees that Malawi could continue to receive. A shortage of land made it impossible for existing refugees to engage in farming, become self-sufficient, or resettle

permanently in Malawi. In addition, many refugees settled on previously productive agricultural land belonging to the Malawians, which decreased the local population's self-sufficiency. However, Malawians also benefited from the health care and the infrastructure improvements initiated for the refugees by the international community.

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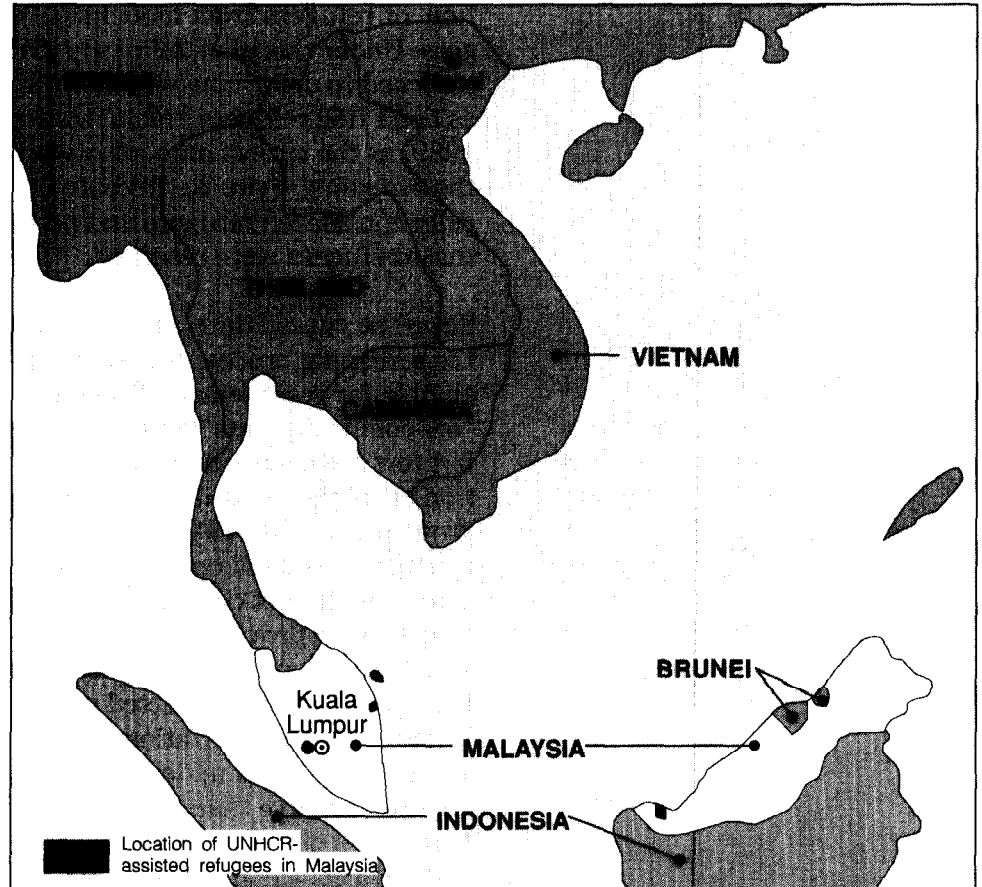
## Prospects for Repatriation

Repatriation of these refugees appeared unlikely because of continued fighting in Mozambique. The United States has been facilitating peace talks between the government and rebel forces in Mozambique, but as recently as July 1991, Mozambicans were still leaving their country for Malawi. UNHCR and U.S. Embassy representatives believed that repatriation was the only durable solution and that it would be possible at some point. The government of Malawi was encouraging voluntary repatriation, and UNHCR had set up a small repatriation operation for those few refugees who voluntarily chose to return home. The government of Malawi believed that more refugees would return to Mozambique if the relief effort there were increased. The government of Mozambique has continually appealed for the return of its citizens while acknowledging that it was not able to provide either adequate protection or assistance for those still in the country, let alone for the returnees.



# Vietnamese Refugees in Malaysia

Figure V.1: Malaysia and Vietnam



After the fall of Saigon in 1975, the first wave of refugees, known as Vietnamese boat people, began to seek asylum in Malaysia and other countries in Southeast Asia.<sup>1</sup> While the influx of these refugees peaked in the early years, a steady flow of arrivals continued throughout most of the 1980s. Since 1975, more than 250,000 refugees have landed in Malaysia and have been subsequently resettled.

The Malaysian government, after a long period of accepting Vietnamese refugees, changed its policy in 1989 as a result of the United Nations International Conference on Indo-Chinese Refugees. At this June 1989 conference, Malaysia and several other countries, including the United States, met with UNHCR and adopted a plan to address the continuing

<sup>1</sup>Vietnamese boat people are not technically considered refugees until they are found eligible through an official screening process, but we use the term "refugee" here to refer to all Vietnamese boat people in Malaysia.

flow of refugees from Indochina, focusing primarily on Vietnamese refugees. Under this plan, all newly arriving refugees must be individually screened to determine whether they meet a set of criteria defining them as bona fide refugees.<sup>2</sup> Malaysia retroactively designated March 14, 1989, as the cut-off date after which all new arrivals would be subject to the screening. Prior to this date, all arrivals in Malaysia were automatically considered refugees and processed for resettlement, and most of these refugees were resettled.

Since the cut-off date, only about 30 percent of the refugees subjected to the screening process have been designated as bona fide refugees and eligible for resettlement. The remaining 70 percent have been considered "economic migrants" and encouraged to return voluntarily to Vietnam, but few have agreed to go. As a result, Malaysia feared that its population of migrants with no options for resettlement would continue to grow, and in July 1990, began to turn away all Vietnamese boat people attempting to land on its shores. Malaysian government officials told us that they did not consider these actions "push offs," but rather that they were reprovisioning the boats and simply helping the refugees along their way. Between May 1989 and August 1990, 9,674 Vietnamese boat people were redirected away from Malaysia. We were told by an International Organization for Migration official that most of these Vietnamese ended up in Indonesia, where the living conditions for refugees were worse than in Malaysia. The U.S. government opposes Malaysia's policy of redirecting the boat people and prefers that Malaysia continue to accept them until other solutions are found.

In September 1990, Malaysia had three refugee camps: Marang Transit Camp, Sungei Besi, and Pulau Bidong. Refugees were not permitted to settle in Malaysia and were not free to move about the country. The Marang Transit Camp temporarily housed the Vietnamese while they were being screened. Those persons who were approved for resettlement, either because they had arrived before the cut-off date or had been determined to be eligible through the screening process, were housed in Sungei Besi. Pulau Bidong, on an island off the east coast of Malaysia, held the largest refugee population and housed only Vietnamese who had arrived after the cut-off date, including those awaiting screening and those determined ineligible for resettlement. In September 1990, 12,678 Vietnamese lived on Pulau Bidong. However, since our visit there, the Malaysian cabinet decided to close Pulau

<sup>2</sup>This set of criteria parallels the United Nations' definition of a refugee.

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Bidong camp and relocate the refugees housed there to the Sungei Besi camp.

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## Organizations Delivering Assistance

The government's Task Force on Vietnamese Illegal Immigrants controlled the perimeter and internal security of the refugee camps, while the Malaysian Red Crescent Society provided all other care and maintenance services. Increased UNHCR oversight had resulted in friction between UNHCR and the Malaysian Red Crescent Society. The Society perceived its relationship with UNHCR as that of an equal partner rather than a subordinate contractor and resented the added scrutiny. However, according to UNHCR, the increased oversight had caused the Red Crescent Society to become more responsive.

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## Refugee Living Conditions

We conducted field work in Malaysia in September 1990. We focused our efforts at the Pulau Bidong Camp, where 78 percent of the refugee population lived, and the conditions described in this appendix refer to Pulau Bidong unless otherwise specified. We also visited Sungei Besi to determine whether conditions there were markedly different from those on Pulau Bidong.

Overall, refugees received ample food supplies, had reliable health care services, and were offered varied educational and training opportunities. However, many suffered from severe overcrowding and unsafe living quarters on Pulau Bidong.

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## Protection and Security

Security for the camps was the responsibility of the government. A government official said there were no security problems in the camps, and many of the refugees with whom we spoke said they felt safe. However, some refugees told us that the security guards used excessive force when dealing with criminal suspects. A UNHCR official said that there had been some problems with use of excessive force and that tensions between UNHCR and a new camp administrator had increased. The administrator had denied UNHCR personnel access to the camp detention center, which held 20 refugees at the time of our visit in mid-September 1990.

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## Food

Refugees in Malaysia received a varied food basket, which a UNHCR-contracted nutritionist had judged nutritionally adequate. The food basket consisted primarily of rice, noodles, chicken, fish, vegetables, and

fruit. Depending on shelf life, food was distributed semi-weekly, weekly, or monthly. Refugees came to the food distribution point at designated times to receive their rations.

The refugees used a combination of methods to supplement their food rations. Several refugees with whom we spoke said they purchased additional food from vendors in the camp, sometimes with money they received from friends and relatives in other countries. We also observed substantial gardening in the camp, and each residence we visited had supplies of food on hand. Most refugees ate in groups where the resources of the entire group were shared equally among its members. In Sungei Besi, however, food for the refugees was prepared at a central location and distributed for each meal.

At the time of our visit, the Pulau Bidong camp had a 30-day buffer supply of nonperishable food. According to a UNHCR officer, the buffer stock was routinely doubled during the monsoon season, when scheduled deliveries could be interrupted by bad weather.

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## Water

Refugees received 10 liters of drinking water each day. Some refugees said they received enough water, while others said they did not. Drinking water was delivered from the mainland by water tanker. The island had 250,000 gallons of storage capacity, which amounted to a 5-day supply. A standby tanker was available in case the primary tanker broke down. According to the camp administrator, refugees also received washing and bathing water from 300 wells in the camp, which had become polluted because of overcrowding and past shortages of latrines.

Refugees could possibly receive more drinking water if the water supply were better managed. The refugees' water consumption accounted for only about 52 percent of the camp's total fresh water consumption; the camp staff, shops, and administrative facilities used the remainder. A UNHCR official said there was no control over water use by the camp shops, which were operated by Malaysians.

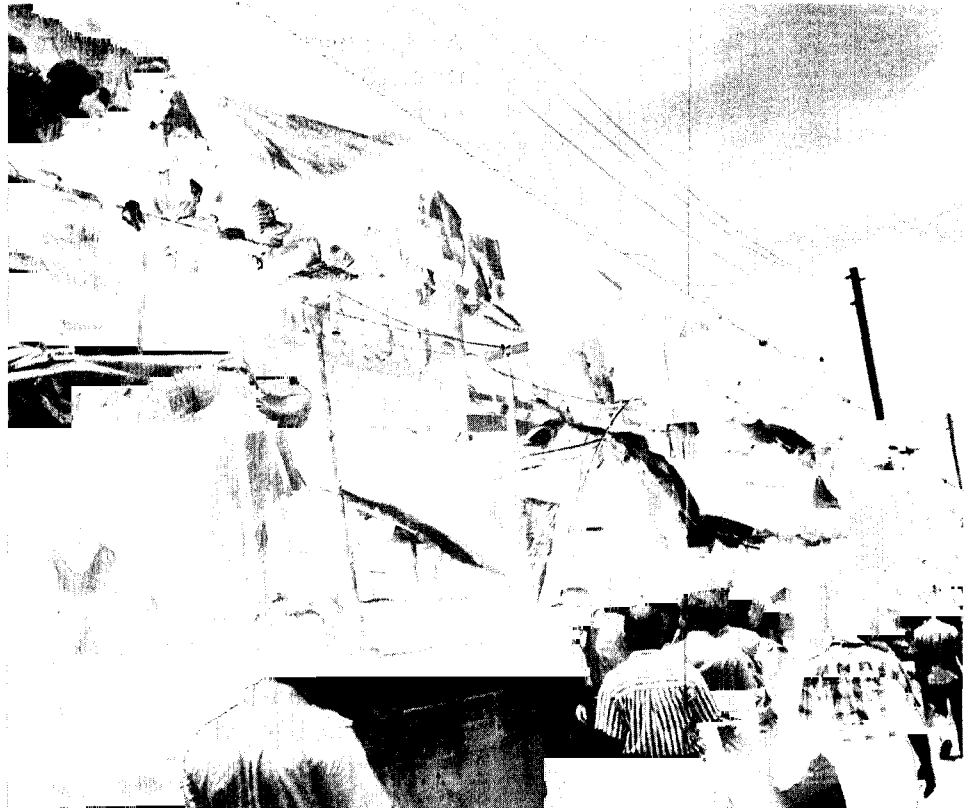
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## Shelter

Structurally unsound housing and overcrowded living conditions were a serious threat to the safety of the refugees at Pulau Bidong in September 1990. Refugees lived in 61 long houses, at least 10 of which had been declared unsafe by the Malaysian Red Crescent Society. Many more refugees were living in the long houses than had been originally

intended. An average of 17 people occupied each unit, which was more than twice the designed capacity of 6 to 8 occupants per unit and resulted in an overall living space of less than 2 square meters per person (see fig. V.2). In addition, many people had dug beneath the long houses to create more living space. This digging, combined with water erosion, had weakened foundations and increased the danger that the buildings would collapse. Attempts by UNHCR to repair the structures had been hampered by the government's desire to close the camp.

Figure V.2: Overcrowded Longhouses in Pulau Bidong



As a result of the government's desire to move the Pulau Bidong camp, plans were developed to move the refugees to Sungei Besi. As of April 30, 1991, the refugee population in Sungei Besi had risen from slightly more than 3,000 refugees to 7,174 refugees because of transfers from Pulau Bidong. A U.S. official reported that conditions were crowded but the camp was orderly, and observed that the libraries, vocational programs, and other facilities at Sungei Besi went well beyond a mandate to provide for the basic human needs of

asylum-seekers. However, the Malaysian government refused to expand the geographical boundaries of Sungei Besi and instead planned to construct additional longhouses on the existing location to house the remaining residents of Pulau Bidong. The U.S. official reported that conditions were likely to deteriorate when an additional 6,000 persons were transferred from Pulau Bidong.

## Health Care and Sanitation

The overall medical needs of the refugees were being met. Medical officials at Pulau Bidong said the general health of the population was good. A supplemental feeding program was in operation for all children ages 1 through 5, and malnourishment was not a problem. The sick bay facility had a 60-bed capacity, as well as an outpatient department, laboratory, immunization center, crude operating room, and kitchen. The staff handled a variety of simple illnesses, with upper respiratory ailments being the most common, and could perform moderately complex surgical procedures. Patients with severe medical problems had to be transferred to mainland hospitals by boat, which was available on 30 minutes notice. The trip to the mainland hospitals took about 2 hours.

Most illnesses in the camp were attributed to the overcrowded living conditions. Rats infested the camp, but officials said that, other than a few rat bites, there had been no major outbreaks of related diseases. Sick bay officials said that as the screening process continued and additional refugees were ruled ineligible for resettlement, stress-related illnesses were becoming more common.

Despite overcrowded conditions, the camp appeared to be generally clean, although we did note some problems with garbage disposal practices, and the island's landfill was nearing capacity. Garbage was supposed to be bagged and placed on concrete slabs for collection, but the refugees sometimes cleared their plates into the drainage ditches or directly into the garbage collection areas, rather than using plastic bags. Garbage was collected at Pulau Bidong using a small tractor and carried to the camp landfill. The incinerator at the landfill was not used because it could not burn all the camp's daily trash output. Instead, trash was burned in the open air.

At the time of our visit, recent construction of additional latrines had greatly improved sanitation at the camp. The ratio of refugees to latrines had decreased from 100 to 1 to 38 to 1. Although many factors influence decisions on the optimal number of latrines to provide,

including water supply and available space, UNHCR's emergency handbook recommends 1 latrine for every 20 people as a general rule.

## Education

The refugees in Malaysia were offered primary and junior high school educations and a variety of vocational training programs, including nursing, electronics, and auto mechanics (see fig. V.3). Vocational classes were taught by members of the refugee population who possessed those skills before their arrival in Malaysia.

Figure V.3: Vietnamese Listening to Language Tapes in Sungei Besi



## Impact of Refugees on Malaysia

Malaysia provided asylum for large numbers of refugees throughout the 1980s. However, Malaysia was not accepting refugees into its general population, and the impact on the country's resources, therefore, was minimal—all the refugees were maintained in UNHCR-supported refugee camps and processed for resettlement in third countries. Also, after July 1990, Malaysia rarely allowed Vietnamese asylum-seekers to remain on its shores.

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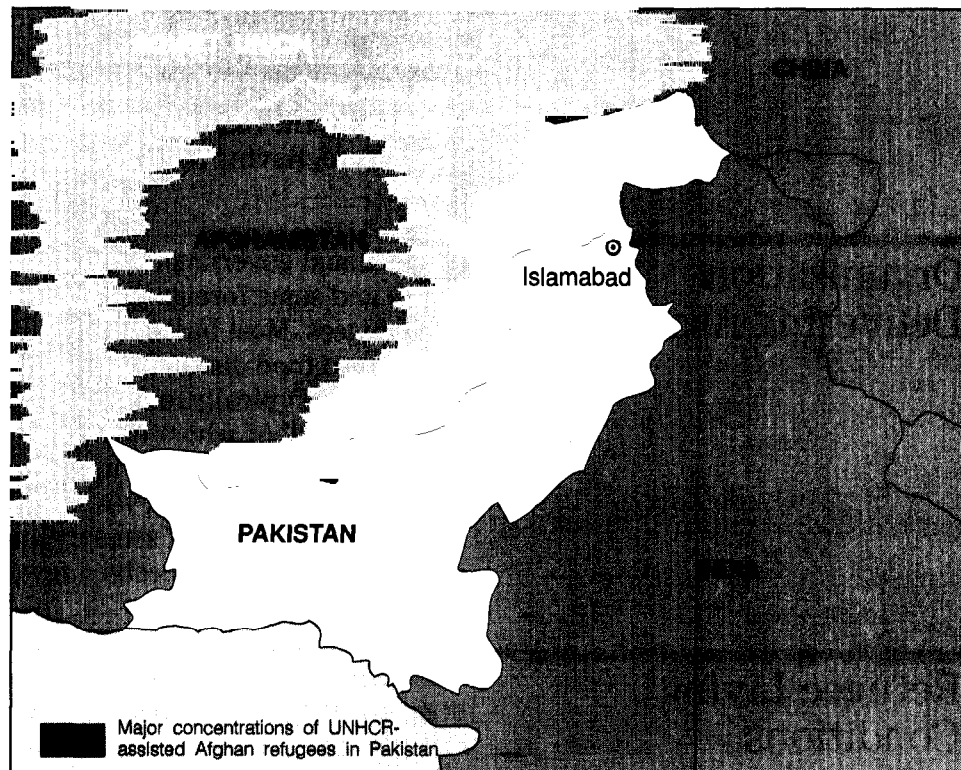
## Prospects for Repatriation

The majority of asylum-seekers arriving in Malaysia after the March 1989 cut-off date were found to be economic migrants and therefore ineligible for resettlement in third countries. Very few of these migrants had agreed to return to Vietnam voluntarily; as of May 1991, only 350 had returned. The U.S. government has been opposed to involuntary repatriation. However, in June 1991, the United States agreed to preliminary discussions on creating a safe zone for returnees in Vietnam, which would be under the auspices of international agencies.



# Afghan Refugees in Pakistan

Figure VI.1: Afghanistan and Pakistan



Approximately 3.5 million Afghan refugees were living in Pakistan in 1990. Afghans fled to Pakistan beginning in 1979 to avoid the fighting between the Afghan resistance and the Soviets, who had intervened to support continuation of the Communist government. Although the Soviets withdrew from Afghanistan in 1989, the Communist regime in Kabul remained in control, and fighting with the Afghan rebels continued.

When the Soviets withdrew, large numbers of Afghans were expected to voluntarily return home. Instead, ongoing fighting led an additional 67,000 Afghans to flee to Pakistan during early 1989, and repatriation rates remained low. Despite this increase in refugees, the level of international support and UNHCR funding for them had declined in recent years. We were told that the world donor community was beginning to shift priorities and funding away from the care and maintenance of refugees in Pakistan and toward reconstruction work in Afghanistan.

There are many ethnic, religious, and cultural similarities between Afghanistan and Pakistan, and refugees were generally accepted by the

local population. They were free to enter and leave their camps as they pleased, and many held jobs or owned businesses in the local community. In October 1990, refugees lived in approximately 350 camps scattered along the Afghanistan-Pakistan border. Many camps were well established, having been in existence for more than 11 years.

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## Organizations Delivering Assistance

The national government and a patchwork system of PVOs, supported by UNHCR and some foreign governments, provided care and maintenance to the refugees. Most basic services, such as administration, primary education, and food distribution, were provided by Pakistan government employees. Typically, each camp had an administrator with several employees, all of whom were paid directly by the government. PVOs provided vocational training, income-generating projects, and health care in many camps. However, PVOs tended to operate in locations near population centers because of security and logistics concerns. As a result, some sites in remote areas received fewer services.

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## Refugee Living Conditions

In September and October 1990, we visited three refugee camps in Pakistan, one in the southwest and two in the northwest. We interviewed refugees in each of the settlements, although Islamic cultural restrictions limited our access to women.

Registered refugees in these settlements received limited food supplies but were able to supplement their rations by working or raising their own food. In addition, the quality of health care varied depending on whether PVO assistance was available.

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## Protection and Security

Refugee security was not a problem, according to our conversations with both refugees and camp officials. However, some PVOs assisting female refugees in Pakistan had been the targets of attacks by male refugees who viewed aspects of this assistance as an insult to their traditional values. Over the past 2 years, a number of Afghan and other aid workers were abducted, killed, or intimidated, leading to a continued exodus of qualified personnel and the closing of projects designed to assist refugees.

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## Food

Refugees received wheat, cooking oil, and kerosene from WFP and the government of Pakistan. U.S. and Pakistan officials said that a wider variety of rations had been provided in the past but that these were

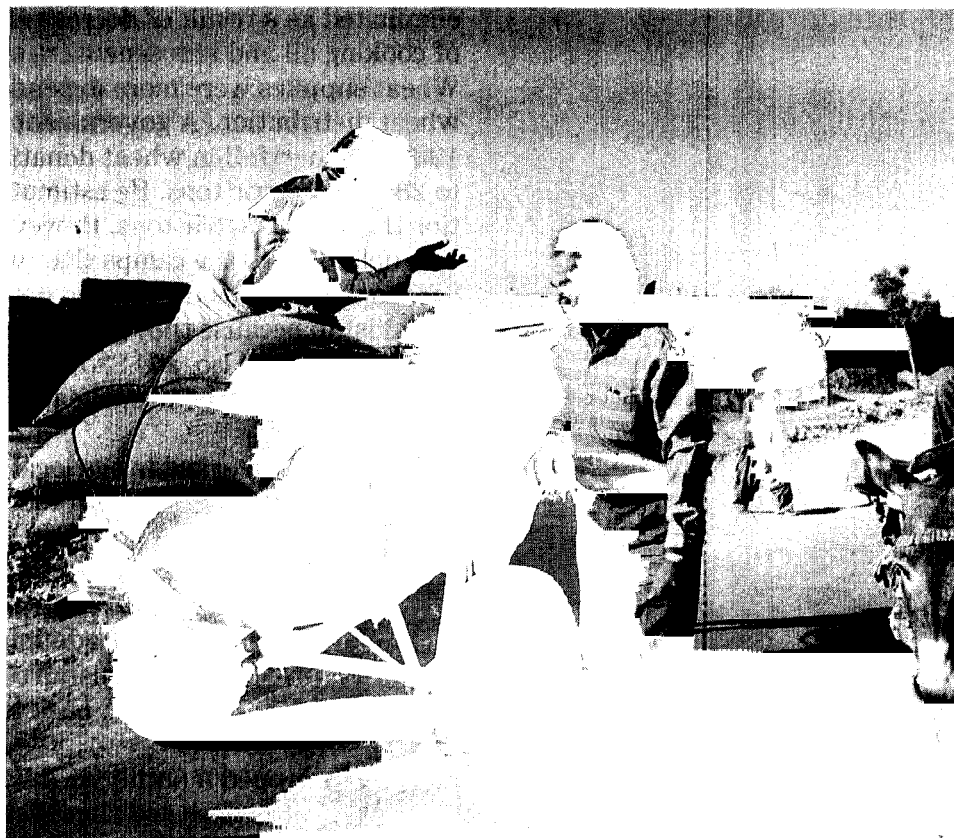
eliminated as a result of decreased support from world donors. Supplies of cooking oil and kerosene were sporadic, according to UNHCR officials. Wheat supplies were more dependable because Pakistan supplemented wheat distribution. A government official told us that between 1980 and 1987 the shortfall in wheat donations made up by his country amounted to 280,000 metric tons. He estimated the shortfall in 1990 to be an additional 226,000 metric tons. However, a WFP official said that more wheat was delivered to the camps than was necessary because of inaccurate census data. It was difficult to determine the exact number of refugees in Pakistan because they lived in open camps and moved about the country freely. Also, a U.S. official said that WFP subsequently replenished much of Pakistan's wheat contributions to the refugees.

Some refugees worked in the local community and were able to earn money to purchase additional food to supplement their food rations and other necessities. Each camp had a thriving bazaar containing fresh produce, meat, and bakery products, among other things. During our visits to refugee homes, we observed apricot trees, sheep, cows, and hens on the premises. Also, a camp administrator told us that some refugees seasonally returned to Afghanistan to farm their land and either sold the produce there or brought it back to sell in Pakistan.

Food was shipped monthly on government trucks from the warehouses to the refugee camps and then distributed to refugees under the supervision of the camp administrator. During our visit to southwest Pakistan, we observed donkey carts carrying wheat away from, rather than into, a refugee camp (see fig. VI.2). We were told by various officials that this wheat was probably being sold in a neighboring village. We were unable to determine the destination of the wheat, but UNHCR and Pakistan government officials offered various possible explanations.

- The camp leaders and staff were corrupt and had obtained extra wheat to sell.
- Refugees sold some of their wheat to purchase other types of food.
- Some refugees had moved to other villages and had arranged to have their allocations of wheat delivered to them.

**Figure VI.2: UNHCR Field Officer Questioning Driver of Cart Carrying Wheat Away From Refugee Camp**



## Water

Wells provided most of the drinking water and were readily accessible. Refugees also obtained water from a tanker truck in one case and from a spring-fed canal that ran through the camp in another. Water was not cited as a serious problem in any of the camps we visited. However, a Salvation Army official in one camp said amoebic dysentery was common because of impure water. A PVO had provided a water purification program in one case, but this service was discontinued because of a lack of funds, according to the government doctor in the camp.

## Shelter

Refugees received tents from UNHCR when they first arrived in Pakistan and later built their own homes constructed of mud, with a mud perimeter wall. However, a U.S. official told us that refugees in some outlying camps still lived in tents.

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## Health Care and Sanitation

UNHCR, the government of Pakistan, and numerous PVOS worked together to provide health care to the refugees. The government encouraged PVOS to establish medical services in refugee camps, under its supervision. However, PVOS tended to concentrate their programs in urban areas, and the government provided medical care in the camps not served by PVOS.

In the more densely populated areas, refugees received health services through basic health units, which provided curative and preventive medicine, maternal and child health care, sanitation, and health education. Sub-health units, with fewer staff, served areas with smaller numbers of refugees. Deaths among children were most commonly caused by diarrhea and among adults by tuberculosis, diarrhea, dysentery, and chest infections. Acute malnutrition did not appear to be a problem among children, according to four surveys conducted between 1984 and 1990. However, we found some incidence of mild malnutrition, particularly in the southwest.

Refugees in camps with basic health units run by PVOS appeared to receive better care than refugees in camps where the government ran the health unit. A government official acknowledged that PVOS received more funding and could offer a wider variety of services than government programs. A doctor at a government-run health unit said the supply of drugs and other necessities, such as bandages and soap, was inadequate; doctors at PVO-operated health units said supplies were adequate.

The Islamic cultural tradition of purdah, or the seclusion of women from public observation, posed a particular problem for female refugees in need of medical services and created tension between health care providers and the male refugee population. A UNHCR official told us that males might visit health units and describe a female's ailment in order to receive assistance without the female seeing the physician. Purdah was also cited in a 1989 study by a team of health professionals as one of the obstacles to improved immunization coverage among children.

Most refugee homes had pit latrines. There were no central facilities for bathing or dish washing, which is done in the homes or at local canals.

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## Education

Primary education was offered, but mostly males attended. In one school system, more than 33,000 males and only 535 females attended school in 1989 (see fig. VI.3). In one of the camps we visited, there were

no schools for females, and there were only two schools for females in the entire district.

Figure VI.3: Afghan Refugee Boys in Classroom



Vocational training in the form of income-generating projects was available in each of the areas we visited. These projects were operated by PVOs and included women's handicrafts and rug weaving, a tannery, a carpentry shop, and leather goods production. They were intended to help the refugees earn additional income and learn a trade that would benefit them upon repatriation.

## Unassisted Refugees

Although new refugees continued to enter Pakistan after the Soviets left Afghanistan in 1989, the government of Pakistan stopped registering them. We were told that Pakistan was reluctant to take on responsibility

for large numbers of new refugees at a time when donors expected refugees to begin to return home and financial support was decreasing. The Pakistan Commissioner for Afghan Refugees estimated that unregistered refugees numbered as many as 500,000. According to a UNHCR official, unregistered refugees received no assistance from the government or UNHCR, and PVO programs were sporadic. The unregistered refugees were living outside the camps, and those we observed appeared to be living in worse conditions than registered refugees.

## Impact of Refugees on Pakistan

Pakistan government officials said that the long-term presence of such large numbers of refugees had an adverse economic and environmental effect on the country. Afghans, who were said to be willing to work for lower wages than Pakistanis, were accused of depriving Pakistanis of certain jobs. Pakistan officials also claimed that Afghan refugees contributed to deforestation, water table depletion, and overgrazing.

Pakistan government officials claimed that, as the level of international financial support has declined over recent years, they had to provide increasing contributions to make up for shortfalls. The Pakistan Chief Secretary for States and Frontier Regions estimated that Pakistan's total cost for refugee assistance as of October 1990 was over \$418 million. The overall demands on Pakistan's resources helped to erode benevolent attitudes and contributed to the government's decision to stop registering new arrivals.

## Prospects for Repatriation

Despite the withdrawal of Soviet forces from Afghanistan in 1989, large numbers of Afghans had not yet repatriated. One UNHCR program with a goal of returning 250,000 refugees between the spring and fall of 1990 offered refugees 300 kilograms of wheat and the equivalent of \$150 to assist in their return. As of October 1990, an estimated 54,000 refugees had participated, but there was no assurance that those refugees had in fact returned home. According to a March 1991 estimate, 85,000 to 90,000 refugees had participated in the UNHCR program.

U.S. officials said that refugees' decisions to repatriate could be influenced by various factors, including

- the restoration of Afghanistan's infrastructure, such as the agricultural base, roads, and irrigation systems;

- the extent that refugee leaders pressured refugees to remain in Pakistan for fear that a return to Afghanistan would be taken as a sign of support for the Kabul government;
- the level of fighting between the government and the rebels and between rival tribes and political factions; and
- the extent and success of mine eradication programs (for which the United States has earmarked assistance to Afghanistan).

As of July 1991, violence and instability in Afghanistan continued. Approximately 10,000 additional refugees fled to Pakistan in the spring of 1991 following a new offensive launched by the Afghan rebels, according to a U.S. official, and no political solution was in sight. Although UNHCR has stated a desire to phase out assistance to Afghan refugees by 1993, a U.S. official said that without a political solution, prospects for large-scale repatriation were dim.



# Objectives, Scope, and Methodology

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Our objectives were to describe (1) the roles and responsibilities of the agencies involved in delivering assistance to refugees around the world and (2) the living conditions of these refugees. We conducted our review at the request of the Chairman of the House Select Committee on Hunger.

We performed work in Washington, D.C.; New York; Rome; and Geneva, as well as in six refugee-hosting countries. We interviewed officials from UNHCR, WFP, the World Health Organization, the United Nations Disaster Relief Organization, the U.S. Department of State, and others. We also interviewed national and regional government officials and conducted on-site interviews with numerous private voluntary organizations in each country we visited.

We assessed refugee living conditions in Guinea, Ethiopia, Malawi, Malaysia, Pakistan, and Sudan during September through November 1990. We selected these six countries because at that time (1) their combined refugee population comprised one-third of the world's total refugees and (2) together they represented a range of possible refugee living circumstances. For example, refugees had recently arrived in Guinea and were still receiving emergency assistance, while refugees had lived in Sudan since the late 1960s. Also, in three of the countries, refugees were permitted to settle among the local population, while in the others they were expected to remain in well-defined camps.

In each of the six countries, we visited camps or villages that best represented the living conditions of refugees there. We selected the sites based on discussions with UNHCR, host government, and U.S. officials. In some cases, where living conditions varied considerably within a country, we visited up to four sites.

To assess refugee living conditions, we used the Department of State's "Assessment Manual for Refugee Emergencies" as a general guide and supplemented the manual with our own series of questions. We focused on six key sectors: protection, food, water, shelter, health care and sanitation, and education. We met with camp administrators and key relief personnel, conducted a visual inspection of the sites and the living conditions according to a structured format, and documented the conditions with video footage or photographs. When available in each site, we toured medical facilities, food storage and distribution sites, water treatment and distribution points, refugee homes, and education and training programs. When logistics and cultural practices permitted, we interviewed refugees about their living conditions.

UNHCR officials were reluctant to cite uniform criteria for a minimum standard of care to be provided for all refugees. They said that many factors influenced the assistance provided in each country, including the standard of living of the host country nationals living near the refugees, the ability of refugees to grow their own food or seek jobs in the local economies, the accessibility of the sites, and the cooperation of the host government. We considered these factors as well as various UNHCR criteria and State's "Assessment Manual for Refugee Emergencies." We did not review whether assistance to refugees was provided in the most efficient and effective manner.

We conducted our review from May 1990 to July 1991 in accordance with generally accepted government auditing standards.

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